PROVIDING NEWS AND INFORMATION TO MASSAGE THERAPY PROFESSIONALS IN NEW ZEALAND

MNZ MAGAZINE

massage new zealand
ISSUE 2 2019

THE VISCERAL ISSUE

MNZ NATIONAL CONFERENCE & AGM, 20-22 SEPTEMBER, HAMILTON

WORKING WITH THE VAGUS NERVE • POST CAESARIAN SECTION CARE
• THE HUMAN MICROBIOME • GIT PATHOLOGY DEFINITIONS
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EDITORIAL ISSUE 2 2019

Our vision was to shine a light on the Visceral region of the body often forgotten, "The GUT" - also known as GIT – Gastro Intestinal Tract.

Our thanks goes out to those supplying articles with clear evidence bases and to those willing to work with us to tidy up the claims being made – it is a hard area, but we feel we are making headway and proud to bring you issue 2 for 2019.

Take some time to read what Til Luchau has to say about links to the viscera via the vagus nerve. Paula Jaspar discusses the effect massage therapy can have in post caesarean situations. Dr Karen Faisandier considers the connection between relationships and health and the role the gut may play in these, together with the full spectrum of GUT-brain-axis solutions which we may be able to assist with via massage therapy, relaxation strategies and our interactions with clients. Rosie Green is prevalent with her visceral manipulation workshop teachings worldwide, and shares with us an opinion piece on visceral manipulation and understanding functional anatomy. Ruth Werner focuses on what the evidence is for visceral massage in the massage therapy research update column.

Get a preview from the presenters coming to the National MNZ Conference "Massage for Life", taking place in Hamilton on 20-22 September. Brian Utting, Paula Jaspar and Ian O'Dwyer are going to be facilitating wonderful workshops, alongside a range of other presenters – take a look at their styles, the programme and be sure to register if you haven't already. Attending the conference and AGM is an excellent way of getting your continuing professional development hours in.

We congratulate the 2018 Top Students from each of the NZQA Massage providers, it's great to hear how they are moving forward out in the world of working as a massage therapist and to know they are grateful to MNZ for providing the awards. We continue to support students and recent graduates of the massage industry by bringing you their profiles. We truly feel these people are the future of the organisation and our profession, and we love sharing their stories.

Clint Knox gives us another update from the world of High Performance Sport New Zealand, and we have another profile of an HPSNZ Massage Therapist to share, this time it is Yvette Latta. These are a good read if you are interested in working in this area and want to find out more. Check out our book review and the what's new product review columns. We have another giveaway contest in this issue, but you will have to delve into the magazine to find out more!

The recent MNZ Magazine Survey is being fully analysed and reported on in the December issue. We note and value all of the feedback and are making considered changes with the Executive Committee.

Enjoy your Visceral Issue,

Carol and Odette

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SUBMISSION DEADLINES

The MNZ Magazine will be published:

Issue 3 2019 – 1st December (deadline 1st October)
Issue 1 2020 – 1st April (deadline 1st Feb)
Issue 2 2020 – 1st August (deadline 1st June)

Note: Dates may be changed changed or delayed as deemed necessary by editors.

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

ADVERTISING RATES AND PAYMENT

MNZ Magazine now ONLINE only.

For current advertising opportunities and pricing please see:

https://www.massagenewzealand.org.nz/Site/about/advertise/advertising-opportunities.aspx

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ARTICLE SUBMISSION GUIDELINES

The following outlines requirements for submitting articles, original research and case reports. We also consider opinion pieces, reviews and other types of articles, providing that they do not contradict MNZ policies and processes.

Please contact the co-editors to discuss your submission prior to sending in.

- **Word count - Max 1800 words include references**
- **Font - Arial size 12**
- **Pictures - Maximum 4 photos per article, send photo originals separate from article (do not provide images embedded in Word document), each photo must be at least 500k**
- **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)**

Co-editors – Carol Wilson, Odette Wood

magazine@massagenewzealand.org.nz

coeditor@massagenewzealand.org.nz

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PRESIDENT & EXECUTIVE REPORTS

INTERIM PRESIDENT

Hello everyone, another edition of MNZ Magazine and I still feel like I started in the role last month!

Lots of activity behind the scenes of Massage New Zealand (MNZ) again, with a greatly supportive and multiskilled executive committee and sub committees. Several positions are available, which NEED to be filled! Stick your hand up to come and help guide our organisation, it'll give you a greater appreciation of what happens to support our profession. All committee members and associated help are very knowledgeable and generous with their time to assist with any issues where needed. I'm personally keen to help mentor new people into existing roles that need filling, or for future opportunities. Many of our membership have unique skills that MNZ can benefit from.

Since the last magazine report, I have had some more dealings with complaints of varying types, mostly due to communication issues, consents and poor process. Slightly better news, most of the complaints are not related to MNZ members but it still highlights the part we can play in lifting the overall perception of professional massage practices in New Zealand.

Without turning this into Groundhog Day, it's a great reminder to for us to reflect on our own practices and whether we can improve. Chat to colleagues and peers for feedback on how others view our mode of operation and consider what might work for one may not for another, as we work with so many individuals with differing qualities. My key word is "awareness", whilst also sticking my hand up to acknowledge I'm not always that great at it myself!

Whilst on the topic of awareness, we should also be mindful of the claims we make in advertising our services. It's great to see and hear some awesome initiatives to get yourselves noticed however, attempting to catch a prospective client's attention or promote ourselves and our businesses can be flawed even with the best of intentions. In today's ever increasing politically correct and sensitive world we must make sure we are not using others' intellectual property, making inaccurate statements or misleading suggestions, wording or language that may be misinterpreted, or representing others that have not given permission. It's not always obvious to ourselves because we have a great idea or perception of what we are trying to achieve, which is once again where colleagues and peers become brilliant allies in preserving our image.

We are here as a sounding board if you have any concerns or ideas on good practice and advertising that you'd like some additional thought or guidance with, or we can potentially point you in the direction of someone with a greater skillset to assist. Come and find me at the upcoming conference (even if only briefly), if you don't know me or having some burning concerns.

Our profession is progressively becoming more widely recognised and utilised as a mainstream modality, all thanks to the passion, enthusiasm and efforts of YOU, the membership. Keep up the great work, in and out of the clinical setting!

See you at the conference

Clint Knox

INTERIM VICE PRESIDENT

Winter is well and truly with us, I hope you are all keeping fit, well and warm!

At the time you are reading this, you will already have been notified of my change in position from President to Vice President. My personal life has thrown a curve ball and given me the opportunity to consider what is important in my life by taking up more time and energy than I have. I'm very passionate about our profession and feel that I cannot give all the time and energy I would like to, to advance our organisation. We are very lucky to have an awesome committee that are also passionate and hold MNZ's advancement at the forefront of their thoughts and actions.

It's an exciting time for MNZ while we continue to investigate where we are headed with regulation and ACC recognition, whilst considering where massage will take us in the future. I will continue to interact with the executive committee where time permits and will certainly be back in the future!

It's not long now until we have our MNZ conference in Hamilton, hopefully you are all well ahead in your planning and registration to attend this and the AGM. We have been kept well informed by the organising committee and it's looking to be another great conference. The AGM requires an attendance number for us

to proceed, so make sure you bolster numbers and attend. This is where we all get to contribute to the organisation make up, along with any changes that may be proposed. We are hoping to have a task driven AGM, that moves swiftly to address all agenda items, whilst being time efficient.

I urge you to consider joining the executive committee to help guide our profession and organisation. It's amazing to learn what's involved and how passionate people are, whichever side of the committee they are on. There is a common misconception that you need a special skill set to become an executive committee member, this is so far from the truth. We require those passionate people amongst you to step forward and share your talent with us, regardless of what you think your talent is. The committee is such a supportive environment that will assist you to learn what you need to, which benefits us all, individually, professionally and organisationally.

Take care and we look forward to seeing you at the AGM in September.

Teresa Karam

EDUCATION OFFICER

NZQA will be holding a consistency review of the new massage qualifications; 2740 and 2741, i.e. Level 5 and Level 6, in August this year. I will be attending this meeting as the representative for Massage New Zealand as we were listed as the Qualification Developer as a result of the Targeted Review of Qualifications (TROQ) process.

As always, we have had several 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, which is fantastic, so it is important we ensure standards are maintained.

I hope you are considering attending the conference as there will be something to interest everyone. Besides the obvious benefits of the workshops themselves, it is always so good to meet up with like-minded people to share experiences, knowledge and laughs.

Rosie Greene

REGIONAL LIAISON CO-ORDINATOR

Kia ora MNZ Whanau,

My Executive hat has been busy over these last few months. As the Regional Liaison Co-ordinator I have been touching base with a few members in the South Island. There has been a lot of excitement around getting MNZ meetings happening there. This is such positive news! As always though, these meetings will only continue if we support them and head along.

The meeting coordinators throughout the country try really hard to spread a range of topics out throughout the year to make sure they are getting a speaker or a workshop that will appeal to all of our membership at some point. We have Level 4 - Level 7 to cater for. That is the beauty of these meetings, you can go along to learn something completely new, go along to refresh your knowledge, go along to get an insight into a different modality, or go along just to have a yarn and a cuppa tea. If your region does not have a meeting, get in touch I am more than happy to help you get the ball rolling. There is no requirement with regards to size or topic. The first meeting could be as simple as three of you having morning tea and brainstorming about what, who and how a meeting could happen in your town. You don't even have to call it a 'meeting'. The MNZ Cambridge Catch Up, or the MNZ Greymouth Gathering have a nice ring to them. And remember these meetings count towards your CPD.

I have also been working on the MNZ MAW 2019 and lending a hand with part of MNZ Conference 2019. 2019 is shaping up to be a great year to be involved with MNZ.

Tania Kahika-Foote

RESEARCH OFFICER

I have made the purpose of this report to reflect the role of research officer on the MNZ Executive committee. MNZ is an organisation with a history of extraordinary people committed to professionalisation. Personal stories are etched into the professional landscape; a landscape as diverse as the country we live in.

What I locate in this role are deep loyalties to massage, and skills that engender a way of being, doing and thinking. Connections to the committee are about sharing the load and working through the turbulence

of a new era of professionalisation, research and regulation. This is not blue-sky thinking (on research terms), but practicality at its very best.

Recently I attended the yoga therapy conference, The Science of Human Connection in Amsterdam, Netherlands. The theme - the 'biological imperative of connectedness'. People from all over the globe shared the critical space of neuroscience, compassion, and mental well-being. In a day, the Yoga Therapy Global Consortium constructed an internationally recognisable education framework.

Then to Geneva to the World Congress of Physical Therapy (WCPT), to present a seminar with Kara Patterson (Canada) and Keir Philip (United Kingdom). We discussed dance in rehabilitation for people with chronic disease. Dance on my terms is about supporting older adults, bent and creased by life circumstance to release their bodies in expressive movement. Older adults moving freely retrieves their sense of reaching - forward into life itself. So, what has this got to do with being on the massage committee as research officer? Hopefully, I inspire the reader to think about diverse pathways for massage enquiry and to join us in the profession's progression.

Kind regards

Felicity Molloy

AHANZ REPORT

Exciting things are happening within the Allied Health Aotearoa New Zealand group which are spilling over into our profession!

MNZ attended the March meeting as full members for the first time and were able to participate in the AGM as well. There is a real sense of us having a platform to be heard and seen but also the AHANZ caucus were celebrating the appointment of a new position in the Ministry of Health, the 'Chief Allied Health Professions Officer' and the person appointed to this role is Martin Chadwick. Martin has a history as a Physiotherapist and with the AHANZ organisation, which bodes well for his understanding of the bigger picture of Allied Health and likewise of Massage Therapy.

Martin described one of his tasks as redefining Allied Health which has traditionally been looked upon as Doctors, Nurses, Pharmacists and Occupational Therapists, but looking at the 28 members of AHANZ alone this shows there is a far wider breadth of services that we consider to be 'Allied Health.' To this end he put out a call to AHANZ members for information, statistics and research and so forth, that is related to their work or profession.

For me this has spurred questions, conversations and plans to collate some of the information we can more easily get from various stake holders be they training providers, business owners or MNZ itself... we just need to decide which information we're looking for and make time to move these plans forward. I hope to bring you engaging updates as they unfold and if you'd like to know more or if you have something to offer, please don't hesitate to get in touch.

Iselde de Boam

ADMINISTRATION REPORT

Warm greetings to all our members. We hope you are getting through the winter months unscathed and are enjoying the best that winter brings.

Thank you to all members who recently took part in the MNZ Magazine survey. It has been very valuable to obtain your feedback on the changes made to the magazine over the past few years. This kind of information helps us to shape the organisation in alliance with desires and opinions of the members. We are here to take your views into consideration and use these ideas to install new and improved processes for the organisation. If you have any concerns or ideas, no matter how big or small, then feel free to contact us anytime. We will always do our best to answer any questions and develop these projects to enhance the organisation and our profession.

It was great to see so many renewals in the last quarter. We continue to work hard to increase membership numbers. We do this by means of communication and information sharing, not just within the executive committee and amongst members but on a national level. This gains exposure for MNZ and can help to attract more members. With increased funds this helps us to promote the magazine, maintain our website, promote the organisation and massage therapy and hold conferences to name a few.

We are getting close to our 2019 AGM which takes place at 4.30 PM on Saturday 21st September at Wintec in Hamilton. This is a great opportunity to hear from the executive committee regarding strategic planning, financial situation and any proposed changes to the Constitution. It is also an opportunity for members to review and provide feedback and input for the organisation's goals. We look forward to hearing from you in person.

Take care,

Nici Stirrup & Melissa Orchard

Executive Administrator / General Administrator

REGIONAL ROUNDUP

NORTH ISLAND REPORT

Apologies in advance to new members whom I haven't had a chance to phone and make contact with yet. Our region has been a little busy organising the conference in Hamilton, starting up the Northshore Networking Meetings and continuing with other local meetings. However, if you do have questions or indeed suggestions please contact me and I will return your email.

Luke McCallum represented Massage New Zealand at the Wellpark Graduation on the 3rd of May by presenting the Top Student Award. Top student Michael King received a free membership to Massage New Zealand for one year. Congratulations to Michael!

We had our inaugural Northshore meeting on Tuesday 12th of March. Wellpark have kindly offered their premises for our meetings. Eva Shearer, creator of the Children Massaging Children (CMC) program was the speaker. There was a good turnout of about a dozen with a mix of members and non-members who had a lot of fun sharing children's massage techniques in a professional massage school environment.

Auckland's first meeting for the year was 30th of April held at the NZCM in Greenlane. Jeannie Douglas gave a brief personal history of herself, a simple explanation of craniosacral therapy and demonstration with three separate volunteers. Afterwards people mixed and mingled over refreshments which is always a great time to connect. June had a second Northshore meeting with a good turnout of more than a dozen to hear Fred Lait speak. Fred is a physiotherapist and founder of RX Movement. It was a great insight to hear how he has formulated his method of treatment with some gems of information to take away which is always a bonus!

The Northland MNZ group is starting to meet again. The first meeting this year will have taken place in Kerikeri on 4th of July. We are also trying to organise a meeting in Whangarei soon too.

Hamilton had 13 attend the April meeting. Nicola Nunn from The Back Clinic who has a background in physiotherapy and manipulative therapy came along to talk. Nicky talked us through The Back Clinics' philosophy and approach to their clients. She went through some examples of pathologies like scoliosis, Scheuermann's Disease, kyphosis, lordosis, osteoporosis etc. She reiterated the benefits of massage and the similarity of The Back Clinic's 'hands on' approach. It was great to hear from a like-minded professional, someone that supports what we do and someone whom we can refer our clients to when necessary.

Coromandel is due for another catch up so will look for a date and location to meet. If you have suggestions for this please let me know.

Do come along to your local networking meeting and if there isn't one near you feel free to contact me and I will do my best to help put you in touch with others in your area for networking opportunities. Don't forget registrations for this year's conference in Hamilton have opened so make sure you reserve your place!

Annika Bishell

MEMBERSHIP UPDATE 2019

Figures for this membership year to date as of June 25 show a total of 397 members, made up of **342 RMTs, 40 students and 15 Affiliates.** Last year in the same period (June) our figures were: RMT 343, Student 42, Affiliates 19, giving a total of 404.

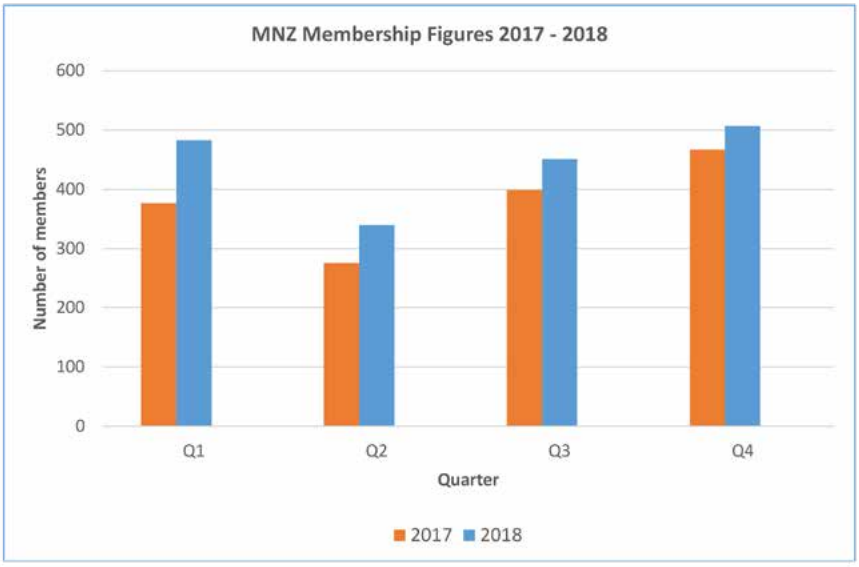
The renewal period has gone well with similar figures to date from last year having renewed so far. There have been 13 students who have graduated and taken advantage of the graduate fee to become RMTs. To upgrade to an RMT you will need to email your diploma or degree certificate and current first aid certificate to membership@massagenewzealand.org.nz.

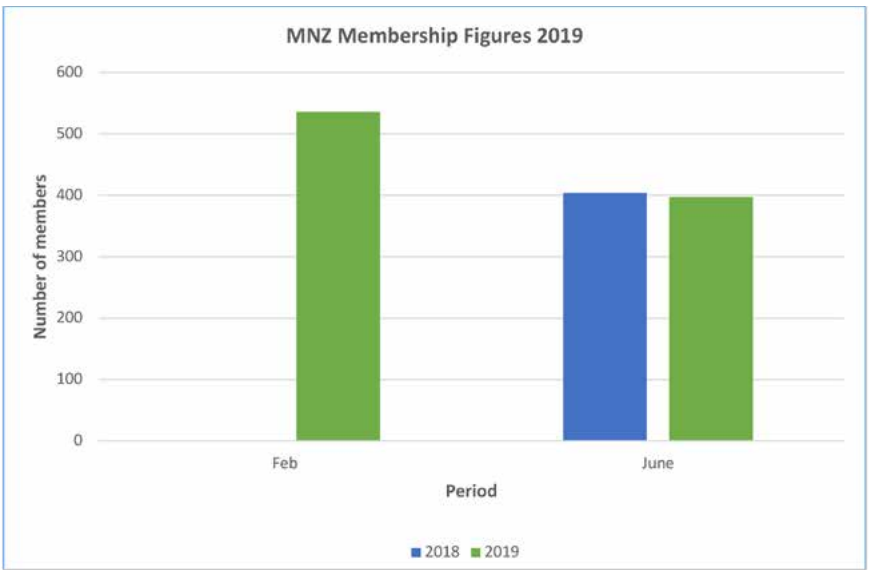
The student numbers are only down 2 from this time last year but at 42 it does seem light for student membership. I wonder if students are too busy studying at the moment to have applied yet. We do send out application packs to all colleges.

If you are a student please encourage your fellow students to become MNZ members too. It's a free membership with many benefits.

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.

Editor's note: The change in data periods reported is due to the change in magazine publication frequency and periods.





WHAT'S ON...

EVENT	WHAT/WHEN/WHERE/HOW TO REGISTER
Northland MNZ Networking Evolution School of Beauty Whangarei	**September 4th Wednesday 6.30pm** **Contact:** Annika Bishell uppernirep@massagenewzealand.org.nz
Coromandel MNZ Networking	**Contact: Lisa Stent** stentfamily@xtra.co.nz
Whakatane MNZ Networking	**Contact: Tina Buckler** debod@xtra.co.nz
Northshore MNZ Networking Wellpark, Albany	**Contact: Kristin Carmichael** kristin@musclesandmotion.co.nz
Auckland MNZ Networking NZCM Auckland, Greenlane	**Contact: Jeannie Douglas** jeannie@biodynamicmassage.nz
Hamilton and Surrounds MNZ Networking MNZ Conference	**Contact: Annika Bishell** uppernirep@massagenewzealand.org.nz **September 20-22** **Venue**: Rotokauri Campus, Hamilton conference@massagenewzealand.org.nz
Tauranga MNZ Networking	**Contact: Melissa Orchard** membership@massagenewzealand.org.nz
Wellington MNZ Networking	**August 7th Wednesday 5.30pm:** Case Study Presentation – Scott Barrett **Venue**: NZCM Wellington Railway Station **September**: Small Business Workshop **Venue**: NZCM Wellington Railway Station **November**: End of Year breakfast **Venue**: TBA **Contact**: Iselde De Boam info@absolutetherapy.co.nz
Kapiti MNZ Networking	Contact: Trevor Hamilton fbodyworks@gmail.com
Blenheim/Nelson environs MNZ Massage Group	**Contact**: Volunteer required
Christchurch MNZ Massage Group	**Contact**: Volunteer required
Dunedin MNZ Massage Group	**Contact**: Volunteer required

Contact your local person to ensure you are on their email list, OR you may like to offer to run meetings in your area. It's a great way to network with other massage therapists or modalities.

WHO'S WHERE

MacLymph
Lymphoedema Clinic

NAME: MACLYMPH LYMPHOEDEMA CLINIC

m: 0212951924
w: www.maclymph.com
e: charmaine@maclymph.com
11a Enterprise Street
Birkenhead, North Shore, Auckland 0626

Details: Specialist in Dr Vodder manual lymphatic drainage (MLD) for oedema, lymphoedema and lipoedema management, medical taping for oedema management, McLoughlin Scar Tissue Release Technique and myofasical release and MLD for wellbeing.

CHARMAINE MCKERNAN'S STORY

RMT, MNZ, ALA, NLPR, LYMPHOEDEMA AND LIPOEDEMA THERAPIST, MANUAL LYMPHATIC DRAINAGE SPECIALIST

I started my career as a remedial sports massage therapist while in London. Late in 2008, while having a sports massage, my therapist Mark Fewtrell, spotted a very dark mole on my right leg. It was malignant so was removed with the tissue testing clear. Things took a twist when three years later, I noticed lumps in my pelvis and so with 18 of the 21 nodes being removed I was suddenly in the cancer survivor and leg lymphoedema club.

A huge mindset change as I embarked on a journey which, through the help of some wonderful MNZ alumni (Catherine Arnault and Michele Urlich) I learnt about lymphatics, lymphoedema, oedema and how to breathe properly. I then made a decision in 2016 to dust off my diploma and study under the wellknown Dr Vodder School International. Through my membership with Massage New Zealand and with my Dr Vodder certifications, I was able to be accredited through the Australasian Lymphology Associate to practice as a manual lymphatic drainage (MLD) specialist in lymphoedema management.

I have recently opened up in private practice in Birkenhead. I am growing my practice with a focus in lymphatic wellbeing and lymphoedema, lipoedema and oedema care. I am fortunate to have a broad base of clients from those affected by cancer, to those who need a little kick start to their lymphatics. I have retained my interest in sports massage but now incorporate treatments with a base of MLD, MFR and the McLoughlin Scar Tissue Release (MSTR). I am very happy to be in this new career, constantly learning and helping people, which I find so fulfilling.

As a footnote, I do wonder if I had been offered a manual lymphatic drainage treatment back in 2008, my outcome would have been different. If in your practice you do come across a client who has had a cancer of any form, please tell them about manual lymphatic drainage and refer them to an accredited MLD specialist.

NZ Lymphoedema Therapists website http://www.lymphoedemanz.org.nz/Lymphoedema+Therapists.html#LTPP

Australasian Lymphology Association website – National Lymphoedema Therapist Register https://www.lymphoedema.org.au/the-register-updated/find-an-ala-accredited-practitioner/

WORKING WITH THE VAGUS NERVE

(An extended version of an article originally published in Massage & Bodywork magazine, 2017)

By Til Luchau

The vagus nerve is an extremely interesting structure. Much more than just a passive wire or cable, its afferent (sensory) and efferent (motor) neurons work together to actively regulate a long list of processes that span the boundary between the brain and body, biology and psychology, and health and dysfunction. And, since we can stimulate the vagus nerve with the right kinds of touch, could hands-on work beneficially affect the vagus' function?

Some of the many ways that the vagus (or cranial nerve X) actively influences our wellbeing include:

Stress Resilience and Recovery

When your sympathetic fight-or-flight reactions release cortisol and adrenaline into your blood, the vagus, as the main structure in the body's parasympathetic rest-and-repair system, counters these stress hormones by releasing the neurotransmitter acetylcholine (originally called "Vagusstoff," or vagus-substance).[i] The vagus' motor branches extend to multiple organs (Image 1), sending instructions to release other proteins and enzymes like oxytocin, prolactin, and vasopressin, which dampen the sympathetic activation and help you manage and recover more quickly from stress.

Inflammatory and Immune Control

When the vagus' sensory branches detect inflammatory markers like cytokines or tumor necrosis factor (TNF), the vagus signals the release of anti-inflammatory neurotransmitters into the surrounding tissues as a part of the immune system's inflammatory control.[ii] Inadequacy of this "inflammatory reflexes" may be involved in autoimmune conditions (such as rheumatoid arthritis), chronic pain, and more.

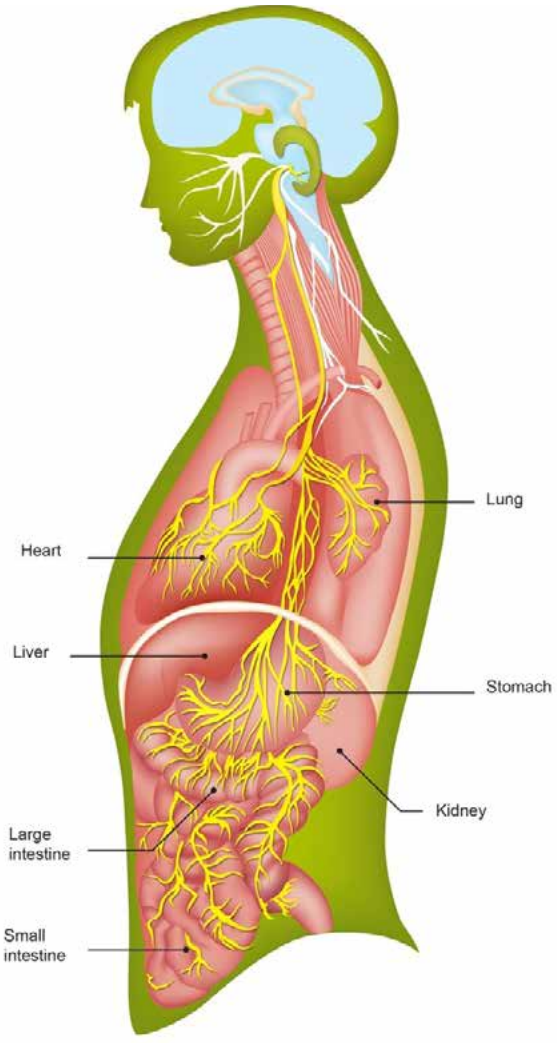


Image 1: The vagus nerve (yellow) is the body's main parasympathetic (rest and repair) structure. As the primary pathway between the brain and viscera's rich neuronal network (the enteric nervous system), it plays a crucial role in mood regulation, immune function, heart rate and stress recovery (redrawn with permission from De Witt; courtesy Advanced-Trainings.com

The Viscera-Brain Connection

The vagus is the major communicator between the brain and the enteric nervous system—the rich neurology of your viscera. Your guts, with more than 100 million

neurons, 30 neurotransmitters, and 95 percent of your body's serotonin, send large quantities of information to the brain via the vagus nerve's afferent fibers; this sets the mood or emotional backdrop for your brain's mental processes[iii].

Heart-Rate Variability

While looking for a way to research vagal effects in the 1980's, neuroscientist Stephen Porges developed vagal tone, or Heart Rate Variability (HRV), a measure of the vagus' responsiveness and its power on the heart.[iv] Decreased HRV has since been associated with physical maladies like heart disease and diabetes; as well as emotional conditions like strain, time pressure,v feeling worried or anxious,[vi] depression, and PTSD. [vii] On the other hand, if you have a stronger HRV, you are more likely to recover quickly after injury, stress, or illness,[viii] and have better emotional regulationix (though it's not always clear which of these are the results of a stronger vagal response, and which are its causes). Research into vagal HRV continues in many areas; interestingly, several small studies over the last 30 years have shown that hands-on bodywork can have clear and beneficial effects on vagal tone.[x]

Vagal Stimulation

Vagus nerve stimulation (VNS). Source: Alila Medical Media/Shutterstock

Vagal nerve stimulation (VNS) therapy involves an implanted pacemaker-like device which electrically excites the vagus via an electrode wrapped around its main trunk in the neck. Though drastic-sounding, VNS first received approval about 20 years ago in both the US and Europe, and is used for treating a list of conditions including epilepsy, headaches, and treatment-resistant depression. VNS research continues for an even-broader range of complaints, including anxiety disorders, Alzheimer's disease, migraines, fibromyalgia, obesity, and tinnitus.[xi] Though benefits have been seen in some cases, not everyone responds to VNS; and there are clear risks (including infection, vocal hoarseness, breathing and swallowing problems); and the long-term side effects of VNS are unknown.[xii] But especially for those with difficult and intractable conditions that haven't responded to other treatments, VNS might offer welcome options.

Of course, there are several other, less invasive and less risky ways to elicit the vagus nerve's beneficial effects. Documented methods for improving vagal function include controlled breathing (especially longer exhalation); meditation; moving and relaxing the tongue, as well as singing, humming, and speaking (since the tongue and larynx are innervated by branches of the vagus); animated conversation (as facial expression also seems to have a two-way relationship to vagal function);[xiii] improving gut health; exercise and rest; and especially, reducing sources of physical, mental, and social stress.

But as hands-on practitioners, with our pragmatic perspective, our question is often, "That's all interesting, but where can I touch it, and in what way, that might help?"

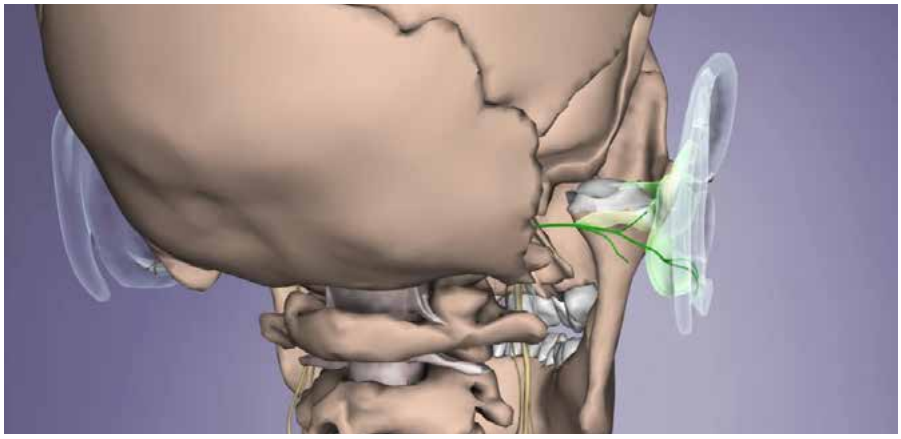


Image 3: The auricular branch of the vagus nerve (dark green) and the ear structures it innervates (the concha and external auditory meatus; transparent green). Courtesy Primal Pictures, used by permission.

The Vagus in Your Ear

The ear is the only place where the vagus nerve reaches the surface of the body (via the auricular branch of the vagus nerve, also known as Alderman's or Arnold's nerve, Image 2).

In fact, transcutaneous (via the skin) stimulation of this particular branch of the vagus is being studied as a treatment for numerous vagal-modulated conditions, and already has European clearance for treating epilepsy, depression, and chronic pain.[xiv]

In our Advanced Myofascial Techniques series at Advanced-Trainings.com, we use several different ear techniques for addressing conditions like TMJ pain (the vagus nerve can be a powerful pain modulator via its neuroimmune effects), as well as for migraine and headache pain (see video link below). Intriguingly, vagal stimulation has been approved (also in Europe) for treating cluster headaches, migraines, hemicrania continua, and medication overuse headache.[xv]

The Vagus Nerve Technique

The vagus' auricular (ear) branch is made up of sensory neurons, which means that sensation in the vagal-innervated parts of the ear (Image 2) will excite and stimulate vagal nerve activity. Specifically, the ear's concha (the deepest bowl of the external ear, particularly its cymba or upper recess), the external auditory meatus (the ear canal), and a small zone on the scalp just behind the ear, all have vagal innervation. Since in most cases our aim is also to calm

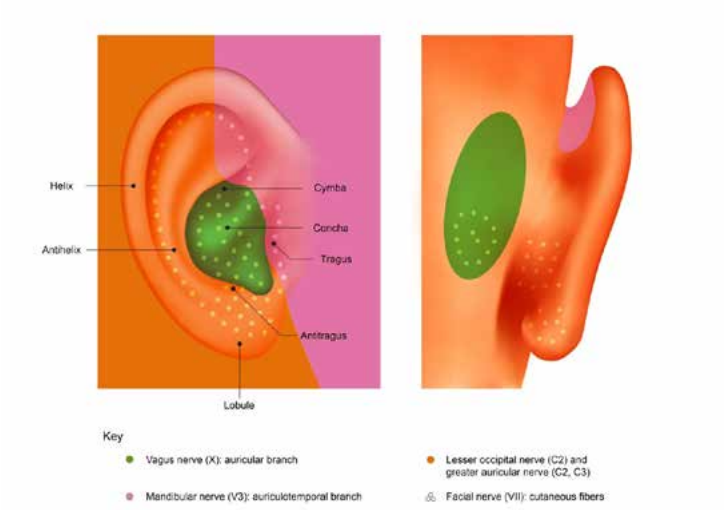


Image 2: The ear is the only place the vagus nerve reaches the surface of the body. Green: vagus nerve (X): auricular branch. Violet: mandibular nerve (V3): auriculotemporal branch. Orange: lesser occipital nerve (C2) and greater auricular nerve (C2, C3). White dots: facial nerve (VII): cutaneous fibers. Courtesy Advanced-Trainings.com.

Image 4: The Vagus Nerve Technique involves stimulating sensation in the vagus nerve's auricular branches via moderate pressure, gentle traction, and active movement. Courtesy Advanced-Trainings.com.

Image 5: Gentle touch on the scalp's vagus nerve-innervated zone, just behind the ear, where the auricular branch emerges from the cranial vault through a small hole

and reassure the client's nervous system, a gentle, confident, and sensitive touch (Image 4) is usually most effective, with one study of infants showing that moderate pressure yielded greater vagal effects than light touch.[xvi] Since many people are not accustomed to having their ears included in bodywork, be sure to ask permission first, and explain your purpose for proposing this technique.

Could manual therapy with the ears be used to evoke some of the vagus' many beneficial effects? Clearly, short-term touch would not be expected to have the same effects as long-term direct electrical stimulation, and though a few small studies have shown that hands-on work can measurably affect vagus tone,[xvii] others have had limited or mixed results,[xviii] and a definitive answer would require more investigation. But understanding more about the vagus can certainly stimulate our therapeutic imagination and creativity. And practitioners have long known that careful work with the ears, as well as relieving specific complaints like headaches and TMJ pain, can be extremely calming, perhaps because of the vagus' power to soothe and relax both our body and mind.

Vagus Nerve Technique

Purpose

- Increase vagal nerve activity through gentle stimulation of sensation.

Indications

- Migraines and other headaches
- TMJ pain and TMJD
- Stress, anxiousness, or sympathetic ANS arousal
- May be helpful in a wide array of conditions mediated by the vagus nerve, such as tinnitus, mood issues, immune function and autoimmune conditions, epilepsy, pain, and others.

Instructions

- Use gentle touch, pressure, or light traction on the ear's concha (deepest bowl), ear canal, and the scalp just behind the ears, to gently stimulate sensation in the ear's vagus-innervated areas.
- For migraine or TMJ pain, look for areas that relieve pain, and for active movements of the jaw, eyes, face that evoke, relieve, or relate to the pain felt.

Movement Cues

- "Let your exhale be even slower, fuller, and longer."
- "Let your tongue rest in your mouth."
- "Let's hum a little tune...and meanwhile, let your neck and jaw stay relaxed."
- For migraines: "Look left and right with your eyes. See there's a direction that relates to your headache."
- For TMJ pain: "Gently, slide your jaw away from your ear."

For More Learning

- "TMJ" and "Migraines" in the Advanced Myofascial Techniques series of workshops and video courses.
- Advanced Myofascial Techniques, Volume 2 Chapters 15, 18. (Handspring)

REFERENCES

i Bennett, M.R. (2000). "The concept of transmitter receptors: 100 years on". Neuropharmacology. 39 (4): 523–46.

ii Oke SL, Tracey KJ. From CNI-1493 to the immunological homunculus: physiology of the inflammatory reflex. J Leukoc Biol. 2008 Mar;83(3):512-7.

iii Hadhazy, Adam. (2010). Think Twice: How the Gut's "Second Brain" Influences Mood and Well-Being. Scientific American. Feb 12, 2010 https://www.scientificamerican.com/article/gut-second-brain/ Accessed Sep 2017.

iv Porges SW. (1992). Vagal Tone: A physiological marker of stress vulnerability. Pediatrics 90:498-504.

v Nickel, P.; F. Nachreiner (2003). "Sensitivity and Diagnostics of the 0.1-Hz Component of Heart Rate Variability as an Indicator of Mental Workload". Human Factors. 45 (4): 575–590.

vi Jönsson, P. (2007). "Respiratory sinus arrhythmia as a function of state anxiety in healthy individuals". International Journal of Psycho-physiology. 63 (1): 48–54.

vii Hagit, C.; et al. (1998). "Analysis of heart rate variability in posttraumatic stress disorder patients in response to a trauma-related reminder". Biological Psychiatry. 44 (10): 1054–1059.

viii Conder, R. L., & Conder, A. A. (2014). Heart rate variability interventions for concussion and rehabilitation. Frontiers in Psychology, 5, 890. http://doi.org/10.3389/fpsyg.2014.00890

ix Aubert AE, Seps B, Beckers F. Heart rate variability in athletes. Sports Med. 2003;33(12):889-919.

x Cottingham, J. Porges, S. and Richmond, K. Shifts in Pelvic Inclination Angle and Parasympathetic Tone Produced by Rolfing Soft Tissue Manipulation. Physical Therapy, Vol. 68, No. 9, p.1364-70, September 1988.

xi Vagus nerve stimulation. (n.d.) In Wikipedia. Retrieved Sep 2017 from https://en.wikipedia.org/wiki/Vagus_nerve_stimulation

xii National Institute of Mental Health (2016). Brain Stimulation Therapies. Retrieved Sep 2017 from https://www.nimh.nih.gov/health/topics/brain-stimulation-therapies/brain-stimulation-therapies.shtml

xiii Gothard, K. M. (2014). The amygdalo-motor pathways and the control of facial expressions. Frontiers in Neuroscience, 8, 43.

xiv Howland, R. H. (2014). Vagus Nerve Stimulation. Current Behavioral Neuroscience Reports, 1(2), 64–73; and: electroCore LLC. (n.d.) Migraine and Cluster Headache, http://www.electrocore.com/active-therapy-areas/migraine

xv Howland, R. H. (2014). Ibid.

xvi Field, T. et al. (2006). Moderate versus light pressure massage therapy leads to greater weight gain in preterm infants, In Infant Behavior and Development, Volume 29, Issue 4, 2006, Pages 574-578.

xvii Cottingham, J. Porges, S. and Richmond, K. Shifts in Pelvic Inclination Angle and Parasympathetic Tone Produced by Rolfing Soft Tissue Manipulation. Physical Therapy, Vol. 68, No. 9, p.1364-70, September 1988. And, Cottingham, J. and J. Maitland (1997). "A Three Paradigm Treatment Model Using Soft Tissue Mobilization and Guided Movement-Awareness Techniques for a Patient with Chronic Low Back Pain: A Case Study," Journal of Orthopedic Sports Physical Therapy 26(3):154-167.

xviii Paschoal Mário Augusto. (2016) Influence of classic massage on cardiac autonomic modulation. Fisioter. mov. 2016 Sep; 29(3): 487-496.

WANT TO KNOW MORE ABOUT THE VAGUS NERVE - A FEW GOOD LINKS:

Overview:

- Sarah Schwartz. (2016). Viva vagus: Wandering nerve could lead to range of therapies. Retrieved Sep 2017 from: https://www.sciencenews.org/article/viva-vagus-wandering-nerve-could-lead-range-therapies

Vagal Nerve Stimulation:

- National Institute of Mental Health (2016). Brain Stimulation Therapies. Retrieved Sep 2017 from: https://www.nimh.nih.gov/health/topics/brain-stimulation-therapies/brain-stimulation-therapies.shtml
- Gaia Vince. (2015). Hacking the nervous system. Retrieved Sep 2017 from: https://mosaicscience.com/story/hacking-nervous-system
- National Headache Foundation. (2016). Vagus Nerve Stimulation Suppresses Brain Activity that Leads to Aura, Headache. Retrieved Sep 2017 from: http://www.headaches.org/2016/03/04/vagus-nerve-stimulation-suppresses-brain-activity-that-leads-to-aura-headache/

Vagus Nerve Technique:

https://youtu.be/FvCCkU2uT4Y-

AUTHOR BIO

Til Luchau is the author of Advanced Myofascial Techniques (Handspring Publishing, 2016) a Certified Advanced Rolfer, and a member of the Advanced-Trainings.com faculty, which offers online learning and in-person seminars throughout the USA and abroad.

He welcomes questions or comments via info@advanced-trainings.com and Advanced-Trainings.com's Facebook page.

POST CAESAREAN SECTION CARE – FOR NZ MASSAGE THERAPISTS

By Paula Jaspar

CAESAREAN SECTIONS

According to the New Zealand Ministry of Health, in 2017 there were a total of 58,959 births. Of those births, 36,955 (62.7%) were spontaneous vaginal births, 5,581 (9.5%) were assisted vaginal births, and 16,423 (27.9%) were caesarean section (Ministry of Health, 2017). Between 2008 and 2017, the percentage of elective caesarean sections showed a statistically significant increase, from 10.3% to 12.6% of all births. The percentage of emergency caesarean sections also showed a statistically significant increase, from 13.4% to 15.2% of all births (Ministry of Health, 2017). Considerations for quality care for post-partum individuals that have had a caesarean delivery require a skilled health care professional. Annually, 16,423 individuals would benefit from massage therapy care. Often, post caesarean section care extends into the first 5 years postpartum.

Caesarean sections are performed because:

- The baby is predicted to be too large to pass through the pelvis (celphelopelvic disproportion).
- The baby is in a breech or transverse position.
- The woman has placenta previa.
- The woman has an active genital herpes infection.
- There is a prolapsed cord.
- The woman has previously had a caesarean section.
- There are signs of foetal distress.
- Placental abruption.

PROCEDURE

The caesarean section surgery requires the woman be partially anaesthetised (usually by epidural) so the following layers can be cut or separated in order to enter the uterus:

- Skin
- Adipose tissue
- Fascia over rectus abdominus
- Rectus abdominus muscles
- Abdominal peritoneum
- Pelvis peritoneum
- Bladder must be detached from uterus
- Lower segment of uterus

Approximately 50-60 stitches are used to reconnect the layers once the baby is born. There is debate among the medical community as to whether it is best to employ single suturing or double suturing for the closure of the uterus. This is a topic to consider with the obstetrician (OB). The skin is closed either with self-dissolving stitches or staples.

The caesarean section procedure is well described in the online Atlas of Pelvic Surgery (http://www.atlasofpelvicsurgery.com/5Uterus/4CesareanSection/chap5sec4.html).

Important considerations for massage therapy post caesarean section include:

1. Health of the pregnant individual.
2. Whether the caesarean section was planned or an emergency.
3. What instruments were used.
4. How long the procedure lasted.
5. If there were any additional complications, such as infection.

COMMON COMPLAINTS

Caesarean section surgery is considered major abdominal surgery. Complications related to the use of anaesthesia, infection, accidental perforation of other structures such as the bowel or bladder, and uncontrolled blood loss due to the severing of a uterine artery are all possibilities with elective caesarean (Oonagh et al, 2018).

After Surgery common complaints include:

- Nausea and vomiting

- Sense of dizziness.
- Severe headache after the anaesthesia wears off.
- Infection of uterus and skin where the incision was made.
- Extreme pain with trunk movement.
- Pain with any increase of intra-abdominal pressure (i.e. defaecation).

COMMON POSTPARTUM CAESAREAN CONCERNS:

- Fascial adhesions between uterus and bladder.
- Scar complications – puckering, numbness, local lymphatic swelling/fluid retention.
- Lack of sensation – either superior or inferior to the scar with a width of a few millimetres to centimetres.
- Fascial adhesions between layers of musculature.
- Pain with movements.
- Uncomfortable sex.
- Constipation.
- Depression -- if caesarean was an emergency, there can be a sense of failure or mistrust of her body.
- Prolonged healing time.

TREATMENT CONSIDERATIONS

Massage Therapy may be helpful in the recovery stages of caesarean section.

1. Skin Health - Massage may encourage sensory stimulus and general circulation. Massage may decrease the amount of swelling in the area. Manual lymph drainage is useful.
2. Scar Treatment - The benefits of scar treatment aids in tissue pliability, neurological development and suppleness for the skin, fascia and underlying musculature.

3. Organ Health - Visceral manipulation is a branch of manual therapy. This technique focuses on balance and mobility and function of the organs. Specific organs to consider are the uterus, rectum and bladder.
4. Pelvis and Muscular Awareness - Since the pelvis assists in our bodies positioning and relationship with gravity, it is a prime focus for massage therapists. Pelvic alignment and muscular strength are evaluated, as well as overall function of trunk movements. With bony misalignments and muscle weakness, relationships then become cycles of pain and discomfort. Treatments include postural awareness, functional movement, stretching and strengthening of muscle groups.
5. Support and Empowerment - Giving an opportunity for the new parent to have some quiet time to focus on their own body through massage therapy. A massage therapist may be able to normalise the healing process that the body is experiencing, as well as offer coping skills and techniques to manage the physical changes.

MASSAGE THERAPY CONSIDERATIONS

Include waiting 6 weeks before applying direct scar treatment. If there were any secondary complications, such as wound healing issues or infection, then it is recommended to wait another 6 weeks after the complications are resolved. Compensatory and indirect treatment could be applied after a thorough assessment is performed to ensure best practices of care. Considerations of assessment include a thorough history, observation, palpation, quality of movement, and neurological presentations, such as pain or numbness.

From my experiences, the heavy hand misses the mark of care. Considerations should be made for post-surgical adhesions, in common locations such as between the uterus and abdominal wall, between the uterus and bladder, between the uterus and rectum, and the surrounding areas (Moro, 2014).

WHAT WILL MASSAGE THERAPY FOR A POST CAESAREAN DELIVERY INCLUDE?

A skilled therapist should include the following assessments:

1. Clinical Interview: The interview will allow a therapist to learn more about their general health, well-being and personal narrative. Their narrative could include how they are feeling, what sensations they are experiencing, and what they are expecting from massage therapy.
2. Observation: The observation will allow for a therapist to recognise how their body is holding, moving and performing activities of daily living. Observation of the scar will allow a recognition of the healing process.
3. Palpation: The palpation will allow for a therapist to palpate adhesions, tethers and areas of altered sensation. This may explain or create more questions.
4. Movement: The assessment of movement from functional movement to specific ranges of motion and manual muscle testing will allow for understanding of muscle strength and function. Altered movement patterns may have many origins, and a thorough clinical interview will begin to lay the foundation of therapist's clinical thinking.

5. Neurological: The neurological assessment will focus on the sensations that the individual reports. It may include referred pain, altered sensation, numbness and/or tingling... or all of the above.

Once assessments are completed, a more thorough treatment plan can be designed and implemented, with clinical case management put into place. This may include hands on treatment, remedial exercise, and hydrotherapy. For complex case management plans, other health care professionals may be included, such as counsellors, family practice doctors, and/or the obstetrician or midwife. Every case will be unique, and a plan that is re-evaluated regularly will provide the most effective and comprehensive patient care.

RESOURCES

Awonuga, A. O., Fletcher, N. M., Saed, G. M., & Diamond, M. P. (2011). Postoperative Adhesion Development Following Caesarean and Open Intra-Abdominal Gynaecological Operations. Reproductive Sciences, 18(12), 1166-1185. doi:10.1177/1933719111414206

Moro, F., Mavrelos, D., Pateman, K., Holland, T., Hoo, W. L., & Jurkovic, D. (2014). Prevalence of pelvic adhesions on ultrasound examination in women with a history of Caesarean section. Ultrasound in Obstetrics & Gynacology, 45(2), 223-228. doi:10.1002/uog.14628

(n.d.). Retrieved from http://www.atlasofpelvicsurgery.com/5Uterus/4CesareanSection/chap5sec4.html

Obstetric Evidence-Based Guidelines, Second Edition. (n.d.). Retrieved from https://books.google.ca/books?hl=en&lr=&id=VYTOBQAAQBAJ&oi=fnd&pg=PA120&dq=Vincenzo Berghella, MD caesarean section post operative adhesions&ots=rD_fcdXKcf&sig=geLdjM1kzIJTII83ovTx20_V4w0#v=onepage&q&f=false

Oonagh E. Keag, Jane E. Norman, Sarah J. Stock (2018). Long Term Risks and Benefits with Caesarean Delivery for Mother, Baby and Subsequent Pregnancies: Systemic Review and Meta-Anaylsis. PLos Med doi.org/10.1371/journal.pmed.1002494

Publicly funded hospital discharges - 1 July 2015 to 30 June 2016. (2018, October 31). Retrieved from https://www.health.govt.nz/publication/publicly-funded-hospital-discharges-1-july-2015-30-june-2016

Report on Maternity 2017. (2019, April 11). Retrieved from https://www.health.govt.nz/publication/report-maternity-2017

Sandall, J., Tribe, R. M., Avery, L., Mola, G., Visser, G. H., Homer, C. S., . . . Temmerman, M. (2018). Short-term and long-term effects of caesarean section on the health of women and children. The Lancet, 392(10155), 1349-1357. doi:10.1016/s0140-6736(18)31930-5

The Lancet - https://www.thelancet.com/series/caesarean-section

Co-editors note – On speaking with Paula Jaspar regarding massage specific research for massage therapy and post caesarean section care, she says " If I had direct supports, I would have cited them. There are some distant papers that can allude to a connection and lived experiences. When I teach, I am very clear that there are no scholarly writings nor research to support massage therapy specific. I do hope to do research in the future, but until then, we can only hypothesise."

AUTHOR BIO

Paula Jaspar is a Registered Massage Therapist. She is a member of the College of Massage Therapists of BC and the Massage Therapy Association of BC and graduated from the West Coast College of Massage Therapy in 1997. She completed her doula training in 1998. She completed her Masters of Education from Simon Fraser University in 2015.

Paula has worked at a variety of places such as medical clinics, care facilities, spas and schools. She currently teaches at Langara College in the Registered Massage Therapy Program and continues to teach multiple postgraduate courses.

You are invited to attend the Massage New Zealand Conference 2019 (https://www.massagenewzealand.org.nz/site/conference/2019/) where Paula Jaspar will be teaching post caesarean section treatment workshop.

You can learn more about Paula Jaspar at https://vanfct.com/about/

THE HUMAN MICROBIOME

EVER WONDERED WHAT THE HUMAN MICROBIOME IS?

Marchesi and Ravel (2015) defined this term as referring to the entire habitat, including the microorganisms (Archaea, Bacteria and Eukaryota), their genomes, and the surrounding environmental conditions within each human.

The lower gastrointestinal tract (GIT) contains a variety of distinct microbial habitats along the small intestine, caecum, and large intestine (colon). Physiological variation, such as more acidic initially in the small intestine, chemical and nutrient gradients along the lengths of the small intestine and colon, as well as host immune activity, influences bacterial community composition. Therefore it seems bacterial densities are much higher in the colon where they are able to inhabit the inner of the two layers of large intestine mucus linings. (Donaldson, Lee & Mazmanian, 2016).

Diet also imparts a large effect on microbial colonisation and relative abundance, but some bacteria can thrive independently of dietary changes. Therefore, the mucus layer can harbour a reservoir of bacteria that are maintained regardless of food intake. (Donaldson et al, 2016).

REFERENCES

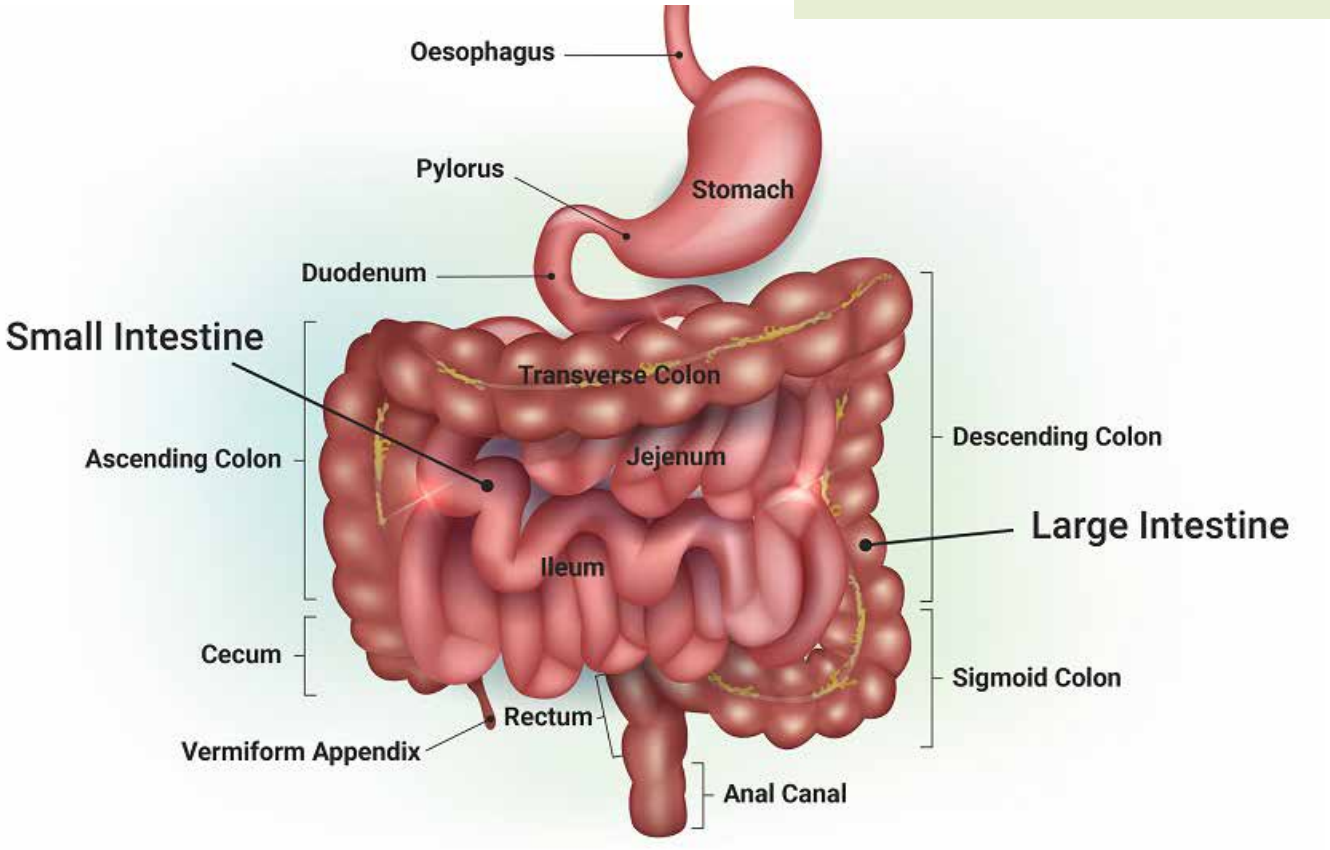
Donaldson, G. P., Lee, S. M., & Mazmanian, S. K. (2016). Gut biogeography of the bacterial microbiota. Nature reviews. Microbiology, 14(1), 20–32. doi:10.1038/nrmicro3552

Marchesi, J.R., & Ravel, J. (2015). The vocabulary of microbiome research: a proposal. Microbiome, 3:31

The Malaghan Institute, NZ are researching the importance of interactions between the gut microbiome, diet and the developing immune system in early life.

https://www.malaghan.org.nz/what-we-do/nutrition-and-microbiome-research/

Check out the new Scientist for interesting articles: https://www.newscientist.com/round-up/microbiome/



Small Intestine, Large Intestine Diagram. Reprinted with permission from https://www.microba.com/blog/

Your gut can influence your overall health

Gut health is becoming a popular topic for health care practitioners and the wider public alike, with researchers finding more links to health and disease states as time goes on. Measuring exactly which microorganisms are living in a person's gut and how they may influence wellbeing is now a possibility.

Leading Australian biotech, Microba, has developed the most detailed microbiome analysis available, accessible to both health care practitioners and the general public. The gut microbiome – the community of microorganisms (mostly bacteria) living in the gut – can be measured by a stool sample and analysed for a comprehensive picture of a person's gut health.

Senior Scientist and Research Officer at Microba, Dr Alena Pribyl, has explained more about the gut microbiome, how it can be measured and links to overall health in a blog available at microba.com/blog.

Dr Pribyl says that research has found the stool microbiome of individuals with a variety of health concerns is different to that of healthy people.

"Although it is unknown yet if differences observed in the gut microbiome are a cause or consequence of disease, it is a common finding that healthy people have a greater microbial diversity and a higher number of species that produce beneficial substances compared to unhealthy people," she said.

She explained as our understanding of how the gut microbiome interacts with our body advances, that the future of the gut microbiome could see tests such as Insight™ being part of a normal check up with a GP.

"It could be that in the next decade when you visit your GP, a microbiome screen will be a normal part of your check up," she said."

What is the research making such a future a possibility?

Microba uses a highly advanced method for assessing microbial communities called metagenomic DNA sequencing. This method can identify the species in a sample and the genes present in those microorganisms for insight into their functional potential.

How does Microba's Insight™ home testing kit work?

Microba's Insight™ tool is evidence-based and easy for an individual to order, receive and use. When a person sends back their test, it is then analysed in the Brisbane-based Microba laboratory. Within as little as four weeks, Microba sends through a link to an online, interactive report detailing which microorganisms are living in a person's gut and what they are capable of doing. The tester then receives access to a personalised shopping list and a tailored one-on-one coaching session with a qualified health professional to go through the report and explore potential next steps.

Find out more

The gut microbiome has many mysteries to explore – some of which Microba's team are delving into. Dr Pribyl and other members of the Microba team – including the qualified health professionals in the Microbiome Coach team – often share their insights on the company's blog which can be found at https://www.microba.com

Co-editors Note – Are any members aware of a similar service in NZ?

GASTRO - INTESTINAL TRACT (GIT) PATHOLOGIES –COMMON DEFINITIONS:

by Carol Wilson, RMT

Check the links for more information on the retrieved definitions:

Coeliac Disease - is a digestive disorder that damages the small intestine. People with celiac disease cannot eat gluten, a protein found in wheat, barley, and rye. The disease can cause long-term digestive problems.

https://www.niddk.nih.gov/health-information/digestive-diseases/celiac-disease

Colon Polyps - are growths on the lining of the colon and rectum. Most polyps are not cancerous, but some may develop into cancer over time. Removing polyps can help prevent colorectal cancer.

https://www.niddk.nih.gov/health-information/digestive-diseases/colon-polyps

Constipation - Constipation is when your bowel motions are hard and difficult to pass

https://www.health.govt.nz/your-health/conditions-and-treatments/diseases-and-illnesses/constipation

Crohns Disease - is a chronic disease that causes inflammation and irritation in the digestive tract.

https://www.niddk.nih.gov/health-information/digestive-diseases/crohns-disease

Functional Dyspepsia (FD) - is a chronic disorder of sensation and movement (peristalsis) in the upper digestive tract

https://badgut.org/information-centre/a-z-digestive-topics/functional-dyspepsia/

Gallstones - are hard, pebble-like pieces of material, usually made of cholesterol or bilirubin, that develop in the gallbladder. When gallstones block bile ducts, they can cause sudden pain. If left untreated, they may cause complications.

https://www.niddk.nih.gov/health-information/digestive-diseases/gallstones

Gastroesophageal reflux - Gastroesophageal reflux (GER) happens when stomach contents come back up into the oesophagus causing heartburn (also called acid reflux). Gastro-oesophageal reflux disease (GERD) is a long-lasting and more serious form of GER.

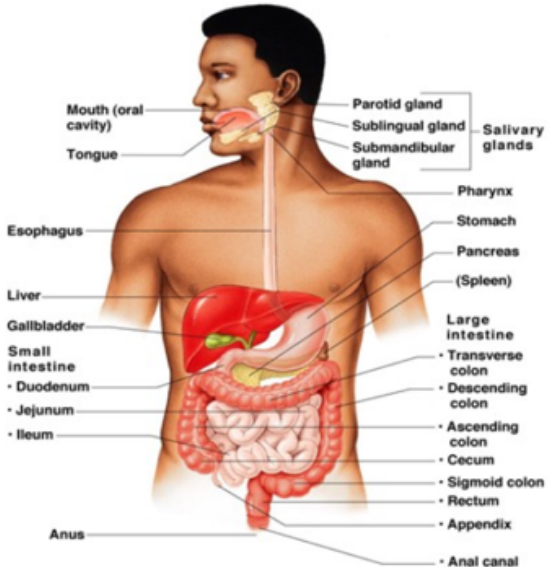
https://www.niddk.nih.gov/health-information/digestive-diseases/acid-reflux-ger-gerd-adults

Irritable Bowel Syndrome (IBS) - is a group of symptoms that occur together, including repeated pain in your abdomen and changes in your bowel movements, which may be diarrhoea, constipation, or both. These symptoms may be without any visible signs of damage or disease in your digestive tract.

https://www.niddk.nih.gov/health-information/digestive-diseases/irritable-bowel-syndrome

Ulcerative Colitis - is a chronic, or long lasting, disease that causes inflammation—irritation or swelling—and sores called ulcers on the inner lining of the large intestine.

https://www.niddk.nih.gov/health-information/digestive-diseases/ulcerative-colitis



References

Marieb, E., (2006) Essentials of Human Anatomy & Physiology, 8th ed. San Francisco: Pearson Education

HOW YOUR RELATIONSHIPS AFFECT YOUR HEALTH

By Dr Karen Faisandier, Clinical Psychologist

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Supportive relationships protect health, but some relationships have a more powerful effect on health than others. These are called our attachment relationships and we experience the first of these in our parents/caregivers, then our close peers, romantic partners, and significant mentors or health professionals. Survival favours caregivers being close by to care for their children until they become independent. Our species (and other mammals) needed a system that ensured the first few years of life went according to plan – a reliable way of staying close to the caregivers who keep you safe and alive. Enter the attachment system.

Attachment serves the evolutionary goal of helping offspring survive, and enables individuals of any age who feel threatened to re-establish physical and emotional security through contact and comfort. There are four attachment styles found in the literature which include secure attachment and the three insecure attachment templates – preoccupied (amplification), dismissing (minimisation), and disorganised (fluctuation). Our default template occurs through our repeated relationship experiences which, while is most significant in infancy and childhood, can also be altered by relationships across the lifespan. We naturally develop adaptive strategies to cope with inconsistent, unavailable, or abusive attachment relationships. To summarise the attachment styles in a nutshell, secure attachment is characterised by these nice experiences:

1. Feeling worthy of care and love
2. Being (generally) trusting of others to care for us
3. Gaining mentalising skills (i.e., imagining the mental/emotional perspective of others - related to empathy skills)
4. Gaining the ability to self-soothe when in distress or pain
5. Forming the ability to delay gratification

In contrast, insecure attachment is characterised by some less easy experiences such as:

- Reduced self-regulation of stress/ emotions
- Difficulties seeking effective social support
- Amplification and/or minimisation techniques (see below)
- Effects on the gut-brain-axis and a less calm autonomic nervous system ("jumpy" vagus nerve, over or under-activated HPA axis, and effects on the gut including dysbiosis/intestinal permeability/impaired absorption)

PREOCCUPIED ATTACHMENT (AMPLIFICATION):

- Relationships have been inconsistent
- Connection has been unreliable/vulnerable

- Protective mechanisms are to amplify behaviour that seeks closeness (e.g., approval/reassurance and to heighten distress)
- May struggle with anxiety and distress and with calming down
- Heightened protest at separation from loved ones
- May seek health provider support at increased rates

DISMISSING ATTACHMENT (MINIMISATION):

- Relationships have been unavailable/ rejecting
- Connection has been unavailable/ disconnected
- Protective mechanisms are to become independent (i.e. "I don't need others")
- Tend to deny closeness needs, avoids relationships (to avoid rejection/hurt), under-report symptoms/distress
- May seek out external forms of avoiding feelings/self-soothing (sex, alcohol, gambling, work)
- Avoid health care provider when unwell - compulsive independence

Do you see yourself in any of these styles? There is a further insecure pattern that fluctuates between amplification and minimisation, which is generally associated with relationships that have been abusive or dangerous but this won't be focused on here.

Whichever way it develops, your attachment system is a complex "meta-system." This implicates multiple physiological systems, hormones, and neurotransmitters when it is activated, ranging from oxytocin and vasopressin (bonding and commitment hormones), adrenalin and cortisol (stress and threat hormones), and those implicated in reward (dopamine and endogenous opiates – endorphins), relaxation (GABA), and contentment (serotonin). Illness, pain, separation, loss, and distress all activate this meta-system, and trigger default attachment behaviour (whichever template you developed).

In the literature, insecure attachment is associated with diabetes, cardiovascular issues, inflammatory diseases, 'medically unexplained symptoms', psychological concerns, and can drive chronic stress. Chronic stress is associated with raised inflammatory cytokines (Interleukin IL-1 and IL-6, and tumour necrosis factor,) and less anti-inflammatory cytokines that terminate the inflammatory response. This relates to the cytokine theory of mental health concerns, whereby a combination of chronic psychological, dietary, lifestyle, and interpersonal stressors contribute to an inflammatory response and mental health symptoms like anxiety or depression.

> "SUPPORTIVE RELATIONSHIPS PROTECT HEALTH. BUT SOME HAVE A MORE POWERFUL EFFECT ON HEALTH THAN OTHERS. THESE ARE OUR ATTACHMENT RELATIONSHIPS."
>
> (HUNTER & MAUNDER, 2015).

Long term exposure to stress can also result in desensitised glucocorticoid receptors to cortisol (cortisol resistance), chronic low-grade inflammation with a reduced immune response, and changes to brain-derived neurotrophic factor (BDNF; which aids brain growth and plasticity, insulin sensitivity, and parasympathetic/relaxation system tone). Long-term exposure to stress can also churn through vital nutrients needed for optimal functioning, and can adversely impact on the gut lining via impaired digestion/stomach acid, contributing to gut permeability. This places the individual at risk of nutritional deficiencies that further worsen the original insults and cause more symptoms, as the physical foundations are compromised. In addition, when chronically stressed we are more likely to use health detracting behaviour to numb, avoid, or change how we feel, such as alcohol, smoking, caffeine, poor nutritional choices, avoiding meaningful social connection, and to reduce our health helping behaviours like getting quality sleep, nutritious food, and movement.

There are various interesting studies looking at attachment and immune functioning that I find fascinating. Chronic social stress has been found to impair vaccine responses, delay wound healing speed, and dysregulate cellular immunity. EBV virus (glandular fever) latency has been found to be higher in those with preoccupied attachment (but not dismissing). Those with preoccupied attachment had delayed or impaired recovery from glandular fever compared to those with other attachment styles. Gut microbiota disruption during critical developmental windows has also been found to occur, with effects on the modulation of the immune system and changes in hormones and neurotrophins (proteins that determine neuronal outcomes). There are also epigenetic changes found. For example, some genes seem to be "socially sensitive" and may switch on or off depending on attachment experiences. Those with preoccupied attachment experience significantly greater number of physical symptoms compared to other patients (Liechanowski, 2002). This makes sense, right? With preoccupied attachment the HPA axis is jumpy (feel more stressed/anxious), vagal tone is poor (it's harder to calm down), and the gut is impacted by chronic relational stress and all the things going on above. Over time immune functioning can be impaired causing further health issues, especially chronic types such as autoimmunity.

Those with chronic health issues or chronic symptoms with a lack of diagnosis, or hard to understand conditions, often get classed as "psychosomatic" by nature (e.g., chronic fatigue syndrome, fibromyalgia, chronic pelvic pain, IBS, non-cardiac chest pain, tension headache, multiple chemical sensitivities, autoimmune conditions, chronic anxiety/depression, and cases entitled 'forme fruste' - below threshold for diagnosis). The label "psychosomatic" inappropriately emphasises psychological factors and attributions in the cause of these difficulties (i.e., "It's all in your head"). People experiencing such health symptoms have usually had repeated invalidation by health professionals who haven't found a cause (and others in their life who struggle to understand their experience), and this can

cause epistemic distrust that the medical profession or others will not adequately believe or care about them.

These people are not 'difficult to treat' but can be difficult to reach because of this repeated invalidation (whether intentional or not) when help seeking. As well as this, they often experience trauma from their body with symptoms that seem often frightening and out of their control. This kind of diagnosis also reinforces insecure attachment. In my opinion and experience, these individuals are the most in need integrative approaches of physical health/ nutrition/gut health and attachment and stress work.

THE GOOD NEWS

When illness or injury activates the attachment system through distress and vulnerability, relationally appropriate responses by health professionals can be healing, with the following benefits seen:

- Responsive attuned care = corrective attachment experience
- Offsets the stress response - can reduce cortisol
- Promotes healing – can reduce inflammation
- Reduction in anxiety and distress
- Maximises treatment adherence
- Is correlated with patient satisfaction
- Improves health outcomes

Health care providers have a powerful intervention available to them at any moment in their relational responsiveness to their clients/patients. We've probably all had an experience of going along to talk to someone about our health concern and having not felt heard, understood, believed, or cared about. Yet, one study found that the duration of the common cold was reduced by one full day, simply by the doctor making a caring statement! If this was a new medication it would be all over the news.

In practice, relational responsiveness includes building rapport - being predictable, attentive, supportive. To be soothing of distress and anxiety through facial expressions, voice tone, and body language. To listen compassionately, believe the experience, and to focus on distress rather than content (initially).

Consider the full spectrum of gut-brain-axis solutions that can help from body-work practitioners, yoga, mindfulness, relaxation, nutrition, talk therapy alongside traditional medical interventions.

Dualistic models in health just don't work. We are not just a mind or a body, or even a mind-body, we are a mind-body-other. We're not a gut or a brain, or a gut-brain, but a gut-brain-other. As we focus more and more on nutrition and gut health, lifestyle and stress, and epigenetics let us not forget that these aspects of a human are always in the context of their relationships – especially their attachment relationships - and don't forget that if you are a health provider you may be one of these.

REFERENCES

Cassidy, J., & Shaver, P.R. (Eds.). (2016). Handbook of attachment. Theory, research and clinical applications. (3rd Ed). New York: Guilford Press.

Cirulli, F. (2014). Interactions between early life stress and metabolic stress in programming of metal and metabolic health. Current Opinion in Behavioral Sciences, 14, 65-71.

Dean, J. & Keshavan, M. (2017). The neurobiology of depression: An integrated view. Asian Journal of Psychiatry, 27, 101-111.

Fagundes, C.P., et al. (2014). Attachment anxiety is related to Epstein-Barr virus latency. Brain, Behavior, and Immunity, 41, 232-238.

Greenblatt, J. M., & Brogan, K. (Eds.). (2016). Integrative Therapies for Depression: Redefining Models for Assessment, Treatment and Prevention. CRC Press.

Hunter, J., & Maunder, R. (Eds.). (2016). Improving patient treatment with attachment theory. A guide for primary care practitioners and specialists. Springer Publishing.

Maunder, R., & Hunter, J. (2015). Love, fear and health: How our attachments to others shape health and healthcare. University of Toronto Press.

McEwen, B. S., & Lasley, E. N. (2002). The end of stress as we know it. Joseph Henry Press.

AUTHOR BIO

Dr Karen Faisandier is a trained Clinical Psychologist based in the Wellington CBD. She holds a doctorate in clinical psychology (her thesis was on attachment and sexual behaviour), and is specialised in addiction. She has worked in both a DHB setting as well as private practice. After observing links between anxiety, low mood, chronic stress, physical health symptoms, addiction, and diet and lifestyle, she became curious about studying the gut-brain-axis, as this has not traditionally been a focus of mental health treatment. She is passionate about finding practical and empowered solutions for the current mental health crisis at both an individual and societal level.

She established The Integrative Practice in Wellington in 2016. This service was developed due to the recognition of how important nutritional and lifestyle influences are on physical health, which is a foundation for how people think, feel, relate, and behave. This service offers an evolutionary psychology philosophy with practical nutritional and lifestyle solutions, so as to empower and optimise holistic wellbeing.

Alongside running this practice, Karen aims to be a conduit for this integrated knowledge to a wider New Zealand audience, through social media platforms, her online writing, and work with the Ancestral Health Society of New Zealand https://ancestralhealthnz.org/

OPINION PIECE

VISCERAL MANIPULATION – UNDERSTANDING FUNCTIONAL ANATOMY

By Rosie Greene (RMT, Certified Visceral Manipulation Instructor VM1)

When it comes to manual therapy, we practitioners often say that everything in the body is connected, but what could we mean by this? Visceral Manipulation is the life-long body of work by renowned French Osteopath Jean Pierre Barral, and it has been proposed that it helps us to make connections between the musculoskeletal, visceral, neural and vascular systems.

Throughout life, all our tissues are in constant motion. French osteopaths, Barral and Mercer (1988) presented a foundational hypothesis on visceral manipulation. They state that "restriction, fixation or adhesion to another structure, no matter how small, implies functional impairment of that organ. The consequent modification of its motion, repeated thousands of times daily in the body can bring about significant changes, both to the organ itself and any related structures." (Barral, 1988 p 3). Lack of movement of the organs or viscera may be a result of a variety of reasons such as physical traumas, infectious processes or surgery.

Moving the trunk causes changes in the geometry of the walls of the visceral cavities as well as the fluid pressure within them. Respiration with 24,000 breaths a day represents significant source of movement. (Croibier 2012). The kidneys slide down the "rail" of the psoas at least 2cm with a normal breath and up to 7cm with deep inhale. The liver follows the diaphragm and swings in an arc inferior, rolls anterior and medial on an inhale and the reverse on an exhale (Barral, 1991).

Visceral manipulation is defined as "a manual therapy consisting of gentle, specifically placed manual forces that gently encourage normal mobility, tone and inherent tissue motion of the viscera, their connective tissue, and other areas of the body where physiologic motion has been impaired" (The Barral Institute). The curriculum teaches the anatomy and physiology of the organs and their associated skeletal structures, vascular and nerve pathways, along with the techniques utilised to evaluate and treat the organs. For example, in the visceral manipulation training the students look at how the liver's suspensory ligamentous system influences the movement of the spinal column and the thorax. Palpation skills are an integral part of any manual therapy training and the palpation skills taught in this curriculum are highly refined.

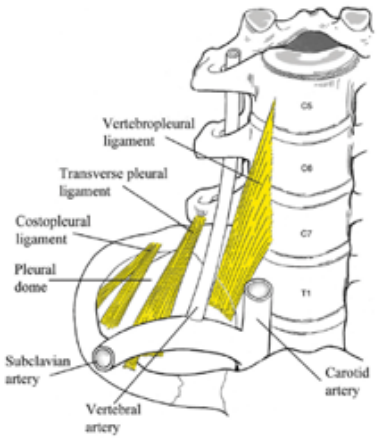
This article explores a range of texts, clinical theories and observations from dissections, to highlight how, with an understanding of the anatomy and physiology of the organs, their associated skeletal structures, vascular and neural pathways, we can move from a symptoms-based practice, to working with the body as a whole, to effect change.

FASCIAL CONNECTIONS

Anatomical structures are generally described according to location and this can sometimes lead us to forget the whole. The organs and viscera are covered in a double layer membrane with a layer of serous fluid between them to allow structures to slide and glide against one another with movement. In the brain these membranes are called the meninges, in the thorax, the pleura and in the abdomen, they are called the peritoneum.

"The peritoneum is continuous with the omentums, mesenteries and visceral ligaments which allow the blood vessels, nerves and lymphatics to reach the various viscera" (Snell 1973, p176) These deeper fascial structures and most specifically the visceral ligaments contain numerous proprioceptors providing a constant stream of feedback to the cerebellum relating to their states of tension. They participate in the regulation of posture and can affect it negatively in cases of dysfunction (Croibier, 2012).

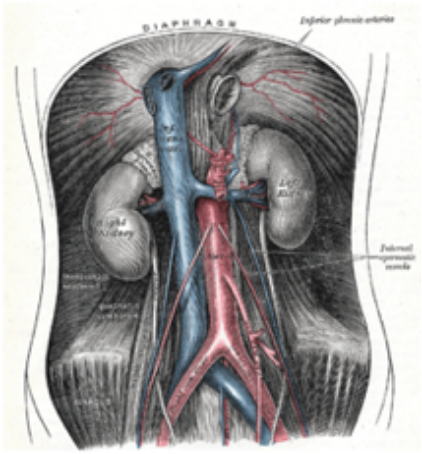
Think 'cause and effect', as the membranes are continuous, tension in one part of the membrane system may have effects on other parts of the membrane system or be transmitted throughout the abdomen, to the pelvic and thoracic cavities and vice versa. For example, tension on the ligaments of the liver may be transmitted via the pleura to the visceral ligaments that support the pleural dome and connect it to the first rib, C6 and C7.



Pleural Dome and connections

Or to the pelvis via the median and medial ligaments of the bladder. Consequences of this internal tension may be reflected to and create adaptations in the associated musculoskeletal system – for example possible high tone in the scalenes or piriformis muscles respectively.

The kidneys lie posterior to the peritoneum but contact the diaphragm, quadratus lumborum, psoas and transversus abdominus. Symptoms from a kidney with restricted mobility could be adaptive shortening of these muscles.



Kidney Connections (Gray, 2015)

Practitioner reflection 1

The liver is connected directly to the diaphragm via the coronary ligaments, right and left triangular ligament. During one of my early dissection classes I had a particularly disconcerting experience that absolutely confirmed for me the connection the liver has with the upper limbs. I was gently holding the donor's arm and taking the forearm through range of motion testing to observe the movement in the exposed brachial plexus. Another student was palpating the liver to feel the triangular ligaments and then without me being aware of what she was doing, mobilised the liver to feel the axis of motion. As she did this, I felt fibers in the forearm moving under my fingers – a huge shock. Of course, once I had felt this, we repeated the experience for the whole class to feel.

NEURAL CONNECTIONS

Thinking about the pleura and the peritoneum from a neural perspective. "These membranes along with the pericardium and diaphragm are innervated by the phrenic nerve arising from C3, 4, 5". (Snell, 1973). Clinically this is important, as sensory information regarding tension, inflammation and nerve irritation in the peritoneum or pleura may be carried to the central nervous system by the phrenic nerve and due to the anastomosis and fiber exchange with the brachial plexus (C5,6,7), could be the underlying cause for symptoms in the upper limb and shoulder. For example, via the suprascapular nerve, which innervates the supraspinatus, infraspinatus, glenohumeral joint and acromioclavicular joint. (Snell, 1973)

The organs also have sympathetic innervation from specific spinal segments. Whereby nociceptor afferents from the viscera are perceived as pain arising from within the musculoskeletal system, the most well-known example of this pain in the medial aspect of the left arm produced by a heart attack. Another example may be high tone in the paravertebral muscles T7-T10, as this relates to the sympathetic innervation of the liver.

We cannot forget the associated structures when discussing the neural system – for example because of the anatomical relationship, fixation or ptosis of the kidneys can irritate the nerves that lie posterior namely the lumbar plexus. The specific nerve irritated depends on the fixation or degree of ptosis. Symptoms may be pain or sensitivity of the lower back, abdomen, hip, groin, lateral thigh or knee (Barral, 1989).

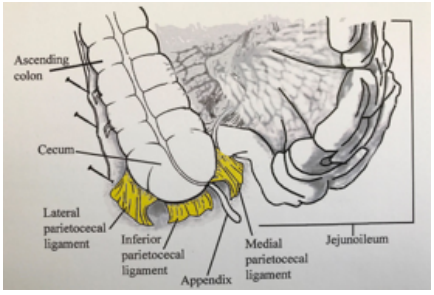
Practitioner reflection 2

A 37-year-old man whose chief complaint was right sided carpal tunnel pain with weakness of grip and no change had been made by several months of traditional physiotherapy and hand therapy. Twenty years prior, the appendix had ruptured and the ensuing peritonitis meant the patient was left with a sizable vertical scar on the right side of his abdomen. Working with the liver, hepatic flexure, ascending colon and caecum, his carpal tunnel symptoms resolved. Understanding the fascial and neural connections detailed above it is possible to understand the possible adaptive pathway that may have manifested his symptomology.

VASCULAR CONNECTIONS

An organ in good health requires an uninterrupted blood supply. "1700 litres of blood are sent to the kidneys every 24 hours, producing 170 litres of filtrate and 1-2 litres of urine". (Barral, 1989). Mesenteric blood flow ranges from 1 litre per minute to 4 litres after a meal. Each organ has a specific movement pattern "as guided by the surrounding structures, visceral ligament system or mesentery and is orientated to allow for optimum blood flow". (Barral, 1989)

Visceral manipulation targets working with the mesenteries and certain visceral ligaments in order to try and optimise blood flow to those organs. Congestion in the liver may create congestion through the portocaval anastamosis in the smaller systemic venous tributaries and symptoms in the regions these smaller vessels drain, such as oesophagus, colon, and rectum.



Caecum and associated structures

The left renal vein is longer than the right and has the left ovarian or testicular vein, and left lumbar vein draining directly into it, on the right these veins drain into the vena cava (Snell, 1973). With a 2nd degree ptosis of the kidney for example, this can create a vascular spasm reducing the blood flow and resulting in vascular congestion in the left lumbar and ovarian/testicular veins. Symptoms may be left ovarian or testicular pain or lower back pain.

Overall Practitioner Reflection

Having studied the Barral curriculum and with Jean Pierre Barral himself for many years, the overriding impression is of a man with intense curiosity and a desire to understand the functional anatomy of the human body. He has said that "results are his religion" and if treatments do not work, he will delve deeper into the anatomy books to understand why.

Symptoms of the patient may be varied depending on the possible restriction or tether, but rationalised by recognising and working with anatomical fascial, neural and vascular connections. Without visceral manipulation training I would not be able to assess and treat these inter-relationships.

In summary, human anatomy can be a lifetime of learning. The body is truly connected and as manual therapists we have the most amazing tool to work with. Our hands may pick up tissue tension that no MRI or X-ray can. There is no limit to the potential for our hands to feel, just like the wine taster using their taste buds, we hone our craft and I feel we owe it to our patients.

REFERENCES

Barral, J.P. (1991). The Thorax: Vista CA: Eastland Press

Barral, J. P. (1993). Urogenital Manipulation: Vista CA Eastland Press

Barral, J.P. (1988). Visceral Manipulation: Vista CA Eastland Press

Barral, J.P. (1989). Visceral Manipulation 11: Vista CA Eastland Press

Barral, J.P. & Crobier, A. (1999) Trauma - An Osteopathic Approach. Seattle WA: Eastland Press

Croibier, A. (2012) From Manual Evaluation to General Diagnosis. Berkley CA. North Atlantic Books

Detton, A.J. (2017) Grant's Dissector, Philadelphia: Wolters Kluwer

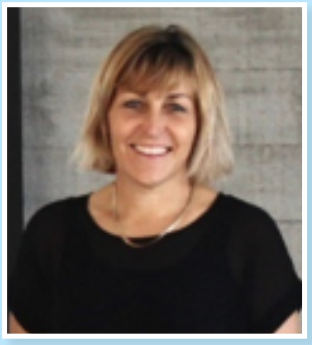
Drake, R.L., (2015). Gray's atlas of anatomy. Philadelphia, PA:Churchill Livingstone

Guimberteau, J. & Armstrong, C. (2015) Architecture of human living fascia. East Lothian: Handspring Publishing Ltd

Snell R. (1973) Clinical Anatomy for Medical Students. Edinburgh: Churchill/Livingstone

Visceral Manipulation Study Guide VM1 - The Barral Institute

Check out https://www.barralinstitute.com/therapies/articles.php



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S.T.R.A.I.T COURSE REVIEW

By Odette Wood, RMT

When you think about massage therapy, scars may not be one of the areas that first comes to mind. Clients may cover them up, avoid looking at and touching them, and often don't think that they are important to mention to their massage therapist. Some clients may intentionally make a point of mentioning that they don't want them touched at all during massage. I've encountered all of these situations as a massage therapist and they are all completely understandable. Depending on the scar and the situation surrounding how it came about, scars can represent painful or traumatic events, a loss of some sort, memories that our clients may want to forget. They can also represent survival and strength. Whether a scar is related to a childhood injury, c-section, major surgery, cancer treatment or burns, scar tissue has some differences to normal tissue.

A scar is a collection of fibrous tissue that forms to replace lost epidermal and dermal tissue. Scar tissue is comprised of less elastin and more collagen fibres. This means it lacks the elasticity and flexibility of normal tissue. Its role is to repair, to cover and provide a barrier. As such, it may not have the same amount of strength or functionality as normal tissue (Copstead & Banasik, 2013). There are a number of types of scars. Atrophic scars are flat and depressed with an inverted centre below the surrounding skin, they often occur as a result of acne or chickenpox, being caused by inflammation which destroys collagen and leaving an indent. Contracture scars result from contractile wound-healing where new tissue shrinks and shortens, causing tightness and restricted movement due to the tissue contracting over the area. Contracture occurs before the scar is fully matured and is often associated with burns. Contracture scars can be shiny, raised, irregular and hypertrophic and if deep, can affect muscles and nerves. Widespread (stretched) scars appear when fine lines of surgery scars become stretched and widened in the weeks following surgery. They occur as a result of the tissue around the wound being under tension while healing. A scar may become more widespread over a period of months. Keloid scars result from a healing process that has become dysfunctional. They are smooth, elevated, widespread overgrowths of tissue and extend beyond the original injury and can be thickened. They can continue to grow, with extensions into normal tissue and can be associated with an inflammatory skin disorder. Keloid scars can result from acne, burns, cuts and other types of skin trauma. They are most common in people with dark skin and can be painful, itchy and restrict movement. Hypertrophic scars are raised, red scars similar to keloids but remain within the boundary of the original injury. Over time they become flatter and lighter. The tissue is generally thicker than normal tissue and can restrict movement (Brook, 2010; Copstead & Banasik, 2013). Two good visual overviews of scar types can be found:

http://artofdermatology.com/wp-content/uploads/2017/06/Different-Types-of-Acne-Scars.jpg

https://www.newgelplus.com/wp/wp-content/uploads/2017/08/kinds-of-scars.jpg

Research indicates that, when comparing normal tissue to a number of scar tissue types (keloid, hypertrophic, normotrophic), the orientation of collagen fibres in scars is in a more parallel manner, which may account for it's more rigid structure (Verhaegen et al., 2009). Where a scar heals in a more disorganised arrangement, this is considered to be fibrosis. For scars that form as a result of burn wounds, these can be more contracted causing functional impairment. These differences in scar tissue can affect flexibility and functional range of movement (Fourie & Robb, 2009), and also quality of life. Some scars can be numb or painful due to nerve damage, compression or some sort of impingement.

I have worked with a number of clients with scars over the past few years - treating a range of scars including hip and knee surgery scars, abdominal, spinal surgery and mastectomy scars. Working with clients over a number of sessions, my clinical observations were of changes to the texture and mobility of the scars, improvements in movement and flexibility of the areas/limb affected, reduced pain in the area(s) affected, and improved confidence and attitude (acceptance) in relation to the scar.

Recently I attended the three-day S.T.R.A.I.T (short for Scar Tissue Release and Integrated Therapies) workshop on working with scars, with Marjorie Brook from Marjorie Brook Seminars which took place in Nelson (the course was also run in Auckland). Marjorie was brought over to New Zealand by Beth Beauchamp of Myofascial Release Workshops who runs

her MFR courses around New Zealand. The S.T.R.A.I.T course involved three days of theory and practice. Besides getting a thorough overview of scar tissue - what it is, how it differs from normal tissue, causes and types of scars and effects of scars, the scar tissue release techniques taught by Marjorie in her S.T.R.A.I.T course were instantly applicable in the clinic. One of the most valuable things about the course was the opportunity to practice on volunteers specifically brought in for the course. There were people with a range of scars: surgical scars (c-section, hip and knee replacement, kidney surgery, spinal surgery, ankle surgery to name a few), injury-related scars, and burns scars. These all range from hypertrophic, widespread to keloid and contracture. The chance to work on so many types of scars was a wonderful learning opportunity. So often in courses of this nature, we end up practicing on each other, which does not always provide the same varied and in-depth learning opportunities. Having these generous volunteers come in, willing to allow us to work on areas that some had NEVER received treatment on was very humbling and informative.

What I observed from the hands-on work that we got to do over the few days, was that the scar tissue slowly softened, appeared and felt smoother and took on a broader and less ridged/risen appearance. Feedback from the volunteers themselves was positive, with many reporting a felt difference to the scar in terms of restriction and physical quality of the scar. It would be interesting to know how this plays out over time and if the felt changes remain. At the course, there were two instances where remnants of stitches that had not completely been removed 5-10 years prior, came to the surface and emerged during the scar work. This is not uncommon during this work and I have since heard that at the Auckland workshop, one volunteer had a staple emerge from a 6-year-old scar that one of the participants was working on.

While there does not appear to be extensive research is this area, anecdotally it appears to be clinically effective, with greater efficacy in the area of post-surgical scars. The problem is that at present there is no consistent treatment approach and outcomes are not measured in a standardised way (Shin & Bordeaux, 2012). Perhaps this area has not attracted a great deal of research funding, however it is an area that warrants more research. Some research indicates that stretching of scar tissue may cause a change in tissue from fibroblast to myofibroblast which contributes to wound healing and tissue repair (Junker, Kratz, Tollbäck & Kratz, 2008). If this is the case, this may in part reveal why manual therapy may be useful for addressing scar adhesions, fibrosis and reduced extensibility of scar tissue. There may well likely be other factors as well, perhaps body image, self-efficacy, attitude and confidence related to the scar.

Course attendees were from a diverse range of areas: massage therapy, chiropractic, osteopathy, pilates and yoga instructors, to name a few. For most of us who were practising manual therapists, we came into the course with a good understanding of the human body – fascia, muscles, attachments, endangerment sites, and how to work safely. For those who were not manual therapists, this was new and probably a bit of a learning curve.

The S.T.R.A.I.T course was comprehensive, informative and the opportunity to practice on "real" people, the sort of people who come to us for treatment, was an invaluable learning experience.

REFERENCES

Brook, M. (2010). The S.T.R.A.I.T Method: Scar Tissue Release Foundations. Wantagh, NY: Turning Leaves Productions, LLC.

Copstead, L. E., & Banasik, J. L. (2013). Pathophysiology (5th ed.) St. Louis, Mo: Elsevier.

Fourie, W. J., & Robb, K. A. (2009). Physiotherapy management of axillary web syndrome following breast cancer treatment: discussing the use of soft tissue techniques. Physiotherapy, 95(4), 314-320.

Junker, J. P., Kratz, C., Tollbäck, A., & Kratz, G. (2008). Mechanical tension stimulates the transdifferentiation of fibroblasts into myofibroblasts in human burn scars. Burns, 34(7), 942-946.

Shin, T. M., & Bordeaux, J. S. (2012). The role of massage in scar management: a literature review. Dermatologic surgery, 38(3), 414-423.

Verhaegen, P. D., Van Zuijlen, P. P., Pennings, N. M., Van Marle, J., Niessen, F. B., Van Der Horst, C. M., & Middelkoop, E. (2009). Differences in collagen architecture between keloid, hypertrophic scar, normotrophic scar, and normal skin: an objective histopathological analysis. Wound Repair and Regeneration, 17(5), 649-656.

Photo credits: Odette Wood, Marjorie Brook

"OH BABY – NOW THAT'S A SCAR!" SCAR RELEASE & C-SECTIONS

By Marjorie Brook, LMT

According to the World Health Organisation, caesarean (c-section), rates continue to rise around the world. The rate in the United States of America it is 32.2%, which works out to 1-in-3 women. But no matter how well-trained the surgeon may be, there will be scar tissue formation after a c-section. Scar tissue needs to form to help the wound heal, but there is a tiny problem: adhesions. Adhesions occur internally when the body undergoes severe trauma such as a surgery, inflammation or infection. Unfortunately, most doctors either fail to disclose or show concern in regard to adhesion formation and a protocol to minimize it and the issues that can arise from them has never be established.

The most common incision for a c-section is made horizontally (often called a bikini cut), which is just above the pubic bone (Figure 1). The incision is cut through the lower abdomen at the top of the pubic hair just over the hairline. The muscles of the stomach are not cut but they are pulled apart so that the doctor can gain access to the uterus. In an emergency caesarean the incision will most likely be a vertical incision (Figure 1) (from the navel to the pubic area) which will allow a faster deliver. The surgeon also pulls the bladder down to protect it during surgery. Scarring from the incision builds up underneath the incision as well as in the uterus. As the c-section scar starts to heal and the uterus reduces back adhesions form.

Figure 1

Scar tissue after a c-section is not preventable. Scar tissue is fibrous tissue that replaces normal tissue after an injury. While it contains the same materials as normal tissue, the quality of the scar tissue is inferior to that of the tissue it replaces. It is very important to understand that the scar that you can see is actually only the tip of the iceberg (Figure 2). All surgeries involve multiple layers of sutures and go much deeper than just the visible scar on the surface.

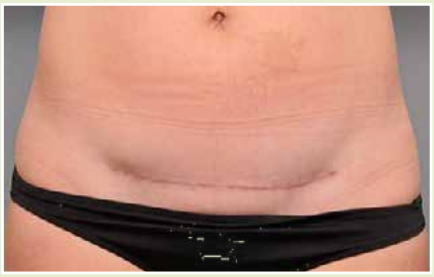

Figure 2

Another significant factor to be considered is the effect of adhesion formation on the internal organs. The organs are supposed to slip and slide around each other. Organs need this movement in order to function properly. When adhesions are present, the sliding surfaces stick to each other and drag across one another causing tensional pulls. The resulting restrictions can cause limited range of motion and pain in other areas of the body.

It can take up to two years after a surgery or trauma to fully heal. Pain and issues may not even surface until well after the Mom has "recovered" from the surgery. Years can pass and by then, the symptoms may not be associated with the scar.

Common complaints after a c-section can include sensitivity of the scar itself and nerves being caught up in the scar tissue causing itching, hyper or hypo sensitivity. This will make pants irritating or leave the Mom unable to feel anything from the scar to the pubic bone. Leaning over to pick up baby can be painful. The tensional pull from the scar may cause postural changes that along with a decrease in the support of the back from the abdominal muscles could result in back pain. The scarring can cause the adjacent muscles to develop trigger points that refer pain to areas like the clitoris or urethra.

There can be issues with lower digestion such as irritable bowel syndrome or constipation and bloating. Adhesions around the uterus, bladder and fallopian tubes can lead to painful intercourse, frequent urination and fertility challenges.

Let's not forget the emotional issues that can arise as a direct result of the scar. There is the self-consciousness about the appearance of the scar. Some women will not touch the scar and surrounding area. A simple pull or pressure on the scar can cause a continual minor or a sudden major PTSD reaction. Lack of sleep and mental stress from chronic pain that doctors do not acknowledge and family members do not understand can be detrimental.

Scar tissue can have an adverse effect on every one of the bodies systems. They are interconnected and encased by the fascia and the smallest of restrictions can cause problems. The good news is that there is much that can be done to minimize and correct the issues.

C-section scarring can be improved or corrected altogether by releasing the tissue and proper therapeutic rehab (every expecting mother needs to be trained in pelvic floor exercises for both pre & post pregnancy). As the scar tissue is released layer by layer, and fibers encouraged to lay down in the proper alignment, the tissue will become softer and function can be restored to the tissue surround the area. This reduces tensional pulls and reduces the adhesions. The tissue needs to be released in all directions, proper circulation (lymph included) restored, range of motion and body mechanics re-established.

The body needs time to heal, so for the best results light therapy such as myofasical

release and lymphatic massage can start right after the surgery. Gentle range of motion stretching and proper body mechanics (how to feed, pick up and carry the baby etc) should be done in accordance with the mother's ability and healing. After 12 weeks the tissue can be released via the STRAIT (Scar Tissue Release And Integrated Therapies) Method a three-dimensional, fascial-release system that works to minimize scar-tissue development and the subsequent physiological restrictions. As tissue is forever remodelling there in no time limit to working on scars. A difference can be made and balance restored no matter how old the scar is.

REFERENCES

Centers for Disease Control and Prevention www.cdc.gov

Cunningham, F. G., & Williams, J. W. (2005). Williams Obstetrics. New York: McGraw-Hill Medical.

World Health Organization http://www.who.int/

AUTHOR BIO

Marjorie Brook is an international instructor/therapist. She is the creator of the S.T.R.A.I.T Method, a specialized therapy for fascial scars and adhesions. She travels all around the world teaching her continuing education courses in Scar Tissue Release, Stretching and Strengthening, and Body Mechanics, through her company Marjorie Brook Seminars www.marjoriebrookseminars.com

MISCONCEPTIONS ABOUT MUSLIMS AND MODESTY IN MOVEMENT AND MASSAGE, A COLLABORATIVE CONVERSATION

There are many misconceptions about movement and massage in regards to modesty and the Muslim faith. Since discussions are a great way to address misconceptions, Cordelia Gaffar, Transformational Coach and Meg Donnelly, Licensed Massage Therapist sat down for a candid Q&A on the subject. . . bringing a stronger understanding, shedding light on stereotypes and bringing those of us interested in fitness and selfcare closer together in the process.

We are grateful to have permission to link to the blog, which you can find here:

Misconceptions about Muslims and Modesty in Movement and Massage, a collaborate conversation between Cordelia Gaffar and Meg Donnelly, LMT.

MNZ CONFERENCE 2019

WHEN
20-22 September 2019

WHERE
Wintec
Rotokauri Campus, Hamilton

FEATURING

Ian O'Dwyer, Australia – Massage to Motion

Brian Utting, USA – Muscle Specific Deep Tissue Techniques & Bindegewebs Massage

Paula Jaspar, Canada – Massage for Pregnancy, Post Caesarean Section & Breast Health

and much more

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COST
Pre Conference Student/Member/Non Member
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Two Day Conference Student/Member/Non Member
$300/$450/$500

REGISTRATIONS
Registrations close Fri 6th September 2019
Pre-Conference Fri
Conference Sat & Sun
Non MNZ Members welcome

EXTRAS
- **Goodie bag including gift from Shakti**
- **Drinks & Nibbles at Social Event**
- **Spot Prizes from Whitely Allcare**

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MASSAGE NEW ZEALAND PRESENTS 'MASSAGE FOR LIFE' 20TH - 22ND SEPTEMBER 2019 TIMETABLE

Proudly sponsored by Wintec – Waikato Institute of Technology – Te Kuratini o Waikato

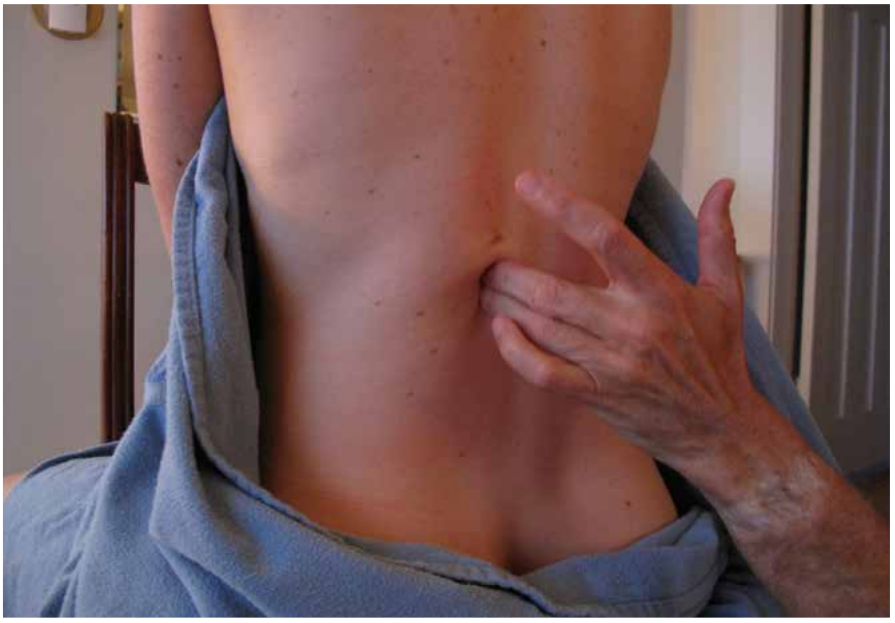
Time	Friday 20th September 2019 (pre-conference)		
9am – 5pm	Ian O'Dwyer *Massage to Motion; Integrated and Intelligent Movement Solutions – 7 hrs* P1 / max 30 pax	Brian Utting *Bindegewebs Massage – 7 hrs* P2 / max 20 pax	Paula Jaspar *Post Caesarean Section Assessment and Treatment – 7hrs* P3 / max 20 pax

	Saturday 21st September 2019			
7.45am 8:15am	Registration Opening address followed by Hayley MNZ Case Report Contest Winner			
9am - 1:00pm (Trade displays open)	9am Carolyn Palmer *Hands: Self-care and joint protection – 2hrs* A1 / 30 pax 11am Break 11.15am Linley Leuthard *Kinesio Taping® updates plus Trigenics®; a different approach – 2hrs* A2 / 30 pax	9am Paula Jaspar *Pregnancy Massage and Techniques for Low Back and Common Pelvic Pain – 4hrs* B1 / max 20 pax Break @ 10.15am	9am Brian Utting *Muscle-Specific Deep Tissue Techniques for the Torso (Iliopsoas, Diaphragm & QL) – 4hrs* C1 / max 20 pax Break @ 10.30am Note – Prerequisite for afternoon's DT Techniques for Back	9am Ian O'Dwyer *Massage to Motion; Fascia, Emotion and Injuries – 7hr* D1 / max 30 pax Break @ 10:30am
	LUNCH 1pm – 1.30pm			*LUNCH 12.30pm-1pm*
1:30 - 4:30pm	1:30pm Pip Charlton *Lymphatic Drainage…But Not As You Know It – 1.25hrs* A3 / max 30 pax 2:45 Break 3pm Craig Newlands *Working Together; Massage & Physio in sport – 1.25hrs* A4 / 30 pax	1:30pm Tracey Olivier *Creating Your Best Year Yet– 3hrs* B2 / 20 pax Break @ 2:45pm	1:30pm Brian Utting *Muscle-Specific Deep Tissue Techniques for the Torso (Paraspinals) – 3hrs* C1 / max 20 pax Break @ 2:45pm Note – Continues from the morning session on DT for Psoas & Diaphragm	Cont. from above Break @ 2:30pm
4.30pm	*AGM*			
6:00-7pm	*Social Event*			

		Sunday 22nd September 2019		
9am - 12:30pm	9am Suds Sutherland *Move Without Pain (Hanna Somatic Movement) – 3.5hrs* A5 / max 30 pax Break @10:30am	9am Paula Jaspar *Breast Health During the Childbearing Year – 4hrs* B3 / max 20 pax Break @10:45am	9am Brian Utting *Muscle Specific Deep Tissue Techniques for Posterior and Lateral Neck – 4hrs* C2 / max 20 pax Break @10:45am Note – Finishes 1pm. It is a prerequisite for afternoon's DT Techniques for Anterior Neck.	9am Ian O'Dwyer *Introduction to SOMA; Empowering Clients Decision Making – 3.5hrs* D2 / max 30 pax Break @10:30am
12:30 – 1:00pm	*LUNCH 12.30pm to 1pm*	*LUNCH 1pm to 2pm*	*LUNCH 1pm to 1.30pm*	*LUNCH 12.30pm to 1pm*
1:00 - 4:00 or 4.30pm	1pm Hans Lutters *Manual Lymphatic Drainage in Sports Recovery – 1hr* 2.15 pm Renee Woods *Cancer Rehabilitation & Lymphoedema – 1hr* 3.30pm Michelle Stewart & Tess O'Toole *Oncology Massage – 1hr* A6 / 20 pax Break @ 3.15pm	2pm Wendy Sweet *Masterclass on Menopause seminars – 2hrs* B4 / max 30 pax	1.30pm Brian Utting *Muscle Specific Deep Tissue Techniques for Anterior Neck – 3hrs* C2 / max 20 pax Break @2:15pm Note - Finishes at 4.30pm. Continues from the morning session on DT for Posterior & Lateral Neck.	1pm Ian O'Dwyer *Massage to Motion; Everyday Patterns & Solutions – 3hrs* D3 / max 20 pax Break @ 2.30pm

BINDEGEWEBSMASSAGE:
AN ELEGANT AND USEFUL TECHNIQUE

By Brian Utting , LMT



Bindegewebsmassage (Bin-deh-geh-vebs-massag-eh), now often called Connective Tissue Massage, or CTM, was a technique I learned back in the early 80's, and I used it frequently as a massage practitioner. Around 1990, I incorporated it into the curriculum at the Brian Utting School of Massage, and taught it there for the next 17 years. We found that a 7-hour Bindewebsmassage training elegantly demonstrated the relationship between skillful touch and autonomic health and balance, and gave students a powerful tool for relieving symptoms of menstrual cramps, asthma, and migraine headaches.

The appeal to me was direct experience - I found that CTM reduced or eliminated symptoms of dysmenorrhea in over 90% of my clients, and it also had a general calming influence. Most importantly, it only took 20 minutes to complete a basic CTM sequence, which meant a significant benefit relative to the time invested.

BINDEWEBSMASSAGE'S BEGINNINGS

In the late 1929, a German physical therapist named Elizabeth Dicke found herself wheelchair-bound, suffering from a severe and painful condition in her right leg called endarteritis obliterans. Amputation of the leg was considered, and no method of relief was obvious. She began to experiment on her own skin, stroking with fingertips where it seemed most sensitive. After some initial pain, the underlying muscles seemed to relax, and the skin felt warm. After doing this for successive days, and refining her technique as she went along, she experienced not only relief from pain, but gradual restoration of sensation in her leg. She enlisted colleagues to apply similar techniques, and after three months, got the most severe symptoms to subside. Within a year, she was back to work as a physical therapist (Dicke, Schiliak & Wolff, 1978).

What Dicke had accomplished seemed miraculous, and she immediately sought to refine her technique, and with the help of some neurologist colleagues, propose a physiological rational for its effects. Her technique, Bindegewebsmassage, has since become a mainstream technique in Europe, taught to a variety of practitioners to treat fascial pain and autonomic imbalance (De Domenico, 2007).

A THEORY IS BORN

Dicke and her associates proposed that this specific pattern of stroking the skin not only mobilised the subcutaneous fascia, but also created a reflexive change in visceral (smooth) muscle tension, arterial constriction, and other autonomic functions. Which specific organ or artery seemed to depend on the skin region worked, so Dicke theorised that stroking a specific skin referral zone could create an autonomic (usually parasympathetic) change in the corresponding organ.

Organ and nerve referred pain patterns were by then well documented. Liver pain, for example, is often felt overlaying the right trapezius, around the inferior right scapula, and in the upper right quadrant of the abdomen. But the idea that these viscerotomes were a two-way street – that is, that stroking a dermatome could in turn influence the organ -- was a surprise to many.

Dicke taught a style of fingertip stroking that was done along specific skin regions in a specific sequence. The proposed effect was vasodilation in the target structure, and relaxation of smooth (visceral) muscle. Thus menstrual or intestinal cramping could be relieved, essentially by "tricking" the target organ into feeling it was being massaged.

"That the viscero-cutaneous reflex interconnection is reversible, that is to say, that it not only leads from the internal organs to the skin, but vice versa, is a long-established fact. One of the most elegant and fundamental systems, which conforms almost flawlessly to the workings of the segmental reflexes, is connective tissue massage as prescribed by Dicke."
- Hans Schliack, M.D., Professor and Neurosurgeon, Berlin

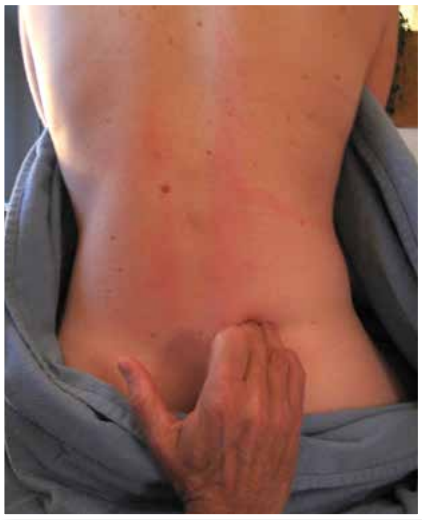
WHAT DOES THE CURRENT RESEARCH TELL US?

As with any treatment modality, both the methods and the theories of CTM have evolved since 1920's Germany. Whereas Dicke's team developed the technique as an adjunct therapy for cardiac, respiratory, digestive, and reproductive dysfunction, modern practitioners use CTM just as often for myofascial complaints. And whereas the original CTM techniques were taught with specific sequences, many modern practitioners are adopting a more fluid approach, treating cutaneous dysfunction where it's found (Prendergast & Rummer, 2012).

A handful of clinical trials have shown CTM-style manipulation has beneficial effects in pain reduction, reduced depression, improved quality-of-life, and moderate short-term increases of beta-endorphins. (Goats & Keir, 1991). These trials add to anecdotal observations from clinicians: that CTM often causes "virtually immediate relief in visceral or myofascial pain" as well as general relaxation. Also noted at times were undesirable autonomic effects, such as dizziness, nausea, and sweating (Prendergast & Rummer, 2012).

The physiologic mechanisms of CTM have become clearer, but much remains uncertain. Good evidence now exists that chronic organ dysfunction can induce changes in sensitivity, inflammation, fluid content, and tissue density in corresponding zones on the body's surface. But what about effects in the other direction? Can skillful skin manipulation create predictable changes in organ function? Preliminary evidence and plausible mechanisms exist to support this idea, but the jury's still out. A handful of animal studies show organ responses after skin stimulation. Broad clinical research suggests that organs, fascia, and skin that share a common nerve segment are also connected by reflexive pathways (Holey, 1995).

But what of Bindegewebsmassage specific sequences? Does stroking each zone have the effect we suppose? Are there known or unknown contraindications? Although the technique has been successfully applied to thousands of patients (De Domenico, 2007), the evidence is still coming in on these questions, so stay tuned.



HOW CTM IS APPLIED

CTM is typically done seated, so that dermatomes are exposed and there is sufficient tension on the subcutaneous connective tissues. The technique is usually applied with two fingers, applied in a steady dragging motion with sufficient depth and tension to contact and mobilize the subcutaneous layer, but not the deepest muscle layers.

Generally the technique begins around the sacrum, moves to the gluteal area, and then travels up the spine and posterior ribs. The intent is to initiate a parasympathetic effect at the sacral/pelvic nerve roots, and then moving into dermatomes that effect more organ-specific reflexes. During application, there is constant assessment of both the local tissue (particularly the mobility and density of the skin and underlying layers), local erythemia, and systemic autonomic effects.

At the end of the session, "balancing strokes" are applied at the collarbones and pectoral area, with intent of stimulating the vagus nerve and thus calming and balancing the system.

REFERENCES

De Domenico, G., (2007). Beard's Massage: Principles and Practice of Soft Tissue Manipulation (5th Edition) Elsevier.

Dicke E., Schiliak H., & Wolff A. (1978). A manual of reflexive therapy of connective tissue. New York: Sidney S. Simon Publishers.

Goats, G.C., & Keir, K.A., (1991) Connective tissue massage. British Journal Sports Medicine; 25:131–133.

Holey, L.A., (1995). Connective Tissue Manipulation: Towards a Scientific Rationale. Physiotherapy. 81. 730-739.

Holey, E.A., (2000) Connective tissue massage: a bridge between complementary and orthodox approaches. Journal Bodywork Movement Therapy; 4:72–80.

Holdorff, B., & Schiffter, R., (2010) Hans Schliack (1919 - 2008): a personal and professional appraisal, Fortschr Neurol Psychiatr; 78(1): 38-44.

Prendergast, S. A., & Rummer, E. H. (2012). Connective tissue manipulation. In Fascia: The Tensional Network of the Human Body (pp. 327-334). Churchill Livingstone.

AUTHOR BIO

Brian founded the Brian Utting School of Massage (Seattle, WA) in 1982. His 1000-hour professional licensing program was considered one of the best in the United States. Brian has been teaching continuing education internationally since 1990. He designs his classes and programs so that the students truly "get" the material and can immediately apply it in their practices, rather than just being exposed to it. With over 30 years of experience, Brian teaches with a rare blend of passion, anatomical precision, humor, common sense, and depth. He was awarded the AMTA's Robert N. Calvert Award for Lifetime Achievement in 2009, and was inducted into the Massage Therapy Hall of Fame in 2014. Brian now owns and operates the Pacific Northwest School of Massage. Visit his website at www.pnwschool.com

Brian Utting will be at the 2019 Massage New Zealand Conference in Hamilton.

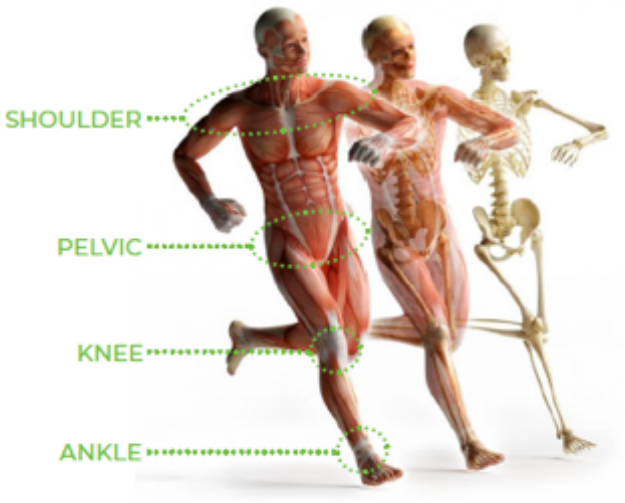
TISSUES: APPLYING THE SOMA METHOD TO THE EXTRACELLULAR MATRIX, VISCERA, HEART AND BRAIN

By Ian O'Dwyer, Co-Founder SOMA

INTRODUCTION TO THE PERSPECTIVE

SOMA views the body in four primary Osteo-Myofascial Rings™ all linked together. Each "ring" refers to a region of the body where large amounts of tissue all come together. The tissue in each ring consists of both soft and hard tissue.

1. The Shoulder Ring consists of all the tissue associated with the cervical and thoracic spine, shoulders and ribs.
2. The Pelvic Ring consists of all the tissue associated with the lumbar spine, sacrum, pelvis and hips.
3. The Knee Ring consists of all the tissues associated with the knee.
4. The Ankle Ring all of the tissues associated with the foot and ankle.



Self
Osteo (bone)
Myofascial (muscle and fascia)
Applications

SOMA is a self-care, tissue-management process for the osteo-myofascial tissues of the body that uses multiple applications to empower you to move, feel, live better.

There are primary tissues that have huge impact and effect on the outcomes and solutions for clients in wellness, longevity and performance. This article won't allow the extent of discussion to cover all, so I will focus on the tissue that our industry has magically fallen in love with at present; fascia.

Fascia is nebulous, it comes in many forms and encases and entwines every cell in the human body. It encases nerve, muscle, bone, viscera, heart, lungs, brain and much, much more, yet we as a profession are quick to focus on isolation when it comes to helping people move or recover. Let's take a look at certain attributes of fascia, that have been identified. I am going to stick with what we have actually observed through my own practice and other practitioners and researchers such as Ida Rolph, Phillip Schleip, Tom Myers and many more.

Fascia is unitary, it is completely "toes to nose", birth to death. It connects every cell in the body (Shultz & Feitis, 1996). It transmits and accommodates force globally allowing the body to share the stress that is introduced through exercise, daily challenges or occupational hazards. Fascia will respond in many ways and is vital in every form of somatic training, most body sensing is fascial, it is incredibly sensitive with neural receptors.

We need to cultivate our fascial garden intelligently, feed it, hydrate it and move it well. The fascial system takes 6-24 months to make major changes or remodel, so perseverance is essential. Feeding the body with the necessary motion to replicate life's challenges is crucial. Understand that fascia requires variation of force and movement to allow optimal adaptation (Huijing 2007; Kjaer et al., 2009).

ADAPTATION OF FASCIA

Let's review some of the adaption phases of fascia, this is important as it will determine how we need to condition it to be successful for the client's goals. If we choose to ignore these phases it could potentially mean the difference between positive and negative solutions.

1.Viscosity

FRACTIONS OF A SECOND. In fast movements different layers move at different speed. Just like catching a cricket ball (Aussie game played by elite baseballers) the hand goes from soft (to be able to move into position) to hard (adaptation to stop the ball) to soft (to be able to throw the ball). Fascia exhibits non-linear viscosity to distribute impact, this is where vector variation is vital (Myers, 2014).

2.Elasticity

ABOUT A SECOND. Created by tensile (stiffness) training. Any longer will create plasticity. Fascia can be trained by storing and releasing energy quickly (quick feet, there is a lot of rapid response through the fore-foot in this drill). This type of training can possibly take years to develop at an elite level. Many athletes who have been conditioned at top level sports in a contractile state (muscular focus) and then been advised to introduce stiffness training have endured numerous injuries. This must be done in a controlled and measured manner (Myers, 2014). Refer to Figure 3-1.

3.Plasticity

MINUTES. Doesn't return to its original position. A great example of this is when you take a plastic shopping bag and gently push your finger into it without perforating it. The bag maintains the position that you have placed force into, much like doing a static stretch and hold to a particular region of fascial tissue in the body. This phase may be a necessary in restorative poses or movement challenges to encourage postural changes required to eliminate dysfunction, discomfort or pain for the client (Myers, 2014).

4.Remodeling

DAYS, WEEKS, MONTHS, YEARS. When the fibroblasts devour the old fascia and then lay down new fascia. This is a fascinating process when you see it under microscope, it makes total sense why certain types of clients heal faster than others with certain tissues (Myers,2014).

Figure 3-1.

Some advanced stiffness (elasticity) training with Tom Myers in NZ March 2016 (Body Play) this may be necessary for the body to mitigate force optimally throughout the body.

ARCHETYPES

Robert Schleip romantically identified two archetypes in the human being that are very different to each other; the Viking and temple dancer. If you had of observed me when I was in my sporting prime you would have thought that I was a "Viking" archetype; strong, hard and resilient. However, my tissue has the characteristics more towards of a "temple dancer", my fascial tissue was already more elastic so further stretching wasn't what my body required. I have less fibroblasts than the Viking (stiffer type of fascial tissue that requires more plastic preparation) and due to this will heal slower as it takes more time for my fibroblasts to devour the old and lay down the new fascia.

There are multiple challenges to identify the tissues response in clients for these two archetypes. Be very clear, this IS NOT a diagnosis but an awareness tool that enables the AHP/Trainer/Therapist/Coach to quickly glean what type of conditioning or exercise the client may benefit by most.

Here are some of the challenges that we use:

1. Can you touch the ground with both hands flat? (while standing with straight knees)
2. Do your elbows hyperextend?
3. Can you touch your thumb to your hand?
4. Can you extend your pinky finger back to 90 degrees or more?

There are also a number of other types of observations that can be made, but in my experience the four work quite well. A number of clients may fall into the hybrid category, which means they have a little of both. With this in mind, implementing an exercise or creating a program that blends stiffness (more fascial-based) and contractile (more muscular-based) training, will be most successful. The majority of exercises designed and implemented for clients in the wellness, fitness and sporting environments are contractile focused due to prior education and an isolated approach, not wrong or right but certainly not complete.

APPLYING THE MOVEMENTS AND SOMA TECHNIQUES

There are many ways to condition the tissues for stiffness, the movements we have included are a snapshot of our perspective for a client who is relatively sedentary. It is important to remember that most clients are incredibly de-conditioned through life style so any movement is going to challenge their tissues. The introduction of stiffness training should be done in minimal amounts with submaximal weight, to decrease the opportunity for a negative experience or injury.

Prior to moving people, SOMA incorporates awareness drills as a form of identifying the areas of tissue that require attention and connecting people to themselves. These drills help classify which SOMA technique(s) to implement, to empower the client to move, feel and live better. Here are some of the SOMA techniques:

- Breathing - SOMA specific, empowering the client to reset the busy systems of the being.
- Play - SOMA's connection, to free, engage, empower and create a FUN environment.
- Self Fascial Mobilisers ™ - The use of subtle, rhythmical movement focusing on freeing the fascial aspects of tissue to enhance body-brain communication
- Self Osteofascial Engagement™ - An innovative and original tool-based application developed for engaging tissue around the boney regions of the body
- Self Myofascial Engagement™ - The traditional tool-based application with a fresh approach for engaging the muscular regions of the body
- Self Isometric Activation™ - A practical isometric-contraction application focusing on reconnecting body-brain communication derived from Greg Roskopf's Muscle Activation Technique.

Two examples of how SOMA applies our applications to improve the quality of life for people. We focus on SOMA Play and Self Fascial Mobilisers. This group drill (Figure 3-2) creates stiffness in all the tissues (particularly in the shoulder ring which is essential for shoulder stabilisation, grip strength, top down pelvic ring motion and optimal body position when upright).

Figure 3-2.

The focus on this drill is the body position (sports), tall spine and breathing rhythmically, applying enough force to stimulate the tissue in under a second by allowing the hands to touch and then return. This motion can be extremely low force (just touching hands and returning) or we can increase the speed and load (quickly trying to slap and return) which will increase tension into the tissue. The amount of force will depend upon the client's threshold, how they are feeling in their tissue.

Play is an amazing way of creating change to issue on a physical, mental and emotional level. Engaging people in a safe, non-judgmental, fun environment while giving them the freedom and empowerment to recapture their purist motion.

A Self Fascial Mobiliser™ is a ***slow, subtle, rhythmical motion*** that is performed both within a client's and the tissues' threshold. By moving slow and subtly, we can do two important things:

1. Provide a movement that is safe, effective, and easy for a client to perform.
2. Help the fluid-tension relationship in the tissues to properly allow the motion to re-establish rhythm and timing in the fascial matrix.

When rhythm and timing are better established, we can help reconnect the brains and body in preparation for life's challenges.

Figure 3-3.

As illustrated in Figure 3-3, the starting position of the **Ankle Rin**g shows the use of a wall to provide stabilisation and also help promote the capability to move small and slowly. This provides the opportunity for the person to "feel" the tension of the tissue in various regions (ankle, knee, hip, shoulder rings) and raise awareness of what the tissues are doing. It also provides a safe, effective, and easy motion for the client.

CONCLUSION

The purpose of this article is to expose other perspectives that may not have been acknowledged previously, to challenge your philosophy and application strategies for your clients. It is crucial that we don't follow just one philosophy and recognize our own biases.

If our intention is to create the optimal experience and solution for our clients, then optimising the fascial system will as we have experienced, guarantee improved longevity and wellness and help people to move, feel and live better.

If you would like to know and experience more, come and see Ian at the Massage New Zealand Conference in September.

REFERENCES

Huijing, P. (2007). Epimuscular myofascial force transmission between antagonistic and synergistic muscles can explain movement limitation in spastic paresis. Journal of Biomechanics, 17 (6), 708–24.

Ingber, D. (2008). Tensegrity and mechanotransduction. Journal of Bodywork and Movement Therapies, 12 (3), 198–200.

Kjaer, M., Langberg, H., Heinemeier, K., Bayer, M.L., Hanse, M., Holm,L.,... Magnusson, S.P. (2009). From mechanical loading to collagen synthesis, structural changes and function in human tendon. The Scandinavian Journal of Medicine & Science in Sports, 19(4): 500-510.

Magnusson, S.P, Langberg H., & Kjaer M. (2010). The pathogenesis of tendinopathy; balancing the response to loading. Nature Reviews Rheumatology, 6: 262-268.

Myers, T. (2014). Anatomy Trains: myofascial meridians from manual and movement therapists. (3rd ed.). Edinburgh: Churchill Livingstone/ Elsevier.

Myers, T. (2011). Fascial Fitness: Training the Neuromyofascial Web. Retrieved from https://www.ideafit.com/fitness-library/fascial-fitness

Schleip, R., Findlay, T., Chaitow, L., & Huijing, J. (2012). Fascia: The Tensional Network of the Human Body. Elsevier.

Schleip, R., Findlay, T.W., Avison, J., Chaitow, L., Dennenmoser, S., Eddy, D., ... Simmel, L. (2015). Fascia in Sport and Movement. Edinburgh, UK: Handspring 1: 3-10.

Shultz, L., & Feitis, R. (1996). The Endless Web. Berkeley, CA: North Atlantic Books.

AUTHOR BIO

Ian O'Dwyer (www.feelsoma.com) guides clients to optimal performance, identifying positive mindset and movement patterns. He coaches the human being, not the human body. Ian's passion is enhancing the experience for the coach, trainer and end user, providing solutions to many of the difficult questions and cases. Combining observation, motion and body work, has permitted Ian to create innovative and practical solutions merging enjoyment, education and empowerment.

Ian's unique perspective of motion allows him to challenge countless traditional methods, striving for optimal well-being through better fundamental movement. His ability to facilitate cutting edge science and research into more user-friendly practical exercises and understanding, has seen people become more willing to "change or adapt" their way of practice.

TOP GRADUATES MASSAGE THERAPY TRAINING 2018 (FROM NZQA ACCREDITED PROVIDERS)

There are a range of NZQA accredited training providers and courses available in New Zealand. Courses are available through polytechnics and private training institutions.

We have contacted these providers to ensure these top students with the highest qualification from each education facility get the recognition they deserve.

All top students are eligible for an MNZ RMT membership provided their institution is an affiliate member.

We would like to congratulate the following:

EVOLUTION SCHOOL OF BEAUTY, MASSAGE & SPA

TOP STUDENT: SAMANTHA ARMSTRONG

Diploma in Relaxation Massage, Level 5

Thank you to everyone at Massage NZ for making this possible.

NEW ZEALAND COLLEGE OF MASSAGE - AUCKLAND

TOP STUDENT: TAMARA WRIGHT

Bachelor of Health Studies (Massage & Neuromuscular Therapy), Level 7

NEW ZEALAND COLLEGE OF MASSAGE - WELLINGTON

TOP STUDENT: JODYE TOMALIN

Diploma Clinical Massage Therapy, Level 6

"Having the free MNZ membership for a year as a start-up business is fantastic for having one less start-up cost! It is great to have the backing and support of MNZ, and have them recognise the effort that I put in over the two years at NZCM, I am very grateful for that. I will continue to be a member of MNZ as I believe in practising as a registered Massage Therapist, and I appreciate the extra level of professionalism it brings to my qualification and career, continually encouraging me to keep learning and upskilling. Thanks a lot, MNZ."

NEW ZEALAND COLLEGE OF MASSAGE - CHRISTCHURCH

TOP STUDENT: JOANNE CARTER

Diploma in Relaxation Massage, Level 5

WELLPARK COLLEGE OF NATURAL THERAPIES

TOP STUDENT: MICHAEL KING

Diploma in Relaxation Massage, Level 5

"I am very happy and honoured to receive the award for Top Student 2018. The award is encouragement to remain diligent with my continued learning and also a motivational boost to know that the quality work I provide is acknowledged, not only from Wellpark and my clients but also Massage New Zealand. I wish to continue to hold the flag high for professionalism in our industry moving forward. Since winning the Award I have continued to manage our clinic on the North Shore www.healinghands.co.nz and am also about to launch my own corporate massage business "Back to work". Also, I am looking at teaming up with a local multidisciplinary clinic to provide shock-wave therapy. I love my job, my clients and the industry. It is the first time in my life that I feel I have control

over my life/work balance. I would also like to thank my partner Sara Maire, the owner of Healing Hands Massage, for her continued support while being a student."

TOI-OHOMAI

TOP STUDENTS: MADDISON BLACK & LOUISE DUMEE

Diploma in Therapeutic and Sports Massage, Level 5

"Receiving a free membership from MNZ is really fantastic! Continuing to have access to resources and support as an MNZ member is vital to my own professional development. Thank you." Louise.

WINTEC

TOP STUDENT: GEMMA PARSONS

Diploma in Wellness and Relaxation Massage, Level 5

EASTERN INSTITUTE OF TECHNOLOGY

TOP STUDENT: TRACY MAREE FLEMING

Diploma Wellness and Relaxation Massage, Level 5

"I am currently studying level 6 at EIT and hope to start practicing massage at the end of my study. Becoming an MNZ member gives me access to great learning tools and networking such as the MNZ conferences."

SOUTHERN INSTITUTE OF TECHNOLOGY

TOP STUDENTS: JENNY MASON & CLARA GYLLENSTEN

Bachelor of Therapeutic and Sports Massage, Level 7

"I would like to say a big 'thank you' for my one year membership. Being a part of the MNZ community is important to me, it enables me to network, get support, and find inspiration for continued learning." Clara.

massage new zealand

MNZ CONGRATULATES **ALL 2018 GRADUATES!**

GRADUATE ILLUMINATE

LOUISE DUMEE, TAURANGA

ABOUT LOUISE

I trade under Positively Active Performance and Health Management, and work from the UoW Adams Centre, 53 Miro Street, Mt Maunganui and Remix Fitness studio in Bethlehem Town centre.

https://www.facebook.com/PositivelyActivePerformance/

I qualified as a Personal trainer in 2010 after I was inspired by my own personal transformation journey. Triathlon is my main passion, and I fell in love with the sport in 2011 after completing my first event. From there I continued to obtain my TriNZ Coach accreditation to assist others to complete in triathlon and other endurance events. I still actively participate in local and international events.

TRAINING

I obtained my level 5 Diploma in Sports and Therapeutic Massage in 2018 with Toi Ohomai, Windermere, Tauranga.

WHEN DID YOU JOIN MNZ?

I joined MNZ as a student, and am registered as a new Graduate and Level 5 Registered therapist.

WHAT MOTIVATED YOU TO DECIDE TO TRAIN IN MASSAGE THERAPY?

Sports and exercise rehabilitation after an injury or surgery is a field where I extended my interests to and completed my Physical

Therapy Aide certification in 2017. With my own experience with sports rehabilitation, and in working with other health care professionals, I obtained a lot of knowledge from physiotherapists and other specialists in how to address the most common issues and believe that an injury cannot just be seen as a single issue, but part of a bigger picture. In 2018 I pursued further training to broaden my knowledge in this area and studied to achieve a Diploma in Sports and Therapeutic Massage with the aim to assist my clients and athletes with their recovery and training.

WHAT DO YOU ENJOY AND WHAT YOU ARE FINDING CHALLENGING ABOUT WORKING AS A MASSAGE THERAPIST?

Helping others achieve their goals and helping them on their own

personal journey to become the best version of themselves is a great passion of mine. I also believe that keeping a good balance in training, nutrition and life is crucial to maintaining high energy levels, whilst still achieving great results. For that reason I am always eager to continue learning to improve my skills and knowledge, and continue to work with other health care professionals to provide the best follow up and rehabilitation care for my clients.

WHERE DO YOU SEE YOURSELF GOING IN THE PROFESSION?

I would like to continue my learning and become qualified as a Level 6 remedial massage therapist.

WHAT ADVICE WOULD YOU GIVE TO SOMEONE STARTING STUDY IN THE FIELD?

Work hard and learn as much as you can from other health care professionals.

WHAT DO YOU FEEL THAT YOU GET OUT OF BEING A MNZ MEMBER?

Resources to tools and further continued development opportunities. Also, I find it very valuable to be affiliated with a reputable group of professionals.

(Editors note: Congratulations to Louise for being a top student at Toi Ohomai)

SAMANTHA ARMSTRONG, WHANGAREI

ABOUT SAMANTHA

My name is Samantha Armstrong and I recently completed my Level 5 NZ Diploma in Wellness and Relaxation Massage with Evolution School of Beauty, Massage and Spa in Whangarei.

In 2016 I moved back to NZ from Australia after having my son. I was at a loss of what I wanted to do with my career but knew I had an amazing opportunity to do something great as I was around my family for support. So, I started to think about my study options.

TRAINING

I found Evolution School of Beauty, Massage and Spa right here in Whangarei and loved the look of their massage diploma as it included the wellness part also. I reached out to a former student before applying to enquire and walked away from that meeting excited, as I knew I had made my mind up. I was going back to school to study, good things were going to happen. My parents were incredibly supportive and agreed to help in any way possible.

From the moment I walked into the school the team at Evolution made me feel comfortable and supported with lots of positive encouragement along the way.

The course content was challenging and thorough, we covered so many aspects of massage. Relaxation massage, child and infant, pregnancy, intro to sports massage, onsite chair massage, amongst others. We learnt all of the accompanying science as well as touching on many complementary interventions. It was a completely holistic approach and I loved not only the delivery and content of the course, but the warm supportive environment in which we got to spend the entire year.

I set myself goals at the beginning of the course and continued to reflect back on these throughout the course year, this was to keep me on track and ensure that I studied to the best of my ability. A combination of goal setting, amazing tutors, supportive family and friends and a loving partner, I completed my NZ Diploma in Wellness and Relaxation Massage with honours, received the 'Excellence in Massage Therapy' award at Evolution and 'Top student' award for 2018 from Massage New Zealand.

Thank you to everyone at Evolution and Massage NZ for making this possible.

WHAT MOTIVATED YOU TO DECIDE TO TRAIN IN MASSAGE THERAPY?

I wanted to study something that gave me the skill set to work around my baby, something I could do from home potentially and something I would be able to take anywhere in the world with me. I've always been passionate about helping people and taking a holistic approach to do so. I enjoy talking with people and have always found that people warm to me easily, so finding something I could do that would incorporate these passions and skills was important.

WHERE DO YOU SEE YOURSELF GOING IN THE PROFESSION?

I am so excited for the future and to be able to follow a career path I am truly passionate about. I cannot wait to get into the industry and continue my journey of helping people.

WHAT DO YOU FEEL THAT YOU GET OUT OF BEING AN MNZ MEMBER?

Having just activated my MNZ top student award - I look forward to the rewards it brings.

STUDENT CORNER

MARIA VAIFAGA, AUCKLAND

ABOUT MARIA

Talofa lava I'm Maria Vaigafa and I live in Auckland. I am a fulltime student with AUT, studying for a Bachelors of Health Science (Physiotherapy). I am also doing correspondence/distance study in Massage Therapy with the New Zealand College of Chinese Medicine (NZCCM). I have previously trained as a Fitness Instructor, Swim Instructor/Aqua Instructor/Aquatic Educator in Australia and New Zealand.

TRAINING

I am currently doing distance study with the New Zealand College of Chinese Medicine, studying towards a Diploma in Wellness & Relaxation Massage (Level 5). I started in October 2018 and will finish in September 2019.

WHEN DID YOU JOIN MNZ AS A STUDENT MEMBER?

I joined as a student member in October 2018 and have continued my student membership for 2019.

WHAT MOTIVATED YOU TO DECIDE TO TRAIN IN MASSAGE THERAPY?

I started training with the NSW School of Massage in 2013. I was temping as an administrator and was wanting to break away from the corporate world and follow my passion.

WHAT ARE YOU ENJOYING MOST AND WHAT YOU ARE FINDING CHALLENGING IN YOUR MASSAGE STUDIES?

I enjoy the practical side of massage therapy after having already learnt swedish style in Australia. The challenges were starting again in New Zealand.

WHERE DO YOU SEE YOURSELF WORKING IN THE PROFESSION AFTER YOU GRADUATE?

I will start my own mobile personal training and massage therapy business, eventually adding physiotherapy to expand. Also, I would like to be involved in mentoring other Pacific Islanders to take up massage therapy as a career.

WHAT DO YOU FEEL THAT YOU GET OUT OF BEING A MNZ STUDENT MEMBER?

It is great to see upcoming events and other courses. I intend to register as an RMT after graduation to show my clients that I am a professional Massage Therapist, have trained, and hold a qualification in New Zealand.

Wellpark College of Natural Therapies

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www.wellpark.co.nz

A next level qualification for massage graduates focussed on professional confidence building through:

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Wellpark College offers this Diploma as a Bridging option for graduates of the Certificate in Massage, and as the pathway to a future in the therapeutic massage profession.

For enquiries about the DIPLOMA IN WELLNESS AND RELAXATION MASSAGE and the DIPLOMA IN THERAPEUTIC MASSAGE

enrolmentadvisor@wellpark.co.nz

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A service of the Ministry of Social Development

WELLPARK
COLLEGE OF NATURAL THERAPIES

14 Mills Lane, Albany, Auckland 0632
Phone 09 360 0560

HIGH PERFORMANCE SPORT NEW ZEALAND UPDATE

By Clint Knox, HPSNZ Performance Massage Therapist

Congratulations go out to Hans Lutters, Toni Vince and Clint Knox for their successful applications to join the New Zealand Olympic Committee (NZOC) Core health Team for Tokyo 2020 Olympic Games.

As many Massage New Zealand (MNZ) members will have seen in February, the NZOC advertised for the 2020 Tokyo Olympics, New Zealand Core Health Team positions. The core health team is comprised of doctors, physiotherapists and massage therapists who service the majority of New Zealand athletes while in the Olympic village.

The process involved the NZOC receiving applications, screening for appropriate criteria, then deciding on candidates to go forward for interviews. From a robust interview process, many considerations were taken into account, allowing for a panel consisting of Medical lead, Head of Therapies and NZOC Services representatives to select successful applicants to the NZOC Core Health Team.

Summary of factors involved in NZOC multi-sport health team selection (Hamilton, Salesa & Mather, 2017)

Over 50 massage therapy applications were received, to fill only three positions. As highlighted in previous MNZ Magazine articles, the limited number of positions available and lack of turnover within these positions can be frustrating for many who are keen to be involved. Previously there has been no clear pathway as to how massage therapists can improve their understanding and skill set in the unique environment of Olympic Games and other pinnacle events.

High Performance Sport New Zealand (HPSNZ) has developed its first potential pathway to expose those interested physiotherapists and massage therapists to its unique environment, to help them gain the criteria required for working with High Performance athletes and at Olympic Games. Physiotherapy has already advertised and has selected successful candidates for these internship positions and Massage Therapy is soon to follow, which if not already happened by the time this article goes live, won't be too far off.

A key part of criteria for these positions is MNZ membership, so in collaboration with MNZ the internship application process will be advertised through MNZ's network, then similar to the Olympic process, applicants will be selected for interviews with a panel, which will lead to decisions being made for suitable candidates to fill the roles.

Many therapists ask how to gain experience with high performance athletes, which is often very rare to be able to gain any opportunities. The concept of internships for massage therapists through HPSNZ is to provide an opportunity to learn about life within the HPSNZ environment, observing/working alongside some very decorated athletes and an experienced interdisciplinary team on a daily basis. This will help lift the level of understanding and practise within these areas, to benefit the massage profession and HPSNZ in future proofing the system and when opportunities arise.

The successful interns will be under supervision of a mentor who will work on providing a range of experiences with other HPSNZ athlete support personnel including doctors, physiotherapists, massage therapists, strength and conditioning, nutrition, and sports psychology, to gain understanding of the interdisciplinary approach applied to each individual athlete. The aim is to have multiple internship positions filled in different centres, and fixed term arrangements, allowing for one or more per year in each centre. The inaugural rollout will more than likely only involve

one position available initially, to assess how the system works and where to improve, leading to a second centre providing opportunities at a later date.

As with any new initiative, this process will evolve to improve as HPSNZ learns how to best provide learning for massage therapists wishing to lift their skill set and understanding of the high-performance environment, which in turn will improve their future potential opportunities as they arise.

In collaboration with MNZ, it is HPSNZ's goal to have all future HPSNZ and NZOC opportunities advertised throughout MNZ's network, to all its members. Make sure you are connected to MNZ's Face Book page, MNZ has your correct email address, and check the MNZ magazine... Watch this space!

REFERENCE

Hamilton, B., Salesa, J., Mather, F. (2017). Preparing for an NZOC Health Team Role:

What is involved? New Zealand Journal of Sports Medicine; 44(1), 26.

HPSNZ THERAPIST PROFILE

YVETTE LATTA

I am based in Dunedin, having grown up on a small farm in Benhar, South Otago. I studied at the University of Otago, gaining a Bachelor's degree in Physical Education, then trained as a secondary teacher at Christchurch Teachers Collage. I started out as a secondary school teacher before heading overseas for a 4 year working holiday.

On return, I studied massage at the Canterbury College of Natural Medicine. And attained accredited provider status for HPSNZ (formally The Academy of Sport) by sitting theory and practical exams through the Therapeutic Massage Association of New Zealand (TMANZ), the equivalent in the day of Massage New Zealand. I have been a provider for HPSNZ since 2005. Since then I have been very fortunate to work with some awesome athletes based in Dunedin and further afield.

Highlights being the London Olympics working as part of the health providers team for the New Zealand Olympic team, and the Beijing Olympics working with the New Zealand Rowing team. I have had three years working with Rowing New Zealand travelling each year through Europe to world champs and world cup events.

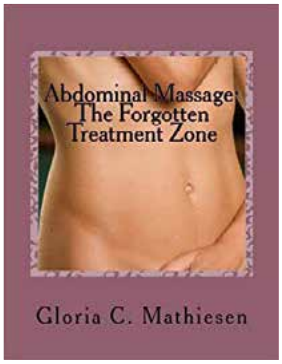
I have also had three years with Athletics New Zealand, travelling with the New Zealand team to IAAF World

Championship Athletics events in Daegu, South Korea, and Berlin, Germany. Being in the crowd when Usain Bolt set the current world record for the 100m in 9.58sec at the Berlin world champs still feels like a dream.

Day to day, I run a small clinic in Dunedin called Hands on Health – Latta Massage Therapy which provides massage services not only for clients involved in sport but from all walks of life. I enjoy the variety this brings. Outside of the clinic my favourite activities involve family time with my husband and son, exploring Dunedin and surrounds, camping, biking, walks, beaches and making the most of all Dunedin and Otago have on offer.

BOOK REVIEWS

ABDOMINAL MASSAGE: THE FORGOTTEN TREATMENT ZONE



Gloria Mathiesen

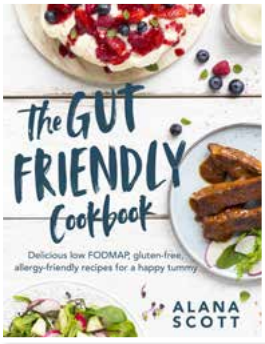
CreateSpace Independent Publishing Platform 2017

RRP $14 NZD

Way too often I hear from clients that they have never had their abdomen worked on! As part of our core, this area holds layers of important muscles that affect other regions of our body--physically and emotionally. Get reacquainted with the abdominal wall and provide a new therapeutic approach to many common complaints.

Retrieved from Amazon https://www.amazon.com/Abdominal-Massage-Forgotten-Treatment-Zone/dp/1546559744?currency=NZD

THE GUT FRIENDLY COOKBOOK



Alana Scott

Random House New Zealand Ltd 2019

RRP $33 NZD

Alana Scott found when she was diagnosed with allergies, coeliac disease and irritable bowel syndrome. Her frustration at finding the right things to eat led to her developing a successful website and a range of flavoursome recipes using low-FODMAP and gluten-free ingredients. She has all her recipes reviewed by a FODMAP trained registered dietitian, and her many followers have been asking for the best ones to be gathered into a book, so here it is.

Delicious dinners, breakfasts, lunches and snacks, plus sweet treats and plenty of easy-to-read background information on FODMAPS, a shopping guide, and how to change your eating through the whole cycle of the low-FODMAP journey.

FODMAP is an acronym that represents a group of fermentable sugars (Fermentable Oligo-saccharides, Disaccharides, Monosaccharides and Polyols - short-chain carbohydrates) that are found in a wide range of foods and can trigger unpleasant gastrointestinal symptoms in some people.

Also approved by Allergy NZ.

Retrieved from https://www.bookdepository.com/Gut-friendly-Cookbook-Alana-Scott/9780143773368?ref=grid-view&qid=1563079117159&sr=1-1

WHAT'S NEW - PRODUCT REVIEW

MASSAGE BALLS

Spikey massage balls can be a great tool for self massage for both clients and massage therapists. Used in a variety of ways, they can help to address specific areas of tension such as the shoulder/upper back, forearms, gluts, hamstrings, quads and calves, for hand therapy and plantar fasciitis, and for relaxation exercises. They range in size (5cm-10cm) and firmness. From the softer reflex balls with thinner soft spikes, to the firmer spiky ball with larger protruding nodules.

Whitely Allcare stocks a range of massage balls that be a great way of adding value to your business through selling them in your clinic as part of your client education about self care. Whiteley Allcare are a New Zealand owned and managed business, based in Kumeu Auckland. They supply a complete range of products to healthcare professionals across New Zealand, specialising in allied healthcare products including Massage Therapy related products. You can find out more about Whiteley Allcare, including how to register as a customer, by visiting their website https://www.allcare.co.nz

WHITELEY allcare

GIVEAWAYS CONTEST

Whiteley Allcare have very kindly provided us with 2 massage ball packs to give away in this issue of MNZ Magazine!

To enter the giveaway contest, tell us:

What would you be likely to use a massage ball prize pack for?

Contest only open to current RMT and student members of Massage New Zealand. Please check your membership status before entering.

Send your answer to: co-editor@massagenewzealand.org.nz by August 31st 2019, include your name, membership number and membership level – RMT or student.

WHAT DO WE KNOW ABOUT VISCERAL MASSAGE?

Greetings, MNZ readers!

This instalment of Massage Therapy Research Update, in keeping with the theme dedicated to manual therapies that address organ function.

I Love Abdominal Massage—But Where's the Research?

When I was a massage therapy student, I didn't like receiving abdominal massage. Touch my belly? No thanks. But my teacher insisted that until I could happily receive abdominal massage that felt safe and positive, I wouldn't be able to offer it, and he was right. Ultimately it became one of my favorite areas to both receive and give massage. Sadly, abdominal massage has fallen out of common practice in the U.S., and the majority of professional massage sessions that I have received in the last several years have not included it unless I asked specifically, and even then the skill level is usually not high.

I began my quest for research about abdominal massage hoping to find useful information, and was quickly stymied—there was a great study with of abdominal massage for rats, and a couple with peripheral findings about constipation for patients with CNS disorders, but nothing that would serve this article. Ultimately, I changed my search terms from "abdominal massage" to "visceral manipulation", and tumbled into the world of osteopathic practice.

Osteopathic Practice

Full disclosure: I am not an osteopath, nor a patient of an osteopath. I have no formal education in this field. I have not read any osteopathic textbooks, and I have never done any continuing education in techniques that might fall under that umbrella, outside of those areas that overlap with massage therapy. In preparing this article I learned some basic principles and philosophies behind the practice of osteopathy, and I consulted with some colleagues who are better-informed than I, who could offer some perspective on some of the language that I found confusing.

I have also learned that some aspects of osteopathy can ignite, shall we say, spirited debate. I don't intend to engage in that debate. I have no particular agenda in favor of or against osteopathy; my interest is in the promotion of good science and reliable information.

For This Article

Of the dozen or so projects that I reviewed to prepare this piece, I have chosen three to spotlight. They vary widely in sophistication and reliability, as you will see. All of these studies are available without subscription fees at the provided links. I have edited the abstracts for length and formatting consistency.

VISCERAL AND NEURAL MANIPULATION IN CHILDREN WITH CEREBRAL PALSY AND CHRONIC CONSTIPATION: FIVE CASE REPORTS

Zollars, Jean Anne, Margaret Armstrong, Sandra Whisler, and Susan Williamson.

Explore (New York, N.Y.) 15, no. 1 (February 2019): 47–54.

Link: https://doi.org/10.1016/j.explore.2018.09.001.

Abstract

Purpose

To assess improvement in the quality of life, function, and colonic motility before and after visceral and neural manipulation in five children with cerebral palsy and chronic constipation.

Methods

Quality of life and function were assessed using the CPCHILD and the WeeFIM respectively. The CPCHILD and WeeFIM were administered at baseline before the intervention, after the intervention, and again at least three months post intervention. Colonic motility was assessed radiographically at baseline and post-intervention utilizing ingested radiopaque markers (Sitz markers). Bowel movement number and quality were assessed through family diaries.

Results

All subjects showed some degree of improved quality of life and function on the CPCHILD and WeeFIM at the end of the intervention. Colonic motility assessed radiographically before and after treatment was not statistically significant due to the small number of participants; however, the number of bowel movements increased during the study for 100% of the participants.

Conclusions

Visceral and neural manipulation modalities

may provide clinicians and families with an alternative to medications and/or other more invasive interventions.

My thoughts on reading the whole article:

This report came from a team associated with the University of New Mexico, in Albuquerque. They identified that constipation can be a major stressor in the lives of children with cerebral palsy, and they worked with nine children aged 2-18 who met the inclusion criteria, to see if visceral manipulation might be helpful. They reported on five of the cases.

The basic structure of the project was that each child received twelve 45-minute sessions of visceral and neural manipulation over a period of 24 weeks. No changes in their diet or medications were instituted during this time. They used surveys for quality of life at baseline, pre/post sessions, and at a 3-month run-out. In addition, they assessed colon motility with Sitz capsules (radiopaque markers that can be traced as they move through the GI tract), and they collected family diaries from caregivers to track the frequency and quality of bowel movements.

Ultimately they found, at least for the five children in the report, that visceral and neural manipulation seemed to be helpful, but only 2 of the children retained benefit at the follow up.

Constipation in people who have medically complex conditions is a serious problem, and it's great to have a non-invasive, low-risk option to offer, which this article seems to support. Also in its favor: it covers long-term working relationships, a generous 3-month follow up period, and they used well-validated measures to track progress. It is an ambitious undertaking.

That said, I take issue with the way the work is described and defended. A basic working hypothesis of osteopathic work is that the internal organs need a certain freedom of movement within their given spaces to function optimally. If the organs, fascia, nerves, and vasculature become immobilized, then the whole organism experiences repercussions. So one of the goals is to identify where tissues are not moving freely, and to use manual therapy to improve the situation. The way these authors described this process is clumsy at best, and misleading at worst:

"Initially, the greatest are of tension in his body was his right hip. This tension created tightness in the cecum, ascending colon, and liver."

Even as a friendly reader, I have problems with these sentences. Firstly, there is an implied cause-and-effect relationship between problems at the right hip (a site of previous surgery) and dysfunction in the cecum and other tissues. How does the author know this? We don't know. Where is the bridge from one problem (hip pain) to the others (visceral dysfunction)? We aren't told. Also, while I can understand the concept of "tightness" in the cecum and colon because these are contractile tissues, what does it mean to find "tightness" in the liver, a non-contractile organ? No explanation is offered for this finding. A colleague who is highly informed about osteopathic practice suggested that in this context the word "tightness" probably refers to a lack of movability within a normal range.

This is only one point of difficulty; there were many other examples of leaps of logic, careless use of language, and unsupported assumptions about mechanisms of action. Most of the key citations to provide a rationale for visceral manipulation point back to a handful of textbooks, but not to any research or anatomy that supports the theories.

When I read case reports from non-researchers and students, I happily make allowances—and offer feedback for improvement if invited. But this is a team working in a university setting, and this study was published by Explore, a well-regarded scientific journal. If I were to take this as an example of the type of research being conducted about visceral manipulation in osteopathy, I would not be inclined to use it myself, or to recommend it to others.

CRANIOSACRAL THERAPY AND VISCERAL MANIPULATION: A NEW TREATMENT INTERVENTION FOR CONCUSSION RECOVERY

Wetzler, Gail, Melinda Roland, Sally Fryer-Dietz, and Dee Dettmann-Ahern

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Abstract

Purpose

This case series report describes the effects of CranioSacral Therapy (CST), Visceral Manipulation (VM), and Neural Manipulation (NM) modalities for treating patients who have post-concussion syndrome. The goal was to evaluate these effects on immobility, pain intensity, quality of life, sleep disorders, and cognition in these patients.

Methods

This single-blinded case series was conducted at the Upledger Institute in West Palm Beach, FL. The patients were 11 male retired professional football players from the National Football League and the Canadian Football League who had been medically diagnosed with post-concussion syndrome. Each participant received a morning and afternoon 2-hour session of these three specific manual therapies, which were capable of assessing and addressing the structural, vascular, and neurologic tissues of the cranium and brain—as well addressing far-reaching ramifications throughout the body following trauma. The main outcome measures were scores on the: Impact Neurocognitive Test; Dynavisiontm Test; Short Form–36 Quality of Life Survey, Headache Impact Test, Dizziness Handicap Inventory; a numeric pain rating scale; orthopedic range of motion tests (ROM); and vestibular testing. Hours of sleep were also checked. These outcome measures were registered at baseline, after treatment, and after a 3-month follow up.

Results

Statistically significant differences were seen with a decrease in overall pain rating scale scores ($P = 0.0448$), and cervicogenic pain levels decreased ($P = 0.0486$). There were statistically significant increases in Dynavision Average Reaction Time ($P = 0.0332$), Memory Test ($P = 0.0156$) scores, and cervical ROM scores ($P = 0.0377$). Hours of sleep averaged 2 hours on the first day of treatment and increased to 4.0 hours at the end of treatment and were continuing to increase, as noted at a 3-month evaluation.

Conclusions

Ten sessions of specific CST/VM/NM therapy resulted in statistically greater

improvements in pain intensity, ROM, memory, cognition, and sleep in concussed patients.

My thoughts on reading the whole article:

I was excited to find this article, because the capacity for manual therapy to be helpful for people with a history of central nervous system injury is largely unexplored, and holds a lot of promise. I am always looking for good research on this topic. This project had many strengths, along with some important weaknesses.

Among its strengths are these features: The topic is important and compelling. They present the issue of head injury as a public health issue, and propose that, although the nature of head injuries are not completely analogous, findings may be applicable to military personnel as well as professional athletes in contact sports. (To avoid confusion, it is worthwhile to point out that the "football" referred to here is American football.) I appreciate that they took well-validated measures at the beginning, along the way, and three months after the conclusion of the sessions; this helps us to determine duration of effect.

However, this study also has some important limitations. Because I am a writer and language is important to me, I have to point out two big problems in the abstract. First, this is described as a single-blind study in the methods section of the abstract. This means that someone—either the participants or the people processing the data—did not know who was receiving the intervention. Obviously, the people receiving two 2-hour sessions of manual therapy every day knew they were being treated. If the data analysts were blinded, that is never identified in the text of the study—and this makes the abstract misleading.

My other linguistic problem is in the conclusion:

"Ten sessions of specific CST/VM/NM therapy resulted in statistically greater improvements in pain intensity, ROM, memory, cognition, and sleep in concussed patients." [Italics mine]

Statistically greater than what? This study had no control group, as described by the authors ("...as a result of this small patient base, there was an inability to have controls.") With no controls or comparisons, we cannot say findings are greater or lesser than anything else.

I have a couple of other questions about this study, which are more substantial than my quibbles on accurate use of language. First is in the description of a technique called Barral neural manipulation:

"The manual therapist evaluates pre and post comparisons of dural membrane viscoelasticity, pre and post cranial bone articular movement tests, and pre and post cranial rhythm impulse tests to ascertain if movement has been restored."

Again, I am reading this as a friendly outsider, and I have to ask: how does the manual therapist know how to do this? On what science is this evaluation made? If two different therapists were to palpate the same person, would they come to the same conclusions? Can someone who is neither the therapist nor the client also observe these changes? If not, how do we know they are real?

Another problem concerns the methods section. The participants clearly received a lot of bodywork—2 hours per session, twice a day, for five days and ten total sessions. The bodywork included visceral manipulation, neural manipulation, and craniosacral therapy, sometimes with more than one therapist at a time. However, there is virtually no information on what those 2-hour sessions looked like. In short, this study is not replicable. We have no guidance for how to apply the modalities that are described. Since I was specifically looking for information about visceral manipulation, this was very disappointing!

And lastly, I have to point out something I rarely see in published research: the appearance of a conflict of interest. This research was supported in part by the John E. Upledger Foundation. It was conducted at the Upledger Institute, where bodywork practitioners pay to be instructed in their techniques. It used Upledger methods, and then found—surprise!—that these interventions are effective. That is highly problematic. I can only hope that indeed the data was processed by a blinded and disinterested third party, because that would be a demonstration of an attempt to limit bias. However, the authors give us no reason to draw that conclusion.

This is frustrating, because I think this collection of modalities is probably extremely helpful for people with post concussion syndrome. But studies like this one do not help make that case to the rest of the health care community. I hope that someone from outside the Upledger Institute will undertake to do a similar study, so we can really test whether people with post concussion syndrome can benefit from this work.

EFFECT OF OSTEOPATHIC VISCERAL MANIPULATION ON PAIN, CERVICAL RANGE OF MOTION, AND UPPER TRAPEZIUS MUSCLE ACTIVITY IN PATIENTS WITH CHRONIC NONSPECIFIC NECK PAIN AND FUNCTIONAL DYSPEPSIA: A RANDOMIZED, DOUBLE-BLIND, PLACEBO-CONTROLLED PILOT STUDY

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Fábio HenriqueMonteiro Oliveira , Adriano Oliveira Andrade, Cid André Fidelis de Paula Gomes, Fernanda de Córdoba Lanza, César Ferreira Amorim, and Fabiano Politti

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Abstract

Purpose

Previous studies have reported that visceral disturbances can lead to increased musculoskeletal tension and pain in structures innervated from the corresponding spinal level through viscerosomatic reflexes. We designed a pilot randomised placebo-controlled study using placebo visceral manipulation as the control to evaluate the effect of osteopathic visceral manipulation (OVM) of the stomach and liver on pain, cervical mobility, and electromyographic activity of the upper trapezius (UT) muscle in individuals with nonspecific neck pain (NS-NP) and functional dyspepsia.

Methods

Twenty-eight NS-NP patients were

randomly assigned into two groups: treated with OVM (OVMG; n = 14) and treated with placebo visceral manipulation (PVMG; n = 14). The effects were evaluated immediately and 7 days after treatment through pain, cervical range, and electromyographic activity of the UT muscle.

Results

Significant effects were confirmed immediately after treatment (OVMG and PVMG) for numeric rating scale scores ($p < 0.001$) and pain area ($p < 0.001$). Significant increases in EMG amplitude were identified immediately and 7 days after treatment for the OVMG ($p < 0.001$). No differences were identified between the OVMG and the PVMG for cervical range of motion ($p > 0.05$).

Conclusion

This study demonstrated that a single visceral mobilisation session for the stomach and liver reduces cervical pain and increases the amplitude of the EMG signal of the UT muscle immediately and 7 days after treatment in patients with nonspecific neck pain and functional dyspepsia.

My thoughts on reading the whole article:

This project, from the physical therapy and engineering departments of the Universidade Nove de Julho in Sao Paulo, Brazil, was the shortest in duration of the three articles in this collection, but it has the clearest and most reliable findings. It is the only one that demonstrates an attempt to control for bias, provides enough information for replicability, and that doesn't make problematic internal leaps of logic. I was especially impressed with the explanations of proposed links between visceral disturbances, increased muscle tone, and decreased pain tolerance. While this section used textbook citations, there was not an over-reliance on a single resource, and the case was built from anatomical principles of nerve function, rather than from unsubstantiated hypotheses.

Here's a brief recap: 28 people with nonspecific neck pain and functional dyspepsia (that is, indigestion not linked to any specific disease) were recruited to participate in this study. They were randomly assigned to two groups: an intervention group that received one 5-minute session of osteopathic visceral manipulation focused on the stomach and liver (these were the OVMG people), and a group that received a sham treatment that still involved touch and attention as a placebo intervention (the POVM people). Both of these procedures are described in enough detail that a well-informed practitioner could replicate the processes.

The scientists measured neck pain, the size of the painful area, muscle activity in the upper trapezius, and range of motion at the neck. Measures were taken at baseline, ten minutes after a single treatment, and seven days later. The participants and the evaluators who processed the data were blinded as to who was in which group.

After a short single session of abdominal touch, both groups reported significant drops in pain scores and a reduction in painful areas, and the OVMG group also showed improved muscle function in the trapezius. At the 7-day follow up, only the OVMG group still showed decreased pain, and they continued to have improved muscle function compared to baseline. Neither of the groups had any changes in range of motion.

All of this raises some follow-up questions for me, specifically...

- Would longer sessions over a period of time yield different results?
- Would abdominal touch help neck pain in people who don't also have dyspepsia?
- Are there other functional improvements (besides EMG at the upper trapezius) that might be occur with this kind of work?
- What other points of focus for visceral massage might yield changes in musculoskeletal symptoms?
- Does that viscerosomatic reflex go both ways—in other words, could musculoskeletal dysfunction lead to visceral problems?

I was really impressed with this study. While their exhaustive statistical analysis went mostly over my head, their explanations of proposed mechanisms and understanding of the importance of bias control were excellent. I am interested to see more work on visceral manipulation that is explored with such care.

AUTHOR 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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