amt

in good hands

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President's Message

by Annette Cassar

AMT is truly proving itself as a force to be reckoned with this year. Membership is flourishing and we have hired additional staff at head office to help keep up with demands. We have also ramped up our presence on social media: our closed Facebook group now has more than 800 members, we have launched a new public AMT Facebook page, and Team AMT is lighting up the Twitter-sphere. Not to mention, we have been busy hosting our 2015 AGM, organising our regional mini-conference, updating our Code of Practice, lobbying the Federal government, and running a regional media campaign …

In January, AMT began lobbying the Federal Health Minister Sussan Ley to retain the private health insure rebate for massage therapy. Our online petition is in full swing, with more than 7510 supporters. We are still encouraging AMT members to ask their massage clients to sign the petition and contact their local member and the health minister to explain how massage fits into their healthcare plan. Along with the petition, AMT ran a regional media campaign to bring attention to this important issue. To date, we have had five stories published in regional newspapers. I would like to extend a big thank you to all of our members who participated in this campaign.

Massage therapy is a form of preventative healthcare, and has positive effects on a client's health and wellbeing. It can assist a person in their ability to participate in the workforce for longer periods of time, and help them to live healthier, pain-free lives. A healthier, more agile population who work longer into their later years lessens the burden on a country's health and welfare systems.

The majority of our members operate small businesses and the potential axing of the private health insurance rebate for massage therapy will have a negative impact on the massage therapy industry both professionally and financially. I know this is a great concern for me and other therapists in the Blue Mountains area.

AMT is doing its utmost to ensure that the Federal Health Minister Sussan Ley takes AMT's concerns on board and does not remove massage therapy from the private health insurance rebate list.

The AMT Code of Practice was recently updated and a new electronic version is available for review. The Code of Practice is an important tool for our members and the AMT Board of Directors. The board constantly refer to this document when it comes to disciplinary matters. The new version can be downloaded here: **http://www.amt.org.au/members/code-of-practice.html**

Thank you to those who attended the Annual General Meeting in Newcastle on March 15, and the workshop that followed – 'The Essential TMJ' - presented by Ron Phelan. Feedback from members was positive, with many participants reporting that the workshop was both interesting and informative.

The preparation for this year's 2015 Mini Conference is well on the way. I'm looking forward to the break in October at Coffs Harbour's stunning Opal Cove Resort. We have a superb line-up of guest speakers this year, including Larry Koliha and Bethany Ward who are back by popular demand with more of their Advanced Trainings workshops. There are limited spaces available at this year's conference: we only have 120, so make sure to book in early to avoid disappointment. I look forward to seeing you all there. ■amt

Secretary's report

by Rebecca Barnett

With the outcome of the Natural Therapies Review still uncertain, some massage therapists have started to contemplate a future without private health insurance rebates for massage. This has prompted a few members to question whether their investment in a professional association membership would still be worth having in a (theoretical) world without provider numbers.

This begs the question - what exactly is the value proposition in being a member of a professional association?

It is almost impossible to answer that question without considering what it actually means to be a professional. I'm not usually one for quoting dictionary definitions of terms but this Wikipedia definition resonated with me, particularly in light of the dedicated effort that AMT has invested in establishing and promoting a professional Code of Practice for massage therapy over the past five years:

"A professional is a member of a profession. The term also describes the standards of education and training that prepare members of the profession with the particular knowledge and skills necessary to perform the role of that profession. In addition, most professionals are subject to strict codes of conduct enshrining rigorous ethical and moral obligations. Professional standards of practice and ethics for a particular field are typically agreed upon and maintained through widely recognised professional associations."

It would be difficult to find a single massage therapist who would not like their vocation to be perceived as having the status and prestige of a profession, with clearly articulated standards of practice and minimum levels of education.

So how exactly does holding professional association membership stack up against the definition above? How does it help to support the concept of minimum standards of education and rigorous ethical standards? Apart from health fund provider status, what does an AMT member gain by being a part of AMT that speaks to their status as a professional?

Let's take a snapshot of some of the services that AMT has provided to members over the past year alone:

- Ongoing professional development at a reduced rate via the annual conference, member workshops, sponsored visits of international presenters, and local meetings.
- The credibility and security of working within a comprehensive Code of Practice. The AMT Ethics Committee recently reviewed and updated the AMT Code of Practice in line with legislative changes that have occurred over the past two years.
- Advice and support to individual members on practice and professional issues, and industrial matters.
- Representation and advocacy at national level, most recently via the AMT "Retain the Rebate" campaign and ongoing communications with the Health Minister's Office. The "Retain the Rebate" campaign included substantial regional media coverage focusing on AMT members and their practices.
- Information and resources via our various communications platforms including:
  - the AMT journal and e-newsletter;
  - email notifications;
  - social media. Our public Facebook page and closed group focus on promoting the benefits of massage to the public and providing resources for therapists to use on their own business pages. The closed group also gives AMT members a sense of belonging to a community of fellow professionals, and a forum to post questions and test clinical assumptions and ideas;
  - the AMT website, which includes a comprehensive cache of useful practice resources such as clinic templates, fact sheets, promotional materials and research resources, including our classified research database which is updated annually.
- Access to a community of massage therapists for peer support and mentoring.

Achieving health fund recognition of massage therapy is one of the advocacy battles that AMT has fought on behalf of members over the past 20 years. For some current association members, it may be difficult to conceive that there was a time before health fund rebates. Surprisingly, AMT flourished during this era and AMT members were motivated to belong by loftier professional aspirations than just having provider numbers – back then, members had the desire to raise the professional status of massage therapists; to undertake professional development in the interests of superior client care; to interact with fellow professionals; to support the vision and goals of AMT; to work within an ethical framework; and to promote the interests of the massage therapy community generally. In a deep sense, the loyalty and professionalism of these members has funded many of the more recent activities of AMT and, therefore, the benefits current members reap, including the health fund provider status that has been negotiated over the past two decades.

Some of our longest-serving members continue to be motivated to belong to AMT by their community values and professionalism. Happily, many members view their membership as an investment in the profession rather than as a subscription to health fund provider numbers. It may seem ironic that these kinds of members get far more value out of their membership than those who may have joined AMT just for provider numbers. They gain a sense of pride and credibility and satisfaction in being a part of the flowering of this once-fledgling industry into a full profession.

Every AMT member has a role to play in supporting and enhancing the profession of massage therapy: by thinking, acting and behaving like a professional rather than a tradesperson; by recognising that health fund provider status is a symptom of professionalism rather than a sign; by working responsibly and ethically according to the professional benchmarks articulated within the AMT Code of Practice; by undertaking decent ongoing education to improve standards of client care rather than just collecting points; by interacting with your professional community both online and face to face; and lastly, by recognising and valuing the work of your association beyond just administering health fund requirements.

Natural Therapies Review

AMT still awaits advice from the Health Minister's Office as to the outcome of the Natural Therapies Review. The original April 1 deadline for consideration of the NHMRC's findings essentially slipped by with no announcement from the government. AMT has phoned the Minister's Office requesting updates and written three times, receiving an identical, non-committal response each time. We have also provided the comments from our petition to the Minister, the Hon. Sussan Ley, and will deliver an electronic version of the signed petition to her as well.

We will keep you updated on developments as they arise.

Introducing the Practitioner Research and Collaboration Initiative

The Practitioner Research and Collaboration Initiative (PRACI) is a practice-based research network for complementary healthcare practitioners. It aims to:

- strengthen the development of meaningful and practice relevant research in complementary healthcare;
- support productive communication and engagement between complementary healthcare practitioners and researchers;
- stimulate and develop a sustainable research culture within complementary healthcare in Australia;
- facilitate the development of research networks in a range of complementary healthcare fields across Australia and internationally;
- progress broad, rigorous scientific investigation to inform complementary healthcare patient care.

A foundational stage of the PRACI project is a comprehensive workforce survey of complementary healthcare practitioners. Dr Amie Steele, post-doctoral fellow at the University of Technology, is overseeing the survey, which is being funded by Endeavour College of Natural Health.

The purpose of the online workforce survey is to develop a broad overview of Australian complementary healthcare practitioners and their practice. Participants will be asked to respond to questions covering their qualification, areas of specialisation and work hours in your practice.

AMT members are warmly encouraged to participate in the PRACI survey. At the end of the survey, you will be asked if you wish to become a part of the PRACI research database for future research. You may accept or decline this invitation. If you decline, your completed survey results will be anonymously sent to the researchers. If you accept, you will be asked to provide your basic personal details which will be stored in a fully secured software management system that will only be accessed by the PRACI research team.

The survey should take approximately 15 minutes to complete and you can change your mind at any time and stop completing the survey without consequences.

If you agree to be part of this research project, including having the findings from this survey published in a form that does not identify you, please continue with answering the survey questions. You'll find the survey here: **http://www.surveygizmo.com/s3/1765586/Complementary-Healthcare-Praci-Survey**

If you have concerns about the research, please feel free to contact the research team on +617 3253 9316 or **research@endeavour.edu.au**
If you would like to talk to someone who is not connected with the research, you may contact the UTS Research Ethics Officer on 02 9514 9772 or **Research.ethics@uts.edu.au** and quote this number #2014000390.

AMT/ARCCIM research project

The workforce data is now in from our research study with the Australian Research Centre in Complementary and Integrative Medicine (ARCCIM). The data clearly shows that there has been some significant changes in patterns of employment since the phone survey of members that AMT conducted in 2010: it appears that more therapists are working in interdisciplinary clinics and group practices, and there are fewer sole practitioners.

Excitingly, the patient arm of the survey commences this month. We are particularly looking forward to seeing this data because it will help to create a clearer picture of how clients are using massage therapy in the broader healthcare delivery landscape in Australia. We also look forward to sharing the results with you when they are in.

I'd like to acknowledge all AMT members who took the time to complete the online workforce survey and now give a special shout out to those who have opened their doors to research assistants for the patient arm of the study.

Regional mini conference

We are delighted to include the program and registration details for AMT's inaugural mini conference with this edition of *In Good Hands*.

As you will see, the AMT Board is trialing a new format for this year's flagship AMT educational event, with three long-form workshops and a post conference workshop on offer rather than the traditional short break-outs and plenary sessions. We're also looking forward to some time on the beautiful Coffs Coast. The conference venue, Opal Cove Resort, is located on absolute beachfront a few kilometers north of Coffs Harbour. We have negotiated fantastic room rates with the resort and are happy to assist with coordinating share arrangements for interested members. The conference room rates extend to one week before and after the conference, so why not take the opportunity to tack on a few days break after enjoying your tax-deductible trip to the conference? Situated between the mountains and the sea, the Coffs Coast is famous for its national parks, mountain escarpments, 90 km of sandy beaches, islands and marine reserves, and of course, Australia's very own Big Banana! Check out this YouTube clip to get a taste of the local colour: **https://www.youtube.com/watch?v=Q9NJyrvbqto**

Advanced-Trainings on the road again

We're also pleased to announce that Bethany Ward and Larry Koliha are returning to Australia again this year by popular demand. They will kick off their tour this year with the regional mini conference before travelling around the country to present a series of new workshops. We're incredibly excited to announce that one of their workshop destinations this time around is Perth. We are looking forward to bringing some quality continuing education to our West Australian members.

Please stay tuned for dates, locations and registration details soon. ■amt

AMT NEW MEMBERS

ACT
Etienne Blumstein-Jones, Carrie Kearns, Joel Webber

NSW
Visca Able, Jessie Ainsworth, Jodie Arentsen, Victoria Barton, Cesar Daniel Beron, Adrian Bugeja, Martin Camilleri, Yuemin Chen, Jessie Clifford, Maree Collison, Michael Daley, Amanda de Dassel, Sara Dixon, Jacob Ewen, Louise Fraser, Julie Hando, Carly Hanrahan, Gareth Hodgson, Carmen Jimenez, Wannarat Jung, Frank Lagudi, Jana Ludrovcova, Gabriela Martirena, Andrew Matters, Kristy Milliner, Agata Anna Morka, Matthew Moschione, Christopher Natour, Gabriela Pagliarini Valduga, Jeffrey Parker, Matthew Peake, Alexander Pigott, Melissa Jane Read, Christine Ritchie, Audrey Saker, Silvia Sangiorgi, Amanda Sheridan, Valentina Sosnovska, Michelle St Lambert, Cheri-Mae Stevens, Jing Sun, Tricia Tan, Elizabeth Thomas, Lainey Thomson, Rachel Trevilyan, Maddison Tweedie, Pawintita Udomphol, Brittney Vangestel, James Walker, Tess Webber, Zoe White, Simon Whitford, Jordann Winch, Irene Zounis

NT
Susan Nalder

QLD
Bianca Borges Lopes, Margaret Briley, Karen Davey-Thorpe, Tarnia Dorrington, Theodoros Fotopoulos, Jake Griffin, Kelsey Hamel, Amy Hart, Megan Johnston, Nicole Lait, Michael Melville, Tanya Mundt, Timothy Newman, Tracey O'Shea, Alison Payne, Trina Reynolds, Tekura St-Laurent, Kiah Stockwell, Nastasia Toy, Stephanie Walker, Stephanie Ziser

SA
Owen Greenfield, Debra Greenfield, Minjung Kim, Shenae Osman, Carly Simpkin, Abby Takarabe, Irene Toholke, Kylie Yarwood

VIC
Linda Aniol, Craig (Bill) Chant, Anneliese Forrest, Rachel Frame, Mark Gaspi, Christine Kulman, Ian Lim, Bethany Maguire, Elizabeth Marwood, Elizabeth Percoco, Wiranda Phenmoon, Ashley Pilcher, Gayl Pratt, Hannah Pridham, Taylah Shanahan, Orsola Lena Sirianni, Claire Terpstra, Arthur Too, Miranda Wong

WA
Lana Bilic, Annabel Cooper, Angela Criddle, Laura Fullwood, Teresa Giglia, Amber Micallef, Lian Murphy, Biljana Pravica, Benjamin Towns, Celine Williams

Need CEUs?

Journal question - June edition

True or false?
If a worker has an ABN then they are a contractor.

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

DEADLINE

Deadline for the September 2015 issue of In Good Hands is: 1st August, 2015

Please email contributions to: journal@amt.org.au or phone: 02 9211 2441

Am I a subcontractor or an employee?

by Rebecca Barnett

AMT receives a lot of requests from members for advice and information about working conditions. This is the first in a series of articles about entitlements, agreements and awards for massage therapists.

When I was growing up, my mother was the voluntary secretary of a small professional association for dental assistants. The NSW DAA, as it was known, also happened to be a union that fought in the industrial courts for better award conditions for dental assistants and provided industrial advice to its small membership. As secretary, my mother worked virtually full-time for no money on behalf of a group of under-represented and under-appreciated health workers (almost exclusively female).

The family home phone line was besieged at all hours of the day by dental assistants seeking advice and help with their workplace issues. These calls continued to come in whether my mother was at home or not, and eventually, I started to refer to myself as the involuntary secretary of the DAA.

Many of the calls were about wages and conditions. After a while, I graduated from answering the more simple inquiries to more complex questions such as calculating leave loading or laundry allowances or different classes of overtime, or distinguishing whether an employee was part-time or casual.

I guess you could probably argue that it wasn't the best possible outcome for a 14-year-old kid to be dispensing industrial advice to disadvantaged employees. But the bottom line was that at least there was someone to take the inquiry and I became a fairly astute judge of when to hand a question over to my more expert mother.

In 2006, when I found myself accidentally becoming the secretary of AMT, I had no way of predicting how useful those years as involuntary secretary of the DAA would turn out to be. As massage therapy has become more mainstream and popular, so too has the potential for therapists to be exploited by unscrupulous employers, cashing in on consumer demand for massage. If the current rate of inquiry both to AMT Head Office and on AMT's closed Facebook group is any indication, it's a jungle out there. It would seem that some AMT members are vulnerable to questionable employment practices.

Unlike the DAA, AMT is not a union. We are not set up to represent members on industrial issues. However, where we can, we are happy to give advice, information and guidance. We are increasingly called on to do just that.

One of the most frequent areas of inquiry to AMT relates to employment as a subcontractor. Subcontracting is probably the most common form of employment for massage therapists but it is fraught with areas of grey, both for the employer and the employee. Unscrupulous employers may seek to employ therapists under sham subcontracting arrangements to avoid paying entitlements like annual leave, personal leave and superannuation or under the false expectation that workers should somehow share some of their commercial risks.

Having said that, determining whether a worker is a subcontractor rather than an employee is not necessarily straightforward or simple. It is a complex decision-making process that involves taking into account the full context in which duties are being performed. This is one of the reasons that it is impossible to give specific advice to members when they ask questions about their employment status on the AMT Facebook group page.

It can take a lot of specific questioning to establish the nature of the employment relationship.

It is important to note here that often employers make sins of omission rather than commission. In other words, the employer may not even realise that a subcontractor is entitled to superannuation, for example. The employer may have neglected to pay super out of ignorance rather than intent, though the employer can still be in very hot water with the tax office regardless.

If you are being employed by someone, it is always best to discuss any concerns you may have with your employer and give them the opportunity to check on their obligations in relation to payment of superannuation or any other entitlements you believe you should be receiving.

The Australian Tax Office website (ATO) has lots of resources to assist employers determine whether a worker is a subcontractor or an employee. The underpinning distinction is that an employee works in a business and is part of the business whereas a subcontractor is running their own business and providing services to another business or businesses.

To correctly work out whether a worker is an employee or contractor, it is necessary to look at the whole working arrangement including the specific terms and conditions under which the work is performed. There are six basic factors to consider:

- ability to sub-contract/delegate
- basis of payment
- equipment, tools and other assets
- commercial risks
- control over work
- independence

The following table, taken from the ATO website, teases out the characteristics of these six basic factors in a little more detail:

	EMPLOYEE Characteristics of an employee include the following:	**CONTRACTOR** Characteristics of a contractor include the following:
Ability to sub-contract/ delegate	The worker cannot sub-contract/delegate the work - they cannot pay someone else to do the work.	The worker is free to sub-contract/delegate the work - they can pay someone else to do the work.
Basis of payment	The worker is paid: • for the time worked • a price per item or activity • a commission.	The worker is paid for a result achieved based on the quote they provided.
Equipment, tools and other assets	• your business provides all or most of the equipment, tools and other assets required to complete the work, or • the worker provides all or most of the equipment, tools and other assets required to complete the work, but your business provides them with an allowance or reimburses them for the cost of the equipment, tools and other assets.	• the worker provides all or most of the equipment, tools and other assets required to complete the work • the worker does not receive an allowance or reimbursement for the cost of this equipment, tools and other assets.
Commercial risks	The worker takes no commercial risks. Your business is legally responsible for the work performed by the worker and liable for the cost of rectifying any defect in the work.	The worker takes commercial risks, with the worker being legally responsible for their work and liable for the cost of rectifying any defect in their work.
Control over the work	Your business has the right to direct the way in which the worker performs their work.	The worker has freedom in the way the work is done subject to the specific terms in any contract or agreement.
Independence	The worker is not operating independently from your business. They work within and are considered part of your business.	The worker is operating their own business independently from your business. The worker performs services as specified in their contract or agreement and is free to accept or refuse additional work.

https://www.ato.gov.au/Business/Employee-or-contractor/How-to-determine-if-workers-are-employees-or-contractors/Difference-between-employees-and-contractors/, accessed 6 May 2015.

The ATO website has a contractor/ employee decision tool that can help you determine whether you (or your employee) is being employed under the correct arrangements. The decision-making tool works systematically through the six basic factors mentioned above to generate a ruling that should help both employers and workers understand their obligations and entitlements. The decision-making tool also gives employers information about the tax and super obligations they need to meet. You can access the tool here: **https://www.ato.gov.au/Calculators-and-tools/Employee-or-contractor/**

Mistakes to avoid if you're an employer

When determining whether your worker is an employee or a subcontractor, you need to make sure you don't buy into some of the common myths around subcontracting.

Myth: If a worker has an ABN then they are a contractor.

Fact: Having or quoting an ABN makes no difference to whether a worker is an employee or contractor for a job. Just because a worker has an ABN doesn't mean they will be a contractor for every job.

Myth: Everyone in my industry takes on workers as contractors, so my business should too.

Fact: Just because 'everyone' in an industry treats workers as contractors doesn't mean they have got it right. Ignore common industry practice when determining whether your worker is an employee or contractor.

Myth: If a worker has a registered business name, they are a contractor.

Fact: Having a registered business name makes no difference to whether a worker is an employee

or contractor for a particular job. Just because a worker has registered their business name does not mean they will be a contractor for every job or working arrangement.

Myth: If a worker is a contractor for one job, they will be a contractor for all jobs.

Fact: If a worker is a contractor for one job, it does not guarantee they will be a contractor for every job. The working arrangement and specific terms and conditions under which the work is performed will determine whether a worker is an employee or contractor for each job. Depending on the working arrangement, a worker could be an:

- employee for one job and a contractor for the next job
- employee and a contractor if completing two jobs at the same time for different businesses.

Myth: If a worker submits an invoice for their work, they are a contractor.

Fact: Submitting an invoice for work done or being 'paid on invoice' does not automatically make a worker a contractor.

Myth: If a worker's contract has a section that says they are a contractor, then legally they are a contractor.

Fact: If a worker is legally an employee, a contract saying the worker is a contractor will not make the worker a contractor at law. Businesses and workers will sometimes include specific words in a written contract to say that the working arrangement is contracting in the mistaken belief that this will make the worker (who is an employee) a contractor at law.

If a worker is legally an employee, a contract specifying the worker is a contractor makes no difference and will not:

- override the employment relationship or change the worker into a contractor
- change the PAYG withholding and super obligations a business is required to meet.

Myth: My business should only take on contractors so we do not have to worry about super.

Fact: A business cannot decide to treat a worker as a contractor when they are an employee. Regardless, businesses that employ massage therapists as subcontractors are still required to pay them super under the Superannuation Guarantee because the therapist is being paid wholly or principally for their labour. The threshold at which Superannuation Guarantee obligations kick in for employers is when a worker earns more than $450 gross a month, be they casual, full time, part time or subcontracting. You can use the ATO's Superannuation Guarantee Contributions Calculator to work out what contributions you should be making for your employees/contractors: **http://calculators.ato.gov.au/scripts/net/SGCalculatorWeb/GetSGContribution.aspx?ms=Businesses**

Super contributions need to be made at least quarterly.

Final advice

Regardless of whether you are an employer or worker, AMT recommends that you take advantage of the ATO's decision-making tools and resources to determine what your obligations and entitlements are.

If you are still in doubt, call the Australian Taxation Office. For individuals' enquiries, phone 13 28 61. For business' enquiries, phone 13 28 66.

If you're a therapist who is just about to start a new job, you need to be especially wary of entering into a sham contracting arrangement. The chances are, if you are working pretty regular, set hours in a business and don't have much autonomy or independence in how you are going about your work, then you are probably an employee not a subcontractor. You may be missing out on a whole raft of entitlements.

Regardless, it is always sensible to seek independent advice from an accountant or a lawyer if you are entering an agreement with a new employer.

You also need to bear in mind that, if you are earning a wage as an employee, your hourly rate will reflect that - employees get paid less per hour than subcontractors precisely because of the associated entitlements to annual leave and sick leave. Subcontractors must make independent provisions for this, which is reflected in higher hourly rates.

If you are an employer, make sure you check with your accountant to ensure that you are meeting all your obligations under the Superannuation Guarantee. Your accountant should also be able to provide insight and advice on whether you should be engaging workers as contractors or employees, depending on the specific circumstances of your business. ■**amt**

Father and Child Bonding Encouraged through Infant Massage

by Tina Allen | Liddle Kidz Foundation

For any parent, bonding with your new baby can be both exciting and overwhelming. For fathers, this can be amplified. Today's fathers want to financially provide for their family, while also feeling emotionally connected and bonded with their children. They can feel at a disadvantage when society has a tendency to look to mothers as being the nurturing caregiver in the family. Healthy touch, attentiveness, reflection and involvement are the keys for a strong bond between father and child.

Joshua Florence, Physical Therapist (PT), Doctorate of Physical Therapy (DPT), and Certified Infant Massage Teacher explains the social pressures surrounding fatherhood:

> "Prior to our eldest daughter being born, I went to a half day class about 'Dads'. One story told to us by our instructor – about a child born with complications - really struck me. As the physician began to tell the child's parents the devastating news, all of his conversation was directed towards the mum, despite the dad standing right next to the mum. Finally, the dad began to yell at the physician, pounding his chest, saying: "Tell me what's wrong with my child! Tell me!" The physician was in shock but turned towards the dad and repeated what he had just said, and the dad fell to his knees in tears. As I reflected on this story, I realised that, as a society, we are partly responsible for many absentee fathers. From the beginning, everything is about Mum and baby, and the majority of the time the dad is left out once conception occurs. Dad becomes nothing more than support staff, not an active participant in the process."

Data shows that only one in 20 fathers takes more than two weeks off work after their child is born.[1] This limits precious bonding time. In fact, many fathers are told to expect to wait six months or more until their baby truly bonds with them. A strategic bonding plan for Dad and baby is crucial during the very short time Dad - or any working parent has.

Bonding with your new baby can be both exciting and overwhelming.

Chris Bakker is a father, Licensed Massage Therapist, Certified Infant Massage Teacher and Certified Paediatric Massage Therapist from the greater Chicago area of the US. Bakker talks about the important shift from fathers as 'providers' to 'caregivers':

> "Fathers are hardwired to provide for their children and their families. A healthy baby doesn't need more than food, shelter, and lots of love. They don't care about overtime, or college funds. They don't know that your being gone helps them. All they need you to 'provide' right now is the love part."

Whether the dad is a live-in parent or not, bonding is imperative for the child's development. Studies indicate that young children who have a good, involved relationship with their fathers are less likely to have bad behaviors, depression or lie. It has also been shown that they enjoy school, participate in extracurricular activities and are less likely to fall behind.[2, 3] Early involvement by fathers also appears to reduce cognitive delays and increase cognitive development and growth.[4] With so many benefits, it is easy to see why early father-child bonding is important.

For both Bakker and Florence, infant massage plays an important role in father-child bonding. Florence elaborates:

> "By allowing us, as dads, to break a mold of being an uninvolved parent, it helps set the foundation needed for a lifetime relationship with our children. Yes, we'll never have a mother's intuition but this [infant massage] is one step in teaching us how to communicate, interact and most importantly, how to be a nurturing father, not just a dad."

The benefits of infant massage don't stop at the child. A 2011 study determined that fathers who participated in infant massage classes had significantly decreased stress levels. [5]

Strategies for father-baby bonding

A first step toward father-baby bonding is setting aside time to talk to the baby. And it's never too early to begin: Fathers who talked to their baby daily during pregnancy have reported that the baby recognised their voice directly after birth.

Another good opportunity for bonding is shortly after birth while the mum is resting. Dad can lay baby on his chest,

Infant massage can play an important role in father-child bonding.

which is a very close and comforting action for baby. This will not only help strengthen the bond between father and child, but research indicates skin-to-skin contact can facilitate sleep and calm baby faster than infants who have received no touch.[6]

Bakker explains how touch has helped facilitate his bond with his son:

> "My son, who is now six, requests massage on a daily basis. It's nice to feel needed, and to feel that we have a bond different from the bond he has with his mother. After a long day apart, having that moment to reconnect and help each other makes us both feel better."

As baby grows, each parent has a role to play. Studies show that many fathers interact with their children differently than the way mothers interact.[7,8] Fathers often engage in more physical play with their children; which has been demonstrated to be important for the development of the child. Encouraging fathers to interact one-on-one with their children makes them feel useful and competent, and shows them that they play an equally important role in their child's development.

Bakker shares a story about the importance of one-on-one contact time with his son, and what can go wrong when they skip their massage sessions:

> "When my son hasn't received massage in a few days, at first he's just grouchy in the mornings. Then he starts to have more temper tantrums throughout the day, and little things get to him. If he still doesn't get his massages, he starts to get night terrors (bad dreams before midnight) and wakes up through the night asking for things. He doesn't eat as much and has irregular bowel movements. With massage, all that goes away. Without massage in our lives, we'd all be sleeping less, dealing with more eating issues, taking time to work through tantrums, and in general, be less happy as a family."

For some fathers, it can seem that women have more opportunities for close physical contact with their children, such as during breastfeeding. It is important for fathers to know that their relationship with their child develops through different means, and can be equally as valid as the mother's relationship. The power of nurturing touch – including infant massage, kangaroo care, and skin-to-skin contact - can create that opportunity for the father.

Florence talks about the different types of physical contact he shared with his newborn daughter, who spent time in the Neonatal Intensive Care Unit (NICU):

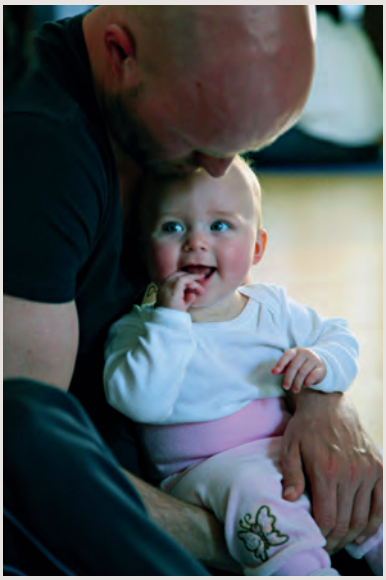
> "I wish I had learned infant massage earlier in the game. When our three-year-old was originally in the NICU, I would journal almost every day. I often go back through and re-read my writings and one of the things that is missing - that I regret - is infant massage. I would write about taking off my 'dad' hat and putting on my 'physical therapist's hat to do range of motion on her. The more I thought about it, the more I came to the conclusion that I shouldn't have had to have been a physical therapist for my own child - I just wanted to be a dad. Infant massage allows me to be just that - Dad. It allows me to be a father, while at the same time helping to positively impact my daughter's outcomes."

The effects of infant massage on caregivers

Infant massage is not only beneficial for babies; it can also have profound effects on the parents who provide it. Before beginning with any touch, is important to always include a permission process and recognition of the child's cues. This process in itself can be a wonderful experience. During this time, as parents look into their little one's eyes, speak to them lovingly, and warm their hands before beginning, fathers and mothers can fall in love with their babies. This can be especially true for an infant who has been born with medical challenges, or for parents who are separated from their child shortly after birth. By massaging their newborns, parents can undergo a subtle but important shift in their perception: they cease to see their child through medical eyes, and begin, instead, to see their baby as just that: *their baby.*

Florence expresses the joy of this experience :

> "There are times when I am massaging my three-year-old, that I start to reprocess everything from the beginning. It is in those moments that you can fall in love with your children all over again."



Infant massage is not only beneficial for babies; it can also have profound effects on the parents who provide it.

Infant massage and children with healthcare needs

For a child with healthcare needs, reassuring touch is vitally important. The baby may not have the physical, emotional, and mental ability to understand all that is happening around them; and yet, there is their father, letting them know they're loved through good touch. Even for children without specific healthcare needs, failure to thrive comes from not giving this love and connection through touch. When babies have this type of care, hospital stays tend to be shorter and medical complications often decrease.

According to Florence, massage and loving touch is an important form of communication which can strengthen the bond between parents and children with different healthcare needs:

> "It's unfortunate that too often the world looks at children with different healthcare needs or different abilities and sees them as imperfect mistakes, when the truth is the direct opposite: these children are born perfect and with a specific purpose. Infant massage allows parents to interact with and begin to see their children as perfect, despite what others say. It allows us to be parents. It teaches us how to communicate without saying a word. It teaches us how to hear our babies tell us they love us without them having to say a word. For these families – families like mine - infant massage becomes more than just 'something to do'. It becomes a language."

The role of the healthcare professional in father-child bonding

Massage therapists and other healthcare professionals can aid fathers in connecting with their children through the use of infant massage. Infant massage is typically administered by parents and caregivers who have been trained by certified infant massage teachers in private and group sessions. Infant massage teachers teach parents and caregivers to use gentle massage techniques, understand their baby's individual cues and methods of communication to provide life-changing benefits.

Becoming a Certified Infant Massage Teacher (CIMT) gives you the opportunity to provide families with information and hands-on lessons so parents can begin to feel confident in providing massage for their own child. When we teach caregivers to use massage appropriately, we provide them with tools and techniques to further strengthen their connection with their child. When we give fathers these tools, we encourage and support mutual respect, communication and understanding that lasts a lifetime.

For Florence, connection through touch has powerful repercussions:

> "As men, it is easy to put up walls that prevent us from emotionally connecting and nurturing our babies. We are meant to be emotional and passionate people but society has suppressed it. There is something very powerful about touch: it makes us become vulnerable, and vulnerability ultimately leads to humility. And it is from this place of humility where we are the best fathers." ■amt

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Tina Allen is the founder and director of the Liddle Kidz Foundation. She is an international author, lecturer and authority on infant and paediatric massage therapy. Tina travels in a tour bus 365 days a year teaching courses internationally, and is the proud mother of Otis. She will present her courses at The Centre in Sydney in October/November 2015. Contact her @ www.LiddleKidz.com.

Nationally Recognised Training

There is a nationally recognised course in infant massage instruction within the Australian Qualifications Framework. The "Short Course in Infant Massage Instruction" falls under the ANZSCO classification of Health Promotion Officer and consists of the competency unit "25IME001A Deliver Infant Massage Education to Families".

For more information, please check the **Training.gov.au** website: **http://training.gov.au/Training/Details/10001NAT**

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Massage Therapy in Pregnancy: Second Trimester Dos and Don'ts

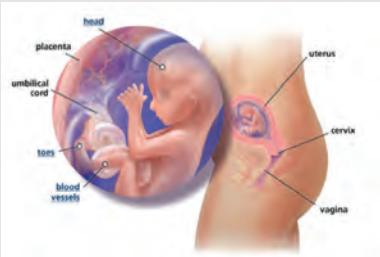
by Catherine McInerney

The second trimester of pregnancy (from Weeks 14 to 26) is a time of great excitement for the mother-to-be. For massage therapists, sharing this time with mums instills a sense of nurturing and a keen awareness of the wonder of new life developing. Let's explore these developments and how they can affect both mother and baby. As massage therapists, we need to have a greater understanding of the implications of these changes and how to adapt to them in our treatment plans. We will discuss the continually changing nature of pregnancy involving not only the growing baby's development but also complex changes to the mother's body as it adjusts to accommodate new circumstances.

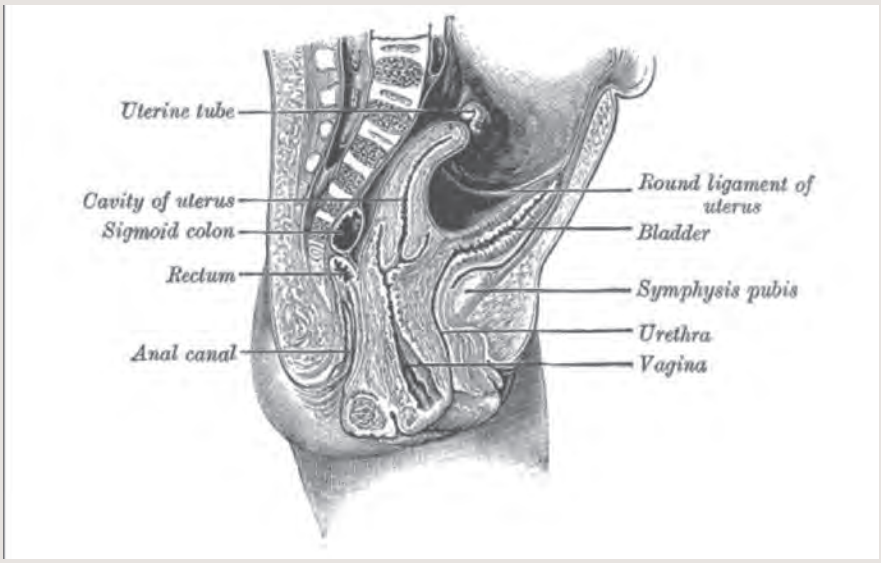
TREATING NOT ONE PERSON BUT TWO

Baby development

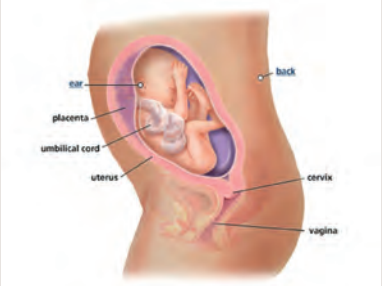
Many changes take place for both the mother and baby during the second trimester. The baby's development is progressing quickly and it is starting to make its presence known. At 14-16 weeks, the beginning of the second trimester, the baby is only 8cm to 9cm long, approximately, and weighs only around 43 grams. At 26 weeks, the baby will have grown to 36cm, approximately, and will weigh 760 grams or more.



16 week gestation. Copyright © Pregnancy Massage Australia 2015



Cross section of the female reproductive organs depicting round ligament of the uterus. Copyright © Pregnancy Massage Australia 2015



26 week gestation. Copyright © Pregnancy Massage Australia 2015

The baby will make movements in utero which, for a second-time mum, can be felt as early as 16 weeks and around 18 to 20 weeks for a first-time mum. These early foetal movements are called "quickening". They will feel like "butterfly-like flutters" and mark the exciting realisation of pregnancy.

In the second trimester, the baby will begin to develop lanugo, the fine, short hairs that cover the baby's whole body to help maintain body temperature. The hairs will remain until enough body fat develops under the baby's skin to keep them warm. Weight gain is substantial in the second trimester and the skin becomes pink and wrinkly. The baby is beginning to make complex facial expressions and may enjoy sucking its thumb.

By this time, the placenta is fully functional, supplying the baby with the requirements of oxygen and nutrients, as well as removing carbon dioxide and waste materials by diffusion through the placenta. The breathing reflex is established and, by 24 weeks, type II alveolar cells begin to produce surfactant.

By 20 weeks, the baby's hearing is developed and sounds are audible from within the uterus and from the mother and her environment. At 21 weeks, the baby's gender will be identifiable and the digestive system will be functioning, enabling the baby to swallow amniotic fluid which will be processed through the bladder.

At 26 weeks, the baby's eyebrows and hair are visible and fingernails and toenails are present. Although growth will slow, lower limbs will continue to lengthen and reflex movements will increase. Rapid development of body systems occurs, including development of the cells in the cortex of the brain which enables the formation of conscious thoughts. The baby will adapt to a waking and sleeping pattern.

Changes to the mother

Many women feel more energised in the second trimester and the pregnancy becomes more real because of the excitement of feeling the first foetal movement. For many women, pregnancy is a wonderful time and they experience only a few of the discomforts of pregnancy. However, other women enter pregnancy in a healthy condition but become unwell during their pregnancy.

Pregnancy places many demands on the mother's body systems including complex changes in her endocrine system to support the necessary alterations associated with pregnancy.

For example, oestrogen stimulates the growth of tissue to develop the uterus, breasts and mammary ducts. Oestrogen also causes softening and swelling of the connective tissue of the cervix, breasts and ligaments. Oestrogen contributes to some of the minor discomforts of pregnancy, including water retention, which can lead to oedema, and pelvic discomfort because of the relaxation of the pelvic ligaments, stretching of the sacroiliac and sacro-coccygeal joints and the increasing elasticity of the symphysis pubis.

The role of progesterone in pregnancy is to enhance smooth muscle relaxation but its presence is associated also with many of the discomforts of pregnancy such as:

- heartburn because of relaxation of the oesophageal sphincter
- continuation of nausea and vomiting into the second trimester because of a reduction of peristalsis
- increase in urinary tract infections because of stasis of urine and relaxation of smooth muscle in the urethra and bladder
- varicose veins and haemorrhoids because of dilation of veins in the legs and the rectal region
- nose and gum bleeds.

Progesterone also has an effect on body temperature in pregnancy. It can raise core temperature by half to one degree Celsius. Progesterone, along with oestrogen, also stimulates hyperventilation because of the increased sensitivity of chemoreceptors to carbon dioxide.

Additionally, the level of steroid hormones increases throughout pregnancy to mediate maternal changes and facilitate the growth and nourishment of the baby.

What conditions should massage therapists be aware of in the second trimester?

During the second trimester a pregnant women can begin to show signs of various conditions unique to pregnancy.

Women may continue to suffer from nausea caused partly by hormonal changes which can lead to a condition called hyperemesis gravidarum (HEG).

Severe cases of HEG require hospitalisation in 0.3 per cent to 2 per cent of cases. Most HEG cases occur in first-time mums, although such mums are also at high risk of suffering HEG in their second pregnancy. These women will find eating and drinking difficult, and therefore can suffer from poor nutrition and electrolyte imbalances.

Blood pressure readings can be elevated in the second trimester, possibly indicating either chronic hypertension or gestational hypertension. Elevated blood pressure could be a sign of pre-eclampsia, a multi-organ disease unique to pregnancy which can onset as early as 20 weeks gestation. Pre-eclampsia compromises both maternal and foetal health and is associated with liver and renal abnormalities and defects in the placenta.

Sudden movements can bring on pain for pregnant women, eg, moving from sitting to standing, fast walking, various forms of exercise, rolling over in bed, and even coughing and sneezing.

Women can feel a sharp low groin pain, which can radiate into the upper thigh fascia. When a woman presents for a massage citing undiagnosed pain during pregnancy, she should be referred to a prenatal care provider or a women's health physiotherapist for assessment.

Ligamentous pain patterns can present throughout each trimester. The most common presentation in the second trimester is round ligament pain. The round ligaments are two bands of fibrous tissue enclosed in the peritoneum that originate near the fundus of the uterus. They pass between the folds of the broad ligaments at the sides of the pelvis, through the inguinal canal, and fuse with the labia majora. Their function is to maintain the uterus in an anteflexed and anteverted positions (Kettle, 2005) and assist in maintaining optimum position of the uterus.

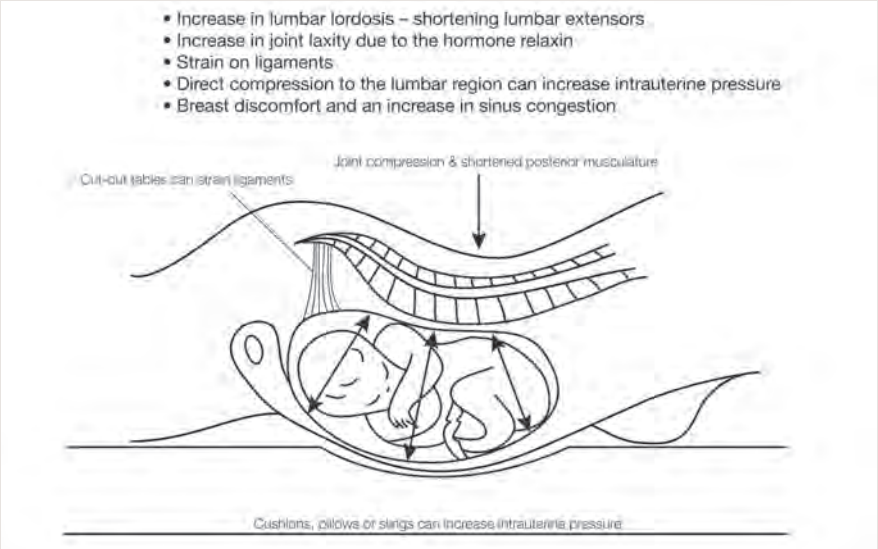
Symptoms of round ligament pain can be felt when the ligaments are stretched as the uterus is enlarging to accommodate the baby. Pain can felt at the top of the uterus and radiate down to the groin. The pain can extend and radiate into the vulvar and the upper thigh fascia.

Pain is usually one-sided (commonly on the right side); however, pain location can depend on the position of the baby.

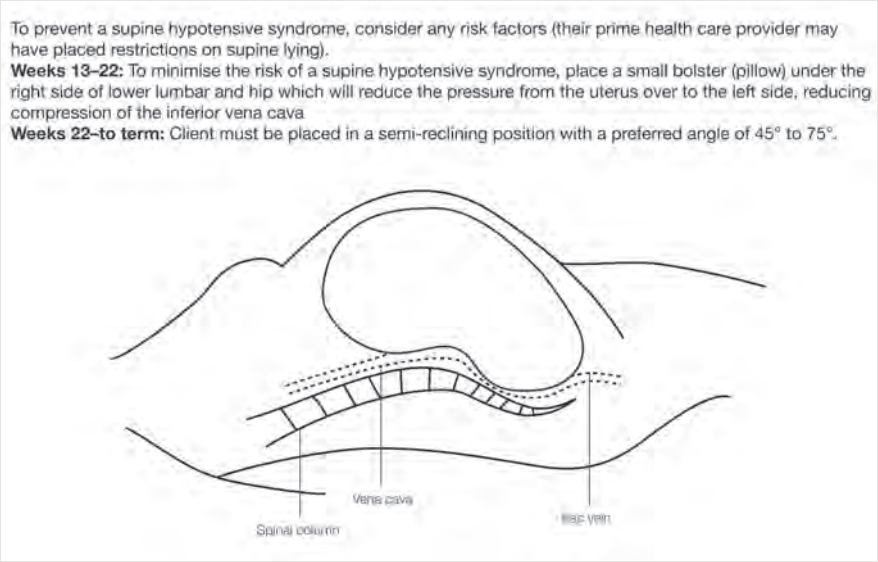
Pregnancy massage has proven to be an effective treatment for ligamentous pain in pregnancy. The treatment requires a clear understanding of how to massage in pregnancy, recognising pain patterns associated with corresponding muscles, ligaments and joints. Gentle applications of pregnancy-specific releases help to ease the pain pattern and improve mobility and posture.

Women can experience Pubic Symphysis Pain (PSP) and Pelvic Girdle Pain (PGP) as early as 20 weeks. Some may require crutches or will be wheelchair-bound by the third trimester.

Approximately 20 per cent of pregnant women experience PGP during pregnancy. PGP and PSP may occur in pregnancy because of changes in posture, changes to intra-abdominal and intrauterine pressure and the position and increasing size of baby.



Precautions for prone lying - what to avoid. Copyright © Pregnancy Massage Australia 2012



Supine position. Copyright © Pregnancy Massage Australia 2012

Hormonal changes in early pregnancy, which include releasing of relaxin and increases in progesterone and oestrogen, begin to prepare ligaments to soften and accommodate the growing uterus. The softening of these ligaments in the pelvis can make the joints feel unstable and unsupported.

Pregnant women who experience pelvic pain will be limited in many activities, possibly feeling a clicking or grinding in pelvic joints; pain will radiate in the front or back of the pelvis, gluteal muscles, groin and thighs.

A range of activities may increase pelvic pain: a long walk or fast walking; getting in and out of the car; rolling in bed; lying flat; squatting; going up and down stairs; standing on one leg; and moving from sitting to standing.

Before giving any recommendations to a woman presenting with PGP or PSP in the second semester, it is advisable that they be assessed by a women's health physiotherapist. Generally speaking, strengthening and exercises for the hip, pelvic floor and abdominals can be helpful for this presentation.

Wearing a pelvic support belt can also help pregnant women by stabilising the joint. Pregnancy massage is recommended for a client experiencing pelvic pain, and can help reduce hip tension and anterior rotation. Also, the application of gentle movement to the pelvic area can facilitate pain-free movement.

Position for treatment in the second trimester

During the second trimester, massage therapists should exercise caution when treating the client in the supine lying position. Because the uterus is developing and growing by the 12th week, the top of the fundus is palpable above the pubic bone and by the 26th week the fundus will be palpable just below the ribs.

Supine hypotensive syndrome

Supine positioning in pregnancy involves recognition of safety considerations because of the pressure of the uterus back onto the inferior vena cava. The inferior vena cava constitutes the major blood vessel for blood return to the heart, extending up the right side of the vertebral bodies along the posterior abdominal wall. Extended compression of the inferior vena cava will result in low maternal blood pressure and decreased circulation to both mother and baby. The mother will have feelings of unease, dizziness and shortness of breath or other discomforts.

Considerations regarding prone lying – what to avoid

We have discussed many changes that occur in the second trimester, involving changes in blood volume and the effects of oestrogen, progesterone and relaxin on ligaments, including gum bleeding and ongoing nausea. Bearing these issues in mind, the way massage therapists position our pregnant clients is paramount to insure their comfort and safety. During the second trimester, it is recommended that your client be positioned in a side lying position to support the changes that have occurred and are occurring to her body.

Massage therapists should avoid working only in the prone position, which has its limitations for treatment in pregnancy.

Prone lying does not support the changes to the lumbar spine that have occurred in the pregnant woman's body as the lumbar extensors shorten. Direct compression into the lumbar spine is contraindicated in the prone lying position as such compression can increase intrauterine pressure. The woman will experience an increase in nasal mucous and will feel congested in the prone position.

Case Study – 20-week gestation client presents at clinic with early onset of PGP and raised blood pressure

After seeing her obstetrician earlier that day, my client, Karen, presents at clinic. I note that she already presents with a pronounced apprehension of movement as she gingerly brings herself from a sitting to standing position.

During the consultation, I note that her blood pressure is mildly elevated; however she has a medical clearance for the massage and her obstetrician has referred her to me. I conduct a detailed consultation with Karen about her general health and pregnancy health and we discuss what seems to bring on her pelvic pain.

The pregnancy massage treatment was applied in the side lying position, featuring hip, pelvis, leg and abdominal support. Karen felt very comfortable and I could immediately sense that she was relaxing. During the massage, I was cautious about the type of pressure I was applying in order to keep her relaxed throughout the treatment. I focused on her hip and gluteal area and applied gentle sacroiliac joint releases. I continued to complete a full body massage to create a balance in her body and connection to her baby.

Karen was delighted after the massage because she could immediately sense ease of movement, which was not present before the massage. I recommended that she visit her physiotherapist as soon as possible to discuss wearing a pelvic support brace.

Karen continued massage treatment throughout her pregnancy and each treatment reduced her pain and improved her movement.

Karen was able to expand her treatments to once every two weeks, which confirmed the positive result of the pregnancy massage treatment. Karen commented: "I couldn't have made it through her my pregnancy without your massages!"

Conclusion

Pregnancy massage is an integral part of prenatal health services, supporting women in their journey through pregnancy, birth and beyond. The results we see in our clients speak for themselves and the strong relationships and recognition of the efficacy of pregnancy massage by women's health specialists around Australia is testament to our work. It is an honour to be able to share this time with our new mums.

In this article, we have discussed some of the changes experienced by both the mother and baby during the second trimester, highlighting high-risk conditions that can have an early onset in pregnancy. Pregnancy presents many challenges involving unforeseen conditions and outcomes. For pregnancy massage specialists, it is paramount at all times to adopt a collaborative approach, linking with a network of women's health specialists and referring clients back to the prenatal care provider when unsure about treatment in particular cases. ■amt

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Catherine McInerney is the founder of Pregnancy Massage Australia (PMA) and a recognised expert in the field of pregnancy massage, with a focus on women's health during the childbearing years. Catherine is an experienced lecturer in a broad range of modalities including pregnancy massage, relaxation massage, advanced sports massage and remedial massage.

Client education - the ultimate marketing tool

by Andrew Shepherd

In my previous article, I highlighted the importance of using valid outcome measures via thorough history taking and physical examination as a way of demonstrating treatment efficacy. The measures outlined included pre and post treatment measurement of variables such as range of motion (ROM), and the visual analogue scale (VAS) for pain measurement.

The ability to demonstrate an improvement in your client's symptoms can be a powerful marketing tool. By objectively showing change (usually measured by a percentage of improvement) to a client, you can suggest a series of treatments to gain the maximum positive outcome. In my experience, three to six treatments usually improve the initial complaint by around 80-85 per cent.

In order to achieve these outcomes, a therapist needs to be able to take a competent history and do a thorough physical examination. As massage therapists, we understand the value of these processes, but what do they mean to the client? In order to make these essential aspects of the treatment meaningful and relevant to clients, I take my client through the history and physical examination step-by-step. This effectively makes the therapist/client relationship a partnership. It is very important to me to have my client walk away from their initial consultation not just feeling better, but with a good understanding of how I got them there. I am, of course, talking about client education.

Firstly, I like to explain to my client that I arrive at my diagnosis and treatment plan by using history, examination and the treatment itself as pieces of a puzzle that, once put together, illustrate a clearer clinical picture.

The vast majority of clients find this fascinating as they can see how I am coming to logical conclusions about the nature of their problem using the outcome measures mentioned previously.

Then, during the treatment interview, I start by asking the relevant questions about my client's issue. To ensure that my history taking is consistent, I find it helpful to use mnemonics. A lot of the questions revolve around pain and tension, so I use the **LOCRAADIO** mnemonic:

L: **Location –** Where is the pain/stiffness?
O: **Onset –** When did it start, what were the precipitating factors?
C: **Character –** What is the character of the pain? Sharp, dull, local, diffuse?
R: **Referral –** Is the pain referring or radiating into other areas? Is the pain accompanied by other symptoms such as pins and needles or numbness?
A: **Aggravating factors –** What makes it worse?
A: **Alleviating factors –** What makes it better?
D: **Duration –** How long does the pain/ stiffness last?
I: **Intensity –** How intense is the pain? I use the VAS scale where 1 = minimum pain and 10= maximum pain.
O: **Other –** Are there any other associated symptoms? Eg dizziness, nausea, fatigue etc.

Adhering to this line of inquiry ensures that you cover all the important questions each session for each client.

The client's answers to these questions will then drive your physical examination. For example, if the client was experiencing pins and needles, you would perform some basic neurological tests. For my physical examination I use another mnemonic: **ORPOMNO**.

O: **Observation –** This is basically a structural analysis. Is there any obvious asymmetry? Are there major changes in spinal curves or limb position?
R: **Range of motion (ROM) –** I include both active and passive ROM. How far can the client move? (This is a gold-standard objective outcome measure). How far can you passively move the client without pain or restriction?
P: **Palpation –** This is a massage therapist's main tool. We are all experts at using our 'palpascopes' (fingers).
O: **Orthopedic tests –** These are various loads we place on different structures to see if we can reproduce the client's pain. If a test is positive, then we have found the tissue producing the pain. An example of this is a straight leg raise (SLR).
M: **Muscle tests –** Testing the length and strength of different muscles gives us a lot of information on the muscle's current condition.
N: **Neurological tests –** Learning basic reflexes, and dermatomal and myotomal tests can tell you whether you can treat a patient, or whether you need to refer them.
O: **Other –** There are a range of specific tests for specific modalities which, when used in conjunction with the other tests, can give you further insight into a client's issue.

During the physical examination, I explain each step to the client as I go, so they can grasp what I am seeing and the meaning I ascribe to it. I essentially "think out loud" - and in layman's terms - so my client has an insight into my thought process. I also find it helpful to incorporate a range of models, charts and diagrams into my explanation - as they say, " A picture is worth a thousand words".

For example, when I do a structural analysis, I show the client what is happening to them in terms of weight transfer/distribution through their body's structure and centre of gravity by using a 3D spine and pelvis model. The client can see in 3D where various stresses are being transferred to through the length of their spine. With ROM, I show the client what is considered to be normal and then give them their own ROM as a percentage of this. With palpation, I use musculoskeletal charts and models so the client can visualise what structures are causing pain. I usually find these three components sufficient to illustrate a client's issue in regards to remedial massage.

If you are willing to learn some orthodedics and neurology, you can make your client explanation more powerful by taking your evaluation a step further. Even if your findings suggest you can't treat a client, you can articulate these findings to the primary health care practitioner you refer them to. In my experience, this demonstration of knowledge and skill can generate referrals to your business.

Overall, I find that, by explaining my methodology to my clients and making them a party to the process, the "WOW" factor is enormous. This is why I say that client education is the ultimate marketing tool. Client's come back, and their friends and family follow. ■amt

Andrew Shepherd has been a registered Chiropractor for 6 years and has worked in the allied health industry since graduating from Loftus TAFE in 1994 with an Associate Diploma of Health Science (Massage Therapy). He currently owns a clinic in Mosman, Mosman Chiropractic and Massage, where he has practiced for six years.

Self care series - The role of professional boundaries in therapist self-care

Professional boundaries – the limits and parameters that are set up within the therapeutic relationship - are important for creating a safe space where treatment can take place. According to the AMT Massage Therapy Code of Practice: "Massage therapists have a duty of care to ensure that the interaction between the client and the therapist is based on plans and outcomes that are therapeutic in intent" (p22). The therapeutic relationship is a 'safe container' for both the therapist and the client. But at times, maintaining professional boundaries may mean professionally, courteously and respectfully having to manage the unreasonable demands of clients …

Every massage therapist, throughout the course of their career, will come up against situations that test their ability to maintain professional boundaries. A lot of the time, these situations are straightforward. But sometimes they can be complex and challenging, and even affect our personal safety. TAFE teacher and shiatsu practitioner, Kaiya Seaton shares a personal example:

> " I was working with a client who had mental health issues. I'd done two treatments with him and they were going really well. On the third treatment, he came in and said because he was feeling so well, he had reduced the dose of his medication. When I started working on him, he began saying things like "That pressure feels like knives digging into my leg, I don't know if I can handle this." At that point I stopped the treatment and asked, "Are you feeling okay?" He started talking about knives again, and I started feeling unsafe so I decided to stop the session all together.
>
> " It was a difficult thing to do. There was a part of me that was thinking, 'If I just work these points things might calm down.' But then I decided that I needed to be realistic about what was going on, and that this could easily escalate into a psychotic episode. So I said to him: 'Because of the change in your reaction to our treatments, I would strongly recommend that you go back to your doctor and talk about what you've done regarding your medication, and it would be better if you do that first before we book in for another session."

Understanding what professional boundaries are, why they are important, and their role in client and therapist safety, can help us manage the sometimes complex, dynamic and confronting issues that arise in our clinics. *In Good Hands* chats to Kaiya about the role of professional boundaries in therapist self-care:

Q: Why are professional boundaries important?

A: Professional boundaries are important for clients, therapists, and the profession as a whole. The bottom line is, you have a duty of care to your client: you are there for your client, and it is your responsibility to act in a safe and therapeutic way within your modality. A professional boundary – outlined by your professional association - creates a safe area in which to operate for both you and your client.

Professional boundaries also reflect on your profession. How you treat a client is often a reflection of how they see the industry as a whole. For example, if you do something that is outside of your profession, your client might expect that from other therapists.

Q: How do professional boundaries relate to self-care?

A: There is an old adage that says if you are not looking after yourself properly, you're not going to be much use to people around you. The first stage is making sure you are working in a safe way. It is important to understand that clients don't know your professional boundaries: you are the one who has to establish those. For example, a client might say to you: "I saw this movie where the massage therapist was walking on a client's back. Can you do that?" Apart from not being trained in that technique and the risk of harming your client, you can damage yourself as a therapist by not knowing what you are doing. It is important to remember that a treatment plan is negotiated between the practitioner and the client based on **informed consent**. Informed consent includes giving your client information about what techniques you ARE trained in. In this example, you could explain to the client why walking on the back is not safe for either party and that it is not part of remedial massage.

Another example could be a client who comes in asking for deep pressure work. If the therapist doesn't explain that this type of work can have side effects – it could leave the client feeling sore the next day - the therapist has not given their client the opportunity to give their informed consent. The result of this could be that the client might not come back because they might believe that the therapist has done them harm. Going too deep (at a client's request) can also result in harm to both you and the client. It is important that you, as the therapist, set the boundary in regards to pressure by firstly informing the client about the need for appropriate pressure.

Q: How can we maintain and manage professional boundaries?

A: One way is by having a clear understanding of your profession's **scope of practice**. If you are clear on your scope of practice, it will determine how you treat, when it is appropriate to refer, and how you talk to your client.

For example, as a massage therapist, if you were working on a client's neck, you wouldn't decide to manipulate the vertebrae: that's outside your scope of practice. But often boundary issues are not so straightforward. One example of a more complex situation is if you ask a client: "How are your stress levels?" and instead of simply replying "High", they launch into a conversation about how their partner just left them and ask your advice on what they should do. In a situation like this, again, it helps to come back to your scope of practice. You might decide that it is appropriate to refer this client on to a counselor.

Working on your **communication skills** can help you to maintain professional boundaries and build your confidence when it comes to dealing with confronting situations. One way is practising scenarios by role-playing with people you feel confident with, such as friends or family. A common scenario is a client coming to you with a cold or 'flu. As a massage therapist, you know that it is contraindicated to treat a client who has a highly contagious disease, and it could result in days off work for you if you get sick. But you might be thinking, "Will I lose this client if I tell them to come back in a week?" or, "Will they get angry?" Practise what you would say if the client says: "Come on, I've booked in, why won't you massage me?" In this example, it can be helpful to come back to 'professional speak', such as your knowledge of contraindications to help set clear boundaries.

Building confidence through communication skills has helped me in my own practice countless times. I had a situation once that felt to me like it went from therapeutic to sexual. A client grabbed and held my hands in a treatment and said to me "I really like what you are doing." I gave the client the benefit of the doubt, said, "Thanks for your feedback", took my hands away and keep on working. I also acknowledged within myself that I was starting to feel that something wasn't quite right. I thought that I'd see if, by continuing to act in a professional manner, that feeling diffused. The client then said an inappropriate comment to me. That's when I thought, this is not okay, this is inappropriate behavior, and I ended the session.

Self-reflection and reflecting on your clinical practice is essential for maintaining professional boundaries. Know why you are doing things. For example, ask yourself these questions: Why do I want to be a massage therapist? What do I expect to get out of this profession? What do I want from my client? Do I want my clients to like me? If my clients don't like me, how do I feel about that?

One of the big things I find with therapists, particularly when they are starting out, is self-doubt: "If a client doesn't come back, that means that I'm not a good therapist." Self-reflection can help you to be realistic about the way you are running your practice and to use the variety of situations you encounter as opportunities to learn from.

On the other hand, if you are working as a massage therapist to boost your own self-esteem, then you are on shaky ground because it is up to you to do that. It is up to you to feel confident in your skills, in how you communicate with your clients, and how you come across as a professional.

Two important concepts that underpin professional boundaries are transference and countertransference. Transference occurs when the client personalises the professional relationship. This can manifest in the giving of inappropriate gifts, engaging in personal conversations or demanding longer or cheaper treatments. Countertransference occurs when the therapist is unable to separate the therapeutic relationship from a personal one. This can manifest in the form of having sexual feelings for the client, showing favouritism, experiencing revulsion towards the client, or having the client meet particular emotional needs.

Reviewing treatments with both yourself and other people – including a supervisor/mentor or via peer networking – is important for ensuring that boundaries are not compromised or challenged, and can help you identify if transference or countertransference is taking place.

When reviewing a treatment you might ask: Was there a situation where you didn't like the way you acted? How could you have dealt with the situation differently? It can be helpful to ask your clients for feedback – most people won't give you feedback unless you ask for it. It also says to the client: "I care about you and the quality of treatment you receive from me."

For more information about professional boundaries, see AMT's Massage Therapy Code of Practice. You can download an electronic version here: **http://www.amt.org.au/downloads/practice-resources/AMT-code-of-practice-final.pdf** ■amt

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Practitioner profile - Elly Graf

Elite sprinter Elly Graf likes to play hard. But she also knows the value of slowing down and enjoying a good massage. In this edition of *In Good Hands,* Editor Kat Boehringer chats to our featured AMT member about the winning combination of sports and massage …

Tell me about your sporting background … I am a sprinter, and compete in both 100m and 200m sprints. I am also a surf lifesaver – I do voluntary patrol hours and compete on the beach in sprint and flags. More recently, I have taken part in pro racing on grass at the Stawell Gift - one of the world's most famous and prestigious foot races.

I train hard and aim high and have achieved some great results in both track and surf lifesaving championships. I have represented Australia in athletics and surf lifesaving, which has taken me to Japan several times, to the Bahamas twice, and to India. This year, I came fourth at the Australian Athletics Championships 100m. I also won my fifth Open Beach Sprint Championships at the Aussies 2015 (the Australian Surf Life Saving Championships). I have won numerous Australian age championships in track and surf and I still hold a meet record for the 16 years 100m.

Why did you decide to become a massage therapist? As an athlete, I discovered the benefits of massage first hand. It helped me through both my training and competing. I also wanted a job where I could set my own hours so I could still keep training and competing throughout the week and weekend. I enrolled in a massage course at Loftus TAFE NSW, and graduated in 2010.

Tell me about your massage business. There are a few different arms to my massage business. I have my own business, which is getting busier each year. Currently, I have a small base of regular clients including seasonal sports clubs, and I am starting to build up a regular client base at a local retirement village. I have worked hard at establishing my name and I am building up word of mouth referrals in my local area. I have also set up a web page, Facebook page, Pinterest and Twitter account.

I also work as a contractor for two other practices: one run by another massage therapist; and one run by an osteopath, where I work three half-days a week. I enjoy working at these practices - it is regular, reliable work and I am learning a lot about treatments and running a business.

I organise my hours around my training and travel. I keep my massage work to weekdays, and have my weekends free to recover from all the physical activity related to training, competition and working as a therapist.

How does your sporting background inform your massage work? As an athlete, I understand training loads and competitions and what athletes need to do to keep themselves fit and healthy. My sporting background also comes into play when clients ask me for exercise advice – which is often. I want my clients to think of massage as a preventative and proactive way of staying fit and healthy. I know how good it is for me and how it helps me in regards to my sporting career.

Do you treat a lot of athletes? Many of my clients are athletes who recognise the benefits or massage as part of rehabilitation and recovery from training and competition. Mostly, athletes tend to suffer from sore muscles, and massage therapy can really help in this department. Sometimes my athlete clients need sports taping to be able to continue training or playing sport, especially during game days, so my work as a massage therapist also includes working on the sideline, supporting teams.

I also treat clients of all ages and backgrounds who want to live healthy, active lives. My non-athlete clients tend to suffer from a lot of the same complaints: sore muscles from physical activity. But they can also be stressed from work or life situations or have age-related aches and pains.

What do you like about working as a massage therapist? I like to keep people active, fit and happy. I get to meet some really interesting people and help them stay active, and I also get to hear some great stories from my clients about their adventures.

I love massage therapy – it is an important preventative and proactive method for staying healthy. It can save a lot of medical bills. It's like putting petrol in your car – you need to refill the tank to keep going, and massage therapy does that.

Elly Graf

What do you find challenging about working as a massage therapist? Being an elite athlete means I am training constantly and at a demanding level. Massage therapy is also physical activity. Sometimes, I find the combination of being on my feet all day working and then training pretty tiring.

What is your favourite self-care tip? My favourite self-care tip would have to be the foam roller. It's easy to apply, feels like a massage, and gives you some good muscle release. Ice would be the next best thing for me as a therapist and an athlete.

Where do you see yourself in five years' time? I would like I have my own rooms in a busy and successful sports-related health practice. I have friends and family who are working or training in sports and healthcare, and it would be great if we could all work together in the future.

How would you like to see the massage industry develop in the future? When people think of maintaining good health, I want them to think of massage as a way of achieving better health outcomes. Also, I would like to see the medical profession recommend massage as a frontline therapy, before recommending expensive (and sometimes unnecessary) scans or painkillers. ■amt

Would you like to share your story with AMT? Contact Kat Boehringer at journal@amt.org.au

Neuroplasticity, chronic musculoskeletal pain, and the role of massage

by Kat Boehringer

Massage techniques that target the brain and nervous system may be more beneficial than structural approaches in treating some cases of chronic musculoskeletal pain, according to recent breakthroughs in brain science . . .

The identification and recognition of neuroplasticity -- the brain's ability to change in response to stimuli and experience - is considered to be one of the most important developments in modern science for our understanding of the brain.

For centuries it was thought that the brain is a fairly fixed and unregenerative organ that, if injured or diseased, is subject to limited recovery. Now science is abuzz with the discovery that the brain is capable of great adaptation and can create new neural connections regardless of age.

Recently, scientists have pointed to the role of neuroplasticity in the treatment of chronic pain. These new discoveries have implications for the way we use massage therapy when working with chronic musculoskeletal disorders.

Dr Norman Doidge, a researcher from the University of Toronto in Canada, is a leading expert in neuroplasticity. His latest book, *The Brain's Way of Healing: Remarkable Discoveries and Recoveries from the Frontiers of Neuroplasticity*, tells the stories of patients who are beneficiaries of neuroplasticity, healing their brains without medication or surgery.

There are two kinds of pain: acute pain—a warning not to move a body part because you could cause further damage to it—and chronic pain.

According to Doidge, chronic pain occurs when there is damage to not only the body, but also to the nerves and brain system involved in pain. The brain and nervous system are neuroplastic – they change in response to stimuli and experience - and can be injured by stimulation. Even a small movement of an injured body part can lead to pain that spreads through the body and lasts a long time.

Doidge says that healing can be stimulated by conscious habits of thought and action: by teaching the brain to "rewire itself".

There are about a dozen regions in the brain that process pain, and almost all of them do other things. For example, one of the areas of the brain that processes pain also processes emotional regulation. Another such region processes both pain and the ability to visualise. The idea is that you can reconquer the part of the brain that is processing pain; for example, by retraining it back to its visualisation function.

Doidge is not alone in his exploration of the relationship between the brain and nervous system and pain. According to professor Lorimer Moseley - a clinical scientist from the University of South Australia who investigates pain in humans - pain is always, 100 per cent of the time, created by your brain. Although we feel pain in our body, you don't actually need a body part to have pain in it – but you need a brain to feel pain.

Moseley points out that that the more your whole system produces something like pain, the better it gets at producing pain. Any credible evidence of danger to your body will make pain worse and any credible evidence of safety to your body will make it better. Moseley says the stakes in this idea of "credible evidence of danger" are very high when it comes to pain because of neuroplasticity – the adaptability of our brain and nervous system.

In a recent article published in the *BMC Musculoskeletal Disorders* journal, researchers explored the role of structural and functional changes within the Central Nervous System (CNS) of people with chronic musculoskeletal disorders.

Historically, the treatment of musculoskeletal disorders has been based on a structural-pathology paradigm. According to this methodology, the primary source of dysfunction - and consequently pain - is caused by local tissue injury. However, in cases where a distinct tissue pathology cannot be identified, this model falls short. And in many cases, diagnostic findings correlate poorly with levels of reported pain and dysfunction.

Some of the key problem areas include: diagnostic findings that correlate poorly with pain and dysfunction; the presence of bilateral findings in relation to unilateral injuries; the reality that a large proportion of persons who suffer damage to musculoskeletal structures are asymptomatic; the conundrum that some persons heal and others develop chronic MSD; and the presence of persisting sensory motor abnormalities.

According to authors of the research that has identified these issues, if the structural approach to treating chronic MSD isn't working, you might want to think about changing tack. In fact, thinking differently might be the key to resolving the problems.

They suggest that neuroplastic changes within different areas of the CNS may help to explain the transition from acute to chronic conditions, sensory-motor findings, perceptual disturbances, why some individuals continue to experience pain when no structural cause can be discerned, and why some patients with chronic MSD fail to respond to conservative interventions. These authors argue for a change that integrates CNS changes associated with chronic MSD into the treatment paradigm.

If neuroplastic changes are the primary cause of conditions that move from the acute to the chronic long-term stage, then treatment interventions aimed at these effects may have the greatest potential success. Approaches such as cognitive behavioral therapy, meditation, mindfulness therapy, and other stress reduction approaches have been demonstrated to be beneficial in altering dysfunction and irritability in sensory and motor pathways.

In a review of the *BMC* article, Lowe suggests that these findings have significant implications for how massage might be used in chronic long-term pain complaints. He suggests that massage can be highly effective in addressing sensorimotor disturbance, and that the role of massage may be critical in addressing chronic musculoskeletal disorders where dysfunctional neural processing has become a key facet of the disorder. ■amt

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Continued Perspectives in Fibromyalgia: Part Two - Causative Factors

by Steven Goldstein

In the second part of this three part series on fibromyalgia, we investigate the causative factors and the challenging symptomology of fibromyalgia.

Fibromyalgia (FM) is a syndrome of widespread muscle pain and fatigue. Diagnosis, as established by 1990 diagnostic criteria,[1] is based upon the self-reporting of at least three consecutive months of widespread musculoskeletal pain, and tenderness at a minimum of 11 of 18 specific soft-tissue tender points upon physical examination As of 2010, the diagnostic criteria now consist of a self-report of a Widespread Pain Index (WPI) and the calculation a Symptom Severity (SS) score which means that the tender point examination no longer is the primary means of determining fibromyalgia.[2]

Causative factors, therefore, are multi-factorial. Starlanyl, an eminent FM sufferer, physician and researcher, has documented well over two hundred symptoms when researching more than one thousand patients.[3]

Clinical Features

Primary clinical features include sleep deprivation or disturbance, fatigue, widespread pain, stiffness and tenderness in multiple regions. Researchers generally now regard the syndrome as a problem originating in the pain processing centers of the brain and central nervous system rather than a cluster of reported symptoms.

Fibromyalgia syndrome (FMS) is now classified as a functional somatic syndrome.

Functional somatic syndromes are defined by a clinical complex of physical symptoms, a defined time period and the absence of the causative somatic disease factors that might otherwise explain the symptoms (eg structural tissue damage, biochemical disorder or specific laboratory findings). Individual medical societies define functional somatic syndromes associated with symptoms found in each society's particular discipline; they do not consider additional physical and mental complaints associated with other disciplines in their definitions. [4]

Fibromyalgia is characterised symptomatically by:

- changed perception of pain
- abnormal sleep patterns
- reduced brain serotonin
- abnormalities of microcirculation and energy metabolism in muscle.

Chaitow states: "However, the causes almost always lie elsewhere, and not in the tissues where the pain is being felt."[5]

Confusion then reigns when attempting to make sense of the varying symptoms presented in FM. An example would be when a client presents fatigue. A diagnosis of either Chronic Fatigue Syndrome (CFS) or FMS is possible because fatigue is present in both syndromes. To distinguish between the two possibilities, the client should be asked how he or she feels after exercise. If the client reports feeling better after exercise, the condition is likely to be FMS rather CFS. The symptom research discussed later combines CFS with FMS, because diagnosing which syndrome is affecting a particular patient is still very difficult.

Another clinical feature is Myofascial Pain Syndrome (MPS) where active trigger point activity is reported which can be ascertained by palpating for the 11 of 18 paired tender points which were a feature of the older clinical diagnosis. However MPS is not found in all cases of fibromyalgia, not all patients with fibromyalgia have trigger points, and not all patients with trigger points have fibromyalgia.

Presenting Symptoms

Given this large variance in the symptoms presented in fibromyalgia, clinicians and sufferers alike find that co-morbid conditions overlap with the syndrome to cloud and confuse any diagnosis.

Historically, identifying FMS symptoms has been difficult for researchers. In the 1990's two researchers conducted significant patient studies, interviewing over a thousand patients, and the following statistics indicate the commonalities that suggest the presence of a syndrome rather than individual causes.

In his 1995 research[6], Clauw - a highly respected researcher in the field - indicates the co-morbid conditions which are more prevalent in people suffering from CFS/FMS than in the general population.

Clauw (1995) states that it is his opinion that FMS/CFS represent a 'constellation' of overlapping chronic pain disorders, many of which are difficult to treat satisfactorily:

- Many of these conditions feature similar characteristics including, among others, pain and/or fatigue of a chronic nature.
- The patient population affected is predominantly female. This is one of the defining differences between FMS and MPS: the latter exhibits no gender preference. Another key difference is found in the fact that people with MPS have no particular predilection towards the associated conditions that are characteristic of FMS.

These associated symptoms are seen to occur to a significantly greater degree among FMS/CFS patients than in the general population, and many of them seem to be linked to neuroendocrine disturbance.[7]

As indicated above, Starlanyl listed over two hundred symptoms culled from over one thousand patient interviews conducted between 1992-1999.

Table 1.1 Prevalence of conditions associated with CFS/FMS [8]

CONDITION	% IN CFS/FMS	% IN GENERAL POPULATION
Chronic headache	50%	5%
Dysmenorrhoea	60%	15%
Endometriosis	15%	2%
Interstitial cystitis	25%	Under 1%
Irritable bladder/urethral pain	15%	Under 1%
Irritable bowel syndrome	60%	10%
Mitral valve prolapse	75%	15%
Multiple chemical sensitivities	40%	5%
Restless leg syndrome	30%	2%
Temporomandibular joint syndrome	25%	5%

Table 1.2 Observations [9]

SYMPTOMS IN NUMERICAL ORDER	NUMBER OF CLIENTS
Post nasal drip	189
Fatigue	160
Un-restorative sleep	144
Trouble concentrating	144
Sensitivity to cold	143
Morning stiffness	142
Numbness/tingling	131
Difficulty getting out known words	127
Muscle twitching	127
Handwriting difficulties	124
Headaches	124
Irritable bowel	121
Carbohydrate cravings	117
Unaccounted irritability	114
Tinnitus	110
Sensory overload	106
TMJD	106
Sensitivity to light	104
Weight gain	101
Free floating anxiety	100

Although this is a partial list, it does indicates heightened sensitivities, compromised activities of daily living and metabolic changes.

Causes of Fibromyalgia

What are we to make of these disparate conditions? Is there a relationship between the clustering of symptoms and the causes of FMS/CFS?

Chaitow states [10]:

> " [M]any conditions associated with FMS/CFS are the end-result of different causal factors, whether of a biochemical/toxic, neurological or infectious (or other) nature, for example chronic headaches, restless legs or interstitial cystitis. They are unpleasant, may irritate, depress and disturb the individual, but do not themselves act as causes of further pathology or significant metabolic disturbance.
>
> On the other hand, some symptoms do just that – they are not only major irritants but also act as the direct cause of further disturbance and imbalance. Sleep disturbance, for example, an extremely common associated symptom of FMS, which can itself result from numerous stress-related causal factors, leads to a number of direct secondary changes, including reduced protein synthesis, decreased growth hormone secretion, reduced overnight oxygen haemoglobin saturation, reduced immune activity and perturbation of the hypothalamic–pituitary–adrenal axis. The obvious effects of these changes include, among other things, symptoms such as general malaise and increased pain perception."

Chaitow saw a causal link between fibromyalgia and stress. He cited Hans Seyle's (1974) work on stress, drawing particularly on Selye's General Adaptation Syndrome:

> " One of Selye's most important findings is commonly overlooked when the concurrent impact of multiple stressors on the system is being considered (Selye 1974). Shealy (1984) summarises as follows:

" Relative values for various stressors can only be estimated since individual responses will depend upon the level of accommodation at a given time. Selye has emphasised the fact that any systemic stress elicits an essentially generalised reaction, with release of adrenaline and glucocorticoids, in addition to any specific damage such a stressor may cause. During the stage of resistance (adaptation) a given stressor may trigger less of an alarm; however, Selye insists that adaptation to one agent is acquired at the expense of resistance to other agents. That is, as one accommodates to a given stressor, other stressors may require lower thresholds for eliciting the alarm reaction. Of considerable importance is Selye's observation that concomitant exposure to several stressors elicits an alarm reaction at stress levels which individually are sub-threshold.

That is, one third the dose of histamine, one third the dose of cold, one third the dose of formaldehyde, elicit an alarm reaction equal to a full dose of any one agent." [11]

During a period from early 2001 to 2003, researchers began to frame how an individual's reaction to stress had a causal link to the triggering and enabling of fibromyalgia syndrome.

Understanding Fibromyalgia: Gillick's Premise

In 2001, Dr John Gillick presented a paper that listed five key concepts necessary to understand fibromyalgia [12]:

1. **Vulnerability**
   There is an apparent increased vulnerability among certain persons toward development of fibromyalgia. Others, exposed to the same triggers, show no signs of the condition.
2. **Cushion and Overload**
   Each individual has a limited capacity for trauma, which can be overwhelmed. When the coping mechanism is strained or maladaptive capability (buffering, cushioning) is decreased – during illness, severe mental stress, or marked sleep deprivation – an individual can become chronically overwhelmed. When the micro-traumas of daily tasks cumulate and neuro-muscular restoration (coping) cannot keep pace, even tiny traumas become noxious and cause pain. Hyperalgesia (hypersensitivity to the slightest noxious stimulus) and allodynia (normally non-noxious stimuli perceived as pain) can occur. This process can be halted and may be partially reversible.
3. **Trigger and Enabler**
   Fibromyalgia is started (triggered) by painful stimuli (traumas) which overwhelm an individual's physical and mental defenses or coping mechanisms. Once activated, the global condition of active fibromyalgia is kept active by ongoing irritations or traumas, called 'enablers'. Enablers are usually multiple. They may be consist of ongoing residuals of macro-trauma triggers (eg, whiplash, coccydynea, systemic diseases) or ongoing (micro) traumas (eg, chronic sinusitis, repeated impact trauma, musculoskeletal dysfunction in the upper or lower extremities, positional sleep traumas).
4. **Active Fibromyalgia**
   Active fibromyalgia can be defined as manifest or hypersensitive ("hyperalgesia") widespread myalgia featuring extreme sensitivity to the slightest noxious stimulus ("allodynia"). Fibromyalgia has been likened to living in a 'pain-amplification-chamber': the fibromyalgic person is unable to adequately cope with even small daily traumas. Until the enablers and the triggers are corralled, the fibromyalgia sufferer's diminished physical/mental coping mechanism is overwhelmed.
5. **Ownership**
   Control of fibromyalgia is dependent upon the individual, not the health professional. Tools to enable sufferers to achieve control are education (understanding), behaviour modifications including removal of T&Es, adjunctive medications, physical modalities, and emotional support. The fibromyalgia sufferer owns the condition when the individual can "turn-down," then "turn-off" the condition by removing the triggers and the DATA – daily activity trauma amplifiers – that keep it active.

Gillick (2001) defined fibromyalgia as the "ultimate cumulative traumatic overload syndrome". This is a realistic definition of the cause, unifying Seyle's General Adaptation Syndrome with what other researchers have documented as co-relating symptoms that perpetuate a stress-related syndrome in which multiple triggers and enablers (Gillick, 2001) continue to activate a dysregulation in nervous system response.

Gillick's analysis has led contemporary researchers to believe that the clustering of symptoms that triggers a stress response affects the Hypothalamic-Pituitary-Adrenal (HPA) axis within the neuro-endocrine system and alters the body's central nervous system pain processing mechanisms.

Central Sensitisation: Pain Amplification

After years of research, researchers have concluded that the most plausible 'cause' of FMS is that the pain processing and amplification centers of the central nervous system are at fault. As pain researchers point out, the role of nocioceptors (pain sensory receptors) that transmit pain and how the brain interprets this information is not a fully understood.

Paul Ingraham suggests [13]: "Pain itself often modifies the way the central nervous system works, so that a patient actually becomes more sensitive and gets *more pain* with *less provocation*. That sensitization is called **"central sensitization"** because it involves changes in the central nervous system (CNS) in particular — the brain and the spinal cord. Victims are not only more sensitive to things that should hurt, but also to ordinary touch and pressure as well. Their pain also "echoes," fading more slowly than in other people."

Currently, central sensitisation is the FMS causation theory most currently promulgated. According to this theory, the nociceptive neurons in the dorsal horns of the spinal cord become sensitised by peripheral tissue damage or inflammation.[14]

Central sensitisation of the CNS explains much of fibromyalgia patients' generalised heightened pain sensitivity because of the presence of increased levels of excitatory neurotransmitters' glutamate and substance P as compared with normal controls. Cerebral spinal fluid levels of substance P are three times higher in fibromyalgia patients. Additionally, fibromyalgia patients exhibit decreased levels of serotonin and norepinephrine that are needed for pain modulation. MRI data provide supporting evidence that fibromyalgia involves altered central pain processing. [15]

What this means in ordinary language is that fibromyalgia involves: the presence of increased pain and heightened sensitivity to stimuli that creates pain; pain lasts much longer than normal; and that stimuli that normally do not cause pain will be painful for this individual. As stated before, the terms used to describe this type of pain is allodynia and hyperalgesia.

Hyperalgesia is amplification of pain sensations. *Allodynia* means that non-painful sensations such as touch, noise, vibration, lights or smells are painful.

In the last article in this series, we will explore the broad treatment of fibromyalgia and investigate effective massage/manual therapy modalities and applied techniques to assist fibromyalgia sufferers. ■amt

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Steven Goldstein holds a BA Education, and a BHSc Musculoskeletal Therapy. He has been a massage educator since 1992, instructing in direct myofascial release, indirect osteopathic releasing methods and somatic approaches known as Integrative Soft Tissue Release (ISTR). For more information, visit www.fascialrelease.com

REFERENCES FOR NEUROPLASTICITY, CHRONIC MUSCULOSKELETAL PAIN, AND THE ROLE OF MASSAGE ARTICLE - PAGE 25

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4. Moseley, L (2015) No brain, no pain: it is in the mind, so test results can make it worse. In BodyinMind.org. Accessed May 2015 from http://www.bodyinmind.org/no-brain-no-pain/

Provider Recognition Criteria

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

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

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

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

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

Calendar of Events

June 2015		CEUs
15-16	Modern Cupping Therapy. Presented by Bruce Bentley. Sydney, NSW. Contact 03 9576 1787. www.healthtraditions.com.au	70
20-24	Advanced Certificate in Integrated Cupping Therapy. Presented by Bruce Bentley. Melbourne, VIC. Contact 03 9576 1787 www.healthtraditions.com.au	175
20-21	Muscle Balance Analysis Seminar. Presented by MBA Pain Relief Seminars - Al Skrobisch. Perth, WA. Contact kate@mbaseminars.net Ph: 0011 649 476 4949. Mob: 0011 642 7420 6147 Registration form and pricing available at www.mbaseminars.net/au	70
20-22	Master Class in Traditional East-West Cupping. Presented by Bruce Bentley. Melbourne, VIC. Contact 03 9576 1787 www.healthtraditions.com.au	105
21-22	Chi-Acupressure. Presented by Master Zhang Hao. Strathfield, NSW. Contact 0416 286 899. www.chihealing.com.au	70
21	Wetsuits, 'S' Bends, Bones and Pulses - treating superficial fascia. Presented by John Bragg. Springwood, NSW Contact 0410 434 092. www.johnbragg.com.au	35
23-24	Modern Cupping Therapy. Presented by Bruce Bentley. Melbourne, VIC. Contact 03 9576 1787. www.healthtraditions.com.au	70
24-26	Foundations for Rehab. Presented by Sheldon Caines. St Leonards, NSW. $100 discount exclusive to AMT members Forward your interest to Sheldon: sheldon.caines@correctivetherapist.com.au or visit www.correctivetherapist.com.au to find out more.	105
25-27	Oncology Massage Module One. Presented by Hayley Moeller. Canberra, ACT. Contact Kylie Higgins 0408 077 123 www.oncologymassagetraining.com.au	105
25-27	Oncology Massage Module One. Presented by Kate Butler. Northcote, VIC. Contact Kylie Higgins 0408 077 123 www.oncologymassagetraining.com.au	105
27-29	Oncology Massage Module Two. Presented by Tania Shaw. Buderim, QLD. Contact Kylie Higgins 0408 077 123 www.oncologymassagetraining.com.au	105
27-28	Muscle Balance Analysis Seminar. Presented by MBA Pain Relief Seminars - Al Skrobisch. Brisbane, QLD Contact kate@mbaseminars.net Ph: 0011 649 476 4949 Mob: 0011 642 7420 6147 Registration form and pricing available at www.mbaseminars.net/au	70
30	The Shoulder Online Workshop. Developed by Bradley Collins. Contact info@thetherapyweb.com www.thetherapyweb.com This course can be started anytime throughout the year and can be completed at your own pace	25

July 2015		CEUs
3-5	Oncology Massage Module Two. Presented by Lizzie Milligan. Randwick, NSW. Contact Kylie Higgins 0408 077 123. www.oncologymassagetraining.com.au	105
4-6	Oncology Massage Module Two. Presented by Tania Shaw. Buderim , QLD. Contact Kylie Higgins 0408 077 123. www.oncologymassagetraining.com.au	105
7-9	Oncology Massage Module One. Presented by Gillian Desreaux. Auckland, New Zealand. Contact Kylie Higgins 0408 077 123. www.oncologymassagetraining.com.au	105
11-13	Oncology Massage Module One. Presented by Amy Tyler. Castle Hill, NSW. Contact Kylie Higgins 0408 077 123. www.oncologymassagetraining.com.au	105
11-13	Anatomy Trains in Motion - For Manual & Movement Therapists. Presented by Julie Hammond & Mumu Morwitzer. Sydney, NSW. Contact 0415 707 130 or info@kmiaustralia.com www.bodyworkeducationaustralia.com.au	105
17-19	Oncology Massage Module One. Presented by Bronwyn Sutton. Albury, NSW. Contact Kylie Higgins 0408 077 123 www.oncologymassagetraining.com.au	105
17-19	Oncology Massage Module Two. Presented by Kate Butler. Launceston, TAS. Contact Kylie Higgins 0408 077 123 www.oncologymassagetraining.com.au	105
18-19	Acu-Reflexology. Presented by Master Zhang Hao. Strathfield, NSW. Contact 0416 286 899. www.chihealing.com.au	70
19	Helping the Hamstrings. Presented by John Bragg. Randwick, NSW. Contact 0410 434 092. www.johnbragg.com.au	35
25-29	Advanced Certificate in Integrated Cupping Therapy. Presented by Bruce Bentley. Townsville, QLD. Contact 03 9576 1787 www.healthtraditions.com.au	175
25-27	Master Class in Traditional East-West Cupping. Presented by Bruce Bentley. Townsville, QLD. Contact 03 9576 1787 www.healthtraditions.com.au	105
25-26	Neurostructural Integration Technique Introduction. Presented by Robert Monro. Brisbane, QLD. Contact 0448 428 020 Email: nstqld@gmail.com	70
28-29	Modern Cupping Therapy. Presented by Bruce Bentley. Townsville, QLD. Contact 03 9576 1787 www.healthtraditions.com.au	70
31-2/8/15	Oncology Massage Module Two. Presented by Amy Tyler. Castle Hill, NSW. Contact Kylie Higgins 0408 077 123 www.oncologymassagetraining.com.au	105

August 2015		CEUs
1-2	Modern Cupping Therapy. Presented by Bruce Bentley. Brisbane, QLD. Contact 03 9576 1787 www.healthtraditions.com.au	70
7-9	Oncology Massage Module One. Presented by Deb Hart. Hillier, SA. Contact Kylie Higgins 0408 077 123 www.oncologymassagetraining.com.au	105

Please view the Calendar of Events on the AMT website for the complete 2015 listing: www.amt.org.au

NeuroStructural Integration Technique (NST)

CEU points

"The most amazing and consistently effective healing work that I have ever learned" Dr. Joseph Mercola. Osteopath, USA.

Work smarter, not harder and get great results!

NST - founded on Australian Tom Bowen's later more advanced work. NST incorporates the philosophy of De Jarnettes "Sacro Occipital Technique" and is validated according to the principles of Applied Kinesiology.
NST allows you to access Bowen's astonishing intuitive powers via the philosophy and techniques you will learn at this workshop.
Learn how to recode your client's visceral, musculoskeletal, fascial and nervous systems so the body can regulate itself, controlling pain and boosting energy levels.
NST is the fast, smooth form of Bowen, consistently effective even in difficult cases.
Non-invasive and generally a lighter touch compared to similar bodywork therapies.
NST results are sometimes astounding, usually instantly noticeable and generally long lasting.

Three year hospital based research program in conjunction with the World Health Organisation and Nth. Italian Govt. Results showed NST was found to be effective in reducing "lower back pain".

2 day Introductory class – covers history, theory and spinal balance. A great start for those interested in learning this style of work. **70 CEU**
5 day Basic class – as per Introductory class plus all peripheral areas, shoulder, knees, ankles, pelvic, diaphragm, TMJ elbow/wrist, hamstrings, sacral, coccyx + much more... **175 CEU**

Ron Marianne Robert Wendy Shayne Angela

2 Day Introductory classes

Brisbane 25th-26th July. 24th-25th Oct. *Robert : 0448 428 020*
Geelong *13th - 14th June. 5th-6th Sept. Shayne: 0417 011 192*
Melbourne *27th/28th June. 22nd/23rd Aug. Angela:0402744251*
Perth *20th/21st June. Marianne: 0407036047*
Sydney area – 13th -14th June. *Wendy : 0412417719*

The Basic class

Sydney *August 24th-28th*
Wendy : 0412417719

Ocean Grove (Geelong region)
Nov 13th-17th Ron : 0419380443

Perth. WA. *Marianne: 0407036047*
Nov 7th/8th and 21st/22nd

Brisbane, Qld. *Robert : 0448 428 020*

Visit our website at **www.nsthealth.com**
To contact Ron: bowenst@iprimus.com.au

ASSOCIATION OF MASSAGE THERAPISTS LTD

in good hands

AMT Regional Mini Conference 2015

Opal Cove Resort
Coffs Harbour

Friday 30 October - Sunday 1 November

Join us on the stunning Coffs Coast for AMT's inaugural regional mini-conference, with a program of 2-day workshops and an optional 1-day post conference workshop.

Proudly sponsored by

FIRM-n-FOLD
MASSAGE EQUIPMENT

PROGRAM

Friday 30 October

8.00AM	Registration and welcome tea and coffee
9.00AM	Workshops commence
10.30AM	Morning tea
11.00AM	Workshops continue
12.30PM	Lunch
1.30PM	Workshops continue
3.00PM	Afternoon tea
3.30PM	Workshops continue
5.00PM	Program closes for the day

Saturday 31 October

9.00AM	Workshops recommence
10.30AM	Morning tea
11.00AM	Workshops continue
12.30PM	Lunch
1.30PM	Workshops continue
3.00PM	Afternoon tea
3.30PM	Workshops continue
5.00PM	Program close
6.30PM	Conference dinner and celebration Be where there will be dancing

Sunday 1 November
Post Conference workshop

8.30AM	Registration and welcome tea and coffee
9.00AM	Workshop commences
10.30AM	Morning tea
11.00AM	Workshop continues
12.30PM	Lunch
1.30PM	Workshop continues
3.00PM	Afternoon tea
3.30PM	Workshop continues
5.00PM	Program closes for the day

ABOUT THE PRESENTERS

Andrew Shepherd

Conference Workshop: The Clinical Work-Up

Andrew Shepherd is a chiropractor and massage therapist. He graduated from Loftus TAFE in 1994 with an Associate Diploma of Health Science (Massage therapy) and went on to work for several years both at home and abroad as a massage therapist in numerous chiropractic and osteopathic clinics, before undertaking his Bachelor of Chiropractic Science at Macquarie University. He graduated from the Masters of Chiropractic in 2008 and has been director at Mosman Chiropractic and Massage in Sydney for 6 years. He integrates remedial massage and chiropractic techniques to achieve rapid and positive clinical outcomes with his clients.

Elsebeth Petersen

Conference Workshop: Approaching lymphoedema and cancer safely

Elsebeth began her lymphoedema management education in 1993. With over 30 years of teaching experience, Elsebeth's focus since 2005 has been instructing post-graduates in the Casley-Smith method of Decongestive Lymphatic Therapy. The course is accredited with the Australasian Lymphology Association and runs two to three times per year.

Elsebeth is currently Secretary to Casley-Smith International. She also has private clinical practices in Moss Vale and Canberra.

Bethany Ward

Conference Workshop: Advanced Myofascial Techniques for the shoulder and arm

Post-Conference Workshop: Headaches and Migraine

Bethany is on the faculty of the Rolf Institute® of Structural Integration, a lead instructor for Advanced-Trainings.com and recent past president of the Ida P. Rolf Research Foundation. Her articles have been published in the AMT Journal, Structural Integration Journal, the International Association of Structural Integration Yearbook and Massage Magazine, among others. Bethany teaches in the U.S. and internationally. She presented the plenary address "Fascia Research for Manual Therapists" at AMT's 2011 Conference and returned last year to present a keynote address, "Creating a Thriving Practice", at AMT's Melbourne conference last year.

Larry Koliha

Conference Workshop: Advanced Myofascial Techniques for the shoulder and arm

Post-Conference Workshop: Headaches and Migraine

Larry Koliha is a Certified Advanced Rolfer™, an instructor and Faculty Chair at the Rolf Institute® of Structural Integration, and a lead instructor for Advanced-Trainings.com's Advanced Myofascial Techniques series. His extremely clear, knowledgeable and good-natured teaching style consistently delights students. Larry sees clients in private practice and teaches internationally.

ABOUT THE CONFERENCE WORKSHOPS

The Clinical Work-up: The Key to Success

How to greatly improve your client database, return rate and referrals using some simple clinical work-up techniques.

Presented by Andrew Shepherd

In this workshop Andrew explains how a quick but thorough pre and post treatment work up and concise and easy note recording can improve client outcomes, ensure repeat business and guarantee rapid word-of-mouth referrals. Using treatment note templates to guide the process, you will learn how a thorough history, physical examination and recording of outcomes can become your number one marketing technique for building practice success, positive reputation and respect amongst your allied health peers.

On day 2, Andrew will demonstrate some efficient and effective ways of differentiating spinal pain originating in the vertebral 3 joint complex and pain originating from soft tissue. He will also run through some safe techniques for treating some common joint problems in the spine. Finally, Andrew will show how to test and record post treatment outcomes and how to effectively communicate a treatment plan to the client, ensuring their trust and return business.

Approaching lymphoedema and cancer safely

Presented by Elsebeth Petersen

The focus of this workshop is on working with lymphoedema but the application of this knowledge extends to clients who have undergone or are currently receiving treatments for cancer, and to those who may be receiving palliative care.

If you are interested in working confidently with this clientele, this workshop will help you understand the parameters of working safely and will help you to make every massage stroke count! Some "aha" moments are guaranteed!

Advanced Myofascial Techniques for the Shoulder and Arm

Presented by Bethany Ward and Larry Koliha

Clients frequently complain of hand, elbow or shoulder pain. Learn highly effective myofascial techniques for working with carpal tunnel and wrist pain; repetitive stress injuries; rotator cuff issues and thoracic outlet syndrome. Classes are highly interactive so, as a massage therapist who uses your arms all day, you'll probably enjoy receiving this work as much as learning it! The class is also excellent preparation for the post-conference Headaches & Migraines workshop.

ABOUT THE POST-CONFERENCE WORKSHOP

Headaches and migraine

Presented by Bethany Ward and Larry Koliha

Learn the types of headaches, why they occur and, most importantly, how you can relieve pain and reduce future occurrences. Gain confidence using advanced myofascial techniques to address common headaches, sinus and eye pain, migraines and cluster headaches. Entertaining as well as instructive, classes combine experiential learning, 3D anatomy, real-time demonstrations and hours of hands-on supervised table practice.

Accommodation at Opal Cove Resort

AMT has negotiated special conference room rates with Opal Cove Resort. These rates extend to both the week before and after the conference.

Resort Room Single	$140.00 (includes breakfast)
Resort Room Twin/Double	$158.00 (includes breakfast)
Ocean Room Single	$160.00 (includes breakfast)
Ocean Room Twin/Double	$178.00 (includes breakfast)
Junior Suite Single	$240.00 (includes breakfast)
Junior Suite Twin	$258.00 (includes breakfast)
2 Bedroom Self Contained Villas	$240.00 – unserviced / room only / minimum 2 nights
3 Bedroom Self Contained Villas	$280.00 – unserviced / room only / minimum 2 nights
4 Bedroom Beachfront Apartments	$450.00 – unserviced / room only / (Reduced Rate Available for more than 1 Night)

To book your accommodation at the resort, please call Opal Cove on 1800 008 198. Don't forget to mention the AMT Conference when you make your booking.

AMT Head Office is happy to keep a register of members interested in twin share arrangements. Please call the office on 02 9211 2441 to register your interest.

Transport

Coffs Harbour regional airport is serviced by three carriers: Qantas, Virgin and Tigerair. Qantas and Virgin fly to Coffs several times daily from Sydney, with connecting flights from other capital cities. Tigerair operates flights to and from Coffs on Mondays, Fridays and Sundays.

Parking

There is ample free parking onsite at Opal Cove.

AMT Regional Mini Conference 2015

Registration Form

Name

Company name

Address

Email

Contact number

AMT membership number

If you are not a member of AMT, please tell us which association you belong to:

If you are registering as a student, what is the name of the college you are enrolled at?

CEUs
You will be rewarded with 50 CEUs for each day of the conference you attend.

Registration fees
Your registration fee includes morning and afternoon teas and lunch. Prices include GST. Take advantage of our earlybird savings by completing your booking before Monday 10 August.

Conference dinner
A Conference Dinner ticket is included in all 2-day conference registrations. If you are attending the post-conference workshop only but would like to attend the dinner, you will need to purchase a ticket separately.

TWO-DAY CONFERENCE: October 30 - 31		
Earlybird rate	**After August 10**	**Student Rate**
$400.00 ○	$440.00 ○	$370.00 ○
POST-CONFERENCE WORKSHOP: November 1		
Earlybird rate	**After August 10**	**Student Rate**
$200.00 ○	$220.00 ○	$185.00 ○
EXTRA DINNER TICKETS		
$60.00 ○	Number of extra dinner tickets:	

TOTAL: $

Dietary requirements **(please advise of any special dietary requirements and we will attempt to address these)**

Vegetarian ○
Lactose Intolerant ○
Gluten free ○

CONFERENCE WORKSHOP PREFERENCES

Please number your workshop preference, with one being your first choice:

____ The Clinical Work-up

____ Advanced Myofascial Techniques for the Shoulder and Arm

____ Approaching lymphoedema and cancer safely

Workshops are allocated on a first-come, first served basis. All attempts will be made to satisfy your request for preferences. If your first choice of workshop is not available would you like AMT to:

Choose your next available preference for you? ○

Cancel your registration and refund your fee? ○

REGISTRATION CLOSES ON FRIDAY 16 OCTOBER 2015

I have enclosed my cheque or money order (made out to AMT) OR please debit my Visa/Mastercard (for banking purposes circle correct one)

Cardholder's Name: _____

Cardholder's Signature: _____

Card Number: 1 ☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Expiry Date: _____ / _____ Card Verification Number _____
(3 digit number on back of card)

PLEASE NOTE AMT DOES NOT ACCEPT THIRD PARTY PAYMENTS.

CANCELLATION POLICY

- Cancellation up to four weeks prior to close of registration – less 25%
- Cancellation less than four weeks but more than two weeks prior to close of registration – less 40%
- Cancellation less than two weeks but more than one week prior to – 65%
- No refund will be given for cancellations in the final week before the conference or after the event

EFT PAYMENT DETAILS

PLEASE USE YOUR NAME UNDER THE TRANSACTION DESCRIPTION SO WE CAN IDENTIFY THE PAYMENT AND SEND THIS FORM BACK TO AMT

Account Name: Association of Massage Therapists Ltd
BSB: 062-212
Account Number: 1034-0221

Please return to:
AMT
PO Box 826 Broadway NSW 2007
or fax 02 9211 2281

OFFICE USE ONLY Date received _____ Receipt no. issued _____