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Ed White, RMT

This course exceeded my expectations. I believe that I received the most advanced acupuncture training being offered today, provided by a team of instructors that bring a wealth of technical and practical knowledge to the program.

Giselle Cortes, RMT

It was an eye opener for me. I believe for RMT’s Contemporary Acupuncture (CA) is a better choice because it speaks our language (trigger points, nerve path, etc.). All other courses treat locally only, however CA approaches the situation not only locally but also segmentally and extra segmentally. Instructors are highly informed and willing to share their knowledge. Thanks everyone.

Majid Golchin, RMT

The Contemporary Acupuncture course was a very deep experience. It gave me a completely new paradigm and inspired me to work with the body in a more functional and integrated way. It taught me how to think out of the box and how to look at the anatomy and neurology under new lens. It was a practice-changing experience.

Alberto Lunati, RMT

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I find myself surrounded by signs of renewal. No, it’s not spring. But nature’s autumnal shift of gears, by means of its usual lively show, is not, if you think about it, an irony of defiance but the meticulous implementation of a new cycle. While aware of its environment, each element works from its inside-out to continuously evolve its existence and, in turn, sustain the Whole to which it belongs.

There is an interesting stir, as well, with regards to the profession of massage therapy (MT). Not all of it resembles the germinating of strong roots – in fact, some of it can appear quite more like weeds than seeds. For instance, several juridictions are still striving for – some struggling with – regulation of MT by their governments. Educators debate over the best course for MT training. Credibility, for some elements of MT, is still an issue. And, in the midst of all this, the profession continues to be hit with controversy as its identity becomes erroneously intertwined with alternative, somewhat more recreational, incarnations of touch therapy.

It’s been said that the difference between a weed and a flower is in our perception of its potential or utility. Although the profession seems somewhat riddled with weeds, I prefer to see it as strewn with seeds for potential! Each new growth holds, embedded within the complexities of its presentation, a branch on which MT can demonstrate its unique capabilities, its potential for benefit, and its place in our health-care systems and societies in general.

I understand that the thought of tackling the enormity of the controversy, the scope of domestic conflicts and the challenges of meeting external requirements and/or streamlining internal practices – all without compromising the rich diversity that defines your group – can appear intimidating. In fact, with respect to difficult issues, I think the profession of MT is at an important crossroads. And here is where I find the spirit of renewal and growth that I referred to earlier. The work by individuals and groups, within the profession, toward realizing the goals of establishing credibility, increasing utility and improving quality of service represents the recognition of the need to harness what is already known and build on it in order for the profession to evolve into a strong, viable and sustainable entity.

We should keep in mind, however, that this work should not be carried out in defiance, per se, of the current milieu, but in concert with it – that is, in preparation for a new cycle of the profession’s life. It should not be about countering each blow coming from the outside-in, but should be a process that, while aware of the challenges from its environment, works from the inside-out to develop the ability to withstand them. It should not herald the death of established ideals, in response to external pressures, but establish a blueprint for their progress. What’s more, it should not be about furthering one element over another, but about growing each of them in order to sustain the profession as a Whole.

Nature works this way. Despite external blows and outward appearances, nothing is dying; nature, as a whole, is always in a state of renewal that proceeds internally within even the tiniest blade of grass. Keep at it! Keep working – meticulously, with a big picture in mind, and from within – to renew and support the evolution that you chose to be a part of when you entered your profession.

Bien à vous,
This description no longer appears to be strictly adhered to when many RMTs describe what they consider to be “sport massage.” This corruption of the concept has allowed the term “sport massage” to be applied to any situation, including the sedentary armchair athlete. One common misuse of the term occurs when a professional is trying to make a massage sound more masculine. The idea is that calling anything “sport” makes it more appealing. (For example, sport manicure.) However, it is still a misnomer and is being increasingly applied improperly, thus misleading the public regarding what it is – and is not – and its potential benefits when applied in the correct context. As medical professionals, it is our duty to advertise what is real and not get caught up in advertising ploys.

Although it is true that one does not need to be an Olympic-level athlete to benefit from sport massage, you, the therapist, need to have the right training and direction behind your therapy to be giving true sport-oriented massage. More specifically, you should be registered with the Canadian Sport Massage Therapists Association, or CSMTA, to call yourself a sport massage therapist. That direction comes down to “intent.” When a massage therapist (MT) administers sport massage it should be for someone who truly is athletic (maintenance) or someone who obtains an injury from a sporting activity (injury care).

Sport massage can be broken down into four main groupings: pre-event, post-event, intra-event, and inter-event.

**PRE-EVENT SPORT MASSAGE**
Pre-event massage stimulates circulation, calms nervous tension, and prepares the athlete for optimal performance while reducing the chances of injury. This type of massage is applied for a short period of time, relative to the body part(s) that will be utilized most intensively during the event, and is usually applied 15-45 minutes prior to an event. Therefore a pre-event massage is one performed by an MT whilst attending that event with your patient. It is also very specific in nature; it is meant to prepare your athlete for what is required and is based on that athlete’s health history.

**POST-EVENT SPORT MASSAGE**
Post-event massage helps in recovery from hard training and competition. This massage is best administered following an event once the athlete has cooled down and, preferably, is no longer actively sweating. However, it can be administered within hours following the event. The main goals are to reduce the effects of the event such as pain, inflammation and muscle tension.

These effects were recently solidified through a research study at McMaster University. The study methods involved performing a double-blinded muscle biopsy test following a 10-minute massage and proved that muscle tissue in a massaged muscle, when compared to a non-massaged muscle, shows similar effects to exposing the tissue to analgesic medication.

**INTRA-EVENT SPORT MASSAGE**
When massage is required by an athlete during an event break or directly between two components of an event that are close together – for example, in a soccer tournament or at track-and-field events – it is called intra-event. The goals of this type of massage combine a need to recover from activity with prepping for the next activity; as such it will be a marriage of pre- and post-event techniques as well as “on the fly” injury treatment.

When performing intra-event massage, it is crucial for an RMT to be able to quickly assess their athlete, especially when injured, and relay back whether they can continue or not. This can be more nerve-wracking for the RMT, the athlete, the medical staff and the coaching staff, as excitement may be high from the pseudo-chaos that forms while adrenalin is raised and the hastened need to know an athlete’s health status. Be aware and be confident in what your role may be in these situations!
A factor in providing intra-event massage is that you may need to get crafty with your delivery of service. You may be able to have a table with you. But you may also be required to get down to the ground to provide instantaneous care, such as in the case of an acute spasm preventing an athlete from walking or standing. A yoga mat comes in very handy for these situations.

**INTER-EVENT MASSAGE**

That drawn-out time between performances is when inter-event massage is administered. Inter-event massage can also be referred to as training massage. This massage focuses on the prevention of developing chronic injuries and aids in the healing process of current ones. Inter-event massage is also the type of massage that most people perform when they say they do sport massage as part of their practice.

But, as much as inter-event massage sounds like what most RMTs do, and is probably why so many state they do sport massage, it is not. The reason stems from the background to these injuries and the needs of the athlete.

In school, you undoubtedly studied many conditions and how to treat them. This will allow you to effectively treat many sport-related injuries. What this does not prepare you for is the stage of recovery the athlete will require and what you need to do to prep the athlete.

Here’s what I mean by that: each sport has its own biomechanical attributes that athletes learn so they can to do their sport. Plus each sport has sub-types to it that athletes need to learn. A great example is hockey. All the players need to skate and move a puck around. But a goalie needs different dynamics than a forward, and vice versa.

To really be a sport massage-oriented MT, you need to understand the dynamics of the sport. You, essentially, need to immerse yourself as deeply in a sport as the athlete. Therefore, as an MT, you need to consider that maybe you will want to limit what kind of sport massage you will do. Most people will think: “I will offer massage for runners or golfers.” I don’t blame you, as these are the biggest recreational activities that are also considered a sport; however, each has its own unique dynamics and requirements that you will need to be familiar with in order to provide the most effective massage for the athletes.

Understanding the sport is the key. If, for example, you have no idea why I would ask a hurdler which leg is their lead leg, and subsequently why that makes a difference, then how are you going to be able to move them from injury recovery to rehabilitative therapy properly?

These are the sorts of considerations that define why not every MT should be able to claim they do sport massage.

**THE CSMTA, WHAT IS ITS ROLE?**

The CSMTA exists as a way to identify those people who want to be organized under a banner and be recognized by a standard of excellence. This standard has been established by the CSMTA as above and beyond your initial RMT licence. The requirement is for a candidate to acquire 500 hours of direct care in sporting situations: 100 hours, minimum, come from contact and non-contact sport, and 100 hours, minimum, are derived from being at events. Fifty hours, maximum, can come from organizing medical/SMT participation at events. You need to work with at least three different sports. Finally, you will also need to hold a Sport First Responder certificate.

Following the candidate phase, one will be able to take a written and practical exam. After obtaining 350 of the hours, a candidate is eligible to take the exam, but only after the 500 hours are complete can he/she take the practical exam.

Ultimately, membership is not required in the CSMTA if you want to do a variation on sport massage; however, if you ever wish to be an Olympic team SMT or even an SMT at any international event, then you will want to look into membership. This is because the CSMTA has a relationship with the Canadian Olympic Committee, and thus its stakeholders at national and provincial levels, to supply SMTs to various teams and athletes.

**BE EDUCATED**

If you are an RMT who already does incorporate an offering of sport massage, or are thinking of adding it to your
AMTA News

AMTA Massage Therapy Tour Launches in Chicago

The American Massage Therapy Association (AMTA) has begun its Massage Therapy Tour in Chicago, IL. This year, the AMTA Massage Therapy Tour will travel from Illinois to New England and on to Raleigh, North Carolina, with stops at major public events reaching millions of people. It is intended to attract public attention to massage therapy and share research on how massage can benefit them. The van will function as a traveling billboard about massage for health, designed to help millions of consumers know to look for an AMTA member for their next massage.

The first event, the mobile exhibit at the Humana Race to the Taste, was the first direct consumer phase of the multi-year, multi-level commitment by AMTA to raise public awareness of the health benefits of massage therapy and of the professionalism of AMTA members.

Later, the van and exhibit were part of AMTA’s Chapter Volunteer Orientation Program, giving chapter representatives an opportunity see first-hand how this part of the AMTA consumer awareness program will work. The tour continued at the annual Taste of Chicago event, which attracts approximately 40,000 people and on to the Ride for AIDS event in Evanston, IL. AMTA members and the tour were featured on the early morning show of TV station NBC-5, as AMTA promotes media coverage connected to the tour.

The tour then moved on to Dayton, OH and Columbus, OH the following week.

Follow the tour and see comments from AMTA volunteers and consumers at www.amtamassage.org/tour and through AMTA’s Facebook page and Twitter account. Photos and video from events will be posted regularly. Consumers at tour stops will be encouraged to share their experience of demonstration massage immediately from the tour location, with onsite internet access. The association also will post information on media coverage through its ongoing proactive media program.

REFERENCES
1. www.gotosee.co.uk/therapies/Sports-Massage.htm
2. www.csmta.ca

Chris Semenuk is the Head of Massage Therapy for the University of Western Ontario Mustangs cross-country and track and field programs. He is also program designer and instructor at Fanshawe College’s massage therapy program. In addition Chris is a consultant for RMTs. Among other services she offers business advice, contract review, RHPA interpretation, drafting of response and resignation letters and strategies, and employment advice.

Sport Massage
Continued from page 7

practice, do yourself a favour and become educated. Just as you learned in school that too much and not enough knowledge, at the same time, could be potentially harmful to a patient, so, too, can it apply here.

You must fully understand the movements an athlete incorporates and why they do them. You need to understand how, in many sports, the right and left sides of an athlete accomplish different tasks. The value of knowing when, in an athlete’s training schedule you should focus on something specific, or avoid something specific, could be a crucial tipping point.

Know your subject and your subject matter. This is what will make you a better therapist at any given time. You owe it to your patients to be the best and claim to do only those services for which you have the skill set and knowledge.
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RMT Working Agreements

Let’s come to fair terms

I am frequently asked how to set fair terms in a working agreement between an RMT and a massage therapy business owner (RMT or otherwise). What percentage should I pay (or charge)? What amenities should be included? Who should provide the marketing, operations and business management?

In this article I’ll discuss a few factors to consider when coming to your preferred terms within the business you hope to set up practice in, and address some common (and unsustainable) rationalizations epidemic in the RMT culture.

DEFINE THE WORKING RELATIONSHIP FIRST

Whether a practitioner looking for a work opportunity, or an owner/manager offering one, you must first establish what kind of working relationship you want. Will practitioners in that business be employed, on commission or entirely independent? Those who are truly independent completely manage their own operation – marketing and sales, billing, administration, accounting, maintenance of equipment and supplies, and provision of care. The lessor offers space based on her/his own real estate costs, property taxes, building maintenance and utilities, and expects a profit or return on investment for brokering the opportunity. Other than the physical space, and perhaps utilities, the lessor provides nothing else.

Alternatively, employees, or those RMTs who work on commission (i.e., percentage agreements), have greater reliance on the host business for marketing and signage, operation systems, equipment, income tax deductions, and established reputation and location. Because more is provided to these RMTs by the business owner, the RMT employees or contractors can expect to pay much higher rates than the independent practitioner. Interestingly, many RMTs who claim to be self-employed or independent actually rely considerably on the business owner to drive business to them and provide some business administration.

Percentage agreements are problematic for RMTs other than temporary or locum relationships (or as a three-month working trial, prior to switching to less variable terms upon acceptance of employment). Percentage agreements don’t work in the long term because the percentage paid may not cover the business owner’s monthly expenses. For example, if the required monthly rent for a space is $1,000 and the commission paid varies between $700 and 1,000/month, in the months below $1,000 commission paid the difference will come out of the business owner’s pocket!

Further, the productive, successful practitioner on commission will look for greener pastures once they accumulate a mass of followers, because in a percentage agreement there’s no room to grow and the commission will eventually appear to exceed the value provided by the host. So percentage agreements encourage less productive RMTs to stay, and more successful RMTs to go . . . that’s a bad business model!

VALUE: THE FOUR C’S

Assess the relationship benefit: what value does each party bring to the working relationship? A practitioner’s value reflects capital (to invest), contacts (to draw business from) and cranial currency (knowledge and actual business experience). We’ll add a fourth “c” – commitment, the can-do attitude to take daily action and grow the practice.

Practitioners who present with these four qualities can fetch better terms because they provide more value to the business. The more the business has to do for the practitioner, the more the business charges for those services and, consequently, the less the practitioner gets paid. The more risk the owner takes on, the more assets (capital investment, reputation and location, equipment, customer acquisition and retention costs) the business owner puts forward, the higher the rate she/he can charge for brokering the opportunity for practitioners. These practitioners would otherwise have to put up their own money and time, and invest the resources necessary to develop reputation and location. When you come on as an employee or associate, you are essentially buying into the systems, space and public face already

BY DON DILLON, RMT
created for you. Many business owners/managers undervalue their assets, and undermine their business!

Many entry-level practitioners have little capital or cranial currency, and few contacts, as described, and so as in any industry, they start at the bottom. For a college-equivalent, non-gatekeeper health profession such as massage therapy, rates posted on Service Canada hit a median of $21.63/hour, for example, in the Niagara/Hamilton region.1 If you don’t possess the four “c’s”, you’re not entitled to high pay.

The good news for practitioners who apply the four c’s, who invest time and attention in the business, cultivate contacts and develop business and technical (hands-on) knowledge and experience is that you will increase your value to the business owner and can negotiate better earnings for yourself come next contract negotiation. It’s hard to find good employees/associates, and the business owner would be foolish not to consider incentives, bonuses and profit sharing for solid, proven RMTs. You get paid for the value you bring to the table.

WHAT YOU SPEND AND WHAT YOU KEEP
In my lectures, when I survey massage-therapists-turned-business-owners about how they arrived at their agreement’s financial terms, they often state “it felt right.” Although a tremendous asset when providing care, intuition is not a replacement for accounting when it comes to setting financial terms!

The business owner must know his/her monthly operating costs and the costs of bringing on an employee or associate, and ensure a profit margin as salary for his/her management of the business. Businesses must profit to fund expansion, cover contingencies (for example, staff member becomes ill/leaves practice), and serve as a reward for putting up capital, taking on risk, and putting reputation and location on the line. Forget about percentage agreements: operating expenses + profit margin = sustainable financial terms.

Practitioners aren’t trained in business typically and likely don’t know the owner’s costs of running a business. When these practitioners-turned-business-owners decide to take on associates, they’re often ill-informed or ignorant of what’s needed to sustain their business.

Further, the delivery model of massage taught in many training institutions is time and labour intensive. Statistically, RMTs are providing 15-19 hours/week of direct care 2,3 – what equates to part-time work. Here’s the elephant in the room: it is the mistaken belief that one can make a full-time wage working part-time hours. RMTs need to know what to clear for take-home pay – that is, earnings above expenses – and apply a working model that ensures they earn enough to live on. If RMTs insist on applying the same time- and labour-intensive model taught to them, they’ll need to seek secondary sources of income in their off-practice hours.

Our profession can do a better job of fostering innovation, including the incorporation of remedial exercise and modalities to make full use of our scope of practice, increasing our workload capacity 50 per cent or more while reducing our strain, and hence increasing our income potential. It’s not that the business owner charges too much rent; it’s that the model of delivery is not profitable.
CAUSE FOR CONCERN – ‘EXTERNALITIES’
Alarming, many RMT business owners report they are afraid to charge what’s necessary to cover costs and make a profit. The political culture in the massage therapy profession discourages examining the accounting facts and figures, and proposes instead magical percentage terms such as 50, 60 or even 70 per cent of the service fee to the practitioner. No business can put up the capital, take on the financial risk, cover operating expenses and make a profit while giving the lion’s share to the service contractor. This is another tenet of a bad business model!

According to Dictionary.com, an externality is “an external effect, often unforeseen or unintended, accompanying a process or activity.” Externalities pass costs and consequences on to others for decisions we (or governments, corporations or other bodies) make. For example, cigarette and junk food companies pass harmful health effects on to citizens in the form of respiratory illnesses and obesity, without the companies paying directly for those effects. Those costs are passed on to the health-care system and the taxpayer, and not borne by the companies producing the harm.

When the cost of starting and operating a practice is not fully borne by the employee/contractor practitioner, it is passed on as an externality to the host business manager/owner. These costs are not borne appropriately when the business owner sets terms at below market value and fails to make a profit, or even to fully cover operating costs. The net result is bright, ambitious business owners who broker a tremendous opportunity for budding practitioners, only to find themselves woefully in debt and with fragmented, damaged businesses.

COMMON RATIONALIZATIONS IN RMT CULTURE
Business Owner: “If I offer a good deal, the RMT will stay on.”
Maybe, but if you’re not covering costs, then you’re going into debt and brokering a dysfunctional business relationship at your own expense. A bad agreement forces unmet expenses as an externality on you as the business owner. I suggest you create an agreement that’s amenable to both parties and build in incentives such as health and dental benefits, financial bonuses, profit sharing and opportunity for future partnership for your most productive employees. The good RMTs will stay, and the poor ones will be encouraged to leave.

Practitioner: “The rent is too much.”
More likely, your model of delivery caps your income because it’s time and labour intensive. Part-time work (15-19 hours/week) only provides for part-time income. Explore the use of remedial exercise, modalities and other innovations to increase your workload capacity, or find a business owner willing to rent for just the hours you need and find part-time work in another field that isn’t so physically taxing. Business owners may be able to split the space use between two practitioners5 so their expenses are duly covered, and you can work at the capacity you’re comfortable with.

Business Owner: “What if I keep the percentage high for my associates, and provide the equipment and linen but not the marketing or administration?”
This is a compromise by the business owner to offset some of the cost of a bad working agreement. Ultimately, it’s still unprofitable and creates fuzzy lines in the working relationship. Be careful not to breach the lines between employee and employer or contractor and contract provider. Canada Revenue Agency uses

Practitioners who invest time and attention in the business, cultivate contacts and develop business and technical (hands-on) knowledge and experience, will increase their value to the business owner and can negotiate better earnings for themselves come next contract negotiation.
specific criteria to discern whether a working relationship presents as employee/employer or self-employed. There are fines and penalties for an improperly defined relationship.

**Business Owner:** “Isn’t some cash flow better than having the office sit dormant?”

Not necessarily. There’s the cost of lost opportunity – you could be renting that space to a practitioner who values your development of reputation and location, operating systems and marketing campaigns and is willing to pay a fair price for them. Talk with your accountant, find out what you need to cover costs and profit, and set up negotiations with your practitioners. When I finally acknowledged my accounting ignorance and blind following of the RMT cultural custom, I approached my associates, explained the situation and found they agreed to my terms. They relied on the business continuing as much as I did.

**Practitioner:** “This isn’t fair . . . how am I supposed to earn enough to live on?”

This is an excellent point and the true issue we should focus on. Surveys and empirical evidence suggest providing massage therapy exclusively limits work capacity and therefore income. It’s time to open a discussion about working models and innovation, and the supportive infrastructure needed from our training institutions, professional associations and regulatory bodies. I believe massage therapists can earn a reasonable income from the vocation they love, but it requires some different thinking and it shouldn’t be at the expense of the business owners who provide the work opportunities.

**CLOSING**

The “ideal percentage” is a red herring, and chases away your best practitioners. Base your RMT working terms on:
1. the type of working relationship (employer/employee, commission or self-employed);
2. the value each party brings to the table; and
3. knowing your operating costs and take-home earnings requirements.

Business owners should reward productivity and value in their practitioners, and practitioners should use models of delivery that maximize their workload capacity and income potential. Our massage culture has done us a disservice by breeding financial ignorance and bullying entrepreneurial RMTs. It’s time for a cultural shift.

**REFERENCES**

2. www.amtamassage.org/articles/2/PressRelease/detail/2545
4. See chapter 2, Massage Therapist Practice: Start, Sustain, Succeed for a description of this model
Radial Shockwave Therapy
An integrated approach

Almost five years and 18 million shocks later, he didn't have to tell me twice to experiment with shockwave on soft-tissue conditions other than the traditional tendonitis and calcific cases for which the benefits of this therapy are well known. From a career advancement and practice-building standpoint, the day I visited Dr. Gordon was “the day” everything changed!

THE SCIENCE
Radial shockwave therapy (RST) is the use of short, intense energy waves travelling faster than the speed of sound. These energy waves stimulate the breakdown of scar tissue and fibroblasts. This process increases blood circulation and initiates metabolic activity, causing an inflammatory response that promotes and stimulates healing.

Over the past several years numerous articles and abstracts have been published regarding the effectiveness of RST. Shockwave is clinically proven to have success rates of 91 per cent for calcific tendonitis, 90 per cent for plantar fasciitis and 77 per cent for tennis elbow. These studies show that, unlike laser and ultrasound, RST is a proven tissue regenerator.

OTHER USES
Beyond its traditional applications, I have learned that RST is very effective at releasing restricted peripheral joints, thereby increasing the effectiveness of my treatments, as an RMT, significantly.

Most importantly for me, this technology has extended the life of my practice by years, by taking the vast majority of “deep” work off my hands. It’s like having a 300-pound strongman/therapist at your side to do all your tough work.

How do you put a price on that?
With portable machines now available, shockwave can also now be used onsite at sporting events and has helped increase the performance of many of my athletes.

APPLICATION
Traditional protocol dictates giving patients three treatments one week apart. Each treatment consists of 2,000 shocks in an area the size of a loonie.

Benefits of RST to Patients
- provides a non-surgical option for soft-tissue, joint and bone complaints
- is cost effective
- often relieves pain immediately
- is eligible for full or partial coverage by third-party insurance companies
- regenerates injured tissue in days
- has endorsement of medical community
- is clinically proven

Benefits of RST to Practitioners
- increases success rates of treatments
- enhances your reputation
- increases medical referrals
- increases longevity of practice
- increases revenue
- decreases wear/tear on your hands
The learning curve begins when you step away from “traditional” treatments and witness other applications for which RST is beneficial. For example, we can also use this technology to release joints. In this application, since we are not aiming at regeneration, the number and intensity of shocks necessary to see results can be decreased significantly. The same would apply in treating an arthroscopic knee surgery, post-operatively: with a moderate intensity of RST, acceleration of the healing process is noted along with a decrease in post-surgical pain.

**CONDITIONS TREATED**

Apart from tendonitis and calcific conditions, I have also had success in treating osteoarthritis pain and immobility, I.T. Band syndrome, scars, muscle cramps/spasms, trigger finger, flexion contractures due to cerebral palsy, and even frostbite.

In my experience, shockwave takes about a third of the recovery time out of rehabilitating a frozen shoulder.

**CONTRAINDICATIONS**

RST is a no-go in pregnancy, and for open wounds, infections, cancer, open growth plates, anti-inflammatory medications and treatment over the spine or anterior ribcage.

**CLINICAL OBSERVATIONS**

Almost always there is a significant decrease in pain immediately after the first treatment. This is usually followed by discomfort the next day for approximately 24 hours. A number of pain-free days usually follow, with pain returning just before the second treatment. After the second treatment, there is, in most cases, no post-treatment pain the next day and any remaining pain continues to steadily diminish. Like I said, though, this is in “most cases.” Rarely do I observe any bruising but this is a possibility the clinician must keep in mind.

Deterrents to recovery include unaddressed biomechanical flaws, systemic disorders such as diabetes and low protein intake. Also included would be return to activity too soon. You would not believe the number of people who thought they felt good enough to try an activity out after the first treatment because they felt so good, but doing so can result in a significant setback.

**MARKETING**

For me personally, the single most effective way I built my practice was by making lunch appointments with local orthopedic surgeons, MDs, chiropractors, physiotherapists, massage therapists and personal trainers. The offer of a free lunch and treatment has proven to be very effective (and low-cost) in terms of advertising and building trusted referral partners.

RST is a no-go in pregnancy, and for open wounds, infections, cancer, open growth plates, anti-inflammatory medications and treatment over the spine or anterior ribcage.

**IN SUMMARY**

Normally, when someone says to me “it’s a no brainer” about some new technique or trend, I get a little suspicious – but Doc Gordon was right. Incorporating radial shockwave therapy has significantly changed my practice in a number of ways. Yes, I can tell you shockwave has increased my bottom line, extended the life of my practice and so on. However, what I get a kick out of most is coming to work every day and seeing the relief in people’s eyes while exploring the treatment possibilities of this amazing technology.

If you have any questions regarding radial shockwave therapy, please feel free to contact me at info@goathleteschoice.com.

**Scott Grisewood** is owner/operator of Athletes Choice in Barrie, Ontario. In practice for the past 18 years, Scott continues to treat and train numerous world-class athletes in Canada and internationally.
Consent to Treat

Does gender play a role?

When someone thinks of going for a massage therapy treatment, do they, consciously or unconsciously, consider whether the therapist will be a male or female? If they do, are decisions surrounding the therapist’s gender based on past experiences, word of mouth, personal preferences or some combination of the three?

If someone is in pain and seeking treatment, you would think they would welcome help to relieve the discomfort as soon as possible regardless of the health professional’s gender. But therapists are taught – and it is reinforced in their regulations – that the gender of a therapist can influence a patient’s comfort level and even choice of therapist. Gender does not need to figure into this in a negative way. There are ways in which therapists, and the profession, can approach the gender issue in a positive and constructive manner. I would like to discuss this a bit further in this article.

Much of the article will be based on my own experiences as a male therapist with a client base that is by and large female and involves work of a very sensitive nature. I will discuss some of the rules and regulations we have as therapists, in this area, and what the literature says about the topic, to demonstrate that it is within your scope and abilities as therapists to make patients feel at ease, regardless of our gender.

REGULATED SCOPE OF PRACTICE

As massage therapists, we have rules and regulations with regard to conduct. These rules are in place and enforced by the governing bodies. The rules may differ, slightly, in the various countries, and jurisdictions within countries, but overall they have many similarities and are in place to protect the public and to assure that the client is informed about all aspects of their treatment.

Becoming a registered massaged therapist (RMT) is not an easy task and in order to gain licensure in Canada with the College of Massage Therapists of Ontario (CMTO), you must complete a training program from an approved school or equivalent (generally averaging 2,000 hours of academic and clinical training) followed by successful completion of both the written multiple choice questionnaire (MCQ) and the Objectively Structured Clinical Examinations (OSCE) set by the CMTO. Once registered with the CMTO, you are able to practise as a massage therapist.

Every school is different, which is why there is a huge emphasis on getting schooling consistent across the province and then across the country. All schools must adhere to standards and the “Massage Therapy Competency Standards” set out but the CMTO. The content of this document must be taught so that the student RMT can pass OSCE and MCQ, but the course titles and methods of teaching are autonomous to the educational institution.

I studied in Ontario, where consent for treatment is always required when a client requests treatment from an RMT. The CMTO standards of practice require consent for treatment from each and every client. Therapists are reminded that “full body” treatment may mean different things to different clients. Therefore, it is recommended that all body areas be discussed for inclusion in or exclusion from a given session, but, as well, special consent is required for sensitive areas such as the inner chest wall, inner thighs, buttocks and breast areas. It should also be noted that consent can be modified or revoked at any time, including during the treatment, by the client for any reason.

BOUNDARIES AND COMMUNICATION

Membership in a professional regulatory body does not ensure that all therapists will act in the same professional manner. Professional consideration is a part of our massage therapy education and clinical experience. Each registered/licensed massage therapist will develop their own manner and method of interacting with the clients, but all will follow the policies and procedures of their specific regulatory body.

When I was in school studying to become a massage therapist, it was brought to my attention that people sometimes request one gender over another. This message did not resonate with me personally until we were learning about draping and treating sensitive areas such as the breast tissue. The majority of my classmates did not have a gender preference; however, some students wanted to be treated only by a therapist of their own gender. This experience reinforced the importance of making each and every client,
regardless of gender, feel comfortable, safe and empowered.

I think that if a person is feeling vulnerable, especially a woman, they may seek out a same-gender therapist unless the male therapist comes with a personal recommendation. For example, Lynn, a client of mine from across the ocean, says that before coming to me for treatment she read I was presenting a lecture on post-surgical mastectomy treatment, and then she read my article on the subject. This combination of her findings made her feel “in safe hands,” although we had never spoken or met prior to us meeting in London, England. Looking for a treatment post-mastectomy, she put aside her vulnerability and decided to see a male therapist. She said, “to allow a man to see me in such a vulnerable way after breast surgery took a lot of courage. I was glad I did it!”

If a male client is needing a treatment, there are also concerns that influence gender choice. Some men have admitted that they prefer male therapists for fear of having an erection during the treatment and having the female therapist mistake this for arousal. Conversely, there are some male therapists who will not massage female clients without having another person present, for fear of being accused of inappropriate touch.

I believe that massage therapy necessitates touch and, if boundaries are established right from the beginning, this sets the stage for empowering the client and building the client-therapist relationship.

Regardless of the client’s selection, I was taught, and strongly believe, that two-way communication through the exchange of information and consent is the best way to keep the client abreast of all actions planned, present and future. The interest of the client should be at the forefront of every treatment, regardless of the length of time you have known the client.

My experience as a male therapist includes working on patients who have various issues and treating sensitive situations such as pregnancy, mastectomy, augmentation, hip/knee replacements, temporal mandibular joint dysfunction, sacroiliac joint dysfunction, abdominal/constipation issues, etc. I have not come across any roadblocks, or been cited for behaviour contrary to the rules of conduct, in any anatomical location I have treated to date. I have found that clear client-therapist communication is the best policy. Prior to the patient/client receiving any hands-on treatment, I find it best to make sure they understand, and agree to, the proposed treatment plan. As I was taught to do, I inform the patient of what the treatment procedures are, areas to be treated, whether or not they may experience discomfort, how they are to be draped and covered, etc., right down to the type of lotion I plan on using. This helps to ensure there is no misunderstanding and to build open communication between the client and therapist. This approach to treating has allowed me to treat patients around the world in an atmosphere of clear expectations and mutual understanding.

CULTURAL CONSIDERATIONS

Draping and the approach to treatment may differ from country to country. I have presented workshops in Canada, the United States, Europe and Japan. Just as there are cultural differences in other areas of life and work, so there are cultural differences in the realm of massage therapy. What is acceptable in one country may be bordering on unacceptable...
Respect, professionalism and clear communication is required from the regulatory body, and it is the responsibility of the therapist to consider each and every client, and their diversity in culture, comfort level, past experience and religion.

in another. For example, some countries use towels to cover only sensitive areas, whereas, in Canada, sheets are used to drape the client, while the area that is to be worked on is undraped and then recovered when moving to other areas of the body.

I believe the combination of following the policies and procedures of one’s regulatory body and understanding how to maintain boundaries that I described above will help to universally align our thinking and bring clarity to grey areas. But boundaries, we, as therapists, must keep in mind, will vary from one individual to the next and will differ, from one cultural and social situation to the next. As we approach each individual, it may help to understand the cultural context – especially as it relates to the local policies and regulations – surrounding our client base.

**ETHICAL ISSUES IN CLINICAL PRACTICE**

Ethics are taught as part of the study of massage therapy across Canada. “Therapeutic relations” was the name of the course where I went to school. This course was valuable in helping me to understand client-therapist relationships and in preparing me to address various real-life sensitive situations. It introduced me to the notion that health-care professionals are perceived as having power in the client-therapist relationship; this power is derived from having knowledge, authority and privileged information. The course also listed the possible influences we, as professionals, have on a client, which reinforced the need for maintaining clear boundaries.

The course focused on ethics, but included other topics, such as ways of interacting with colleagues and clients on a professional level. There were classroom lectures. In addition to these lectures, I remember gathering together in a comfortable, cushion-and-couch-filled room with other classmates to voice our opinions and concerns to a therapist, and to each other, about anything we wanted to discuss. This activity allowed us to discuss and view how we related to one another, as well as how – verbally or nonverbally – we responded and why. We soon learned that our actions, whether verbal or nonverbal, may have a positive, negative or neutral effect on the receiver – and that, by extension, this could have an impact on client responses.

As a student, I was often asked, “How does this subject relate back to massage therapy?”

As I reflect, I realize that we were taught a lot of material that has become more and more useful to me as I gain clinical experience. One particular lesson stood out for me. That lesson was about responding to something in a way that seems harmless, but could have quite an impact on the listener.

For example, your client comes to see you and completes her health-history form. On the form, she notes she is pregnant. Your first instinct may be to say, “Congratulations!” In this course, however, we were taught to ask, “How do you feel?” The client may have come in because of stress, and the pregnancy may be unexpected or not seen positively by the client. That one word, “congratulations,” may increase the stress level of the client or create an uncomfortable situation from the start.

We were taught not to ask leading questions but rather to be neutral and caring while allowing conversation and discussion to continue.

I believe that the client’s experiences play an important role in future decisions about where they seek help. Respect, professionalism and clear communication is required from the regulatory body, and it is the responsibility of the therapist to find the method that not only works for their personality, but to consider each and every client, and their diversity in culture, comfort level, past experience and religion.

We are entrusted with clients’ vulnerabilities and they expect unequivocal treatment regardless of age or gender. We don’t get to go out and select our clients, but clients, on the other hand, select therapists based on word of mouth, personal preferences or recommendations. Therapists, although they are in their individual practices and jurisdictions, are seen by the public as belonging to the same college. Our behaviour – especially as male therapists – is under the public microscope. The behaviour of one reflects on the group as a whole. To help dispel any stereotypes held by clients or by the general public, to promote a profession free of public discrimination, and to ensure that gender will become less of a barrier to patients and therapists working together, we must treat every client to the best of our abilities and with respect. Maintaining boundaries and clear communication is a good place to start.

To view this article with sources, please visit the Current Issue page at www.massagetherapycanada.com.

Paul Lewis is an international presenter, massage therapist, and certified yoga and fitness instructor who travels and treats patients around the world. For more information, visit www.paullewis.ca.
As health-care professionals, we are required to have new patients complete a health history in order to ensure we develop an accurate treatment plan. The basic form is determined by the province we are practising in, and samples are available on your provincial regulatory body or association websites. But, why limit yourself to these basic forms?

These forms can fulfill many functions, from obtaining additional information relating to your clients’ general health to relaying information to the patient regarding your clinic policies (including your privacy policy). You have the opportunity to customize your forms even further to include points about the business side of your practice, such as evaluating your advertising or marketing ideas.

Here are 10 ideas for customizing your health history form in order to enhance your treatments and help the business side of your practice. I have provided a copy of a health history form (page 20) with each section numbered in accordance with the descriptions provided in the text.

1. In the name field, indicate “PLEASE PRINT.” This will help to ensure correct spelling on receipts and for files in the future.

2. Try to have the client’s address and contact information next. This will keep the client’s personal information together in one place and make it easier for you to enter it into your accounting program or database. On your template, ensure you have a space for home, work and cellphone numbers as well as e-mail as many people have multiple contacts. Give the option for the client to indicate which they prefer as the primary contact point. Some may choose e-mail or text message while others stick to the traditional phone, but clarify which numbers they prefer or want you to avoid.

3. The client’s date of birth field should include a day/month/year to help the client use the notation you are expecting. Asking for their date of birth will help you in a couple of ways; the first being accuracy pertaining to your treatment plans, but also for you to use for birthday cards or notifications. We rarely get birthday cards anymore and many clients appreciate the extra touch of getting a card on their birthday. It may also bring you to the front of their mind and remind them to book a massage.

4. Depending on your provincial requirements, it may be mandatory to ask for the client’s physician’s name, address and phone number. If you are practising in British Columbia or if you deal with insurance company claims, you might want to add a section for the adjustor’s name and contact information and any other pertinent information relating to any current active file. This will help you file accurate paperwork to the correct person for their treatments without seeking out more information from the client, meaning you can get paid sooner.

5. If you deal with clients who are frail or have medical conditions, it might be a good idea to have an emergency contact and phone number in case of a fall or other accident. You don’t want to be scrambling during an emergency trying to find out this information.

6. Have a place for the clients to report how they found you in order to help you analyze your advertising. Be sure to include all the types of advertising that you do. Don’t forget to ask for permission to send out thank-you cards to the person who referred them.

7. This section is good to explain to clients about confidentiality, reasons we collect health information and consent. You can also include any specific clinic policies that you have established so that the clients are made aware of them. A good example of this is your cancellation policy. Making the client aware of your policies up front will help encourage compliance in the future. This sample form does not show the privacy policy, which would be a separate sheet(s). For more information about developing a privacy policy, please see the Spring 2012 Massage Therapy Canada magazine article “Privacy Regulation in Canada” on page 30.
MEDICAL HISTORY INTAKE FORM

1 NAME (PLEASE PRINT): _____________________________________________
   Home Address: ______________________ Apt: _____ City:_________ Province:_____ P/C: __________
2 Home Phone: (      ) _______________ Work Phone: (      ) _______________ Cell: (      ) _____________
   Email:__________________________________________ Preferred Contact Point: __________________
3 Date of Birth: (Month/ Day/ Year) ___________________ Occupation: ____________________________
4 Physicians Name: ______________________Date of Last Physical: ____________Results: ___________
5 Physicians Address:__________________________________ Physicians Phone: __________________
6 Emergency Contact:__________________________________ Phone Number:_____________________
   How did you find us? Yellow Pages/web page: ( ) Gold Book (Gorilla Cover)/701.com: ( ) Car Wrap: ( )
   Web Site: RMT Find( ) Clinic ( ) Live in Area/ Drove By: ( ) Referral: ( ) Who: ______________________

☐ I give permission to the person who referred me and mention my name: Yes: _______ No: _______
   I certify that the information given in this form is correct and accurately reflects my past and current health
   status. I will notify the therapist of any changes that occur as soon as possible. I understand that the
   information requested will assist my therapist in treating me safely and that I can ask questions regarding
   this information. I am aware that before each massage I will give consent for treatment; I am also aware
   that my consent may be revoked at any time I choose. This information will be kept confidential unless
   required by law or after I have given written consent to release information.
   * I agree to provide 24 hours notice to change or cancel my appointment or
   I will be charged the full appointment fee.*

8 ☐ I give permission for the clinic to contact me via mail or email (e.g. Newsletters, cards, etc.)
   Date: ___________________ Signature:__________________________________
   Update 1: ___________Initials:_____ Update 3: ___________Initials:_____ Update 5: ___________Initials:____
   Update 2: ___________Initials:_____ Update 4: ___________Initials:_____ Update 6: ___________Initials:____

Main reason for coming: _____________________________________________________________
   Other health care in past year? (Please circle all that apply)  Chiropractic  Physiotherapy  Osteopathy
   Acupuncture  Naturopath  Massage  Reflexology  Shiatsu  Other: _____________________________
   Medications or vitamins/ treating what condition: ___________________________________________
   __________________________________________________________________________________
   Regular Exercise: _____________________________________________________________________
   Please check if you have experienced DURING exercise: □ Extreme Muscle Soreness or Weakness
   □ Dizziness  □ Headaches  □ Difficulty Breathing  □ Chest Pain  □ Other:____________________
   Recent Hospitalizations (Date/ Why): _____________________________________________________
   Surgeries (Date/ Current Symptoms): _____________________________________________________
   __________________________________________________________________________________
   Car Accidents or Injuries (Date/ Current Symptoms): _______________________________________
   __________________________________________________________________________________

PLEASE TURN OVER ➤
8 With the introduction of privacy legislation, businesses can no longer freely contact clients with newsletters or birthday cards. Add a space on the health history form for permission to contact them in order to make your marketing more successful, if you choose to send out newsletters that help remind clients you are there and remind them to book a massage.

9 Provide a section to allow for the tracking of the annual health history updates. One idea to make this even clearer is to have different coloured pens available to allow you to track the changes to their health history over time. Remember to have a white-out tool in order to make it easier for the client to make changes to their contact information (addresses, phone numbers, etc.) – not their health history!

10 The second page would be the section for medical conditions that you might consider including your charting for the treatment. This will help you cut down on the amount of paper for those clients you only see once.

These are only suggestions and you can choose to use some or all of these ideas. The important thing is to have tools to make our businesses run smoother and be more profitable. Business is about evolving and adapting to the current market conditions and this is one small change that could help your bottom line!

If you would like a full copy of this form, please visit www.rmthelp.ca and click on the Resources section for downloads. If you are interested in having the form customized for your clinic, please contact me!

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Andrea Collins has been a massage therapist since 1999. She has worked in a variety of settings, and owned her own clinic. Andrea has taught business at a private massage school and has expanded to CEU seminars in business (four-part series) and a techniques course (Massage Smarter not Harder). She will also be presenting both of these topics at the Canadian Massage Conference in October. Andrea is currently working on a business book for Canadian massage therapists that is due out this year. For more information about Andrea, please visit www.rmthelp.ca.
Demands of Regulation on Education

An educator’s perspective

INTER-JURISDICTIONAL COMPETENCIES

The Consortium of Massage Therapy Regulators has developed an Inter-Jurisdictional Occupational Profile that describes the work of massage therapists. This document evolved over 10 years and in two phases. Canadian massage therapists in the three regulated jurisdictions (British Columbia, Ontario and Newfoundland) were surveyed to ensure that the competencies reflected the actual work of massage therapists. The results of the survey overwhelmingly supported the new competencies. In Phase 2 of the project, performance indicators were established to explain how each competency should be tested. Educators in each jurisdiction need to become very familiar with this document because within three years, registration exams will test these competencies based on the performance indicators. It is hoped that the occupational profile, competencies and performance indicators may lead the way to national entry-to-practice examinations and a national competency exam.

SCHOOL ACCREDITATION

Donelda Gowan-Moody and Amanda Baskwill, in their report to the Federation of Massage Therapy Regulatory Authorities
of Canada (FOMTRAC) write, “Accreditation by an objective third party system ensures that massage therapy programs, and the institutions that provide them, are accountable for providing quality education in accordance with pre-set standard for entrance to practice.”

Gowan-Moody and Baskwill outline the process: “Firstly, the regulatory body is responsible for establishing scope of practice and professional competencies that dictate the ethics and standards expected by members of the profession. Secondly, the educational institutions/programs are responsible for the creation and delivery of curriculum that will develop the skills and values of their students to enable the graduates of massage therapy programs to be successful at entry-to-practice examinations and in professional practice. There then needs to be an external accreditation institution that is responsible for evaluating the curriculum of the educational institutions against the competencies and scope of practice of the regulatory body. Finally, the provincial government is responsible for approving new massage therapy programs based on their proposed curriculum.”

Pam hopes that massage therapy institutions will become more proactive in their approach to accreditation. “Massage therapy programs need to discuss how they plan to get on board with school accreditation. Although BC has accredited its schools for years, accreditation has never been established across all three jurisdictions. However, programs in most other professional disciplines view it as an essential way of ensuring educational and professional accountability. If educators ignore the opportunity to discuss how to evaluate and map curriculum to the new inter-jurisdictional competency standards, then they will be unprepared for the dialogue on how best to meet accreditation standards. We don’t know when accreditation will be established for our profession, but it is coming. Taking a long view and preparing in advance for this important step will lessen the burden on schools once this process is in place.”

NEED FOR TWO-WAY COMMUNICATION BETWEEN EDUCATORS AND REGULATORS

Pam is adamant that for education to move forward and for accreditation to get past the discussion phase, all stakeholders need to hold dialogues and work collaboratively. “How the Regulator sets the exam and how schools prepare their students for the exam is the point where educators and regulators meet. More than anything, I would like to see educators establish a united voice within the profession and collaborate with the Regulator so that the registration exam becomes a unifying professional force. If the new registration exams reflected the competencies and tested the performance indicators transparently, then educators would use the new document to develop their curriculum maps. That was how these standards were conceived. This type of practice is the norm in other professions like nursing and dental hygiene, where educators are invited to create a registration exam each year.”

The College of Massage Therapist of Ontario historically has not allowed educators to participate in the creation of a registration exam because they have suggested that the security of the exam might be compromised. Unfortunately this year, the security of the exam was breached despite the fact that no
The most common request I receive, as a massage therapist, is to work on a client’s upper back and shoulders. The upper shoulder rub is a cliché of the massage profession. Most massage therapists can relate to being at a party, introducing themselves as a massage therapist, and having the other person, in jest, offer them their shoulders to rub.

Many people store tension in their upper back and shoulders, a.k.a. “the weight of the world on your shoulders” syndrome. In truth, many of my clients who chronically complain of tightness in the back of their shoulders are unaware of how much tension they are storing in the front of their shoulders, that is, in their chest. Accumulating tension in the shoulders can start a step deeper — in the tightening of the chest muscles.

Many clients who have upper back and shoulder tightness have shoulders that round forward. This rounding can be caused by a tight chest and diaphragm pulling the shoulders forward over the heart. In this case, the backs of the shoulders work doubly hard to hold themselves up, since there is no longer support from an open and functioning front body.

I’ve had many clients who just wanted me to pound away on their tight shoulders and upper back. This approach, though I’m sure it would feel good for the client, is only treating the symptom and not the cause.

When the front and back aspects of the body are balanced, the shoulders can slide down the back. If the front body is collapsing, the back of the shoulders becomes responsible for compensating for this.

In short, tight shoulders are a symptom and a tight chest may be the root cause. There is a popular adage in Chinese medicine about the importance of treating the root and not the branch. If you treat the branch your client will in time develop the same complaint again and again; if you treat the root they will come to you the next time they have an ailment, knowing you have solutions that work.

Image 1: Use your lower arm to apply deep pressure to the anterior chest area and shoulder.
AUTH METHOD
The Auth Method is a system of massage that takes the practitioner’s body into consideration. It was developed in the belief that, with the right tools, technique and body mechanics, performing massage can be effortless for the therapist while still offering benefits to the patient. One of those tools is using the forearms instead of the hands as your primary massage tool. When using your forearms, it is advised to use the upper third of your forearm, because you’ll have more leverage than when using the middle or lower forearm. The forearms are perfect for chest massage because they are less pokey than the fingers or elbows and allow the practitioner to work a larger portion of the chest at once.

WORKING THE CHEST
Position your client comfortably in supine position. Undrape their arm and upper chest by folding over one corner of the sheet or towel. Begin with basic effleurage to spread oil over upper chest, arm, and hand. Standing alongside the client, abduct the client’s arm out to 90 degrees with their elbow bent to 90 degrees as well. Holding the client’s right hand with your left hand and vice versa. Give a gentle rocking of their arm to ensure their arm is relaxed. Gently rest their upper arm on the table, still holding their hand with their elbow bent. Gently place the upper part of your forearm on the client’s chest just above the drape and just medial of the sternum. If your client has large breasts, move the breast tissue out of the way by bringing your forearm into contact with the chest in a slightly downward direction. Your hand should be just below their elbow or upper arm. Your whole lower arm will be in contact with your client (Image 1). Begin your stroke by following the fibres of the pectoralis major muscle, moving along the medial border of the sternum up toward the clavicle, move laterally along the posterior clavicular border, passing just under the shoulder joint and onto the attachment of the pectoralis on the intertubercular groove of the humerus. The stroke can be continued all the way down to the elbow, although this latter half of the stroke is performed with light pressure (Image 2). If needed, the beginning part of the stroke over the pectoralis muscle can be performed with deep pressure. Simply hover your upper body over the stroke, dropping your body weight onto their chest. I find it doesn’t take much body weight to deliver the pressure needed to work deeply in this area. When you reach the end of the stroke, lift your arm up off their body and start from the beginning. Repeat this stroke a couple of times, varying the location of your forearm stroke to ensure that the whole area has received adequate work.

Image 2: Use light pressure to continue this stroke all the way to the elbow.
PASSIVE MOVEMENT

Passive movement is a great way to intensify this stroke. By moving a joint that articulates with an area of tension, the tissue loosens from the inside out. This can be necessary for areas of built-up tension, but it’s also an easy way to work deeper on your client without putting additional stress on your own body. Try this stroke again, but this time instead of holding their arm stationary, move their hand forward toward the table (Image 3). This will open the shoulder joint and put the pectoralis muscle on a mild stretch. While continuing your stroke, take the arm back to its original position, releasing the stretch. When moving the client’s arm back and forth the pectoralis muscle oscillates between a relaxed and a stretched state, assisting in the release of tension in this area. Positioning a muscle “off the stretch” softens the muscle and allows the practitioner to work deeper. Positioning a muscle “on the stretch” makes the muscle more taut and intensifies bodywork on the stretched area. Play with this movement a couple of times to get the hang of this tool. Be sensitive with your pressure when stretching. To get in even deeper, move your client’s hand forward toward the table and then begin to straighten their arm, bringing the pectoralis into an even deeper stretch (Image 4).

In addition to massaging the pectoralis major, massaging the anterior deltoids, diaphragm and pectoralis minor will assist in bringing the shoulders back and opening the chest. Encourage your clients to take a deep breath into their chest after this work; they are likely to comment how much easier it is to breathe deeply. With their chest more open it will be easier for them to bring their shoulders back, releasing tension in the back of the shoulders.

When practising the Auth Method, it is not necessary to use muscular force; simply drop your body weight onto the tissue, you’ll naturally sink to the most superficial layer of tight tissue. As that tissue releases, you will sink into the next layer. This patient process of working layer by layer creates a massage experience that is deep without being painful for the client or strenuous for the practitioner.

Shari Auth is a licensed massage therapist and acupuncturist, and is certified in the Rolf method of structural integration and Chinese herbology. She is the founder of the Auth Method and has a DVD, book and home-study course on forearm massage, as well as a new DVD titled Forearm Massage: A Guide To Side-Lying Position. She teaches CE workshops and is an NCBTMB-approved provider. For more information, visit www.authmethod.com.

The Lighter Touch

“LET’S SEE IF WE CAN GET SOME OF THAT TENSION WORKED OUT, SHALL WE, MR. JENKINS?”
educators were involved. This left educators to answer graduates’ questions about their future and put many teachers in an uncomfortable position of defending the Regulator, without having enough information about future plans. Graduates lost work opportunities, potential income and were delayed in their ability to join the profession, in some cases for up to a year. Candidates have voiced concern in three Ontario newspapers over the fairness of expecting candidates to write their registration exams more than six months after the initial exam date. The cost of the registration exam is close to $1,000 plus whatever expenses are incurred for travel to the testing site. The Regulator did not offer candidates any compensation and it is expected that some may abandon the profession, work without registration, establish practices in unregulated provinces or try to write their registration exams in British Columbia. Under the current system in Ontario, educators and regulators have no formal consultative process when problems arise or things go wrong with the exam.

“A more transparent process between the Regulator and the Educators would help to unify the profession significantly,” says Pam. If we could have worked together on how to manage the delay in the exam, then schools could have supported the CMTO position more easily. I applaud B.C.’s registration exam process because their College is working diligently to ensure fairness of the registration exam. The CMTBC hires MTs who are trained outside of B.C. to take their registration exam and provide feedback on its fairness. That shows considerable commitment to reducing labour mobility barriers across provinces as well as transparency in process.”

“I hope,” Pam concludes, “that as educators, we can communicate more flexibly between professional stakeholders so that, in moving forward, we are all on the same page. Inter-provincially this is as challenging as it is within Ontario. But an opportunity to dialogue on some of these national and professionally current issues would catch my attention.”

Thanks, Pam, for making this subject matter palatable for the rest of us!

For article with references, please visit Current Issue at www.massagetherapycanada.com.

Don Dillon is the author of Massage Therapist Practice: Start. Sustain. Succeed. and the self-study workbook Charting Skills for Massage Therapists. Don has lectured in seven Canadian provinces and over 60 of his articles have appeared in massage industry publications in Canada, the United States and Australia. Don is the recipient of several awards from the Ontario Massage Therapist Association, and is one of the founding members of Massage Therapy Radio www.massagetherapyradio.com. His website, www.MassageTherapistPractice.com, provides a variety of resources for massage therapists.
The Massage Therapy Association of Manitoba (MTAM) has been informed that its application for the regulation of massage therapy in the province under the “Regulated Health Professions Act” has completed its first review process within the Minister’s office.

The Honourable Theresa Oswald, Minister of Health for Manitoba, informed the MTAM that its application presented to the Minister in early May has now been referred to the “… Health Professions Advisory Council (HPAC) to investigate and advise whether massage therapists in Manitoba should be regulated under the Act, and if so, what would be the appropriate college, scope of practice, reserved acts and titles.”

The MTAM is the 24th health profession to make application for regulation in Manitoba and is participating together with the Paramedics Association of Manitoba (number 23 to apply) in the new application process described in the Act. The MTAM has recently launched a public awareness program titled “Massage Therapists want to be #24”. The program is designed to raise public awareness of the application process.

Executive Director, George Fraser noted that “… the review process in Manitoba will be launched in an electronic format that will allow anyone to participate in supporting the application or commenting on the application itself. It will be entirely interactive.” The government will be announcing the contact site in the near future.

The MTAM application is centered on the recently approved “Interjurisdictional Practice Competencies and Performance Indicators for Massage Therapists at Entry-to-Practice (2012).” This document was created and approved by the three regulated provinces (Newfoundland & Labrador/Ontario & British Columbia). Non-regulated provinces and schools also played a role in reviewing the document and providing oversight. The document received a very high ‘validity’ rating from RMTs across the country. The process was funded by the Federal Government through the Human Resources and Skills Development Canada (HRSDC). The intent of the project was to meet Labour Mobility legislative requirements within Canada.

Visit the MTAM website at www.mtam.mb.ca for details.
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Many RMTs are asking themselves if they should create a social media presence in order to further market their practice. Below are some questions we are often asked and our responses to them.

What is social media?
Facebook, Twitter, LinkedIn, Google+, blogsites and the list goes on, are examples of social media sites that encourage individuals and groups to connect, interact, inform, share thoughts and opinions with one another online.

Does a social media presence replace the need for a website?
No. Your website contains a great deal of organized information about you, your practice, expertise, availability, policies, forms, location and any other information you wish to convey. Social media for business is all about interacting and stimulating word-of-mouth promotion of your practice.

Your website is designed to get results for popular online search queries. Try searching online for “massage therapist” in your town. You will reach pages of RMT business websites before you ever find an RMT’s social media site. Your RMT website is the ultimate place you want online searchers and social media users to find. However, there can be a great deal of positive synergy between your website and social media.

If you decide to create one or more social media presences, they should informally direct potential clients to your RMT website and vice versa. Ideally, your website should allow current and potential clients to request appointments online at their convenience.

Why use social media?
The answer is that many of your clients and potential clients are quite active in the social media space. You have an opportunity to learn more about the interests and health concerns your clients and potential clients have and to position yourself as a professional and subject matter expert. You can also use other people’s social media sites to post information with informal links back to your website.

Most RMTs would agree that word-of-mouth advertising is a highly effective method of gaining new clients. Word-of-mouth referrals and social media have a lot in common. For example, when people “like” your Facebook page and recommend your services on Facebook, several of their friends are introduced to your services.

How can social media work for me?
The intent is to keep current clients engaged with you and attract new clients to your practice. Using Facebook as an example, you can start a Facebook page and invite your existing clients, professional peers and personal friends to join. They view your content, post content or opinions and generally interact with one another. They in turn, may invite others to view and interact on your site. You are building an online place where “digital” word of mouth proliferates and you become a trusted expert. Many massage therapists also “embed” their websites’ online booking request system on their Facebook page, thus allowing current and potential clients to request appointments from both places.

What does it cost to create my social media presence?
Most social media sites are free or have inexpensive “upgrade options.” However, there will be a great deal of your time involved in learning how to create your social media page(s), researching and creating content, monitoring and answering comments. Experts agree you should allocate up to one hour of your time per day as an overall average.

If you are not prepared to make this time commitment, then it is advisable not to do it at all. A large percentage of therapists are not active in business social media and they have successful practices. There are many other forms of engaging with, and advertising to, your target market.

Where do I start?
Speak with your peers about what social media platforms they use and why. What results have they seen and how long did they take to occur? Plan your content and posting schedule. Be realistic regarding your available time. View other therapists’ sites for ideas of what to do and what not to do. Keep your business and personal Facebook pages separate. Initially, choose only one platform - that is start only with Facebook or Twitter - if it requires content and management from you. Above all, remember that success in social media takes time and effort. The rewards can be well worth it.

Until next time, be well!

MindZplay Solutions is a provider of massage therapy websites and practice management solutions. To learn more about mindZplay solutions for massage therapists, visit us at www.massagemanager.com or call toll free 888-373-6996.
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