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Contemporary Medical Acupuncture for Health Professionals
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Spring 2013 Program
Introduction to Contemporary Acupuncture
Unit 1 • February 22-23-24, 2013
Upper Extremity Problems • Acute Pain
Unit 2 • March 15-16-17, 2013
Axial Skeletal Problems • Visceral Regulation
Unit 3 • April 12-13-14, 2013
Head & Face Problems • Chronic Pain Syndromes
Unit 4 • May 10-11-12, 2013
Lower Extremity Problems • Integrated Mgmt.
Unit 5 • May 31-June 1-2, 2013

The program is skill-based and clinically oriented, with over 80 hours devoted to practical workshops on surface anatomy palpation, needle insertion skills, anatomy laboratory, condition-specific blueprint treatment design, and treatment of real patients. Since 1998, more than 1400 professionals have graduated from the program, achieving their training goals.

This is what they have to say:

I wanted to congratulate all of you on putting together one of the finest post graduate courses I have had the privilege to attend. The program was highly informative, extremely well organized and executed wonderfully. The theory and practical components were relevant, not only in relation to each other, but for any healthcare professional looking to expand their horizons and ability to serve their patients. Every instructor was well prepared and took the necessary time and effort to provide information and guidance to those students who asked or needed additional help. Each went above and beyond my expectations. There was never a weekend that I did not feel motivated and anxious to attend this learning experience. I would like to take a moment to single out Dr. Elorriaga on his superior skills as a teacher and lecturer. Never did I leave one of his presentations without feeling that I had been gifted with information and insights that I would carry with me my entire career. His intelligence and devotion to his field makes him a mentor to everyone he interacts with.

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.

Given G. 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 Golchini, 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 outside 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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from the editor

It’s quite easy, isn’t it, to talk to patients about taking care of themselves – eat well, do exercises targeted to their condition, get good sleep, manage stress, meditate – and to underscore your advice with a recommendation to book themselves for a massage at appropriate intervals to support these efforts. Indeed, a characteristic of your audience is that they are the optimal blend of captive and receptive: they have come to you out of need but they also recognize that you are an educated and knowledgeable practitioner with authority to speak on matters pertaining to their health. And, so, you do. You zero in on the relevant features of their presenting condition and lifestyle to provide strategies that will foster healing and achieve (and maintain) health – and you devise a meaningful way to discuss it with them that will inspire them to correct any current bad habits!

But what about the person dispensing all this advice? What about you? Longevity, in the massage therapy profession, is an issue because yours is a very physical calling that is tied in with the emotional element of caring for people in need of nurturing on a number of levels. Add to this an almost exponential development of guidelines, requirements and policies being appended to your roster of things to do to maintain your licence, and the element of running the business of your practice or contributing to the clinic in which you are employed. Although many describe the journey as gratifying and their efforts – with respect to their patients as well as the profession – as a labour of love, massage therapists are constantly required to plan and to reinvent themselves in order to continue within their vocation. Where, then, does taking care of yourself actually come in?

In this issue, your colleagues present a number of strategies to help you hit the ground running if you’re a new grad, and to ensure your survival if you’ve been in practice for a while. One sub-theme that has emerged is about reinventing themselves in order to continue within their vocation. Where, then, does taking care of yourself actually come in?

Welcome to 2013 – I wish you all blessings and good health in the new year! If you have ideas for topics that you would like to see covered this year, news/developments you wish to share with your massage therapy colleagues, or comments about our articles or our www.massagetherapycanada.com website – please do not hesitate to contact me at mdidanieli@annexweb.com.

Bien à vous,

Maria DiDanieli

President
Beyond the CEU
Adding value to your practice

These days, it seems you can’t throw a hot stone without hitting a massage therapist! In an ever-more-saturated field, what can you do to separate yourself from the pack? How do you stand out? How do you add value to your practice, and what is real value?

WHAT IS VALUE?
In its basic suggestion, value is the established worth, merit, or importance of something. In the helping professions, it is advisable to travel beyond the consideration of value simply as monetary worth, and to venture into the realms of value as genuine merit and importance. In a health-care setting, value can mean providing the best service you possibly can, doing more than you will ever be paid for, going the extra mile with your clients and trying to find ways to benefit your community.

Adding value to your practice can be as simple as studying for a half-hour each day. Choose an area of study that may have been a weak spot in your training, perhaps anatomy. In one year of adding the half-hour session to your life, you will have accumulated four 40-hour weeks of continuing education in anatomy! The CEU format fostered by our regulatory bodies and associations is great but going back to our basics of anatomy, neurology, pathology and physiology can have tremendous benefit.

“Develop a passion for learning. If you do, you will never cease to grow.” –Anthony J. D’Angelo

WHAT TO LOOK FOR IN A CEU PROGRAM
While it is fun and worthwhile to learn something new, might I suggest that when choosing a CEU subject, you choose something that is challenging to you rather than something that looks “safe”. It is easy to fall into the mindset that you just “have to” complete your CEU requirements, so you might be inclined to select an easy course in something you are already familiar with. Raising your own “bar” can help boost business value, not only because you will have learned something completely new, but also because you will have gained new confidence by enriching your talents. Your regular clients will notice a difference in the treatments they receive and new clients will wonder why your treatments are different and more effective than many others.

Registered massage therapists have a wealth of courses to choose from: acupuncture, kinesio-taping, hot stone massage, Bowen therapy, shockwave therapy, cranio-sacral therapy, active release therapy and myofascial release, to name a few. Any of these skills will add value to your practice. As in any profession, however, our tools are only as good as our ability to use them in the most effective manner. Reconsider that each of these therapies requires a sound knowledge of the underlying anatomical structures. Kinesio-taping for infraspinatus inhibition will have little effect without a perfect understanding of the origin, insertion and innervation of the infraspinatus muscles.

I harp on this point from good experience. As an instructor of medical acupuncture, I am still surprised when students who are RMTs, MDs and physiotherapists suggest that a review class in anatomy and neurology be set up before the main course is taught to get them up to speed. The anatomy and neurology are nothing more than what each practitioner would have been required to know for their respective board exams!

“If you are going to go into business it should be to add value to the community you will be serving, not just to make money. It sounds kind of counter-intuitive but let me explain: in the beginning you may be able to generate income without providing much value but in the long run your business will have trouble surviving. Defining the values you want to provide will allow you to understand what kind of clients you will be serving.” –Bob Proctor

COMMUNITY INVOLVEMENT
Getting involved with the community through charity work can also create value for your business. Putting together your own programs, setting up scholarships, holding a winter clothing drive or hosting an educational event affords the opportunity to get to know your community – and for the community to get to know you. To see and be seen!

I recently had the opportunity to produce and host a six-part community program, Massage Matters, with Rogers...
Television in the Grand River Region of Ontario. The guidelines of the show did not allow for my own self-promotion or promotion of my clinic. I did not even mention my professional background on the show! Over the course of the series, I brought in four guests, three of whom were RMTs. Two of the three have already had clients book in with them because of the exposure to their communities that they gained from the show. The purpose of Massage Matters was to educate the public about all the services offered by RMTs and allow them to make informed choices, take informed action and be proactive towards their health care.

Writing articles for your local newspaper or giving free lectures at your local community centre may also be very valuable, if, and only if, you do the writing or give the speech to provide value and not to drum up business! This may seem like a departure from the conventional business model – but it takes us, once again, to the idea of offering value rather than just seeking financial gain.

“I have found that, among its other benefits, giving liberates the soul of the giver.” – Maya Angelou

CHOOSING YOUR NEW HABITS
Breaking old, destructive habits and replacing them with new, productive habits is a challenge. Our minds are programmed from the time we are born and often any new information we receive isn't very helpful. For instance, have you ever had a client come in and say something like “Everyone in my family is overweight” or “Everyone in my family smokes.” The ‘etched in stone’ mindset is strong and difficult to overcome for individuals – and their therapists. We all have negativity within, which can block us from performing at our highest potential. Often the biggest obstacle is that we don’t even know why we hold strong to our beliefs, or why we have formed bad habits.

Adding courses and reading books on personal and professional development can come in handy. By taking courses and reading books on personal and professional development, you can explore these bad habits and reflect on what needs to change. The lessons you learn about yourself and the ways you change your own thinking can, in turn, help you to help your clients. Overcoming your own obstacles to success sets a good example. For instance, live the way you have been suggesting to your clients: quit smoking, start a stretching routine, spend less time on social media and more time studying. You will become the example they can emulate!

Many of us have strong business-related beliefs as well and these can hold us back. Beliefs like: “There are too many RMTs in this part of town or in this community,” “This is a bad time of year to attract new business” and “With all the troubles in the economy no one has the money to pay for massage treatments” can all create impediments to our growth. These are all just beliefs, not facts, and we need to know the difference! When you hear yourself saying or thinking these thoughts, have a system in place that brings you back to inspired action. This is where ongoing life-learning, and materials that focus on personal and professional development become invaluable.

“Habits change into character.” – Ovid

MAKING THE TIME
If a poll was taken of everyone who reads this magazine, asking how much time they had spent over the last five years planning vacations – researching locales, booking flights, hotels, sightseeing, scuba classes, passports, meals, etc. – it wouldn't be surprising to find out it was many hours, probably
close to 20 or 30. If I were to ask those same readers how much time they had spent planning and writing down their personal or professional goals, I wouldn’t be surprised if they said very little or even no time. It is funny how we have been more effectively conditioned to plan an escape from our community, than to plan the ways we want to live and produce value within it!

I think Albert Gray – an American insurance salesman and motivational figure who put forth some powerful ideas about being successful – put it very well in a speech he gave many years ago. He said; “the secret I was trying to discover lay not only in what people did, but also in what made them do it . . . the secret of success of every person who has ever been successful – lies in the fact that they formed the habit of doing things that unsuccessful people don’t like to do!”

[Albert E. N. Gray, 1940]

Nowhere in any of the literature that I have read on the topic of forming habits does it say that it is going to be easy. It is all very simple, but definitely not easy! Finding the time seems to be the biggest challenge for most people. Everyone gets 24 hours per day and you will have to rearrange some things to fit in a brand new habit.

The most famous basketball players of all time were known to be the first ones on the court for every practice and the last ones to leave! How does this translate into adding value to my health care practice? Taking the time to sit down and write out your personal and professional goals at the beginning and end of every day means that, in your own game, you are the first and last on the court.

Start with a small change like waking up an hour earlier every morning to study: make a gratitude list, read about success and plan your own success. A little discipline will go a long way toward creating the life and practice you always wanted but never knew you could have.

“Try not to become an individual of success, but rather try to become an individual of value.” –Albert Einstein

Decide what you are going to do to create more value in all aspects of your life and sooner than you can imagine you will be a “standout” in your community. Resolve today to create the habit of adding more value to everything you do: our profession, as a whole, can only be uplifted by each of our individual efforts.

Chris O’Connor is a massage therapist, public speaker, osteopathic practitioner, provider and instructor of contemporary medical acupuncture. For more information, visit www.chrisoconnor-consulting.com.

Liddle Kidz Announces 2013 Canadian Training Dates

The Liddle Kidz Foundation announces its 2013 Canadian training dates and locations for RMTs who wish to achieve their certification as pediatric and/or infant massage therapists.

Canadian dates are March 14-17, 21-24, 2013, and seminars will take place in Vancouver, British Columbia. For Canadians who can’t make these dates, there are a number of dates and locations available in the United States throughout the year.

Finally, comprehensive infant massage and pediatric massage certification programs for professionals and caregivers are available! You can enhance your career as a professional massage therapist, bodyworker or other health-care provider by becoming a certified infant massage therapist (CIMT) or a certified pediatric massage therapist (CPMT) qualified to provide massage therapy for pediatric clients. The Liddle Kidz Foundation certification courses are intense, fun and an effective way to master the core skills of infant and pediatric massage.

Founded by pediatric massage master teacher and philanthropist Tina Allen, the Liddle Kidz Foundation – a not-for-profit organization – offers new, comprehensive, research-based training courses and teaches students what they really need to know to become infant and pediatric massage professionals.

Any experienced infant massage teacher or pediatric massage therapist will tell you that there is a world of difference between learning how to massage a baby or child from a book or DVD, and knowing how to provide the best care to meet a child’s and families needs. However, there are few opportunities to learn the skills you really need from a working health-care professional who has provided infant and pediatric massage education throughout the world.

For more information about the Liddle Kidz Foundation, and about the training sessions – including all dates, locations as well as registration details – please visit www.liddlekidz.com. Please check with your local jurisdiction regarding CEU information for these courses.
I’ll admit that as a practitioner, research has been a means to an end. I know research would help the credibility, and hence funding and public health positioning, of massage therapy, but I was never interested in poring over research abstracts, writing case studies or assessing my treatment plans against whatever practice guidelines may exist. I graduated long before the discussion of research literacy and evidence-based practice, and incorporating these into an already busy day was just not one of my habits.

I suspect many of my colleagues feel the same. In a fee-for-service workplace, who has time — that is, time that takes away from earning income — to critically review or consider research? As Antony Porcino pointed out in his presentation at the IN-CAM Symposium on the nature of therapeutic massage/bodywork practice and research-applied-to-practice gap, massage therapists are suspicious of research and rely on traditional knowledge. Many practitioners believe “personal evidence is more valuable.”

**RESEARCHING THE MATTER**

Research is not just quantitative measure or testing cortisol and norepinephrine levels in lab rats — it affects the viability of daily RMT practice. Research challenges the profession to examine its beliefs, values and applications, shaking down to the individual practitioner level. Studies exist that can illuminate trends, gaps and needs within and outside the profession, and can be used to inform practice and direct professional development.

For instance, at the IN-CAM symposium, Ania Kania presented findings of 330 urban hospitals in Canada where 59 employ, or contract, massage therapists to provide services to staff, medical students or patients. In-patient requests topped the list of drivers to request RMT services, followed by direct referral from a physician and profit-incentive by the facility. Most RMT services are provided in the hospitals’ rehab departments, but some RMTs are employed in other departments, such as cancer wards. Over half of the RMTs surveyed and working in these hospitals confirmed they were involved in team treatment planning, and that services were paid by the patient, by third-party/insurers or by organized charities. RMTs were employed at a top range of $35/hour or some form of commission. I was surprised massage therapy care was incorporated into so many hospitals!

Cathy Fournier’s presentation illuminated the professional status imbalances between RMTs and other disciplines. Fournier’s research showed physicians and nurses are often unaware of the regulatory and educational qualifications of massage therapists. She noted how private versus public funding of health care, a medical hierarchy and an absence of massage therapy in the research literature create tension and barriers to RMTs becoming accepted in health-care planning, delivery and funding.

Sunita Vohra, from the University of Alberta, reported changes in medical students’ attitudes toward CAM after attending a CAM fair and a credit course in the understanding and use of CAM.

Doneld Gowan-Moody explored RMT reliance on texts, educators and their personal experiences in client/patient care for information. Practitioners often view these resources (often erroneously) as sources of evidence-based practice.

Daniel Hollenberg reported on a CAM provider shortage in rural areas, and described how rural citizens rely on CAM providers to provide care, monitor health and bridge necessary conventional health services between medical screenings or in the absence of comprehensive biomedical care.

Merrijoy Kelner’s research showed that health consumers seek CAM in the treatment of chronic pain, fatigue, depression, headaches, as preventive care and because of dissatisfaction with standard medical care. These consumers seek warm,
empathetic care, a comforting environment and a sense of partnership and responsibility in their own care. Kelner found that friends, family, neighbours and media were prime sources of referral for CAM, but surprisingly not CAM practitioners themselves. In fact, many health consumers who thought they were getting “integrated health care” were not receiving conjoined medical care and CAM, nor even integrated CAM care. What health-care consumers expected as “integrated” in fact was often care delivered by a sole practitioner.

Nadine Ijaz examined the social determinants of health, and how access-coined facilities can reduce the socioeconomic barriers to health-care access. Ijaz argued that in the absence of sufficient regulation of CAM or supplementary health insurance for a majority of the population, practitioners are seeking innovative ways to lower the barriers to CAM access. Her presentation touched on taxpayer-funded (Medicare), private-free or private low-fee and private-sliding scale, services supplemented by product sales and private-barter models. Of the private-free or low-fee facilities, common traits included: community based; private and non-profit, volunteer-driven; services free or small token payment; emphasis on compassionate care and patient dignity; and a focus on targeting at-risk local populations.

Research not only informs evidence-based practice, but also contributes to a patient-centred sustainability of the profession.

Ijaz cited that there are 1,200 free clinics offering $3-billion in free biomedical services to $3.5 million under- and uninsured Americans, with a handful offering CAM services integrated in. Proponents of the-private-free or low-fee model see traditional medical care as high-cost, and insurance coverage as class-discriminatory and access-prohibitive.

In an act of civil disobedience – yet strongly supported by local politicians and citizens – the Compassion Club (Vancouver, British Columbia) and the Harbourside Health Centre (San Francisco, California) generate operating funds through the sale of cannabis.

Keynote presentations by Dr. Claudia Witt, Barbara Findley-Reece, Dr. Herbert Emery, Dr. Heather Boon and Dr. Marja Verhoef added broad context and perspective to the field of CAM research.

**FINDINGS REGARDING MEDICARE AND CAM**

Dr. Herbert Emery in his keynote address asked the $200 billion-dollar question, “Should CAM be covered by medicare?” Canadian medicare “is, by its very terms, a partial health plan and its purpose is not to meet all medical needs.” Public perception seems to be that publicly funded services are “medically necessary” and that CAM services are for personal – as opposed to public – reasons. Emery said government health-care spending is not necessarily directed to evidence-based practices. For example, 80 per cent of current publicly funded services have not been sufficiently assessed as evidence-based, and an estimated one-third of services does nothing to improve patient health. Emery suggests government lobbying/advocacy and media pressure may be effective in redirecting more funding to CAM.

Emery proposed that, in order to include CAM in medicare, government would need to: a) change the Canada Health Act (CHA) to fund/supplement 70 per cent of service costs instead of supplementing 100 per cent of physician and hospital-only services and “broaden the basket” of services covered by public health care; or b) keep the CHA as is, but encourage government to spend more on CAM interventions that are needed (versus wanted), are evidence-based, offer good value for money spent and require public funding to ensure access (as opposed to individuals managing the expense themselves).

Emery identified the biggest barrier to public funding for CAM as the ever-rising costs of medicare. She suggested a health savings account – a pre-set amount of dollars for defined services causing the patient to use services efficiently, improving access for a broader population to CAM services and limiting government expenditure to the defined cap – may be the best funding option for CAM services.

**FOCUS ON MASSAGE THERAPY**

Trish Dryden and Ania Kania led a workshop regarding the development of a national-level special interest group (IN-CAM MT SIG) to support research-informed massage practice. Dryden and Kania encouraged the group to build on the strengths of interest and existing networks; to put into operation research initiatives in the profession; and to collaborate rather than remain in an isolated, province-based silo mentality.

The IN-CAM MT SIG would need to operate at a national level, be action-oriented, be research-focused, be collaborative, and effectively use financial and human resources. The group identified two goals to accomplish in the next year: i) to identify human and financial capital to invest in the initiative, and ii) to build research competencies and performance indicators to inform the MT profession across Canada. For more on IN-CAM MT SIG, visit the IN-CAM website at www.incamresearch.ca.

Laura Weeks in her discussion on the Ottawa Integrative Cancer Centre had a message for all of us regarding CAM integrative care, “It’s nobody’s job, but really everybody’s job, to make it work.”

So now I get it. Research not only informs evidence-based practice, but also contributes to the viability of practice, the sustainability of the RMT profession and the ever-evolving focus of providing the best in massage therapy care to patients. I’m looking forward to the eighth IN-CAM Research Symposium in Calgary in autumn 2014.

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**Don Dillon, RMT**, is the author of Massage Therapist Practice: Start. Sustain. Succeed. and the self-study workbook Charting Skills for Massage Therapists. Don has lectured in nine 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.
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Despite its recently ostensible and Technicolored appearance on the world stage, kinesiology tape has been in use for over 40 years. Japanese chiropractor Kenzo Kase is credited as its developer and it took 50,000 free rolls and gold medal beach volleyball athlete Kerri Walsh (2008 Olympic Games) before eyebrows were raised.

In many areas of medicine, the use of a modality by athletes and practitioners often pre-dates the scientific explanation of how it “works.” Kinesiology tape seems to be following in those footsteps. Tape companies claim it “reduces muscle soreness, improves function, decreases bruising, and decreases pain” amongst other benefits. So where does the rubber meet the road?

HOW IS IT USED AND HOW DOES IT WORK?

There are differing schools of thought on the methodology for applying kinesiology tape. Early and persistent reasoning suggested that origin-insertion, muscle innervation and muscle action taping best serves to support/stimulate external body areas. This “anatomical approach” probably makes the most intuitive sense to medical practitioners as it follows anatomical “rules of engagement.”

Dr. Steven Capobianco, chiropractor and developer of the Fascial Movement Taping (FMT) method, argues kinesiotaping should be “based on the obvious yet largely overlooked concept of muscles acting as a chain… the body’s integration of movement via multi-muscle contractions as a means of connecting the brain to the body’s uninterrupted fascial web in order to enhance rehab and athletic performance via cutaneous (skin) stimulation. By taping movement rather than muscles, FMT has demonstrated greater improvement in both patient care and sport performance.” (Performance Functional Taping Chain - Rotational Movement Dysfunction)

Dr. Capobianco is not alone in this line of thinking. Leading fascia researcher, Robert Schleip, PhD, underscores movement and its role in pain and dysfunction. New research in addressing movement impairment, rather than joint and muscle pain, has initiated a fast growing movement model.1

Additional support for this model comes from Thomas Myers in his groundbreaking book, Anatomy Trains.2 He offers a template to assess, treat and manage body-wide motor dysfunction based on myofascial meridians, and movement impairment.

Application models aside, how is kinesiology tape theorized to work and what is the support?

As with anything that touches our body’s biggest organ, kinesiology tape has a cutaneous mechanoreceptor effect that stimulates those receptors to enhance body kinesthesia, or movement awareness. By stimulating large skin mechanoreceptors, kinesiology tape can downgrade painful stimuli from the nociceptors to decrease pain perception.

Recent research indicates that kinesiology tape has a greater stimulatory effect on compromised tissue (due to injury and/or fatigue). Thedon, et al.3 conducted a study to evaluate body sway in individuals with and without tape. They found that the tape showed very little change in the uncompromised condition, but when the subjects were fatigued, the tape provided an added stimulatory effect to the skin helping to compensate for the loss of information fed to the brain from the muscles and joints. For the pain and performance community, this study provides insight into the ability of an
“auxiliary” system, such as the skin, to augment treatment and training outcomes. Some of the “stickier and stretchier” kinesiology tape brands remain on the skin for up to five days thereby extending the stimulatory effect.

Visual evidence that “something” is happening occurs when kinesiology tape is used on bruising. The elastic pull on the epidermis/dermis layers creates an area of lower pressure to assist in fluid dynamics (acute/chronic edema). The pre-tape and post-tape photos are most compelling. Where the tape was applied directly to the skin, bruising dissipates more rapidly than areas without tape.

OUTSIDE THE BOX

A 2012 study of 32 surgeons, showed a statistically significant reduction in neck and low back pain (using Oswestry Low Back Disability Index and Neck Disability Index) and functional performance (using neck and low back range of motion scores) with the use of kinesiotape during surgery. This may have far-reaching implications for other jobs/activities where sustained positions result in musculoskeletal pain.

A final and anecdotally successful use for kinesiology tape, also developed by Dr. Capobianco, is Power Taping during later pregnancy. An example is the “baby belt” application, which attempts to offload the abdominal strain by redistributing the stress to the upper scapula-thoracic area. The tape follows a fascial sling Thomas Myers calls the “spiral and superficial front lines.” He and other fascial pioneers suggest that skin stimulation enhances fascial proprioception and as the fascia envelopes the entire body in a “neuromyofascial web” a broader improvement in body posture results.

Clearly the use of kinesiology tape is popular (millions of users) and the applications are broad (from athletic injuries to edema). Specific evidence for efficacy is scant but growing, and plausible. There are currently no reported dangers associated with using this elastic cotton mesh bandage, and the only significant contraindication is on open wounds. Kinesiology tape breathes well and flexes like a second skin, unlike most braces that act more like abrasive exoskeletons. It withstands sweat and/or water and is by most comparisons a cost-effective treatment modality.

While science is unlikely to discover that kinesiology tape is the panacea for all aches and injuries, health-care practitioners should keep this tool in the chest due to its vast possibilities in treating patient complaints.

REFERENCES


ADDITIONAL READING

Jumping into heavy workloads to impress a new employer is an easy trap. Neglecting self-care is even easier. There are many elements to consider when entering the massage therapy profession but setting a healthy and attainable precedent early on is best.

**TIPS FOR CAREER SUSTAINABILITY**

When I first began practising, I took great pride in killing my clients with pressure. Muscle-bound men marvelled at how strong I was, and if a deep tissue treatment was requested, I was deep right down to their bone marrow.

The smarter and wiser me, 13 years later, realized that such showboat ways were a sacrifice to my career longevity. I compromised body mechanics to really dig into iliotibial bands and stretch out the QLs of NHL hockey players with quads as thick as my torso.

In school, you acquire a toolbox of techniques; isolate what works most effectively for you and your client. Any technique that strains you should be eliminated from your repertoire. Expose yourself to different styles of massage to pick up new design ideas. Receiving treatments from different therapists is a solid reminder of how certain techniques feel. Your massage should remain fluid and adaptable, but remaining aware of your style and how it translates is key.

**CARRYING UNREALISTIC WORKLOADS**

Don’t be a massage therapy casualty. We constantly advise our clients about the consequences neglecting silent injuries and the dangers of overuse. Injuries wait for a weak moment to surface and that moment is never at an appropriate time. It may happen in December, just as your clients are clogged with year-end insurance claims. It could happen in the patchy summer months when bookings are less predictable and
wallets are slim.

Sacrificing self-care for earning power might appear to be an avoidable mistake, but we’ve all blindly participated. Whether it’s fuelled by plans for an all-inclusive week in Turks and Caicos or a daughter who needs orthodontic work, it’s easy to justify the addition of “just one more” client or another full day to your schedule. This translates into paid Visa bills, on-time mortgage payments, dog kibble and take-out Thai food on a Friday night. It’s a vicious circle.

My co-worker Suzanne Gregory wonders how many of us genuinely follow the advice we give clients. Her prevention plan includes “massage therapy in addition to complementary health-care treatments, strict stretching and strengthening routines, specific self-care (hydrotherapy), fluids, rest and stress management. The things I care about now — integrity, responsibility, professional longevity and personal health — were not at the top of my list as a younger person with different priorities.” After 20 years of practice at her own clinic/yoga studio and Body Blitz Spa in Toronto, her voice is one of reason.

PUMP IT UP
Rodney Osigna, a 2009 massage therapy grad, wishes he had gone to the gym more frequently when he was a young therapist. A proud dad of two adopted children and owner of a hopping home business in Cabbagetown, Osigna regrets not utilizing the time when he had it.

“I had the time then. I should have taken better care of myself, corrected my posture, built up a balanced strength before the years of being hunched over a table had completely shrunk my hamstrings, over stretched my mid-back and rendered my abdominals to mush. Now with limited time between family and a constantly full work schedule, I struggle with pains that could have been avoided. I have to pay for massage treatments, expensive Pilates classes, and even admit to needing a physio from time to time. I think that I might have been able to avoid some of that with better self-care and really focusing on massaging with a better posture.”

At 40, Osigina believes he has another solid 10 years of practice in him. But he recognizes a shaky future, “The question is, what the hell am I going to do for work when I’m 50 and not massaging anymore? Yikes!”

PREPARING FOR THE UNEXPECTED
Turning 50 is not unexpected, but sudden injury or chronic issues can be. As a new therapist, it’s easy to feel invincible and ignore nagging concerns, but a spontaneous Saturday snowboarding in Banff could leave you in a cast up to your elbow. The consequences of being knocked out of work for six weeks, or longer, is something every therapist should consider. What’s your modus operandi if you injure yourself? Do you have savings to support this amount of time off work?

Speak with a financial planner about setting up an automatic withdrawal for a savings account or Tax Free Savings Account. Aside from ensuring that you can cover living expenses for a certain time period, you can start building a nest egg for continuing education.
What if you couldn’t return to hands-on work though? Gregory recommends purchasing disability insurance. “The monthly premium can be less than the price of one massage treatment and worth the investment to cover basic expenses if retraining is required for another profession.”

Consider alternative career options that you could pursue and recognize the transferable skills you already have that could be applied to employment outside the massage industry.

**BE A CLIENT**

After a jammed week, it’s natural to feel a bit jaded and exhausted. If you are listening to client concerns with crossed arms and are inwardly thinking, “Yeah, well, I bet your low back isn’t throbbing like mine,” it’s time. You need a massage!

Set up a network of colleagues so you can participate in exchanges. Or, if you don’t want to commit to “owing massages,” budget your time and money for regular appointments outside your workplace. Try different modalities like Tuina, Moxa, traditional cupping or Gua Sha. Any type of body work or pampering is going to be fruitful – don’t forget to practise what you preach!

The most important element is that receiving massage treatments yourself will remind you of how it feels to be a client on the table. Clients look forward to massages so far in advance; they are spending a sizeable amount of money and entrusting us to declutter their mind and muscles. Maybe they are celebrating a birthday or an anniversary. Sometimes they have scheduled an appointment because the anniversary is a sad one, the death of a parent or a cancer diagnosis. Clients may share this with us, or not. So, always ensure that you are creating a reliably wonderful and thoughtful experience.

**HOLIDAY TIME**

As a rabid traveller, I am well aware of the restorative effects of “time away.” Whether it’s lying prone on the beach sucking back boozy drinks, or sitting on the dock at a friend’s cottage with a stack of books, taking a time-out is paramount.

At 57, Debbie Sherwin is in her 17th year of practice in Beaverton, Ontario, and contemplating a third career. “Life is a journey. One of the things I’ve learned to do to prolong my RMT career is to take a week off every five weeks. And, every couple of years, I take myself on an extended ‘walk-about’ to get away from the familiar routines and demands, to give myself some solitude.”

I have taken similar sabbaticals to Africa to pursue volunteer internships. Stepping away from the rigors of massage to immerse myself in a completely different place was the best thing I could have done for my career. I returned with renewed ambition – most of which had evaporated prior to my time away.

Sometimes you can turn that dreamy vacation spot into your new business venture like Michelle Bourdeau did in 1999. Bourdeau established Cabarate Massage Therapy (now Andari Spa) and began working with a niche clientele in the Dominican Republic – windsurfers, kite surfers and other extreme athletes.

Bourdeau says, “I took my hands on vacation and never came back, settling for life and a massage career in the Caribbean. It doesn’t change the truths about our profession though.” Her morning coffee does double duty, even in the Caribbean – it wakes her up and it acts as a warming device to get her fingers moving enough to work.

**ADVERTISING**

Word of mouth is where it’s at. If you are new to a city and eager to get your name out there, fundraising events are a quick ticket and networking will get you everywhere.

“Doing fundraising events never really seemed to bring in much business directly, but it got my name out there, in a niche market,” Rodney Osigna reflects on his formative years at Southern Comfort spa in Toronto’s gay village. At the same time he worked at a small clinic off Yonge Street. “I saw how a small massage business should run: they had great marketing strategies, awesome personal service, great therapists and were very supportive bosses. I even house-sat for the one couple. The clinic did teach me how to be professional/personal with my marketing letters, calls, holiday gifts/cards too.”

**SOCIAL MEDIA**

There are several platforms to catapult your business from. Depending on your clientele and target audience, a Twitter feed, LinkedIn account, Facebook fan page or blog site can be savvy options for keeping communication channels open with existing and new clientele. Keep information current, accurate and professional by setting the tone from the beginning. Check out the slick, client-friendly design of Yellow Gazebo Natural Health Care (yellowgazeboclinic.com) and Mark Stables’ Toronto-based Benchmark Group (benchmarkgroup.ca). You can pay to have someone design a site for you, or, with a little patience, build your own web presence.
with free blog sites like wordpress.com.

Jen Gauthier, a nine-year veteran who specializes in brain injury rehab at Active Living and Physiotherapy Centre in Peterborough, Ontario, increased her web traffic using Google AdWords. The tool allows you to enter keywords that will automatically link Internet users to your ad. The cost set-up is flexible and you’re only charged if a user clicks on your site.

LET’S TALK

Probably the most damaging mistake we can make, beginner or not, is to shut down our communication network with our colleagues. Each of us brings varied and valued experience to the table. After graduating, Gregory gained insight into difficult cases by scheduling meetings with an instructor from her college. “In retrospect, a less expensive and more sustainable choice of regular meetings with colleagues would have helped too.”

Plan to make your career sustainable from the get-go by avoiding beginner’s mistakes. Do you have tips to share? Open a discussion with your colleagues today.

Jules Torti has been an RMT since 1999 and an industrious freelance writer since age six. She has worked in hotels and spas in both Ontario and British Columbia. In between massage engagements, she travels to Africa to be with chimpanzees and writes about her zany travels for Matador Network.
The Canadian Sport Massage Therapists Association

A quarter-century of keeping athletes in good hands

Massage therapy and the well-being of athletes are a natural marriage. Some 25 years ago a handful of dedicated massage therapists decided to take their massage mandate to the next level. We have not looked back. At present the organization is under the dedicated stewardship of a second generation of therapists who have taken the organization’s workings to the next level. We are proud of our achievements and the fact that our executive and membership reflect Canada’s diverse culture, gender and experience level.

THE EARLY DAYS
Twenty-five years ago, the fledgling organization was presented with many challenges and our mandates had to be established. Standardized athlete care, country-wide education in sport massage to interested therapists and promotion to the public and other health-care professionals were all considerations. Membership growth was essential to increase revenue and, more importantly, to help distribute the workload associated with a functioning organization.

The Canadian Sport Massage Association, subsequently renamed the Canadian Sport Massage Therapists Association (CSMTA), was federally incorporated in 1987. Founding members Grace Chan, Ed Ratz, John D’Aguanno, Georgio Trimarchi, Aurel Hamran and Geraldine Barrett set the stage for what was to come.

Three years later the National Sport Massage Certification Program was established, so that the Canadian Olympic Committee would recognize certified sport massage therapists as eligible for selection to Canadian Medical Teams for Major Games. As well, the evolution of our certification process, now largely under the care of Remo Bucci, has resulted in a fair exam addressing the skills and knowledge required by the Sport Massage Therapist.

In recent years, CSMTA, as the certifying body for sport massage therapists in Canada, has grown considerably and is now represented across the country.

THE FACE OF SPORT MASSAGE IN CANADA TODAY
At present there are five provincial chapters to the CSMTA. These are the Atlantic Chapter, Ontario, Saskatchewan, Alberta and British Columbia. In addition the CSMTA is a member of the Expert Groups of sport medicine disciplines, which include sport physicians, sport chiropractors, athletic therapists, sport physiotherapists and sport psychologists. Sport massage therapists thus take their place among Canada’s other recognized sport medicine entities.

While our participation at major games is vital, our presence at grassroots events, working with all active people, is where we have developed our highest profile. Our members are present at triathlons, marathons, hockey tournaments, track-and-field events and swim meets, among other events, which showcase a countrywide neighbourhood and community presence. The public, as well as health-care professionals, have recognized us as experts in sport medicine. In co-operation with the Canadian Olympic Committee (COC) and other Franchise Holders (FHs), the CSMTA provides services to the national sport organizations for provincial and national teams and individual athletes, and for the Canadian Health Care Team at international competitions and major games.

CERTIFICATION AND LIFELONG LEARNING
Education opportunities offered by CSMTA include a three-course, distance-learning-format Sport Massage Therapy Diploma. These courses broaden the applicant’s knowledge and assist with preparation for the certification exam. Subjects include Sport Psychology, Sport Physiology and Sport Injuries – they are featured at www.sportmassagediploma.com along with a registration form. A fourth component, the distance-format Sport Massage course, is currently under
development. In all cases, the student receives the exam in the mail and writes the exam in the presence of a proctor. The supervised, completed exam is then mailed back to the CSMTA for grading.

Certification also requires 500 documented, hands-on hours of sport massage. These should include contact and non-contact sports, up to 100 student hours in at least three different sports with the additional 200 hours distributed according to the candidate’s interest. The CSMTA website gives further details, but essentially, the therapist must be familiar with common injuries and treatments seen on site, not just in clinic. They must be comfortable interacting with athletes, coaches, managers, team officials and expert groups of health teams. The therapist must be comfortable dealing with situations as the primary and secondary medical personnel on duty and should have gained valuable experience that would make them eligible to be chosen for the Health Care Team at Major Games and competitions.

As an indirect extension of this, Alberta members Kip Petch and Aurel Hamran have taken on one of CSMTA’s most ambitious projects: that of developing a comprehensive sport massage manual, which includes specialty chapters focusing on specific sports. CSMTA members have contributed chapters for this ambitious and worthwhile undertaking. The complete text will be available for purchase by health-care professionals and the general public. It will, in essence, showcase much of what CSMTA has come to represent.

To assist our members in broadening their knowledge and learning new skills, while refreshing and reinforcing core concepts, our annual conference and AGM showcases our organization’s mandate for education and enhancing practice. This year’s event was in Halifax and maintained the high standard for continuing education in sport massage, mirroring the exceptionally high bar set by our Ottawa conference in 2011 and the previous conferences in Edmonton.

MEMBERSHIP STRUCTURE
Our membership is represented across the country. Primary membership categories include Student Members, Certification Candidate Members, Certified Sport Massage Therapist Members and Associate Members.

Student members must be registered in a government-licensed massage therapy school within Canada. Student members receive notice of all CSMTA member meetings and participate at virtually all CSMTA activities other than voting and certain committee positions.

Certification Candidate Members, SMT(ce), have successfully completed a massage therapy program with a government-licensed massage therapy school in Canada and are members in good standing of their respective provincial massage therapy college or regulatory body and professional massage therapy association. Candidate members may vote at all CSMTA member meetings and may use the CSMTA insignia, SMT(ce).

Certified Sport Massage Therapist Members have successfully completed all requirements of the National Sport Massage Certification Program and are members in good standing of their respective provincial massage therapy college or regulatory body. They may work, unsupervised, at all levels of sport, vote at all CSMTA member meetings and use the CSMTA insignia SMT(C).

There are also those, who, while not massage therapists, are interested in sport massage. Hence we have the membership category Associate Member. These members do not qualify for any other CSMTA membership category, but express an interest in maintaining the objectives of the CSMTA.

AND OF COURSE – THE WEBSITE!
The CSMTA website (www.CSMTA.ca) is a comprehensive resource detailing all aspects of the organization for members as well as other interested parties. It functions as a clearing house of information on locating therapists, education, certification and news, events and more, and truly reflects the organization in the 21st century.

The Canadian Sport Massage Therapists Association has evolved in both size and strength. The spirit with which members interact in clinic, at conferences and at sporting events evokes the spirit with which they live and love their profession. What’s not to love? We work and travel with active people who love life!

We are sport massage therapists! We keep athletes in good hands!

Jonathan Maister is a Canadian trained Athletic Therapist, Massage Therapist and Sport Massage Therapist. He is in private practice in the Markham area and has lectured on a number of sport massage and sport medicine topics across Canada. He has authored articles that have appeared in various associated journals across North America. He can be contacted at jmtherapy@jonathanmaister.com or 905-477-8900.
Dealing with a Cancer Diagnosis

The challenge of pain and making decisions under duress

The cancer patient has many time-sensitive decisions to make. This article’s objective is to enlighten RMTs, who may find themselves working with a patient facing cancer, about the patient’s experience before and while they seek massage therapy treatment. Here I will delve into some of the details of the disease, the testing and the choices that must be made by the patient in light of receiving a traumatic, life-changing diagnosis.

STAGES OF DISEASE
Cancer specialists use a type of cancer classification called staging to help them determine the type of treatment plan their patient requires. Another way to think of staging is as the amount of risk the tumour presents to the patient. Staging helps to give the health-care providers a base/common terminology for evaluating and comparing different treatments based on the same diagnosis.

There are various types of stages that are used to classify the state of the cancer and how far the cancer has spread. One such staging classification is TNM (tumour, node, metastasis). This classification has a scale from 0-4 and is based on three things: the size of the tumour, whether or not cancer cells are present in the lymph nodes and whether or not it has spread to other organs.

Staging can also be an indicator of whether a specific type of surgery is needed. In the case of breast cancer, staging can influence whether the patient is advised to have a quadrantectomy, which is the removal of the primary tumour; a radical mastectomy, which is the removal of the breast, skin, adipose tissue, pectoralis major and minor muscles, and ipsilateral axillary lymph nodes; an axillary lymphadenectomy, which is the removal of one or more groups of lymph nodes; or a modified radical mastectomy, which is similar to the radical mastectomy, but preserves the pectoralis major muscle.

If someone is diagnosed with cancer and the treatment plan requires a single or double mastectomy, there are options available for the patient who decides they would like to preserve the appearance of the breast area as though no change has taken place. This is known as reconstructive surgery. If the patient decides to have reconstructive surgery, the procedure can be performed at the time of mastectomy, which is called immediate reconstruction, or at a later date, which is called delayed reconstruction. Choices for reconstruction include synthetic implants; use of the patient’s own tissue, if possible; and the construction of a prosthesis, which allows the patient to completely avoiding additional surgeries. This latter option consists of having synthetic breasts designed, which are to be placed in the bra over the skin; these are available in colours to match the skin tone of the patient.

DIAGNOSIS AND URGENCY OF TREATMENT
The patient’s decisions and the degree of urgency will depend upon the severity of doctor’s prognosis. Physical exams, imaging (MRI, X-rays), laboratory tests (blood, tissue) and pathology tests (biopsy) are examples of some of the tests conducted to determine which stage the cancer is at. The doctor’s prognosis – and, if required, the type of surgery, and treatment plan – will be influenced by the location of the cancer, whether it is benign or metastatic, the degree to which organs are affected and the risks to the patient.

A CASE STUDY
The following patient describes her experience with the procedure of receiving a double mastectomy followed by placement of tissue expanders and subsequent replacement of expanders with implants. As her expanders are filled to a specific capacity, she describes her experience with pain and how massage therapy played a role in supporting her through her pain.

“I was not prepared for how the pain would inhibit my movement, my ability to function and my life in general.

“On February 17, 2012, I underwent a bilateral mastectomy with immediate two-stage reconstruction (i.e., subpectoral placement of tissue expanders, which were subsequently replaced with permanent implants in July of that year).

“I awoke from surgery with two drains, one on either side. I was on a regimen of antibiotics, anti-inflammatories and painkillers the first week, and was surprised at how little pain I was
experiencing. That all changed dramatically the second week, once I was off all prescription medication. It was difficult to separate the pain caused by the drains versus soft tissue pain caused by the surgery, versus pain caused by the rigid tissue expanders – all I knew was that the pain was unrelenting unless I remained absolutely motionless. I faithfully performed the range-of-motion exercises several times a day. These were not particularly painful in and of themselves – stretching often provided some relief. But I started to notice that my range of motion was becoming more and more restricted.

“The drains were removed after three weeks, which provided a degree of relief. This relief was short-lived, however, once I began tissue expansion a week later. The tissue expanders had been filled with 150 cc's of fluid during surgery. 60 cc's (each side) were added on a weekly basis, starting approximately four weeks post-op (mid-March). The pain increased steadily with each “fill” and after my third fill in early April (bringing me to 330 cc's each side), I felt I could no longer function. The pain was constant – a crushing sensation above my rib cage and a tearing sensation across my chest and under my arms. I was also experiencing intermittent stabbing pain along the perimeter of the tissue expanders. It was difficult to concentrate on my work, difficult to perform household chores, difficult to drive, even difficult to do something simple like take a walk. I had to put my expansions on hold for three weeks, and hope that I would find a way to cope.

Desperate to obtain relief from the pain, I turned to the Internet looking for a massage therapist. It was very

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I would normally be doing prior to my mastectomy/reconstruc-
tion – walking my two big dogs, mowing the lawn, even
filling the water softener tank with 40-pound bags of salt.
“I also feel that continuing treatments right up to exchange
surgery contributed to what has been an almost painless
recovery.”

SEEKING SUPPORT AND BEING INFORMED
Is it at all possible to remain immune to the psychological
and emotional trauma associated with a diagnosis of cancer?
It is suggested that the patient not only try to inform their
family and loved ones of what they are going through, but
also try to join a support group. In doing so, the family/
loved ones will have a better understanding of what the
patient will be experiencing, and they could, in turn, pro-
vide additional support. As their massage therapist, you can
be aware of local support groups and the need for family
involvement, and discuss it with your patient if and when
you feel it is appropriate for you to do so.

It is also important to advise patients to get all the facts
about their diagnosis; the treatment protocol, including sur-
gery; and the pros and cons of various procedures. Making
decisions in light of all the facts can help to reduce some
of the stresses associated with not knowing what to expect.
Being in the know can also help to better prepare the patient
for what is to follow.

As an RMT, I have treated quite a few post-surgical mas-
tectomy patients with varying levels of Post-Mastectomy
Pain Syndrome (PMPS). Many of the clients have reiterated
that they wished they had known more about the surgical
procedure – in turn they could have known what to expect
and the pros and cons of the various procedures that had
been available to them. I truly believe that understanding
the procedures and what to expect post-surgery can help the
patient prepare emotionally and intellectually, and may reduce
some of the anxiety associated with the unknown.

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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.
Don Dillon, RMT, and Trish Dryden, MEd, RMT, were honoured with the Massage Therapist of the Year and Lifetime Achievement awards, respectively, at the 2012 Canadian Massage Conference in Niagara Falls, Ontario.

Don Dillon is the author of Massage Therapist Practice: Start. Sustain. Succeed. as well as the self-study workbook Charting Skills for Massage Therapists. Dillon has lectured in seven Canadian provinces and over 60 of his articles have appeared in massage industry publications – including Massage Therapy Canada – in Canada, the United States and Australia. He is also the recipient of several other awards, including one from the Ontario Massage Therapist Association, and is one of the founding members of Massage Therapy Radio (www.massagetherapyradio.com.)

Trish Dryden, MEd, RMT, is a clinician, researcher and educator specializing in massage education and integrative health care. She has more than 30 years of experience as an educator, researcher and clinician in massage therapy, and in complementary and integrated health care. She is currently associate vice-president of research and corporate planning for Centennial College in Toronto, and past chair of Heads of Applied Research, encompassing all 24 colleges in Ontario. She is also former chair of the College of Massage Therapists of Ontario (provincial government regulatory body for massage therapy) and was dean of the Sutherland-Chan School and Teaching Clinic from 1990 to 1999.

Massage Therapy Canada wishes to extend our congratulations to both award winners and wish them well in their ongoing endeavours.

HealthAware.ca Connects You to Potential Clients

Each year in North America, 55-million people need to find health-care practitioners to meet their needs. HealthAware.ca is a free service that allows patients to find the top practitioners nearby, pick the right one, and instantly request an appointment online.

The service is growing rapidly, with 300 new practitioners joining HealthAware.ca each month. Over 1,000 practitioners are already using the service to acquire new patients, expand their practice and fill gaps in their schedules. Service providers can upload information such as practitioner bios, pictures and reviews to maximize their online presence to new and existing patients.

HealthAware.ca integrates with several clinic management software systems, allowing practitioners to post real-time availabilities. Receptionists control appointments and may confirm, cancel or reschedule requests. Integrations are currently available for Antibex Universal, PMP, Cleardent, ABELDent, Practice Perfect, Google Calendar, and many more applications. Upcoming integrations include Clinic Master, ClinicServer, Tracker and EyeFile.

Dr. Edward Shin, owner of KIROMEDICA in Scarborough, Ontario, states: “We were excited about HealthAware.ca from the start because we want to deliver exceptional customer service to our patients. Since joining HealthAware, nine new patients have come to us with pain that we were able to assist them with.”

Serial entrepreneur, Nikolai Bratkovski, founded HealthAware.ca in 2010, after suffering from a toothache that needed immediate attention from a dentist. Though Bratkovski called several dental offices in his area, he could not be seen for an appointment. As a result of this struggle, he decided to harness his eight years of experience in the medical software field to develop a service that would help others avoid such frustrating, negative experiences. From this decision, HealthAware.ca was born. Bratkovski states that his vision for HealthAware.ca is to “provide patients with a revolutionary new method of accessing the myriad of health-care options available to them within their communities.”

At this time, over 160,000 Ontarians use the service on a monthly basis to find practitioners and other relevant information. As one patient explained, “I simply plugged in my postal code, and selected physiotherapy from a drop down menu. I was able to find the right practitioner for me and get an appointment within minutes!”

HealthAware’s most popular searches, as determined by patients, include chiropractors, physiotherapists, RMTs, dentists and diagnostic imaging services.

For more information on how to be part of this free, growing, service that connects you with potential clients, please visit www.HealthAware.ca or call the main office toll-free at 1-888-729-5494, ext. 711.
All professional practitioners, including massage therapists, realize that as a result of advancing age and infirmities, they cannot continue in their careers indefinitely exhibiting the same level of competence, agility and skill as before. In some cases, a younger practitioner may wish to move on to a different field. Still, so many defer succession planning to a much later date.

But succession planning is an orderly process of winding down, phasing out and passing the practice to a partner or employee, or selling to an outsider, and requires some time and organization. Most therapists have no succession plan at all.

Regardless of whether you are ready for it or not, the day will come when it is necessary for you, as a therapist, to depart. There are several options, one of which is to, on a given day, simply close the door and gallop off into the sunset. However, as any goodwill developed is lost by such an act, this seems a waste after a long and successful career. Also, it would be most disconcerting to your regular clients who must now find an equally skilled replacement massage therapist.

To ensure continuity and an orderly transition, succession planning is not something you can postpone indefinitely. Being unprepared will have long-lasting negative effects.

In short, you can never start too soon.

WHEN AND HOW TO START
First, you must determine when you intend to step down. Then, you must be proactive. Planning should start a minimum of five years prior to this date, but the longer the time frame, the better. What you seek is an orderly transition, one that preserves your wealth and your health and makes it easy for a successor to take over. This governs the actions to be taken, the critical path and the timetable.

You start by laying out the ground rules while your practice is still thriving, long before your clients have gone elsewhere. Without this organized framework, the process can become haphazard. The germane issues revolve around the time you want to leave, personal health in the event you will not be able to continue until then, family considerations, financial concerns, your needs after disposition and procedural matters.

It is important to develop a strategy that includes contingencies. You never know when circumstances will change.

THE PLANNING STEPS
• Determine your personal goals and objectives. Uncertainty creates ambiguous results.
• Establish a timeline for your departure.
• Develop a financial plan that considers contingencies and protects your capital.
• If you are going to offer financing for the purchase of your practice by your successor or structure a buy-in, establish what you will expect from your successor.
• Create a divestment strategy.
• Determine the most expedient way for an orderly transition.
• Formulate a critical path timetable. Decide what comes first, second, third, etc.
• Develop a contingency plan.
• Consider all of your options.
• Determine which professionals’ help you will require – these may include specialists in the areas of legal, accounting, professional practice appraising, etc.
• Employ the required help.
• Resolve your legal and income tax problems.

Always have your plan examined by legal and accounting experts. There is little point in going through all of this only to find that what you have worked for these many years is frittered away to the Canada Revenue Agency or that you have unworkable covenants in your buy-sell agreement. The same criterion holds for having your practice appraised by a qualified professional practice appraiser. It could be worth more or perhaps less than you thought.

THE TAKING OVER AND PHASING OUT DRILL
Your successor should commence assuming a major part of your responsibilities, in phases. In time, responsibility for the management of the therapy practice passes to the successor. Then, when all is in place, you depart.

In a single massage therapist practice there is no employee to take over. This could also be a problem in multi-therapist group practices, as it could be that no one is interested. This creates the necessity of selling to an outsider.
Two options present themselves. The first is to attempt to self-sell and the second is to enlist the services of a professional practice broker. There is no hard-and-fast rule that applies to all on this conundrum. If you choose to self-sell, you will probably find that an extensive amount of time is required, all of which is taken from your professional duties with a loss of revenue that is probably greater than any commission you might pay to a broker. On the other hand, there are not that many professional practice brokers around and still fewer who are really qualified. My only caution is that, if self-selling, understand what it is all about and the direct costs involved. That you are the world’s best massage therapist does not mean you have the skills to sell your own practice.

SELLING OUT FOR ALL-CASH

A common failing among sellers of professional practices and businesses is that they think their firm is the jewel to others that it is to them, and if offered for sale will be immediately snapped up. Unfortunately, this may not be the case. When attempting to sell, you must contend with buyer uncertainty and reluctance. So much of the value is goodwill, simply defined as the probability that the same clients will return, no matter who is in charge.

The difficulty in arrange financing through banks and debt lenders makes obtaining all-cash for the sale of your practice a challenge. Thus, some form of seller financing is usually a prerequisite. Still, any arrangement whereby you receive only a down payment, followed by regular payments over an extended period, could be frightening. In a business that has a high percent of its value in tangible assets, they can be repossessed if necessary. Unfortunately, the goodwill included in professional practices is a somewhat nebulous intangible asset that is easy to destroy. If this is done, it could leave the seller with little security to recover the unpaid debt. Accordingly, the best procedure, and often the only procedure, is some form of more assured seller financing such as a buy-in/buy-out. This necessitates a more protracted exit, which is what you want anyway.

THE BUY-IN/BUY-OUT

The common term “buy-in” refers to the purchaser whereas “buy-out” refers to the seller. Both mean the same thing. With the buy-in/buy-out, your practice would be purchased over an extended time frame, usually not less than two and seldom more than five years.

The major difference between this and an outright sale, or traditional seller financing, is that you remain active and in control as a transitioning seller, or partner, until the full debt owing to you is retired. However, there is no typical template to fit all situations. Even with the best-structured buy-in, there should be a down payment of sufficient size to ensure that the buyer/partner does not walk. As there are several ways to accomplish this, the best of legal advice should be obtained.

THE LAST WORDS

Plan ahead!

Develop an integrated approach to succession management. Professionals with a planned phasing out/exit process fare better than those who do it at the last minute or when forced to.

It cannot be said too often: phasing out/winding down/transitioning from an active massage therapy practice must be a planned exercise. It can never be a case of saying that, on an appointed day somewhere in the future, you will gather up your fixtures, box your supplies and with a wad of money in your jeans walk out the door. An exit whereby your health, your wealth, and yes, your reputation, remains intact requires meticulous planning and methodical execution.

Start now: not someday when it becomes a do-or-die situation, when for some reason you must get out. Consider all of your options, select the one that works best for you, get the best of legal and tax advice – and do it.

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Before any profession can apply for LR, there has to be a legislative framework in place within the province or territory in which that profession is located. Currently, the Northwest Territories and Prince Edward Island provincial governments have proposed developing umbrella legislation for a number of health and social services professions in their respective provinces, thereby providing a mechanism for (currently non-regulated) professions to apply for LR. What this means is that, at this time, an application can’t even be put forth for consideration.

In provinces that have a legislative framework in place – but where the profession is not currently legislated – there are MT associations actively engaged in pursuing LR (e.g., Alberta, Manitoba, New Brunswick, Nova Scotia and Saskatchewan). It is not unusual for a provincial government to request that an application be submitted by only one association/group or by the association/group that represents the greater majority of the members of the profession (in this case, practising MTs) within that province.

Some provinces have several MT associations; thus, submitting an application may require multiple associations to work together as a unified front or the strongest association (the one with the most members) may choose to go forward without the support of or collaboration with the other associations.

Some provinces are still struggling with establishing a unified front amongst those practising the various forms of massage therapy and across the active associations within that province. Differing views (for example, applying for multi-category versus single-category models) and reluctance to regulate appear to be the collaboration stall points. Reasons for reluctance include: discord surrounding what the change will mean (e.g., fees, exams, professional standards, accountability); and questions of whether or not the benefits outweigh the cost of LR (i.e., financial and other associated responsibilities).

Some provinces have achieved unity and are currently compiling the necessary information and documentation in order to file an application.

In some cases, massage therapists in a province have submitted an application and have had their application returned numerous times due to missing information or lack of necessary documentation.

**HOW THE PROCESS WORKS**

Once an application is approved by the Ministry of Health of the province in question, a bill must be drawn up. Upon its completion, the bill is then read the specified number of times and voted on in the House of Assembly. (For more information on the legislative process, the Nova Scotia government covers this well on its website at http://nslegislature.ca/index.php/proceedings/how-a-bill-becomes-law/.)

All told, this arduous process takes several years to decades. Regarding the information that is necessary, interestingly, one of the biggest challenges has been convincing the powers that be of the potential risk of harm posed by non-regulated providers offering massage therapy services and providing adequate supporting documents and data.

**WHAT IS THE CANADIAN MASSAGE THERAPY ALLIANCE (CMTA)**

The CMTA is a nationwide alliance composed of provincial professional associations from both legislated and non-legislated jurisdictions (MTABC, MTAS, NBMA-AMNB, MTANS, PEIMTA, NLMT and NWTMTA). The CMTA provides a forum for collaboration to advance massage therapy as a health-care profession in Canada. One mandate of the CMTA is to encourage the [legislated] regulation of massage therapy in every province and territory and to assist non-regulated jurisdictions in their quest to become regulated.
Another interesting twist preventing MTs in a province from achieving regulation has presented itself in Saskatchewan. One of the obstacles the Massage Therapy Association of Saskatchewan (MTAS) has bumped up against is the fact that the association members have always conducted themselves in the same manner as a legislated province. In past meetings, the Saskatchewan government has expressed that they are very impressed with MTAS’ bylaws, complaints and discipline process, and with the standards of practice and ethics that they maintain. Unfortunately, an “If it’s not broke why fix it?” message has been conveyed; that is, the government now wonders, why bother to vie for regulation?

**WHY BOTHER?**

So, why should we care and why should we bother to apply for LR? Although all concerned will surely applaud no longer having to collect and relinquish additional funds for the government (i.e., HST/GST), the collective value of MT being regulated in more than the current three provinces goes far beyond this.

Moving toward national LR presents many benefits for both the public and the profession. Some examples of these are professional accountability and assured educational, practice and code of ethic standards (which in turn support public protection), enhanced credibility, credential recognition, title protection, labour mobility, inclusion in CAM discussions/projects, funding for research, greater accessibility (coverage and tax deduction options) and, potentially, more university-based educational bridging opportunities for those who have interest in this option.

Unity as a profession affords us strength in numbers, which in turn provides us with greater autonomy and a greater ability to chart our own professional course – it gives us more control over deciding what we want for the future of our profession and how we want to get there!

“It seems that when making plans to move forward, the movers and shakers take along the essentials. I have sat in the audience at international conferences where initiatives for integrative medicine are being discussed with a generous dose of proposed interprofessional education and collaboration in the planned mix and the explicit message is that the regulated CAM professions will be invited to dialogues and proposed projects. Mutual and equal players, decision-makers and implementers seem to share the common ground of legislated self-regulatory status – if we believe in the value of the work we do isn’t it a shame that it is limited in any mutable way?” –Donelda Gowan-Moody

**GPS-ING THE NON-LEGISLATED MT JURISDICTIONS**

**ALBERTA:** This province began its LR process over a decade ago. The Alberta associations were directed by the Minister of Health and Wellness to form a Transitional Steering Committee (TSC), which currently consists of representation from the MTAA, RMTA, AATM and NHPCA. In 2009, the TSC began working together to create the Schedule A, regulations, policies and bylaws needed for the

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profession to become regulated in the province. Currently, a draft Schedule A – which includes such information as a practice statement, protected titles, fines and transitional matters – has been drafted by the TSC. Once the TSC agrees that the draft is complete, it will be reviewed by the Alberta government, legally drafted and then distributed to all other stakeholders in the province for their consideration. Once consultation has concluded, the schedule will be voted upon and subsequently the Health Professions Act will be amended to include MT. Under ideal circumstances, this type of process can take a few years for formal Regulation to be fully achieved. (Statement from Chandra Kastern, MT, Communications Coordinator MTAA)

MANITOBA: MTAM has been working toward legislation since 1973. On May 2, 2012, MTAM submitted an application and it is awaiting review by the health minister.

Moving toward national legislated regulation presents many benefits for both the public and the profession.

MTAM’s application is consistent with the goals of Canada and its provinces to obtain full “Labour Mobility” for the profession. The MTAM looks forward, with optimism, to the completion of the application process and the transition toward the establishment of a new “Regulatory College” for Massage Therapists in Manitoba.

NEW BRUNSWICK: The NBMA-AMNB began regulatory pursuit efforts in 1994. More recently the NBMA-AMNB and ANBMT created a Joint Legislation Committee for the sole purpose of pursuing regulation. The process to bring the bill to the province’s legislature is currently active.

NORTHWEST TERRITORIES: Massage therapy would not be one of the first professions addressed under the proposed umbrella legislation; however, the proposed act would be expected to contain a mechanism for other professions to apply to become regulated in the future. Although the NWTMTA is not specifically pursuing legislation at this time, its members do support the development of this legislation and will participate in the process as opportunities become available.

NOVA SCOTIA: This is currently one of the provinces where unity across associations has not been realized (citing possible differing views of the need for, or path to, regulation). MTANS has made some attempts to legislate; however, setbacks have been experienced (e.g., gaps, or missing information). More recently, the Legislation Committee and the MTANS Board have been working to create the documents that are needed to meet the requirements of the Nova Scotia Department of Health and they intend to reapply once the necessary documentation is gathered and paperwork completed.

PRINCE EDWARD ISLAND: The PEIMTA has been asking the government since the late 90s to look into regulating the profession of MT. The umbrella legislation project within the Health Professions Act is currently under development. MTs in the province understand that a bill will be put forward in the provincial legislature, hopefully this fall. After the bill passes, MTs, as well as others (e.g., naturopaths, dental hygienists), will be invited to submit an application to the provincial government. The PEIMTA will be submitting an application when the opportunity becomes available.

QUEBEC: This is also one of the provinces where unity across associations (over 30) has not been realized. It appears that part of the barrier to provincial recognition and accreditation in is a lack of a clear identity for the profession and fragmentation (differing views and education/training differences).* The FQM (Fédération québécoise des massage therapeutes) began regulatory inquiry in 1992. More recently [02/2012] the FQM submitted an application for legislation and state that they are currently the only association in Quebec vying for MT regulation. During the most recent election campaign the FQM sent letters to all the different parties to ask their position on the MT regulation issue. They received very interesting answers, especially from the winning party (the Parti Québécois) who is open to exploring the case again – because they acknowledge that the profession has evolved and changed. The FQM will be initiating discussions with this new government and they are firmly committed to professionalizing the practice of MT in Quebec.** Currently FQM membership is available as a multi-category option [i.e. various levels of education/training]. In vying for regulation a single-category model will be put forth using the 2200h/Competency profile as a guide.

* Martine Frigon – Massage Therapy in Quebec. Massage Therapy Canada magazine – Summer 2011
**Statement from: Sonia Zennaf, Analyste et coordonnatrice de projets spéciaux – Fédération québécoise des massothérapeutes (FQM)

SASKATCHEWAN: In 1995, the amalgamation of the three provincial associations (to form MTAS) was prompted by the sole purpose of pursuing regulatory status. The reality of the situation is that as the province grows and as MT increasingly becomes a mainstream and legitimate health-care choice, the need for regulation grows. The Saskatchewan government has a template legislation process, which makes the application procedure more streamlined. An application is in process and MTAS is fairly optimistic about its proposal.

Cathy Ryan, RMT, has maintained a diverse, treatment-oriented massage therapy practice and an extensive postgraduate training roster since 1990. Cathy is a longstanding member of provincial massage therapy associations and has served as a subject matter expert and examiner trainer at the CMTO’s provincial licensing examinations. Currently residing and working in beautiful B.C., Cathy maintains a private practice, teaches and writes massage therapy related material and is the managing editor for TouchU.ca; an online source providing accredited continuing education for touch professionals and students. Cathy can be reached at: cryanrmt@gmail.com or via www.touchu.ca.
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Top 5 Technology Trends for 2013

This instalment of RMT Tech Talk will review the “Top 5” RMT office technology trends that we observed as showing strong growth amongst RMT practices in 2012 and that are continuing to escalate in their utility for massage therapy practitioners for 2013.

1. A MOVEMENT TOWARD SOFTWARE AS A SERVICE, OR ON-DEMAND SOFTWARE

RMT practice management systems are moving away from locally installed desktop applications to web-hosted applications that are accessed over the Internet. The industry is moving in this direction because specialized solution providers have achieved price points that RMTs (as well as chiropractors, physiotherapists and related health-care professionals) deem highly cost-effective.

These services not only provide access to the practice management software RMTs require, they can also include regular data backups and software upgrades as they become available.

One major advantage of on-demand software is that RMTs can access and manage their clinic data and appointment requests remotely, from anywhere, at any time. For example, if an RMT wants to complete his/her SOAP notes for the day after hours, or view upcoming appointments from home, they can do so. This is especially beneficial for therapists who work in multi-location environments. The ability to confirm appointments and view the schedule in a timely manner is of paramount concern.

Therapists understand that they are in a competitive business environment, where adoption of technology can save them time and make them money – rather than cost them money – and thereby put them ahead of the competition.

2. THE MOVE TO CONSOLIDATED SERVICES

Prior to 2012, many RMTs used vendor-specific and separate solutions to manage specific parts of their practice. That is, they’d employ one solution for SOAP notes, another for online bookings, another for client contact management, another for invoicing, another for client communications, and the list goes on.

 Needless to say, learning and using multiple software programs is cumbersome, awkward, expensive and highly user-inefficient.

By contrast, in 2012 RMTs came to realize there are substantial benefits to incorporating a system that combines all these tools in a single solution. This is typically more affordable, and much easier to manage, compared to the cost of getting each function from different suppliers.

3. WEBSITES FOR BUSINESS GROWTH

Massage therapists, in general, have been late in adopting websites to promote their business. Last year appears to have been a turning point for this – a large number of massage therapists developed websites in 2012 to inform, educate and draw new clients to their practices. As a trend, RMTs are meeting patient demands with websites that integrate online scheduling and other client/revenue generating business management resources.

4. TABLET ADOPTION

For both in-clinic and mobile therapy usage, tablets have entered the mainstream for massage therapists. From the practitioner’s viewpoint, tablets are less expensive and more convenient than traditional laptops. They are lightweight, provide access to the Internet and are compatible with advanced RMT practice management software services. In 2012, a proliferation of vendor offerings became an important factor both for adopting the use of tablets and for implementing “software as a service” solutions.

5. MOBILE SMARTPHONE TECHNOLOGY

Amongst the public, smartphones accounted for a huge percentage of cellphone acquisition in 2012 and this is expected to continue through 2013. What this means to RMTs is that a very rapidly growing mobile client base is using smartphones to find practitioners, book appointments and receive reminders. RMTs are catering to these evolving client needs with a mobile-accessible website and associated online booking service.

Therapists themselves are also using their own smartphones to manage parts of their day-to-day practice management activities through mobile-friendly management systems.

IN SUMMARY

Massage therapists are seeing and believing that business technology plays an increasingly important role in managing, maintaining and expanding their clientele. Increased pressures from new local competitors, franchise-type outlets and multi-discipline clinics have raised the technology bar for RMTs. Consumer demand for value-added online services from their health-care practitioners is a trend that cannot be ignored.

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