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Unwavering

Throughout 2014, Massage Therapy Canada has been reporting on developments in the massage therapy profession across Canada through our Regional Focus series.

We began in Western Canada, highlighting the two provinces in different stages of maturity – British Columbia with its well-established professional regulatory system for massage therapists, in contrast with its next-door neighbor Alberta which has yet to enter the regulatory fold.

We then focused on Ontario where, like B.C., RMTs are governed as health professionals under its regulatory college. Despite having made such great strides, massage therapists in this province continue to strive – and gain momentum – for increased recognition in the bigger health-care realm.

Then there are the Prairie Provinces – Saskatchewan and Manitoba – both unregulated but actively pushing for legislation. Both jurisdictions have very vigorous professional associations leading the efforts, not just to achieve professional regulation, but raise a positive public image for massage therapy and its health-care benefits.

This issue contains the last of the Regional Focus series, which looks at the eastern provinces and the state of the profession in these jurisdictions. New Brunswick just became regulated a year ago, while Newfoundland and Labrador has been regulated since 2002. The other unregulated provinces in the east, including Quebec, are in different stages of development (see page 14).

In all these stories, one thing that stood out is the unwavering desire of those in the leadership roles to advance the profession. Despite the hurdles they face, they continue to move forward not just in trying to achieve regulation for those that don’t, but in the overall quest to elevate the profession and earn its rightful place in health care.

From provincial regulation to national accreditation things are really looking up for massage therapists. As the subject of our cover story Cathy Ryan, chair of the board of directors of the College of Massage Therapists of B.C., notes these are very exciting times for the profession.

The work that’s being done across the country to strengthen the credibility of the profession and promote the health benefits of massage – with increased emphasis on research and evidence-based practice – will only serve to benefit the therapist’s business prospects.

Sometimes, it is so easy for massage therapists in a small community to feel alone and isolated, like the fate of their practice rests solely in their hands – but it does not have to be the case. Resources and peer networks are available. One simply needs to step outside the treatment room, from time to time, and open oneself up to new people and new knowledge.

Happy Holidays!

Mari-Len De Guzman
Editor
More Canadian seniors moving to suburbs: study

Twice a week, Alphons Evers sets aside a few hours to work the phone, matching up his roster of volunteer drivers with clients who need a lift. Although the free service is geared towards those receiving cancer treatment, often times Evers says he’ll get calls from seniors who simply need help getting around.

“It’s a request that could become more common, with new research suggesting more and more Canadians are choosing to move to the car-dependent suburbs in their golden years.

“Some people live on their own, and they don’t have anyone to help them,” said Evers, a volunteer co-ordinator at NOVA West Island, a community health organization serving the suburbs of Montreal’s West Island.

Even if the condos popping up in urban centres may seem a perfect fit for retirees, Canadians 65-and-over are increasingly going outside the city, according to a study from Concordia University.

Zachary Patterson, a professor in Concordia’s department of geography, planning and environment, said the findings could mean difficulties ahead.

“Seniors who live downtown will be able to access services that they need without having to use automobiles,” Patterson said in an interview.

“In the suburbs, if you lose your licence you may not be able to access the services you need. The challenge is to provide services to people in spread out areas – to people who haven’t got access to automobiles.”

The Concordia study, which was pulled from Statistics Canada census data between 1991 and 2006, tracked seniors’ moving habits in Canada’s six largest metropolitan areas: Montreal, Ottawa, Toronto, Calgary, Edmonton and Vancouver.

Across the board, Patterson found the rate at which seniors are moving to the suburbs appears to be increasing faster than for all other age groups.

Montreal’s West Island in particular is expected to get older, both due to an aging population and the arrival of new seniors. By 2018, the number of those 65 and older will climb to 42,000, up from 29,000 in 2012, presenting a host of new problems.

Helene McGregor, who heads a seniors’ advocacy program in the area, said transportation is a constant issue, especially for those who lose their driver’s licences.

Paid services are available, she said, “but not everybody wants to spend the money. And not everyone has the money to spend.”

Although the study didn’t look in depth at the causes of the shift, or whether it’s likely to continue, Patterson does offer one possible reason: an increase in the number of new, affordable apartment residences in the suburbs, where downsizing seniors tend to move.

Regardless, the demographic shift has planners and health-care workers looking to adapt to the new system.

Marie-France Juneau, executive director of NOVA West Island, sits on a committee that aims to make municipalities more easily accessible to seniors.

“A concrete example would be to add extra park benches, more lighting, stop lights that give people more time to cross the street,” Juneau said, adding that more complex issues, like access to health services and transportation, also need to be addressed.

“I think it’s something many municipalities need. The demographics are calling for it.”

Benjamin Shingler,
The Canadian Press

First board of directors for new massage therapy accreditation council announced

T he Canadian Massage Therapy Council for Accreditation (CMTCA) has announced it has completed the process of identifying the members of its first board of directors.

The successful nominees are:

Iain Robertson, a faculty member of Georgian College in Barrie, Ontario, as the Canadian Council of Massage Therapy Schools nominee.

Dr. Marilynne Waithman, a public board member with the College of Massage Therapists of British Columbia in Vancouver, as the Federation of Massage Therapy Regulators Authorities of Canada nominee.

Sara Sexton, a member of the Newfoundland and Labrador Massage Therapists Association from St. John’s Newfoundland, as the Canadian Massage Therapist Alliance nominee.

Janis Leonard, an experienced educator with significant professional experience in accreditation in her role with the Ontario College of Teachers and as a board member with the Association of Accrediting Agencies of Canada, as a “non-sector” nominee.

Gordon Griffith, a professional engineer with strong experience and credentials in accreditation at the national level as the director of education for Engineers Canada.

“We received nine nominations in total for the five available seats. All nominations were reviewed and ranked against the published nominating criteria by an external reviewer,” according to the CMTCA.

“We were very impressed by the demonstrated knowledge, experience, commitment and leadership of each individual and thank all the nominees for participating in this important process.”

The CMTCA said its immediate priority is to bring the first CMTCA board together to discuss next steps. “We anticipate that this will take place in the next few weeks, after which the next CMTCA communications will be on behalf of the new board of directors,” the agency said.
The Ontario government is expanding its low back pain strategy through a $2.3 million pilot project aimed at enabling primary care organizations to deliver timely, appropriate, high-quality low back pain services.

As part of the expansion of Ontario’s Low Back Pain Strategy, the two-year pilot project will build on efforts to provide better access to appropriate, cost-effective, patient-centred care.

Under the initiative, participating health-care organizations will be able to provide additional hours for a range of allied health providers such as chiropractors, physiotherapists, occupational therapists, kinesiologists and registered massage therapists.

This recent announcement further fuels the role of other health-care disciplines, like massage therapy, in the development of new primary health-care models that focus on providing “the right care, at the right time, in the right place.”

“Improving the quality and delivery of treatment for low back pain can make a life-changing difference to thousands of people in the province,” said Dr. Eric Hoskins, Minister of Health and Long-Term Care.

Among the organizations participating in this new pilot project include:

- Essex Court Nurse Practitioner-Led Clinic in Essex in partnership with City Centre Health Care in Windsor
- A partnership between family health teams in Mount Forest, East Wellington and Minto-Mapleton
- Couchiching Family Health Team in Orillia
- TAIBU Community Health Centre in Scarborough
- Shkagamik-Kwe Aboriginal Health Access Centre in Sudbury
- Belleville Nurse Practitioner-Led Clinic
- Centre du santé communautaire de l’Estrie

Through the project, these organizations will be able to:

- Provide faster, more accurate assessment of low back pain problems; use a more holistic approach to treating patients suffering from low back pain;
- Educate patients on low back pain self-management techniques; and refer patients to an appropriate health-care provider as needed.

Since April 2012, Ontario has invested more than $4 million to improve the quality and availability of low back pain supports across the province.

Acute low back pain is a common health problem affecting more than half of all Ontarians over the course of their lifetime. For most people, getting an imaging test such as x-ray, CT scan or MRI will not help assess or treat low back pain, according to the ministry.

Since the launch of the Ontario Low Back Pain Strategy in 2012, there has been an 18.5 per cent decrease in the number of patients being sent for unnecessary x-rays, CT scans or MRIs – resulting in savings of approximately $15 million, according to the ministry.

“The old model of dealing with low back pain – at a physician’s office – was largely based on referrals to medical specialists, and doing an awful lot of advanced imaging – MRIs, CT scans – which the evidence all says is not actually the best way to manage these patients,” said Bob Haig, CEO of the Ontario Chiropractic Association.

“Almost 90 per cent of people who are referred to a specialist or a surgeon for low back pain are not surgical candidates and they just end up back in their family doctor, anyway.”

“The beauty of this model is it’s as far upstream as you can get – in other words, it’s as close to the patient’s first point of contact with the system as you can get,” Haig said.

- Mari-Len De Guzman

**The Lighter Touch**

“SO, HOW LONG HAVE YOU BEEN PLAYING BASKETBALL?”
New initiative aims to gather data on massage efficacy for Paralympic athletes

The American Massage Therapy Association (AMTA) has announced a new partnership with Team Roger C. Peace to co-sponsor the paracycling team and fund the gathering of data on the impact of massage therapy on the conditioning and performance of these professional athletes. The athletes will prominently display AMTA’s name and logo as they compete, and massage therapy will be closely associated with their training and conditioning in this first of a kind study, the association said.

“We are excited about our partnership with Team Roger C. Peace and what it can mean both for the support of this competitive paracycling team and for the massage therapy research data that will be gathered as they train and race,” said AMTA president Nancy M. Porambo. “This will help shed new light on the efficacy of massage therapy for elite athletes.”

The team includes amputees, para- and quadriplegics, and a cyclist with traumatic brain injury. These 11 inspiring and highly motivated athletes are working toward competing in the 2016 Summer Paralympics in Rio de Janeiro, Brazil. As they train and compete throughout 2015, they will receive regular massage from massage therapists and data will be gathered on the effects of massage therapy on their physical performance.

Working with the Greenville, South Carolina Health System’s Human Performance Lab, Team Roger C. Peace athletes participate in clinical research designed to:
• improve the quality of life for other individuals with spinal cord injuries, traumatic brain injuries and amputations
• enhance the education of medical students, providing direct access to studying the unique population of elite-level paracyclists.

“This information will be documented in data collection for AMTA of the effects of massage on sports performance with disabled athletes, and is a key piece in our research into how to positively affect athletes’ performances through the consistent and medical application of the best practices in massage therapy,” emphasized Jerry Page, Team RCP manager.

As the only independent team competing on a global para-cycling schedule, the 12-member squad was organized as a partnership between the Greenville Cycling Center and Roger C. Peace Rehabilitation Hospital, part of the Greenville Health System. Athletes will compete in more than 90 events this season in preparation for the Para-Cycling World Championships in 2015 and the Paralympics in Brazil in 2016.

Roger C. Peace Rehabilitation Hospital has three goals: To provide the latest rehabilitative and technological services with compassion and encouragement, to help motivate patients, and to assist them in re-entering the community as smoothly and as quickly as possible. Roger C. Peace is the only facility in South Carolina approved by the Commission on Accreditation of Rehabilitation Facilities.

The American Massage Therapy Association is the largest nonprofit, professional association for massage therapists in North America. It is directed by volunteer leadership and fosters ongoing, direct member-involvement through its 51 chapters. AMTA works to advance the profession through ethics and standards, the promotion of fair and consistent licensing of massage therapists in all states, and public education on the benefits of massage.
Soft tissue mobilization may help athletes with knee pain: study

Soft tissue mobilization may be beneficial for athletes experiencing lateral knee pain, according to a new case study published in the International Journal of Therapeutic Massage and Bodywork (IJTMB).

The study’s author, John Winslow, presented case reports showing results of the treatment of lateral knee pain in four female amateur triathletes. The athletes were referred to Winslow’s clinic with either a diagnosis of iliotibial band friction syndrome or patellofemoral pain syndrome, all four having symptoms for longer than seven months.

Changes in training routines were identified as the possible cause of the overuse injuries that eventually developed into chronic conditions, the report said.

Treatment involved soft tissue mobilization of the musculotendinous structures on the lateral aspect of the knee.

At four weeks, three of the athletes improved nine to 19 points on the Lower Extremity Functional Scale, three to five points on the Global Rating of Change Scale, and demonstrated improvement in hamstring and iliotibial band flexibility.

At eight weeks the Global Rating of Change for these three athletes was a seven (“a very great deal better”) and they had returned to triathlon training without complaints of lateral knee pain. One athlete did not respond to treatment and eventually underwent arthroscopic surgery for debridement of a lateral meniscus tear.

The author concluded: “After ruling out common causes for lateral knee pain such as lateral meniscus tear, lateral collateral ligament sprain, patellofemoral dysfunction, osteochondral injury, biceps femoris tendinitis, iliotibial band friction syndrome or osteoarthritis, soft tissue restriction should be considered a potential source of dysfunction.”

Winslow pointed out that in some cases, soft tissue restriction is overlooked “athletes go undiagnosed and are limited from sports participation.”

Health advocates urge Alberta to raise spending on injury, disease prevention

Health advocacy group Wellness Alberta wants the Alberta government to spend more money on disease and injury prevention programs and is calling for the creation of an independent foundation that would be funded by the province at a cost of $170 million a year.

Dr. Louis Francescutti says Alberta spends about one per cent of its health budget to prevent injuries and chronic diseases such as cancer, heart disease and diabetes, but that isn’t enough.

He says the added money would be for programs to encourage people to eat healthier, be more physically active and to avoid tobacco.

Francescutti, who is a professor at the University of Alberta School of Public Health, says the foundation would save money in the long term by reducing the need for people to be in hospitals.

The group says a Leger online poll that it commissioned suggests most Albertans surveyed want the government to at least double spending on disease and injury prevention.

“These illnesses and injuries are largely preventable – but the government needs to increase its investment now in proactive strategies to keep more Albertans healthy and out of the healthcare system,” he said.

Francescutti completed a one-year term as president of the Canadian Medical Association in August.

Other members of Wellness Alberta include energy industry executive Jim Gray, Kate Chidester of the Heart and Stroke Foundation, Brian Geislinger with Alberta Blue Cross and Dr. Chris Eagle, former president and CEO of Alberta Health Services.
A new study from Chicago’s Northwestern University shows cigarette smoking can be bad for the back, finding that smokers are three times more likely than nonsmokers to develop chronic back pain.

“Smoking affects the brain,” said the study’s lead author, Bogdan Petre, in an article posted on Northwestern University’s website.

“We found that it affects the way the brain responds to back pain and seems to make individuals less resilient to an episode of pain,” added Petre, who is also a technical scientist at Northwestern University Feinberg School of Medicine.

The study was published online in the journal Human Brain Mapping. According to Northwestern University, this study is the first evidence linking smoking and chronic pain with the part of the brain associated with addiction and reward.

A longitudinal observational study of 160 adults with new cases of back pain was conducted for this research. At five different times throughout the course of a year they were given MRI brain scans and were asked to rate the intensity of their back pain and fill out a questionnaire which asked about smoking status and other health issues. Thirty-five healthy control participants and 32 participants with chronic back pain were similarly monitored.

MRI activity between two brain areas (nucleus accumbens and medial prefrontal cortex, NAc-mPFC) was analyzed. These brain areas are involved in addictive behavior and motivated learning. This circuitry is critical in the development of chronic pain, the scientists found.

These two regions of the brain “talk” to one another and scientists discovered that the strength of that connection helps determine who will become a chronic pain patient, the Northwestern University article stated. By showing how a part of the brain involved in motivated learning allows tobacco addiction to interface with pain chronication, the findings hint at a potentially more general link between addiction and pain.

“That circuit was very strong and active in the brains of smokers,” Petre said. “But we saw a dramatic drop in this circuit’s activity in smokers who – of their own will – quit smoking during the study, so when they stopped smoking, their vulnerability to chronic pain also decreased.”

Medication, like anti-inflammatory drugs, did help participants manage pain, but it didn’t change the activity of the brain circuitry. In the future, behavioral interventions, such as smoking cessation programs, could be used to manipulate brain mechanisms as an effective strategy for chronic pain prevention and relief, the report said.

The U.S. National Institutes of Neurological Disorders and Stroke funded the study.

Other authors of the paper are senior author Apkar Vania Aapkarian, Souraya Torbay, James W. Griffith, Gildasio De Oliveira, Kristine Herrmann, Ali Mansour, Alex T. Baria, Marwan N. Baliki and Thomas J. Schnitzer of Northwestern University Feinberg School of Medicine.

Study prescribes vitamin D for pain relief

New research from the University of Adelaide in Australia is suggesting vitamin D supplements may be beneficial to patients with chronic pain.

Researchers in the university’s School of Population Health have been studying the treatment of patients with chronic non-specific musculoskeletal pain, and they have found it can vary widely.

“We wanted to know how general practitioners were responding to these patients and whether we could make recommendations that might help the GPs in their work,” said PhD student and medical doctor Manasi Gaikwad.

“Vitamin D supplements are known to help ease the symptoms of people with this type of chronic pain, and there are no known negative side-effects. Vitamin D supplementation is readily available and a relatively cheap option.

“We found that the GPs we studied have observed positive effect of vitamin D supplementation on these patients. However, this can be a slow process, involving repeat visits to the GP, and additional costs such as blood tests.

“There are no guidelines for prescribing vitamin D to this group of patients,” Gaikwad said.

Despite the prevalence of this condition in the community, the diagnosis and treatment of patients with chronic non-specific musculoskeletal pain remains complicated.

“Until now there has been no study to understand the clinical reasoning GPs use to decide which patients should or should not receive vitamin D supplementation,” the doctor said.

“The research has highlighted that a standardised approach to treatment could be beneficial for both the GPs and patients.”

Gaikwad said there is strong support among doctors for these patients to receive vitamin D, but they also encourage more sun exposure, and not just taking supplements.

“This is an issue because many people are working indoors, out of the sun, and spending much of their non-working hours indoors also. A little bit of sun is healthy, and GPs are encouraging their patients to go outside a bit more each day,” she said.
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Are you employable?
What you need to know if self-employment is not your cup of tea

While many massage therapists assume they will work as self-employed contractors, the marketplace is presenting new challenges. With more competition, higher costs to entry-level practice and the demand for sophisticated business skills, massage therapists (RMTs) are increasingly forging a career in corporations brokering massage therapy services. RMTs require training to ensure they are work-ready, and strong candidates will need to display a number of qualities to be considered highly employable.

How employable are you? Do you have excellent qualifications? Aside from your RMT registration, what other transferable skills or value do you bring to the table? How about actual business experience in customer service and sales?

Large businesses that broker RMT services have multiple locations and considerable resources. They are looking for skilled practitioners with a team spirit, passion for service and strong customer service skills.

Many companies employ RMTs — LifeMark (CentricHealth), Massage Addict, GoodLife Fitness, Hand & Stone Massage and Facial Spa, and large spas like Elmwood Spa. These corporations invest capital, provide strong branding, strong marketing campaigns and operating systems, support staff and business expertise, and a long-term commitment to see the business grow and evolve. They have multiple locations and considerable resources, and are looking for skilled practitioners with a team spirit, passion for service and strong customer service skills.

The marketplace has changed. Although previously conducive to sole practitioners, the massage therapy market is increasingly asking for convenience, lower cost or better value. Many people feel safer with the recognition of a national brand and commercial site. Just like 3-D printing is disrupting manufacturing, the Internet has disrupted media and publishing, and the smart phone disrupted just about everything, the way people access RMT services is being disrupted. Competition has become fiercer and we are challenged to adapt to these new circumstances. Consider that these large companies actually provide a solution to a chronic problem in the RMT profession — that of providing a well-managed, viable business to work in.

You might say, “I’d rather be self-employed.” Wonderful. Do you have the capital to finance a business start-up, and the money to keep it going until profitable? Do you have a network of contacts that will show up at your door to purchase services from you? Do you have real business experience and competence in accounting, marketing, customer service and operations? Do you possess the commitment necessary to work long hours and foster growth in your enterprise? If not, you may not have the resources to work for yourself. Four out of five businesses fail within five years of start-up — the main reasons being negative cash flow and lack of owner business experience/competence.

I’m not saying there is no place for private practice. We will always need entrepreneurial types with specialized skill sets to serve niche markets. I’m saying that it’s harder now for a RMT to accumulate the resources needed to maintain a sole practice. Our profession can learn something from these businesses that broker opportunities for RMTs. Many of these corporations offer incentives and bonuses, comprehensive employee health and dental benefits, support staff, supplies, training and professional development opportunities, flexible schedules, a marketing team to help grow your patient base, and many more.

In addition, these businesses are already capitalized — no financial output required from the RMT.

EMPLOYER PERSPECTIVE
In my discussions with owners/managers from several of these companies, I have heard criticisms and concerns about workplace readiness of massage practitioners. Concerns include:

• Practitioners see themselves as individuals and have trouble integrating into a team practice
• Practitioners demonstrate care for the client/patient, but are inattentive to the larger client/patient experience, e.g.
workplace cleanliness, freedom from clutter, first impressions

- Although well prepared in the academics of health sciences, regulatory requirements and basic massage techniques, practitioners are frequently untrained in critical skills of customer service, sales and promotion, and business operations.
- Practitioners fail to invest in their practices, running between several locations, being unavailable for more work at the primary location. One business owner said, “RMTs need to temper their expectations of growth, and learn to cultivate their practice in a primary location.”
- Practitioners solicit clients/patients from the business and steer them to the practitioner's home practice or other location, extorting the established relationship and acquisition costs paid to acquire that client/patient by the primary business.
- Practitioners often don't understand the principles of cash flow and profit/loss or the costs of running a sustainable business. They frequently demand financial terms that are not in line with the assets they bring (or fail to bring) to the business.

Sometimes the employer/employee relationship does not work out and the employment is terminated. Following are instances that will definitely lead to work termination: complain to clients/patients about dissatisfaction with pay or workload, or press religious or political beliefs or personal issues while providing service; leave the therapy/spa room in a mess, and damage the quality and image of the business; discuss client/patient personal information in public spaces; steal, lie, cheat or harass coworkers or patrons; show up late, miss shifts, be unkempt in appearance and be unaccountable.

Complaints about any relationship should be taken to the source — not vented through the client/patient who has paid to receive professional services. Remember that workplace hygiene and safety is the responsibility of all employees, and client/patient information should only be discussed in the confines of a private space. The offensiveness of the final two points is obvious.

**EMPLOYMENT WORRIES**

It is normal to expect RMTs to be cautious in seeking employment. They fear giving up autonomy or control over business variables, or they may be suspicious of the intentions of business owners, particularly if they are not RMTs. Let’s address some of the common misconceptions.

**Inferior pay** — Practitioners are convinced they’ll earn less income if employed. Consider the Registered Massage Therapists’ Association of Ontario (RMTAO) income surveys of 2009 and 2013, reporting average gross income of $39,100 direct hands-on care in 2013 and $38,500 in 2009. These stats are largely reflective of RMTs who designate themselves “self-employed.” If you compare the net take-home pay (after business expenses taken off, remaining money to live from) of a self-employed RMT to a RMT employed in one of the corporations mentioned, in an apples-to-apples comparison you may be surprised who comes out on top. What matters is not what service fee is charged, but what you take home at day’s end to live off.

Further, many employed RMTs have access to equipment that lessens strain, while increasing work capacity, incentives and bonuses and providing higher traffic potential. While it’s true you can earn more working for yourself — will you, actually?

You must have sufficient amounts of the four Cs to launch and sustain a business. **Inferior skill** — Another argument I’ve read on social media is the belief that RMTs who seek employment over self-employment are somehow defective. “They must be inferior if they’re working at someone else’s business.” I’ve met RMTs who have been eight, 15 and even 24 years registered that happily work as employees. They recognize the advantages to employment in these larger enterprises and prefer the resources and business savvy these large companies offer. I’ve personally received excellent care at several of these businesses.

**Exploitation** — Whenever you have to work with other people, in any type of business sector or workplace, exploitation is possible — even in small private practice settings. RMTs used to complain (and still do) about chiropractors and physiotherapists even before these large corporations entered the scene. Keep in mind, however, you are responsible for advocating for your own interests and to understand the full scope of your rights. Study labour laws, seek counsel from lawyer on contract negotiations, press the RMTAO and RMT schools to form functional relationships with major employers, utilize the experiences of others on social media.

By educating yourself and asserting your professionalism, you can take steps to dramatically reduce the chance of exploitation.

**BECOME HIGHLY EMPLOYABLE**

If a practitioner can bring value to the business in the form of high retention, drawing business in, supporting other team members and contributing in positive ways to the workplace, they will ultimately be rewarded with bonuses, premium shifts, employee benefits and opportunities for advancement. Unlike private practice, working for a corporation provides alternatives for generating income not directly related to hands-on care.

The best employees demonstrate friendliness but are not over-bearing, enthusiastic while empathetic, show initiative and competence but not arrogance, and are authentic and gracious in service. They recognize they are a part of a larger integrated team and strive to accomplish goals common to the mission of the business while supporting and encouraging fellow workers.

Here are some tangible ways of increasing your employability and value in a company:

- Dress appropriately, be engaging and do your research for your interview
- Be prepared with questions to ask about the business
- RMT designation is not a guarantee of quality — employers will often ask for a short demonstration of your skills and client/patient engagement — be willing
- Be prepared to commit to a trial and see how the relationship will work out
- Provide safe, warm and comfortable experience for your clients — always
- Empower patients/clients by letting them dictate comfortable and tolerable pressure, temperature and other experience variables

Our professional culture does a disservice in encouraging RMTs only to be self-employed. I encourage you to go and sit in interviews with as many of these corporations as you can, learn about what they have to offer. You might be surprised how attractive being an employee can be.

Donald Quinn Dillon, RMT, is a practitioner, author and speaker. For more useful articles and resources visit his blog at MassageTherapistPractice.com.
To have and have not
RMTs from Eastern Canada weigh in on regulation

For Mary Ellen Murray, a massage therapist based in Summerside, P.E.I., the absence of regulations adversely impacts her practice.

“Regulation would impact my practice by possibly increasing clients to come to my clinic versus someone who is not registered with our association and has not received the required education to practise safely. It may increase doctors’ referrals versus another modality, thus increasing client awareness of what we can do,” she says.

Public awareness, or lack of it when it comes to massage therapy practice, is part of the challenge. “Most of my clients don’t even know regulation in P.E.I. is non-existent. So, obviously and detrimentally, they don’t care. Clients who know about regulation agree that it is necessary.”

Murray recently posted a message on a social media network regarding the case of a massage therapist in another province who sexually assaulted a client. Her posting elicited heated comments from colleagues across the country, as well as several of her clients.

“They comments underscored that this is another example as to why massage therapy should be regulated,” she says.

From her experience, Murray believes that public awareness of what massage therapists do versus the so-called “masseuse/massage parlour” has come a long way.

“As soon as I hear a client use the term rub, I interject with treat; masseuse, I interject with massage therapist; bed, I interject with table.” When she is asked the difference between masseuse and massage therapist she would respond: “About $30,000 invested and two years of painstaking learning in the massage therapy educational system.”

Marilyn Sparling, clinic owner and the national representative for the P.E.I. Massage Therapy Association (PEIMTA), emphasizes the time has come for regulation of this profession everywhere in Canada.

“We need a national strategy for educational standards for examining emerging therapists and continually increasing the education and efficacy of the therapy that we do each day,” she says from the organization’s Charlottetown headquarters. The association has 70 members across the Island.

The PEI government’s final proclamation of their legislation “Regulated Health Professions Act” was in 2014. There is now a framework in place to move forward with the government on seeking regulation for the province’s MT profession. The PEIMTA, as Sparling points out, has been in contact with the legislative specialist within government for the past few years and has participated in consultations on an ongoing basis. The government has included “massage therapy” as one of the professions wanting to become regulated.

“There have been no roadblocks thus far. There is simply work to be done,” she says. “Most people’s attitude to regulation, I think, is that they are surprised we are not already regulated as a course of action. Please realize not only are RMTs not regulated here, neither are more than 20 other health-care groups such as naturopaths, acupuncturists, dental hygienists, lab techs … so we are not alone in this situation here.”

NEW BRUNSWICK
No longer a “have-not,” New Brunswick ushered in regulations in December 2013, when the provincial government’s Bill 25 (“An Act to Incorporate the College of Massage Therapists of New Brunswick”) received royal assent. One who enthusiastically welcomes the launch of a regulated environment in the profession is John MacKenney, president of the New Brunswick Massotherapy Association (NBMA-AMNB) and the chair of the Canadian Massage Therapist Alliance (CMTA).

“A regulated practice will increase awareness of what our roles are within the professional health team,” says MacKenney in Saint John, N.B. “It will help define what our
scope of practice is in comparison of other health professionals. It will increase our professionalism. It will create new education opportunities. Lastly, we have a way to govern our profession.”

Some immediate hurdles of transitioning to a regulated profession, from MacKenney’s perspective, centre on many of the activities that his association was doing to protect the public before regulation has been handed over to the college. “NBMA-AMNB is very busy putting plans into action which will help out therapists become more educated about research with the plan of starting research of our own in the next few years,” he notes. “Regulation defines minimum standards, promotes audits and educates the public; all with the goal of protecting the public. We are looking for mobility for professional massage therapists to move, unencumbered by bureaucracy, to wherever in Canada there is a need for massage therapy.”

With efforts to get the province’s massage therapy profession regulation accomplished, MacKenney enthuses that his organization will now focus on enhancing its efforts to promote massage therapy. To help deliver that message to the public, the NBMA-AMNB has initiated collaborative projects with the Horizon Health Network, University of New Brunswick, Community College New Brunswick, and Dalhousie University (Medical) to increase awareness and reputation of the MT profession.

“Regulation will also increase the massage therapy profession’s credibility with insurance providers,” he claims.

NEWFOUNDLAND AND LABRADOR
Having joined the “have” provinces with lengthy histories of regulation (British Columbia and Ontario), Newfoundland and Labrador has since made historic strides of its own since being regulated in 2002. The Newfoundland and Labrador Massage Therapists Association (NLMTA) was formed in 1990 with five members; it now boasts about 250 members.

Members of the NLMTA are required to be active members of the College of Massage Therapists of Newfoundland and Labrador. NLMTA members must follow high standards of practice, maintain a strict code of ethics and are required to participate in continuing education.

“We started as a small group but we came together in a place of commonality and common purpose,” states Sara Sexton, a RMT and former NLMTA president. “We have a unique setup wherein all members of the regulatory body of the College of Massage Therapists of NL (CMTNL) must also be active members in good standing with the one and only professional association in our province – the Newfoundland Labrador Massage Therapists Association. Our association continues to do radio advertisements to boost the public’s understanding of what we do. And we continue to work very closely as a part of the national group (the CMTA) to bring about a cohesive representation of our profession. That is still the challenge.”

Claudette Marie Warren, a RMT with In Motion Health Centre in St. John’s, N.L., says more needs to be done to educate the public on the benefits of regulation.

“Even though massage history dates back to the age of Hippocrates, the massage therapy profession is still underestimated. Newfoundland Labrador has managed to jump on the regulation train early, but areas of our profession are lacking. For one, the idea of research is only now surfacing within our province.”

QUEBEC
In the province of Quebec, where the twinkling neon signs
of massage parlours signal services beyond relief from muscle ache and joint strain, the drive to professionalize the practice of massage therapy is making major strides.

“Professionalization means that massage therapy must be recognized as a therapeutic practice within the health profession, and based on this assessment, the FQM asked for regulation in 1992 and still carries on,” says Sylvie Bédard, president and CEO of Montreal-based Fédération Québécoise des Massothérapeutes (FQM), representing 5,500 MTs throughout the province.

“In February 2012, we applied for legislation and did representations to the Ministry of Justice... We are still in the process,” she stresses.

On the issue of massage parlours, Bédard insists it’s not a question of confusion in the minds of the consumer, “But more one of exasperation and a feeling of injustice as people see MT removed from their health insurance package.”

The massage therapy profession in Quebec has a formidable political ally in Montreal mayor Denis Coderre, who is spearheading a crackdown on massage parlours masquerading as legitimate businesses and wants them shut down. Part of his solution: regular inspections of “erotic parlour” establishments and hefty fines for those falsely representing their businesses.

For its part, the FQM is waging a multipronged educational campaign aimed at professionals and the public. It is using a range of social media, posting informational videos on the web, and writing content for Pharmablogue, a blog dedicated to pharmacists and other health professionals. Last year, the organization launched an informational web platform called www.onveutdelordre.org (in French only).

“We are explaining and sharing all the information related to our work towards regulation,” adds Bédard.

Expressing less optimism that more stringent regulation is imminent, Mark Balchunas, spokesman for the Association du Québec des Thérapeutes Naturels (AQTN), an association whose members include MTs, naturopaths and reflexologists, laments that despite multiple attempts by some of the province’s largest complementary medicine associations, “the situation has remained unchanged.”

“One of the major obstacles for regulation is demonstrating to the government that massage therapy poses a danger to the general public. This has proved particularly difficult. People who enjoy a massage regularly know good technique from bad. In the longer term, less competent massage therapists simply don’t get the business to keep them operating.”

Balchunas goes on to say that all Quebec massage associations can have an impact on demand (from consumers), whether through networking, partnerships, marketing campaigns, awareness campaigns, among others.

“Every opportunity must be seized, and new opportunities must be created when possible,” he insists.

Julie Eyelom, a Joliette, Que., massage therapist and AQTN member, strikes an upbeat tone. “The process of regulation must be done in a structured way. Schools must absolutely be included, as should massage therapists themselves. One path towards regulation in Quebec, in my opinion, begins with teachers. We need to ensure they are competent, experienced and qualified. This is much easier said than done when anyone can open a massage school. This is why associations have recognized schools, but it is clearly not enough.”

Across Canada, there is almost universal agreement regulation not only benefits MTs but also clients who would benefit more from better-care treatments.

“You wouldn’t expect anything less of your doctor or dentist, so why should RMTs be exempt from these sorts of obligations?” says P.E.I. massage therapist Warren.

Jack Kohane is a Toronto-based freelance journalist writing for several national health-care magazines and the National Post.
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The job of a massage therapy professional can sometimes be isolating – working long hours within the confines of a treatment room. Except for short initial conversations with clients during treatment, the opportunities for interaction are limited.

This is why veteran massage therapist Cathy Ryan found it a very integral part of her career growth to get involved in her professional community as an active participant among her peers. Recently, she took on the role of chair of the board of the College of Massage Therapists of British Columbia (CMTBC), serving a two-year term.

“I knew that in order for a person to stay really excited about what they’re doing, it is really important to do things beyond just the treatment room – not to, in any way, diminish the work that we’re doing in the treatment room because it’s very meaningful and important work, of course,” says Ryan who considers herself a “perpetual student” seeking new opportunities to learn from and contribute to her profession. This constant learning has led to diversity in her practice that now spans 24 years.

Although she now lives in Telkwa, B.C., Ryan’s career began in Ontario, graduating from D’Arcy Lane Institute in London, Ont., in 1990. Like many of her colleagues, Ryan’s interest in massage therapy was brought on by personal experience. As a young athlete, she was exposed to massage therapy treatments, which have always brought on positive results.

PERPETUAL LEARNER

Launching one’s massage therapy practice right out of school can be both challenging and intimidating. Often, the inexperience and lack of appropriate business skills could stand in the way of a fulfilling practice.

Ryan calls it fortunate that the right opportunity to launch her career struck at the right moment.

“There was a chiropractor who came to our school specifically looking for someone with a strong background in exercise therapy as well as massage therapy, because his clinic was part of a pilot project for workers’ comp… that was looking at outcomes for back injuries related to work,” she recalls.

Ryan’s past life as a personal trainer, prior to enrolling in massage therapy school, came in very handy and she got the job. Because the pilot project involved comparing various medical approaches – chiropractic, massage therapy and exercise rehabilitation – Ryan was immediately exposed to an interdisciplinary work setting.

Having access to support from people with vast experience in practice and can impart some of their knowledge on the newbies is very important for one who is just starting out in the profession.

“What’s been a real key for me is that I’ve had great opportunity to collaborate in a number of ways, not only with my own colleagues in the profession, but also interprofessionally,” Ryan says.

These collaborations have been instrumental to her leading a diversified career in health care. She has served as a medical team leader and massage therapy clinical coordinator for special populations, she has provided medical evaluations, participated in international focus groups, and fostered interprofessional and public education on massage therapy.

She also acted as a subject matter expert for the College of Massage Therapists of Ontario (CMTO) and has been a member of multiple committees with the CMTBC. Ryan is also an educator, having taught both entry-to-practice and various continuing education courses.

“Part of my reason for spending 10 years as subject matter expert with the CMTO is because I wanted to contribute to the profession that way,” she says.

Writing is another passion for Ryan. She has written a number of articles on fascia and is co-authoring a book on traumatic scar tissue management with Nancy Keeney-Smith, a licensed massage therapist based in Florida.

Fascia is a subject that is near and dear to Ryan. She remembers the first time she attended a fascia research congress in Boston in 2007.
“When the researchers and the scientists got up to speak, there were a lot of us who had that deer-in-the-headlight kind of look, because they were speaking in a language that wasn’t necessarily all that familiar to us,” she recalls. “I was not a researcher, I’ve never done research. I graduated at a time when research literacy was not part of our entry to practice education – it is now, which I think is fantastic.”

That conference made a great impression on Ryan. It got her more interested in the area of massage therapy research, and enrolled in several online courses to expand her knowledge on research literacy. Eventually, her writing stints involved research translation for several publications.

**REGULATOR**

As chair of the CMTBC, it is important for Ryan to facilitate a healthy dialogue among board members in the pursuit of the college’s mandates.

“I just make sure that every person on the board has an opportunity to express their perspective on whatever discussion we’re having. And make sure, as a result of those discussions, that we can support the college, that we’re making really sound decisions so the college is able to fulfill its duty in an exemplary way.”

Perhaps it’s never been more important to be at the forefront in light of positive developments for the massage therapy profession that has been transpiring in recent years.

Research initiatives specific to massage therapy continue to rise and have contributed to the increase in the profession’s credibility in health care.

Professional associations in unregulated provinces are gaining ground in their efforts to achieve professional regulation. In December 2013, New Brunswick entered the regulation fold – joining Ontario, B.C. and Newfoundland and Labrador. Other provinces are at various levels of the process for regulation and some are expected to achieve professional regulation soon.

The push for national accreditation of massage therapy education has also gained momentum, with the formation of the Canadian Massage Therapy Council for Accreditation (CMTCA). At the time of this writing, the council’s first board of directors has just been elected.

“Anything that supports the credibility of the profession, obviously, is very exciting first and foremost, to ensure that we are delivering the best, safest, most ethical, effective quality of care that we can to the public,” Ryan says.

The process of accrediting schools, however, is not new to B.C. It has a long established system for accrediting massage therapy education programs through the province’s Ministry of Advanced Education, with significant input and assistance from the CMTBC.

This means when national accreditation comes, B.C. schools will potentially not have to undergo big changes to comply with national standards.

To Ryan, however, the vision for the profession does not end with national accreditation. For one thing, the goal of getting professional regulation for all jurisdictions across Canada is vital to elevating RMTs as a significant player in the health-care space.

“Both the national accreditation and the work on the (Interjurisdictional Entry-to-Practice Competency) document are both very instrumental in our profession moving toward a national registration exam, which is quite likely to happen in our future as more and more provinces and possibly territories at some point in time become regulated,” Ryan says.

**LEGACY**

Although she is nearing 25 years in the profession, the thought of retiring may not yet be in Ryan’s mind. She is excited about her new post and looks forward to every opportunity that allows her to help others – whether it’s her clinic patients, new RMTs needing guidance or peers in search of collaborative opportunities.

For therapists just starting out in the profession, her one advice is to constantly “stay current and stay connected.”

“Collaborate with your colleagues, look for ways to collaborate interprofessionally,” she suggests. “That is a really great way to evolve as a person and evolve your practice.”

Being active in the professional community not only allows one to contribute to its growth, but it’s also an excellent venue to meet some extraordinary people, she adds.

“For me it’s been really extraordinary to have an opportunity to participate from the regulator perspective… it has really made me a far better practitioner and person, and helped me evolve.”

It may be far from her mind, but when asked what legacy she would like to leave for the profession, Ryan remarks: “First and foremost, that I have represented the profession well, in any way that I have contributed and can contribute to the profession’s public profile. Whatever I can do to bring massage therapy more to the forefront so those in need of quality care have access to it, and that massage therapy is readily identified as the safest, most ethical, effective form of health care. Any way that I can support or contribute to that, I will think it’s been time well spent.”

Mari-Len De Guzman is editor of Massage Therapy Canada magazine. You may contact her at mdeguzman@annexweb.com.
When a patient receives a diagnosis of DDD, this does not mean that he or she is disabled, and that they are headed for a downward spiral of health and further spinal degeneration. In fact, DDD tends to be part of the natural aging process that we all go through, to one extent or another.

The Aging Body

As the human body ages, its mobility generally starts to decrease – the body feels somewhat stiff in the mornings and it's generally harder to get out of bed. The first 30 minutes in the morning are the worst, and then the body starts to loosen or warm up. It also may be harder to find a comfortable position to lie in when going to bed. Turning over in bed might start to become a challenge. Even sex might be difficult at times.

These are all normal incremental symptoms people experience – usually starting at around 40 years of age.

When we are young, our intervertebral discs (IVD), which are situated between each vertebra in our spine, are full of a viscous fluid (jelly-like material). This fluid is called the nucleus pulposus. The nucleus pulposus is in the centre of each disc, whereas, the outside of the disc is a tough fibrous tissue called the annulus fibrosis. To give an analogy to this, discs are akin to a rubber tire on a car that is full of jelly, instead of air. The rubber tire is like the annulus fibrosis, and the air inside the tire is where the jelly like substance is.

As we age, the fluid in the disc becomes thicker and the annulus fibrosis degrades or weakens. The fluid becomes more like tar than jelly. Being a Canadian, I call this the “hockey puck syndrome,” as the disc become more like hockey pucks than tires full of jelly.

By the time we are 60, most of the fluid will have transformed into this much thicker tar-like fluid. The outside of the disc, the annulus fibrosis, may become bulging and misshaped rather than a nice round tire. The tires now may have bulges in them.

This scenario primarily happens in the low back, between the fourth and fifth vertebrae and the fifth vertebrae and the sacrum. These are the L4 and L5 discs or IVDs.

Discogenic pain (pain arising from discs) can be felt in the low back when these discs are affected.

The cervical spine, or neck, is often affected as well, usually between C4-C5, C5-C6 and C6-C7. So the discs of C4, C5 and C6 can generate discogenic pain in the neck.

This degrading process of the discs is known as degenerative disc disease or DDD.

In some people, as the discs degrade, the space for the nerves where they exit out of the spine – called the intervertebral foramina (IVF) – becomes narrow. This narrowing, called stenosis, can put pressure on the nerves that exit the spine where they travel to the arms or legs.

When stenosis occurs in the neck, it can cause pressure on the cervical nerves. This is often called a “pinched nerve” which causes pain radiating down the arm or leg. When pressure is applied to the nerves in the low back, or lumbar spine, it can cause a condition called sciatica, which is when pain radiates down the back side of the leg to the heel. When the pressure is applied to the nerve roots at the neck, or cervical spine, the pain travels down the arm and sometimes into the hand depending on which nerve is compressed.

The most common area of compression in the neck is the C5 nerve root, this causes pain radiating over the shoulder/deltoid and outside of the upper arm or lateral brachial region. The most common area of compression in the low back is the L5 nerve root, which causes the pain radiating down the leg to the heel.

These areas of pain or sometimes numbness are called the dermatomes, which are the areas of skin that are supplied by that particular nerve root. If the muscle is affected corresponding to the nerve root, this is called the myotome. Muscular weakness without any pain is possible when the myotome is affected and not the dermatome. If the dermatome is affected without the myotome, then pain or numbness is felt according to the nerve root being compressed. So the symptoms are dependent on what is being compressed and where.

These conditions are known as peripheral nerve stenosis, which means a decrease in the opening for the nerves exiting the spine (IVF). These conditions can be very painful and
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limiting to functional activities such as walking, running, hiking and daily grooming activities, like brushing the hair and getting dressed. These activities can pose a real problem for some people who have this affliction.

**TREATMENT AND MANAGEMENT**

I recommend a “five-system approach” to conservative treatment and management of DDD.

1. Education – The client/patient must understand the condition and the musculoskeletal effects of poor posture including sitting and standing postures. A healthy spine is a spine that has gentle curves from front to back (anterior to posterior). The low back or lumbar spine should have a small curve forward called a lordosis. The middle back or thoracic curve should gently curve backwards, called a kyphosis. The neck or cervical spine should have a gentle curve forward, called a cervical lordosis. When these curves are increased or decreased, the result is an enormous amount of stress on the discs (IVD) and the facet joints in the spine.

The three joints that support each vertebra allow us to move freely and in multiple directions. They are the two facet joints on either side of the vertebrae and the disc between each vertebrae. These three structures are known as the three joint complex. Each of these structures is designed to control and to attenuate specific loads onto the spine. When one of these structures is affected, the other two are also affected.

So when the disc is disrupted, so are the facets joints, and when the facets joints are disrupted so are the discs. This tri-complex is notably so connected that a mechanical disruption of any of the components of the three joint complex can lead to DDD and osteoarthritis of the spine.

Results that are seen on imaging (MRIs, X-rays, cat scans) are that DDD and osteoarthritis of the facet joints go hand-in-hand with each other. The term that is used is spondylosis.

2. Postural correction or mechanical extension of the spine – To reiterate, poor posture puts an enormous amount of pressure on the skeleton, especially the discs between the vertebrae. Gravity tends to pull us forward into a slumped posture. When you have a slumped or forward posture, there is a lot of pressure on the discs, which causes discs to slowly degrade. Simply put, the fluid within the disc creates bulges in the annulus fibrosis and causes disc degeneration. This degeneration causes spinal, back pain and sometimes leg and arm pain.

The correction process is quite passive and done only to the patient’s comfort levels. The patient will lie face down on a specially designed treatment table, after receiving massage to the back muscles to soften the muscle tissue and reduce tension. The patient is covered with a blanket or towel. A broad strap is placed over the low back or mid back (the area to be treated). Slowly, the patient is extended (bent backwards) with the use of the moving parts of the table. This is done only to the patient’s comfort level. Traction is then applied to the spine to decompress the facet joints.

The position of extension allows the viscous fluid within the discs to shift towards the front side of the disc (anteriorly) shifting away from the back side of the disc. The shifting of the fluid takes the pressure off the backward side of disc (posterior wall) ligaments and supporting
structures, allowing the body to regain the proper spinal curves and alignment.

3. Nerve mobilization and mechanical drainage of nerves – Pain that travels down a limb, whether it is an arm or a leg, usually means the nerve associated with that body part is likely being compressed at the nerve root level. The nerve root compression can lead to radiating pain, loss of motor control (muscular weakness) and or loss of autonomic function (blood vessel control) which affects the blood flow, which in turn can cause swelling in the limb. People that suffer from sciatica or a pinched nerve in the neck can well relate to these symptoms.

Nerve mobilization and mechanical drainage of the nerves help to decrease the swelling within the nerve to allow for better functioning of the neurovascular bundles. These techniques help to restore proper functioning to the nerves and therefore the quicker return to normal functional activities of daily living. These techniques are not within the scope of this article but have been well described by the works of Dr. David Decamillis and Dr. David S. Butler.

4. Exercise therapy for core stability and cardiovascular health – To support the postural corrections, proper strengthening and stretching exercises are indicated, as spinal alignment needs proper strength-length balance of supporting muscular tissue. Core stability exercises have been well documented to help the body recover from spinal conditions and musculoskeletal injuries. These type of exercises should be incorporated into an exercise program to maintain proper health and function of our bodies. Cardiovascular health benefits should not go without mention, as a strong cardiovascular system has a plethora of positive benefits for the human body including musculoskeletal and systemic health. The above three elements: stretching and strengthening, core stability exercises and cardiovascular training are needed for proper alignment, musculoskeletal health and overall healthy body conditioning.

5. Therapist-assisted maintenance for general spinal and musculoskeletal health – In today's world, due to the ergonomics of the workplace, such as sitting and working on the computer and many other factors of activities of daily living, everyone needs some help, guidance and reminders for health. This should include mechanical correction of posture for the majority of the population. I call this the ‘spinal tune-up.”

Regular spinal maintenance is much better than treating acute injuries, such as a herniated disc or unrelenting back pain. Monthly or bimonthly corrective extension procedures to maintain spinal health and proper posture are recommended.

Mike Dixon, RMT, is a 28-year veteran of massage therapy. He is the author of the book, Joint Play the Right Way for the Peripheral Skeleton. He has been teaching since 1993 and has taught orthopaedics at the Boucher Institute of Naturopathic Medicine. He currently practices in Vancouver at the Electra Health Floor and in Tsawwassen, B.C., at Dixon's Massage Therapy. He can be contacted through his company website www.electrahealthfloor.com.
A world of difference

Massage offers relief for orphans with HIV/AIDS, disabilities

If you were a massage therapist while the HIV/AIDS epidemic was emerging in the 1980s, you might well have wondered if giving a massage to a person with HIV would put you at risk of being infected. In those days, the public had little knowledge about how HIV is transmitted. Most people only knew AIDS was a fatal disease with no cure.

Today, in countries where HIV/AIDS activism and awareness education have been relatively widespread and effective for many years, tremendous progress has been made toward eradicating HIV/AIDS stigma and discrimination against people living with HIV/AIDS. Most people have learned that HIV cannot be transmitted through skin-to-skin contact. Many, if not most, massage therapists are aware there is no risk of transmission when massaging people with HIV, unless blood is present.

In countries where HIV/AIDS activism and awareness education have been less successful, however, people with the disease are still likely to face severe discrimination and be treated as outcasts in their societies. In these countries, children with HIV whose parents have died or abandoned them are particularly at risk of suffering from a shortage of the nurturing touch, on which their health, well-being and development depend.

The non-profit organization Buds to Blossoms addresses the needs of such at-risk children through its Pediatric Massage Volunteer Program with AIDS Orphans and Orphans with Disabilities. This program brings international teams of volunteers to Vietnam several times a year to provide nurturing, therapeutic massage to ill and disadvantaged children.

The team works at several locations in Saigon, including an AIDS orphanage that’s home to fifteen children, another orphanage that cares for sixty disabled children, and a drop-in centre for forty AIDS orphans and other children affected by HIV who live with family members. The volunteers regularly work at no more than three or four locations for the duration of the three-week program. This enables them and the children to get to know each other and build rapport. It also maximizes the impact the program has on the children’s quality of life.

POSITIVE INTERACTION

The Buds to Blossoms Pediatric Massage Volunteer Program not only promotes the health and well-being of AIDS orphans and orphans with disabilities, it also creates opportunities for the children and volunteers to learn, grow and have fun together by sharing gentle massage. The volunteers’ time with the children is a joyful blend of nurturing touch, play, tranquility, song, smiles, hugs and laughter.

The inspiration for this program came from Suzanne Reese, an infant massage teacher who volunteered to provide massage to severely neglected children with congenital disorders and disabilities at an orphanage in Belarus. When Reese began working with the children, she found they were psychically traumatized and withered by the lack of nurturing contact. Yet, the children’s bodies unfolded and their spirits improved dramatically in a short time, thanks to the massages the received. The culture of the orphanage also changed as the children’s caregivers learned that children need human contact and affection to thrive.

Reese’s work has demonstrated that massage can play an important part in improving the health and quality of life of ill and disabled children in orphanages. Buds to Blossoms has taken this message to the other side of the world and partnered with several orphanages and other centres that provide care to disadvantaged children in Vietnam.

Massage is of particular value to the AIDS orphans because its immune system-strengthening effect can potentially improve their compromised health. A number of studies have pointed to this and other therapeutic effects of massage for children and adults with HIV/AIDS.

Massage also promotes the children’s well-being by bringing relief from pain and anxiety, and helping meet their emotional and developmental needs for one-on-one nurturing attention and touch.

Many of the orphans with disabilities that Buds to Blossoms team works with have contractions, a condition in which limbs are continually flexed and have decreased range of motion, sometimes to the point of being almost completely immobilized. The massages improve their mobility and lessen the discomfort of perpetually contracted muscles.
While the health benefits the Pediatric Massage Volunteer Program brings the children are key, its effects on their behaviour are equally impressive. At the overcrowded and understaffed orphanages, many of the children don't receive adequate amounts of one-on-one contact from adults, so they become frustrated and tend to demand attention by acting out violently. As the children get used to receiving an abundance of gentle massage from Buds to Blossoms volunteers, they no longer need to seek attention and contact through aggressive behaviours. They're more likely to reach out to hold hands, hug or offer a massage to the volunteers or to their peers or caregivers.

The volunteer massage program is also a learning opportunity for orphanage staff. They observe and work with the volunteers so that, over time, lovingly massaging the children becomes part of their routine. They interact with the children more gently and get frustrated with them less often.

As these positive changes begin to occur in the children and staff, the orphanages gradually become more nurturing, humane and safer for the children to grow up in.

**VOLUNTEERING**

People considering to participate in this unique program typically ask one question: What would have to happen for there to be a risk of my getting HIV when doing massage on people with HIV/AIDS, and how great would the risk be?

In the context of this volunteer program, there would only be a risk of transmission during massage if blood were present outside the body of a person with HIV – such as at the site of a wound. That blood could only cause HIV infection if it came into contact with the massage provider's mucous membranes (nostril, ear, lip, eyelid, etc.) or a break in their skin.

In the unlikely event of such contact, the risk of transmission is extremely low. According to the U.S. Centers for Disease Control, the risk in such cases would be under one in a thousand.

Prior to deployment, volunteers receive training on simple steps they can take to minimize the risk of coming into contact with HIV-infected blood – in case it's present during a massage. These steps include checking oneself for areas of damaged skin and unhealed wounds before doing massage, and covering them with waterproof Band-Aids. A finger cot or rubber glove can be worn if waterproof Band-Aids don't provide sufficient protection for a wound.

Therapists should also check the part of the person's body they intend to massage for the presence of blood and unhealed wounds before beginning massage. If blood is found on the surface of the body, orphanage staff, who are trained to provide medical care to people with HIV, should be asked to wipe away the blood and cover the wound. The massage therapist should then keep at least a hand's width away from unhealed wounds when providing massage in order to avoid contacting them.

Finally, therapists should immediately wash with soap and water if they accidentally come into contact with blood. They should also wash after giving massages and before touching themselves anywhere, whether or not contact with blood is believed to have occurred.

Buds to Blossoms' approach to massage with children emphasizes gentle, nurturing touch; making the experience engaging and age-appropriate by incorporating song, nursery rhymes and playful movement; and asking permission to give massage.

Volunteers learn by working alongside veteran pediatric massage and infant massage therapists and teachers - acquiring a tremendous amount of hands-on experience during the program. This can be a unique opportunity to use one's skills to be of service to disadvantaged children, while growing and developing as a massage therapist.

Ask your regulatory college or professional association if educational credits can be earned from joining the Buds to Blossoms Pediatric Massage Volunteer Program.

More information on Buds to Blossoms, including costs, dates and an online application form, can be found at www.budstoblossoms.org.

**Les May** is the founder and president of Buds to Blossoms. He holds certifications as an infant massage instructor, pediatric massage therapist, and Esalen Massage practitioner. He is also the founder of the Kizuna Baby program through which volunteers provide massage to babies living in institutions in Japan.
The Homewood’s Eating Disorders Program (EDP) is Canada’s largest inpatient treatment program, with patients staying for three months or more until they reach a healthy weight. Patients are part of an interdisciplinary treatment milieu integrating emotional, spiritual and physical components of well-being.

Massage therapy can be a significant influence on patient outcomes in the EDP. Research is showing, increasingly, that manual therapies and acupuncture are a useful adjunct to standard treatments and lead to improved mental health outcomes (decreases in body dissatisfaction). More than this, it is proven that touch deprivation is a contributing factor in eating disorders and that restoration of healthy touch can improve a patient’s brain chemistry (decreases in cortisol, and increases in dopamine and norepinephrine).

Putting the hard science aside, research subjects reported that the most significant factor in the success of manual therapies (within the context of healing from eating disorders) was practitioner empathy and the therapeutic relationship.

Patients also valued positive regard, acceptance, non-judgmental responses and the ability to trust a practitioner. These subjective measures help to paint some of the big picture of the therapeutic relationship – of honouring the individual. There are also very objective and essential details to remember when working with this patient group to honour the profession.

HEALTH

By Chris O’Connor

Nourishing touch

Eating disorders and the benefits of massage therapy

The Homewood Health Centre, in Guelph, Ont., is one of very few private health-care facilities in Canada specializing in the treatment of addictions, eating disorders, trauma/PTSR (post traumatic stress recovery), chronic pain and psychiatric disorders. RMT services have been provided out of this facility for almost 20 years – the demographic certainly creating an extraordinary setting for a massage therapy practice.

Keeping the treatment room light and maintaining a non-judgmental atmosphere is key when massaging patients with eating disorders and depression.

THE PEOPLE

It is not just the underweight experiencing eating disorders. Obesity, stress and over-exercising can also develop into an eating disorder. Becoming aware of some of the signs and symptoms associated with ED can help massage therapists to identify clients they may feel are at risk, but whose symptoms are less obvious. Bulimia, anorexia and obsessive orthorexia are the main disorders treated. Men are occasionally treated, but are often less forthcoming than women, so it is still women who make up the majority of the EDP clientele.

It is outside the scope of practice of registered massage therapists to diagnose an eating disorder but it is still important to have literature available for clients, and strong referral resources that offer education to the pre-contemplative patient. Anorexia has the highest death rate of all psychiatric disorders. It would be difficult to know that someone at risk had been overlooked due to lack of education or available resources.

THE PROBLEMS

Low self-esteem and negative body image go hand-in-hand. Body image disturbances can be multifactorial and deeply rooted. The media, peer influence, gender roles and adverse events in early life (including sexual abuse, sexual harassment, early sexualization and appearance harassment) have all been cited as damaging. Learning to trust with touch again is very important in the eating disorders population with at least 50 per cent of clients also being trauma survivors. A counsellor (who prefers to not be named) who has spent years in the program mentions that self-image is the big problem.
It seems obvious but is not to be forgotten, that these individuals have problems that run deeper than just the body. They struggle with body esteem, and with kinaesthetic sense – how they move and feel and how they live in their body. They are self-conscious because they believe they are being judged. They feel disconnected, and numbed to their bodies. It’s an alien feeling,” the counsellor says.

The gentle and safe atmosphere created as well as touch offered by a massage therapist can be the first important step in the development of a healthier body image.

THE TREATMENT ROOM

From a very physical therapeutic point of view it is important to remember to take care with very underweight clients. Very gentle touch is needed in areas around bony prominences that will be obvious and often painful. Rib raking and squeezing techniques may be too much for someone with very prominent ribs. Care must also be taken in areas that are more robust in clients who are overweight, in order that undue, uncomfortable attention is not given. Make it the main goal of the treatments to offer safe, comfortable touch that focuses on relaxation and benefit to the delicate digestive system.

Respecting client-practitioner boundaries is always important and no less so with clients in the EDP. It is best to avoid talking about yourself, and any body image issues you may have. It is never appropriate in this therapist/client relationship to mention your anorexic friend, or your sister with bulimia. Steer conversations toward healthy attitudes about body image. If, for example, an underweight client apologizes for the amount of “flab” they think they have due to skin laxity from muscle wasting and adipose loss, let them know that this is a normal part of the body adjusting to its new shape and size. It is okay to validate their feelings, but keep yours to yourself.

Always keep a positive attitude in the treatment room, about health and about life as a whole. Eating disorders and depression are common comorbidities so keep the treatment room light and non-judgmental. Don’t let the conversation swing to the dark side.

With each unique group at the Homewood – such as individuals dealing with addiction, post-traumatic stress and eating disorders – it is important to take care with the language used in the treatment room. It is too easy to use triggering and stigmatizing language without realizing it. One slip of the tongue and you may set back your client’s progress and your professional reputation. We would no sooner want to say, “I’m going to hit the road” to someone suffering PTSD after a car wreck, than say, “I’m a television junkie” to a recovering addict.

There are a few sensitive areas to avoid with individuals with eating disorders. Do not talk about an eating disorder that you may have had earlier in life, or are still struggling with. Don’t talk about how you overdid it the night before at the local buffet, and don’t say that you’re planning to starve yourself to fit into an outfit for a friend’s wedding or a high school reunion. It may seem like common sense, but it is easy to use colloquialisms and inappropriate language without even thinking about the implications.

THERAPIST AS TEACHER

As delicate as these treatments must be, they are also an opportunity for change. Be sure that your treatment plan helps clients understand their bodies better. Explain the importance...
of the musculoskeletal, nervous and lymphatic systems of their bodies in a language they will understand. Stress the importance of how keeping these systems healthy is crucial to overall health, and explain the ways in which these systems have undoubtedly suffered in the midst of their disorder.

Inflammation, pain, frequent illness and injury are common when the body isn’t being properly nourished. When a symptom is better understood from a physiological perspective, it can often become less disheartening for a patient who feels like everything is going wrong.

One of the valuable exercises that patients at the Homewood EDP are encouraged to complete is called The Body Talk Letter. Patients write a letter to the body part that they feel is their worst feature. When finished, they reply from the perspective of the loathed body part. Some may complain about their “fat legs” but when encouraged to speak on behalf of their legs, they are reminded that their legs allow them to sit and stand, walk and run. This helps them gain perspective on just how important the body part is and how harshly they are judging it for its appearance. A massage therapist is in a wonderful position to encourage clients to honour function over form, body part by body part.

Acknowledging the positive, including all gains between treatments, is crucial to this population. Make sure that clients with eating disorders see the progress they have made. Increases in energy, decreases in stress levels, any increase in appetite, positive body image or improved sleep is worth celebrating.

Teaching self care in order to build on these successes can be a wonderful thing. Massage therapists can lead by example with their gentle and meaningful touch, and clients can begin to learn a little about how to care lovingly for themselves again.

This article is the third of a three-part series I wrote, highlighting some of the most vulnerable, yet underserved, people in the community (see Fall 2013 and Spring 2014 issues of Massage Therapy Canada).

By describing my experiences and how valuable manual therapy has been to my clients’ recovery, I hope RMTs will be encouraged to reach out to those suffering from addictions, post-traumatic stress and eating disorders. Reaching out to known support groups is a great place to start. Educating yourself and having resource materials in your clinic can greatly enhance your ability to provide compassionate treatments, and may enable one person to acknowledge their problem and begin the recovery process. (This article was edited for content by Heather MacRae, ND.)

Chris O’Connor is a RMT, public speaker, osteopathic practitioner, provider and instructor of contemporary medical acupuncture.

For more information, visit www.chrisoconnorconsulting.com.
In this groundbreaking work on ethics, Ben Benjamin and Cherie Sohnen-Moe directly address the difficult, confusing, and seldom-discussed—but-often-troubling dilemmas confronting touch therapy practitioners.

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Wash away paper woes with electronic SOAP notes

Today’s RMTs are operating in an ever-changing and increasingly complex business environment. Delivering exceptional patient care has always been a top priority for health professionals. However, regulations and laws regarding health-care delivery has resulted in practitioners needing to spend more time completing paperwork in a timely manner.

On top of appointment management, processing insurance claims and other daily demands, RMTs are required to create and maintain patient charts in the form of SOAP notes for each treatment – making patient care time-consuming and paperwork-intensive for RMTs. Fortunately, comprehensive software programs that include SOAP note charting are making life easier for RMTs in Canada.

Electronic SOAP notes are an important element in the patient treatment process. Other elements of the treatment workflow include handling and storage of intake forms, appointment scheduling, storage and maintenance of patient contact information, recording patient appointments, invoicing and billing history, payment records, and retaining patient communication records.

SOAP notes are an integral part of the overall health-care record that RMTs manage for each patient. With so much vital information in each patient record, RMTs are discovering that electronic records, especially when it comes to SOAP note charting, offer some distinct advantages over traditional paper records. The benefits include:

- Legibility and format consistency – Electronic charting with a uniform template facilitates note-taking and prevents errors caused by illegible writing.
- Efficiency – Electronic SOAP notes “cut and paste” options save time in repetitive treatment cases.
- Time-saving – Fast, accurate record retrieval for clinical use, patient requests, interdisciplinary requests and related situations.
- Convenient accessibility – Reviewing, updating and creating patient SOAP notes through Cloud-based practice management systems allow safe, secure access to records from anywhere with Internet access.
- Cost-effective – Storage costs are significantly reduced when patient data is stored electronically.
- Environmentally friendly – Electronic management systems save paper, while allowing you simple, instant printing in cases where paper copies are required.
- Promotes interdisciplinarity – Potential for uniform charting across health disciplines and equal access to patient records for all health professionals within a patient’s scope of care.
- Practising as a RMT in Canada without support systems in place can be challenging because of the bodies of laws and regulations enforcing standards of patient care. Affordable software systems exist that streamline all of the aforementioned processes, however, helping practitioners meet standards and excel at practice management – allowing them to focus their time on patient care while the software systems manage the rest of the business for them.

Choosing the right system or service may not be a simple thing to do. A number of factors will contribute to a RMT’s decision to use a partial solution or an all-inclusive one. Selecting the right one for your practice will have a significant impact on your day-to-day efficiency and can be critical to your success. Listing what you need from a practice management system will help you compare vendors’ offerings. The following electronic record keeping functions may be beneficial:

- SOAP notes and patient notes
- Intake forms patients can receive and fill out prior to their first visit
- Patient profile management
- Appointment scheduling with efficient and accessible appointment history
- General notes to log patient communications and other patient related notation
- Treatment billing with consolidated billing history
- Insurance claim management
- Financial reporting including outstanding accounts – treatments not yet paid for
- Print function for each record
- Secure hosting that is compliant with your college, provincial and federal privacy regulations

Other factors influencing RMTs’ choice of electronic record keeping systems include ease of use, vendor telephone and electronic technical support offered, price, terms of use, and track record of the system and service provider.

Some Canadian RMT associations have taken the time and effort to review and recommend electronic record keeping solutions to their members. This can save busy practitioners time and energy that can otherwise be spent treating patients or attending to other important matters.

Until next time, be well.

Jessica Foster writes on behalf of mindZplay Solutions, provider of massage therapy websites and practice management solutions. To learn more, visit www.massagemanedger.com.
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