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Virtual reality

Social media has come a long way since it was first introduced to the online world. It has evolved from being a platform for interacting with friends and family online to a vehicle for driving business growth.

The boundless nature of the Internet, the ease of use and high uptake of many social media platforms make for an ideal combo upon which to build and grow one’s business.

Despite the great potential of social media as a marketing tool, however, many businesses are still trying to wrap their heads around this new paradigm. While there are those that have already embraced this trend and built an entire marketing strategy around it (see cover story on page 16), many have yet to jump on the bandwagon.

Whether you’re self-employed as a massage therapist or part of a bigger health-care or wellness practice, it is wise not to ignore the important role social media can play in the growth and competitiveness of your massage therapy practice – considering that 86 per cent of Canadians are Internet users and 91 per cent of them have a social media account.

According to global Internet marketing firm, We Are Social, in its 2014 Global Digital Statistics Report, there are more than 1.8 billion active social network users in the world – that’s 26 per cent of the world’s total population.

Canada has the highest social media network penetration globally, with 82 per cent of us engaged in social media, compared to only 75 per cent in the U.S.

Canadians spend an average of two hours and 19 minutes each day on social media. In addition, social media can provide an effective venue to promote and further enhance the public’s perception and the many health benefits of massage therapy.

As with any business endeavour, it pays to do a bit of research before you embark on any social media strategy. Not all social media platforms are created equal, so consider which ones will best serve your purpose and concentrate on those first.

Building a social media network will take time, but if done right, it will not only lead to better business performance, but will also build your credibility as a health professional.
UBC gets $5 million donation for new sport and exercise medicine centre

Dr. Chan Gunn, a pioneering Vancouver physician in the field of pain relief, is giving $5 million to the University of British Columbia for construction of a new building devoted to exercise and sport medicine teaching, research and patient care.

The 13,480-square-foot building, to be named the Chan Gunn Pavilion, will be the new home for UBC’s sport and exercise medicine centre – one of the first academic sports medicine units in the world, and the first in Canada.

Gunn and his wife Peggy made the gift in recognition of UBC’s efforts to investigate, apply and teach intramuscular stimulation (IMS), according to a press release from UBC. IMS is a non-surgical, non-pharmaceutical technique developed by Gunn for alleviating pain resulting from nerve damage. A blend of acupuncture and western medicine, it involves inserting a needle deep into muscle, causing it to relax and relieve pressure on pain-causing nerves.

“Having a connection to UBC is very important for teaching and research into IMS,” Gunn said. “IMS will have a permanent home to grow.”

UBC will commit $2.25 million for the first phase of the building, which will house space for community care and research activity, including IMS. UBC will continue fundraising for a second phase, which will provide additional space to conduct research.

“The Chan Gunn Pavilion will create capacity to integrate IMS into the Division of Sports Medicine, and to expand research, teaching, and care into that technique and other therapies for sports injury and exercise-related health care,” said Dr. Gavin Stuart, dean of the Faculty of Medicine and UBC’s vice provost, health.

The centre’s current home for the past 35 years, situated in the middle of UBC’s athletic fields, will be torn down this summer to make way for the National Soccer Development Centre.

Gunn’s donation forms part of UBC’s start an evolution campaign, the most ambitious fundraising and alumni engagement campaign in Canadian history.

Regulators launch review of RMT practice competency documents

The Federation of Massage Therapy Regulatory Authorities of Canada (FOMTRAC) has announced that work is underway to refine and revalidate the Inter-Jurisdictional Practice Competencies (PC) and Performance Indicators (PI).

The PC – released in 2010 – defines the abilities required of massage therapists at entry-to-practice. The PI – released in 2012 – establishes related outcomes for massage therapy education programs and a blueprint for registration examinations.

“As stakeholders have worked to integrate these standards into education and examination processes, requests for clarification have come forward,” FOMTRAC said in a statement.

FOMTRAC added the newly formed Canadian Massage Therapy Council for Accreditation (CMTCA) will be developing accreditation standards for education programs, which need to relate to the PIs.

“FOMTRAC believes that clarity and currency of the PCAs and PIs is crucial to the continuing unified development of the massage therapy profession across Canada,” FOMTRAC said.

It will be the goal of the project to clarify any competencies and indicators that stakeholders have found unclear or confusing, as well as update and revalidate the competencies and indicators through an open, consultative process, FOMTRAC said.

A project team has been established with representatives appointed by the regulatory bodies in British Columbia, New Brunswick, Newfoundland & Labrador and Ontario.

Work on the project began in October 2014 and will continue through to April 2016. The group is led by a consultant in the development of competency-based standards.

Updated PCAs have been developed in draft form. RMTs in the regulated provinces will be consulted about changes to the PIs.

In early 2016, schools and examination officials will be consulted about changes to the PIs.

In the interim, stakeholders wishing further information about the project can contact the project consultant at massagecompetencyproject@telus.net.
Deceased player donated brain for concussion research: Tator

Before concussions were a hot-button topic in hockey, Steve Montador knew all about the impact of head injuries. Five years ago, while he was still playing in the NHL, Montador committed to donating his brain to future research.

Dr. Charles Tator of the University of Toronto told that story at Montador’s memorial service recently in Mississauga, Ont. It’s one final showing of generosity that many of his friends and former teammates didn’t know about.

“He didn’t know when it was going to be, but when it did happen, he wanted to donate his brain,” former Calgary Flames teammate and current assistant general manager Craig Conroy said. “That just tells you what kind of person he was. Obviously it’s too early, but if it helps someone else, that’s what he was always about.”

Montador died Feb. 15 at the age of 35, more than a year after lingering concussion symptoms forced him to leave his KHL team in Croatia. The defenceman didn’t play professional hockey again.

His decision to donate his brain didn’t surprise those close to him.

“He was very intellectual himself and looking for answers and trying to figure out what made things work and how to improve things,” retired enforcer George Parros said. “And if he could donate his brain to figure out how to best treat concussions and things like that, then he would certainly do it.”

Brain injuries have been the subject of much discussion lately, especially after the 2011 death of enforcer Derek Boogaard. Research determined Boogaard, who died of an accidental drug overdose, had CTE (chronic traumatic encephalopathy), a degenerative brain condition.

Rick Martin of Buffalo Sabres French Connection fame and former Detroit Red Wings tough guy Bob Probert were also posthumously diagnosed with CTE, which has also been found in NFL players and professional wrestlers.

Research is ongoing to determine the link between concussions, depression and CTE.

Longtime defenceman Mathieu Schneider had concussions during his career but was fortunate they didn’t affect him as much as they did Montador, who battled depression at times when he was unable to play.

“Oh it had a tremendous effect on his life,” said Schneider, who got to know Montador through work with the NHL Players’ Association. “The players that do have those effects are extremely passionate about it and he was certainly one of the most vocal. He was a leader.”

— Stephen Whyno
The Canadian Press

Montreal erotic parlours flourishing despite federal anti-prostitution law

One year after the mayor promised to crack down on erotic massage parlours, Montreal still does not know what it’s going to do with the hundreds of establishments operating right across the city.

City officials are still debating how to tackle the issue of erotic parlours, many of which are open 24/7 and illegally employ women who have sex with men in massage rooms. Without a firm policy, community groups and massage parlour owners say the police are letting the de-facto brothels operate under a tacit agreement: don’t hire minors, don’t force women to do anything they don’t want to do, and keep organized crime out of it.

Yanik Chicoine, 37, operates two erotic massage parlours in Montreal’s east-end. He said police leave him alone despite the fact some of his employees sell their bodies for money inside his business.

“The police told me that their plan is to go after pimps employing minors, exploiting women, drug dealers,” Chicoine said. “One day a police officer told me: ‘We know what’s happening in your salon, and we prefer to see (prostitution) in this kind of place instead of on the street.’”

Operators and organizations representing prostitutes say that strategy means erotic massage parlours continue to operate across the island with relative impunity and recent federal anti-prostitution law that came into effect late last year is, at least in part, being ignored.

Mayor Denis Coderre had a plan to clean the city of the brothels but a Supreme Court of Canada ruling in late 2013 forced the government to re-examine the country’s prostitution laws and put the mayor’s ambitious plans on hold.

A new federal law went into effect last December and recriminalized brothel owners and clients, reconfirming the illegality of the city’s erotic parlours where women sell sex.

The mayor’s spokesman, Louis-Pascal Cyr, said discussions are ongoing between city officials, lawyers and local police as they develop an action plan.

How to deal with the issue is mixed: Chicoine and other parlour owners want prostitution to be decriminalized entirely while advocacy groups that deal with prostitution in Montreal are split.

Dianne Matte, spokeswoman for CLES, a Montreal-based anti-prostitution advocacy group, said the new laws need to be enforced.

“We have women calling us and telling us horror stories of what goes on inside these places.”

But Anna-Aude Casquette, who works with STELLA, a pro-sex worker community group that deals directly with Montreal prostitutes, said she fears that if the parlours are shuttered, workers would go underground and it would be extremely difficult to find and help them.

Johanne Paquin, Montreal’s police chief inspector in charge of the city’s strategy on combating prostitution said no such order to ignore massage parlours exists, and estimates there are up to 300 erotic massage parlours in the city.

Paquin did confirm businesses such as Chicoine’s aren’t necessarily the department’s main focus.

“We have priorities,” she said. “However, for the rest (of the massage parlours) there hasn’t been an order to stay away.”

— Giuseppe Valiante
The Canadian Press
Quebec’s college of physicians backs massage therapy regulation

The Collège des médecins of Quebec (CMQ), the organization that regulates medical profession in the province, has expressed its support for the regulation and professional supervision of massage therapy in Quebec.

In a letter addressed to the president of the Quebec Federation of Massage Therapists (FQM), Sylvie Bédard, CMQ’s deputy registrar, Dr. Jean-Bernard Trudeau declared that “the Collège des médecins recognizes that many stakeholders are active in the field of massage therapy without having their professional practice supervised” and that the risk of potential harm associated with this practice in the social and healthcare services exists.

“From the perspective of public protection, the CMQ recognizes the need for supervision by the professional system of Quebec,” Trudeau said.

According to FQM, 66 per cent of Quebecers who use the services of a massage therapist do so for health-related problems (oncology, chronic pain). “However, massage therapy in Quebec and other unregulated provinces is facing issues that must be brought to the attention of the general public as well as relevant governmental bodies to ensure by an Act, the public’s protection,” the association said in a statement.

FQM cited the recent cases of sexual abuses by massage therapists on their clients, under the guise of treatment – such as the Saskatchewan massage therapist convicted of sexual assault in September 2014, who could still practice massage therapy in the absence of regulation.

“In addition, the Bill C-36 could allow some erotic massage parlours to legitimize their activities by posing as true massage therapy clinics,” FQM said. “If this situation carries on, it could create a real confusion among the general public, for which finding a professional and safe massage therapist is already difficult.”

Since 1979, the public’s wellness, health and protection are at the core of the mission of the Quebec Federation of Massage Therapists, which establishes and offers all the available resources to provide quality training and rigorous professional supervision to certified massage therapists in Quebec, the association said. The FQM has been calling for the creation of a college of massage therapists in Quebec.
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If you are looking for a college to provide you with the highest educational standard in Osteopathic training, then the Canadian College of Osteopathy is your best choice.
Socio-economic influences that shaped massage therapy practice

The popularity of massage therapy has waxed and waned in North American culture, but its greatest push came with the massive economic boom in post-World War industrial and information eras. Massage practitioners deserve some credit for the growth of the industry, but popularity alone did not generate the growth and interest enjoyed by the profession today. Primarily, socio-economic influences provided fertile ground for the growth and development of massage therapy in North America.

**BOOM: RIPE FOR GROWTH**

In a World War economy, North America established large manufacturing sectors to produce machines of war. Unlike Europe, North America was largely unaffected by bombings and destruction. In the period following the end of the wars, it was able to invest in manufacturing consumer goods, construction of houses, development of roads and in building businesses that generate employment. There was a surplus of jobs and a great demand for skilled workers. Employers offered high wages and employee health and dental benefits to retain these workers. Trade unions succeeded in negotiating favourable working conditions to provide workers with more money and leisure time.

These economic drivers led to demand for massage therapy in five areas:

**Rehabilitation** – Massage was provided among other methods and modalities by physiotherapists and nurses in the treatment of war wounds and conditions affecting skeletal muscles and joints, like polio. After the war years, massage therapy was applied in the rehabilitation of work-related injuries and automobile crash claims covered by insurance programs.

**Athletics and fitness** – With surplus time and increased appreciation for health and vitality, people began exercising. They invested in fitness and health practices, including equipment and supplements. These citizens-turned-fitness-enthusiasts required massage and chiropractic for their aches and pains. High-level athletes (or those who want to be) see massage and chiropractic as must-haves in their athletic and fitness regimen.

**Human potential movement** – With post-war reflections on human values, self-cultivation and liberalism, the concept of purposeful life and self-actualization appealed to many North Americans. People who were well-educated and earning higher income invested in psychotherapies, novel philosophical and religious teachings and various forms of bodywork in aspiring for a richer human experience.

**Hedonism and well-being** – With more time and money on their hands, North Americans swarmed the European-style spas as refuge from demanding work schedules and increasing impersonality of the work culture.

The European spa provided a mecca to nurture oneself beyond the athlete’s or injured person’s objective of injury resolution and pain relief. Massage is a primary application in spas and includes various forms of hydrotherapies to enhance relaxation and wellness.

**Worker performance and productivity** – Employers need to maximize worker productivity and job satisfaction, while lowering absenteeism and employee turnover in an increasingly competitive marketplace. To retain skilled workers, employers provided benefit plans for the workers and their families. These prime drivers have caused massage, chiropractic and other wellness-focused industries to thrive and, as a result, representation, regulation and education for these professions and their practitioners have flourished.

**BUST: THREATS TO PRACTICE**

No growth cycle can continue in perpetuity. Society and economy shift, technologies develop and markets must adapt. Boom has turned to economic bust in North America and many parts of the world, imposing...
change in the employment landscape and options for massage practitioners.

**Workplace benefits claw back**
- Disappearance or decline of manufacturing and other sector jobs in economically-recessive North America negatively affects discretionary income, employee benefit plans and, as a result, workers’ utilization of massage therapy.

**Oppressive taxation**
- Massage therapy is subject to a goods and services tax (HST) in many Canadian provinces, while other services like chiropractic and physiotherapy are not. This higher service cost of massage therapy creates a clear competitive disadvantage.

**Growing competition**
- The provision of some health services is shifting from physicians and nurses to physiotherapists, pharmacists and nurse practitioners, at lower cost-per-service rates. These professions employ assistants to deliver health care at an even lower cost to a larger number of people. Physiotherapy/occupational therapy assistants, kinesiologists and other assisting providers may potentially displace independent massage therapists in providing massage services.

**Employment upgrade**
- Large, business-savvy, well-financed spas and rehab facilities draw more practitioners to employment. Self-employed, small-scale massage therapists find it tough to compete against well-capitalized, effectively-marketed and experienced larger businesses.

**Incredulity**
- Insurers and governments are sceptical of massage therapist claims without degree-level education or evidence-based practices. These criteria are standard for other health disciplines. No credibility means no funding.

**Threat to primary funding**
- Insurance fraud, association with prostitution and illegitimate business practices taint public and media perception of massage therapy. This negatively affects employer perception and procurement of massage therapy services for employee benefit plans.

## BANE: WHEN WE BECOME OUR OWN ENEMY

The current challenges of massage therapists’ practice can’t be attributed to external threats alone. Indeed, our greatest challenges may be self-inflicted by our distorted perspectives and our collectively designed professional culture.

**Practitioner-centric models**
- The massage therapy profession hails from spa and rehab, athletics and human potential, workplace wellness and well-being. The sectors served are vastly different in the desired service, pricing structure, promotional messages and distribution – and a sole definition or identity for massage therapy cannot serve the marketplace on all fronts. To serve the needs of each market, practitioners must learn and adapt to the market they serve.

**Unsustainable work model**
- In surveys of Canadian and American massage practitioners, the time and labor-intensity of providing massage limits practitioners to 14 to 19 hours of direct hands-on care a day. Since that’s equivalent to part-time work, practitioners struggle to earn a full-time living. For practitioners to earn a viable living, they must: work within a market niche that supports high service pricing – therefore increasing take-home pay – and contain expenses within the limits of existing income; increase work capacity with the use of therapy-tools, hydro or electrotherapies or remedial exercise, increasing the number of services provided in a workday; or relegate providing massage therapy to part-time, seeking secondary work.

**Unviable working agreements**
- Successful massage practitioners frequently address their work overflow by brokering established reputation, location and operations for a colleague. However, there remains an insidious ignorance of accounting and profit/loss concepts that threaten these practitioners-turned-practice brokers from earning a profit or even meeting operating expenses. I suspect this ignorance is perpetuated in part by a maternally protective massage culture that denies accounting principles or the rigorous examination of time- and labour-intensive work models.

**Isolation and little support for innovation**
- The massage culture blind spot is made worse by the irregularity with which massage practitioners come together to dialogue and debate theoretical and political issues in the profession. Working one-on-one with client or patient negates intercollegiality, even in a multi-practitioner office. There is a paucity of symposiums, think tanks and “town hall meetings” that should be provided by the professional associations and training schools. Entrepreneurial practitioners are left without support for innovation, research or collaboration.

**Ineffective or under-resourced professional associations**
- Massage professional associations are in the business of advocating for practitioner interests and advancing opportunities for employment, learning and collaboration for their members. Board members untrained in organizational operations must be careful not to waste precious resources on chronic deliberations over minutiae. Nothing gains more members like tangible results, and associations should focus on results to draw members – and essential operating dollars – to the association.

**Low entry-to-education requirements**
- The popularity, relative autonomy and low entry-to-education requirements for massage therapy training has contributed to an influx of candidates. It can be argued whether quality standards can be maintained without sufficient safeguards: competency indicators, training school accreditation and stakeholder involvement (including apprenticeship/mentoring models).

## BREAKTHROUGH: TANGIBLE OPPORTUNITIES FOR THE PRACTICE

While we steadily hope for favour in the health-care system, there are attractive opportunities that a focused massage therapy profession can pursue right now.

For the remainder of this article and to explore these opportunities, go to my blog on Massage Therapy Canada’s website (massagetherapycanada.com). There’s opportunity for you to comment and join the movement in shaping our collective future.

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Donald Quinn Dillon, is a RMT, author and speaker.
Check out his blog at MassageTherapistPractice.com.
Two-timers get a bad rap in the dating world, but, when it comes to savvy career moves, two jobs can make financial sense. A physically demanding position can be balanced by a creative pursuit.

Two-timing massage therapists can benefit from a non-traditional schedule and a handsome hourly rate. A job outside the industry might secure a pension, a RSP match program, extended health-care benefits, vacation pay and a less physical workload. Sometimes, one can even achieve the semblance of a normal life with a nine-to-five workday, if so desired.

SECOND CAREER
Arielle Berger was a massage therapist for 14 years before she finally resigned from the CMTO this October. She had worked full-time from the onset before shifting to part-time status as she landed a stream of freelance editor contracts. In 2010, she secured a full-time editing gig but continued to integrate massage appointments when she could. By her 13th year, Berger decided to go inactive to address her second career ambitions with more dedication. She is now a full-time editor for a small foundation.

She’d earned a degree in English Lit, but the academia world became less than enchanting midway through her university experience. Upon graduation, her ideal was to move as far away as possible from academia. The practicality of massage therapy and helping people directly appealed immensely to her. She enrolled in an anatomy correspondence course and was surprised at her interest level.

“Three to four years in as a MT, I knew I couldn’t practice in the long-term, though I did end up appreciating that I could fall back on it part-time as I started to pursue another career. I was exhausted both physically and mentally – physically because when I tried to use techniques to save my hands (on clients requesting more pressure), I didn’t like how it felt. I hate elbow work, both giving it and receiving it, so my hands always took the brunt.”

Berger’s response was a familiar seesaw. She loved the nature of the work but felt the odd juxtaposition of being mentally exhausted and disappointed to not being able to use her brain enough. Attempts at additional courses and body mechanics awareness never fully sparked the enthusiasm to specialize in other hands-saving techniques.

Berger’s pursuits in the publishing world ignited her motivation, despite similar setbacks in establishing a massage career. She admits that it always felt like a struggle with massage to achieve financial stability. “I just couldn’t work enough hours.” It took her four years to land a full-time gig in publishing, which was frustrating but easier to accept knowing she was on a more logical and beneficial path.

The stimulation of “challenging research, interacting with colleagues, writers and a whole whack of publishing people on so many different levels, the opportunity to improve the arc of a story involves so many facets of myself that MT didn’t provide. And, I actually love the routine hours that I thought I would hate.”

Berger’s resignation from the CMTO was as carefully crafted as her progression into full time editing. “At first I was taking publishing courses and getting wee proofreading jobs. I liked the balance of working in two different careers and that I could give massage therapy my ‘all’ because I wasn’t as exhausted. But, that balance eventually tipped. I felt so much more ‘whole’ working with language and more satisfied by the work.”

In the beginning, Berger still tried to bounce between both. As much as she loved her clients, working during the day editing and massaging evenings and weekends didn’t make rational sense.

TO BE OR NOT TO BE
I met Mary Owen at the West Coast College of Massage Therapy in New Westminster, B.C. We were both Ontario expats and shared instant common ground, industry agitations and, more so, endless travel stories. Owen graduated in 2008 from the West Coast College and had been practicing full-time until 2013. Her resume is diverse, from hot hotel spas to private clinics and a rehab hospital stint. She is now a casual at a chiropractic clinic (where she worked full-time for four years) and finishing a human resources internship at the University Health Network at Toronto General/Western Hospital in the Volunteer Resources Department.

In January 2014, Owen went back to post grad school for HR for eight months. Her work as a MT has become occasional since.

“There were only so many clients I could see in a day or week and I found that I was decreasing the maximum number of people I could treat every year. Which also decreases your income,” she says.

She’s noticed a welcome decrease in the amount of aches and pains she experiences since leaving massage full-time. I know Owen is a ninja about her yoga, stretching and strengthening routine, so, this change wasn’t a matter of self-care neglect.

Owen also admits to severe disenchantment even in her “short career.”
Constantly educating clients on home care and injury management became exhausting for her. Her frustration level was mounting with so many clients just “falling on the table saying ‘fix me.’ It’s an expectation one can never live up to.”

The business aspect of the profession and wrestling with insurance companies, benefits and receipts “deflates the true spirit of health” and led Owen to look within. She tried to change her approach to practice, education techniques and set new boundaries to avoid complete career discouragement.

Seeking greater stimulus, activity and variety, Owen knew she would thrive in the slight chaos of a hospital setting. She never felt the rush as a MT. She wonders if added control (owning her own clinic) would have changed this element, but living in Toronto and trying to start a business didn’t appeal to her.

In Owen’s hospital internship, she realized how person-centric she is. This interaction is as vital to her as is collaborating with the community. “Massage can be very quiet and solitary.” She deals with hundreds of volunteers on a weekly basis, develops training programs and takes on special projects. “I’m realizing that I like using my mind to work rather than use my body. A five- to six-hour day of massage feels so much longer than an eight- to nine-hour day at the hospital for me. I’m so busy at the hospital that I don’t have time to look at the clock, which is something I’m constantly doing as a massage therapist.”

“Having a steady income is nice, but now I also know that my income can grow through wage increases and promotions.” She plans to keep her MT licence for as long as it makes sense. It will serve as a fall back if she finds herself between contracts. “It’s also a great profession to be in while going back to school since you can make a day’s worth of income in just three hours.”

Curiously, when I poke deeper about her motives to pursue a second career, Owen confessed that she stalled for a long period due to guilt of leaving the industry.

“I deeply care and believe in massage and I sometimes feel like I have turned my back on it.” In time, she was able to see that her two-timing pursuit didn’t mean that she couldn’t massage or that her opinion of it had changed. “I will always and forever be an alternative medicine believer at heart.”

**STAYING POWER**

Stefan Shuster has been in practice since November 1988. He is a fan favourite at the Langdon Hall Country Hotel and Spa in Blair, Ont., where his Santa-like laugh shakes up the traditional hush and whispers of the spa setting. Gregarious and approachable with a full arsenal of one-liners, it’s easy to see how Shuster slides from his role as a massage therapist at a five-diamond hotel to his own uptown Waterloo business – the idyllic Hillcrest B&B, which he runs with his wife, Wendy.

It doesn’t stop there. In between Thai stem and hot stone massages, Shuster is running grocery lists in his head. He’s a part time chef and spouts off appetizer ideas like oysters with vodka and Siracha like poetry. If you are intrigued by the fantasy of owning your own pastoral bed and breakfast, Shuster and Wendy also run a B&B Boot Camp. The one-and-a-half-day course is offered through Conestoga College but held at their Hillcrest headquarters.

When Shuster first met Wendy, she had a bakeshop and full-service catering business (which segued into Shuster’s sideline work as a part-time chef). Shuster’s massage practice was in the same building as Wendy’s, which surreptitiously increased her cookie sales.

For eight years before the Hillcrest B&B opened, Shuster was clocking in solid 17-hour days, six days a week. Baking started at 2 a.m. followed by a heavy massage schedule from 9 to 7 p.m. Realizing that their work/life balance was out of whack, the couple decided to close the bakeshop and Shuster’s private practice. He took a position at Langdon Hall and they soon found the perfect house to run a B&B.

Cooking became a natural extension of owning a B&B, “life was just going by,” Shuster reflected. The social aspect of owning the Hillcrest and donning kitchen whites satisfies him in a way that differs from massage therapy.

Langdon and the Hillcrest work well for his lifestyle. Shuster advises that if a massage therapist is looking to become a two-timer, it’s not and shouldn’t be for monetary gain. “Keeping your mind fresh and learning something new – even pursuing an odd hobby will only make you smile while busy massaging. The energy and passion you convey will be passed on to your clients.”

Jules Torti has been a RMT since 1999 and a freelance writer since age six. In between massage engagements, she travels to Africa to be with chimpanzees and writes about her zany travels for Matador Network.
Finanicial record keeping
Compliance and best practices, part 1 of 2

Massage therapists have standards they need to be aware of. The regulated provinces have colleges that set guidelines and standards of practice that must be maintained. Provincially, there are several pieces of legislation that set forth specific requirements for record keeping.

In Ontario, these are the Regulated Health Practitioners Act, Health Care Consent Act, Personal Health Information Privacy Act and Massage Therapy Act. There are also federal level agencies and legislation that apply to all provinces and territories, including the Canada Revenue Agency (CRA) and Personal Information Protection and Electronic Document Act.

COMPLIANCE VS. BEST PRACTICE
Compliance means following outlined regulations or face fines or disciplinary action. Best practice is choosing to raise your minimum standard above compliance, and you could choose to do this for many reasons. This could be to make your process more in-depth, seeking more information to elevate your understanding of the client’s health picture, or getting more information about your business practice to help you make decisions to improve your bottom-line. As a profession, by elevating our own standards we can gain credibility amongst other health-care practitioners and benefit our profession going forward.

There are two aspects to financial records: those related to each client and those for your overall financial picture. For your clients, you are required to keep a client financial record. This must contain the particulars of the treatment rendered, the fee charged for the services provided and a copy or record of the receipt issued for payment of the services provided. This information should be part of the health information for each client. You may choose to keep all the information in one place (as shown in the image below) or maintain the information in separate locations – provided there is identifiable connector between the two files. This is to help differentiate two clients with the same name and could be as simple as using the client’s name and address on all files.

WRITING RECEIPTS
Be aware of how to set up and write receipts. Receipts have to comply with regulatory standards and federal standards. A receipt is a legal document that acknowledges an exchange of goods or services has taken place and the date it transpired. This is important when you need to figure out what needs to be recorded.

Some provinces require specific information on a receipt. Important components are clinic information, date, specifics on treatment (duration and cost), your GST/HST number (if applicable), your name, registration number and your signature. Your signature on your receipts indicates the information is accurate and not a misrepresentation of what actually transpired.

Image 1: Sample client financial record

<table>
<thead>
<tr>
<th>Date:_________</th>
<th>Time:_________ am pm (E/L:______)</th>
<th>Duration:___ min/hr.</th>
<th>Fee $____</th>
</tr>
</thead>
<tbody>
<tr>
<td>Informed consent received: ASSMT/TX</td>
<td>Invoice #:________</td>
<td>Therapist:________</td>
<td></td>
</tr>
</tbody>
</table>

- stroking
- rocking
- vibration
- effleurage
- back: Upper Mid Low Pr/Su neck

(include clinical findings/client reaction/feedback to treatment, self-care; used and/or recommended remedial exercises; used and/or hydrotherapy; advice given)
RECEIPTS AND BEST PRACTICE

In the last number of years insurance fraud has been on the rise and insurance companies have given some suggestions to help reduce fraud. In an article published in the spring/summer 2010 issue of the College Standard (now called Touch Point), and can be found on the CMTO’s website, one insurance company gave suggestions on how to reduce the potential for fraud. From the suggestions in the article we can develop the best practice receipt. Additional elements that are recommended are:

- add a transaction date if the date of the service is different than the date of payment
- use numbered receipts to prevent clients from duplicating them
- add payment type – this will also help your accounting tracking, so it has a dual purpose
- have space for a “notes” section for various scenarios that can come up
- put your name as registered with the college to make verifying easier
- avoid handwritten receipts – but if you must, please write clearly, and add lines in front of all amounts to prevent tampering (by adding to or revising the amount) by clients

The final note is a requirement of the CRA if you are charging HST/GST (compliance, not best practice). If there is HST/GST being charged, your number must appear on the receipt. If the sale is more than $30 you must include the specific amount of HST/GST that was charged (fee broken down) or indicate there is a percentage of the amount that is for GST/HST. The sample best practice receipt (Image 3) shows 13 per cent HST was included in the fee (Ont., N.B. and N.L.)

BUSINESS EXPENSE

If you are self-employed you can take advantage of business expenses you can write off against your income, reducing the amount that you claim as income and therefore pay less in taxes. For a full list of expenses and how to write them off, seek advice from an accountant.

One piece of record keeping with expenses is the “vehicle log.” If you own a car and use it for business you should be keeping a log of your mileage. This will help your accountant determine which method to use when applying these expenses to your taxes. It could be as simple as a dollar store notepad with dates, purpose (personal or business – include where you went, i.e. bank), and starting and ending mileage. This little habit could potentially reduce your taxes paid for the year.

One more note on taxes is regarding the GST or HST, depending on what province you practice in. The GST/HST is a voluntary goods and services tax – until you earn (bill your clients) in excess of $30,000 over four consecutive calendar quarters. The government is quite specific about when you must start to collect this tax and you need to be aware of this threshold or you could be giving part of your income away if you have not accounted for it.

Once you reach the threshold of $30,000 you must start charging the GST/HST and collecting it for the government. You have 30 days to apply to the CRA for your number. Remember, GST/HST is not your income; you are merely collecting a tax that is then remitted to the government (less what you have paid out in expenses) monthly, quarterly or annually, depending on how much you collect.

This is just a very brief overview about the GST/HST, and you should seek the advice of an accountant or contact the CRA for further inquiries and clarifications.

The next article will look at the general record keeping practices that we need to be aware of for compliance and some suggestions for best practices. (Author’s note: This article primarily covers the Ontario regulations. Other regulated provinces have similar regulations. However, to ensure you are compliant with the correct regulations please consult your local acts or legislation.)

Andrea Collins is an author, educator, speaker and registered massage therapist. Contact her at andrea@rmthelp.ca.
Making sense of social media

Strategies for marketing your practice online through social networking platforms

Jeri Denomy didn’t mean to upset anyone. Still, the Owen Sound, Ont., RMT made a handful of folks angry when she published her blog post on myomassology last summer.

In response to client questions about the practice, she researched this emerging alternative to massage therapy. She pointed out differences between the two treatments, focusing on criteria to become a registered massage therapist (RMT) and how to become a registered myomassologist practitioner (RMP) in Ontario. RMTs need two to three years of training. RMPs require six months. RMTs must carry a $2 million liability insurance policy. RMPs are not required to carry insurance. RMTs have to follow strict client-confidentiality rules. RMPs have no such rules.

Many RMTs commented on the post to thank Denomy for the information. But “I got a lot of heat from myomassologists,” she says.

You can access the blog post by this link: http://bit.ly/18hCK8A. Scroll to the bottom for the comments. “I feel that you have totally degraded RMPs,” one person says.

Despite the criticism, Denomy stuck to her guns. For each naysayer, she wrote a calm, professional response. She reiterated her research. She acknowledged that her findings are specific to Ontario and not necessarily applicable to myomassologists everywhere. And she didn’t rush.

“I always waited a day before responding.” By waiting, she gave herself time to process each comment and consider her response, rather than reply in anger.

Denomy acted exactly how social media experts say you should. Don’t post while angry. Acknowledge commentators and address their concerns. Provide helpful information.

Those are just a few of the tips that social media mavens recommend. If you happen to be a RMT who really wants to put blogs, Facebook, Twitter and other social networking systems to good use – to connect with clients and boost your profile – read on to discover helpful resources and to learn from other RMTs’ social media experiences.

SOCIAL MEDIA WORKBOOKS

The Registered Massage Therapists’ Association of British Columbia (RMTBC) offers three workbooks designed to help RMTs get a grip on social media.

“We were starting to see, especially with Facebook, people not using it as effectively as they could be, particularly since their patients might also be using that site,” says RMTBC executive director Brenda Locke, explaining why the organization created the books.

These resources offer advice and exercises to help RMTs understand the pros and cons of social media. The first workbook covers personal use of social networking. It provides basic advice, such as always act professionally on social media, and use good judgment when posting your thoughts and opinions on social networks. “Remember, once it’s out there, it can’t be retrieved.”

The second workbook focuses on social media for clinics, with tips to help RMTs who work together to get the most
out of social media as a team and avoid certain pitfalls.

For instance, the workbook advises RMTs to develop a social media plan before registering to use social networking tools. Figure out why your company wants to use social media. Is it to inform patients? Fill appointments? Anchor a Google ad campaign?

“ Asking yourself questions like these will help you develop a successful social media plan that supports and furthers your clinic’s needs and goals,” the workbook says.

The third workbook is on patient-interaction, which describes situations and offers exercises to hone one’s understanding of how best to communicate with clients via social media. The book contains a handful of serious how-not-to scenarios, like the story about nurses who were reprimanded for establishing a social networking group called “I’m a dental nurse and I hate patients because…”.

That example may seem extreme, but with the information throughout all three workbooks, it could help a massage therapist to think about the positives, the negatives and best social networking practices.

**TWEET YOUR WAY TO NEW PATIENTS**

So how do real live RMTs use these social media tools?

**BLOGGING FOR BUSINESS**

Having a blog can certainly help your practice connect with potential, current and past clients. It’s a way to share ideas (techniques) impart information (latest trends in the field), solicit feedback (potential testimonials), and showcase yourself and your practice to give people reasons to select your business over someone else’s.

Many small businesses may view blogging as an afterthought – a task when there is time to spare. This is a mistake. If you want your blog to be an effective tool to market your services and attract clients, it needs to be treated as an important aspect of your business.

**Creating traffic and credibility**

The main goal of all of your marketing efforts is to get bodies through your door. Having a website can help with that, but a blog is an added element to get clients and potential clients engaged. More blog posts equate to more content for search engines to rank in their results, which makes your practice easier to find online. If you’re easier to find, there are greater opportunities to attract and convert a client. Having more posts also means you have more content to share through your social media channels – another way to market your services.

When people see that you run your own blog, it gives your practice greater credibility. By creating relevant posts that rank on search results, you position yourself as a thought leader, which helps build awareness and relationship with prospective clients.

**Content is king**

The great thing about a blog is that it can be about whatever you choose, in any format you desire. There are several types of blog posts that earn you more traffic and shares: how-to articles, lists, infographics, check lists, guest posts. Think about the conversations you’re having with your clients or the questions you get asked by potential clients. These two areas provide lots of potential content.

Start with the basics. Write about the body, for example. Potential clients may overlook the daily rigours of life such as back pain. You can start off by giving reasons why people should listen to their bodies, and how they can act upon the information they’re receiving in the form of pain. By providing a call-to-action option, it can position your practice to be top-of-mind.

People are generally interested in what to expect during a massage. Every massage therapist has his or her own technique. Some may do a bit of research before trying anything. What easier way for them to know whether or not you’re right for them by writing about it yourself.

While the topics mentioned above are directly related to your core business, it’s important to note that not every post should be completely self-promotional. Find topics that are timely and interesting to your readers that may not be directly related to your core business functions. For example, you may have to advise people about things they can do to have healthier lives, since massage therapy is a way to feel better. Give simple tips about stretching or good posture. Being interesting, relevant and topical to your readers can boost your credibility by offering that personal connection with them – instead of constantly trying to sell yourself.

While blogging is a fun outlet to showcase yourself and your practice, keep in mind that blogging is also an essential marketing tool to attract clients and grow your bottom-line. That means it’s very important to keep your audience engaged. More content will increase your website’s ranking, which in turn should generate more traffic and client conversions.

Jennifer Osborne is president of Search Engine People Inc. (SEP), a digital marketing firm with offices in Toronto and Vancouver. She has been named one of Canada’s top women entrepreneurs.
Emily Lutz, owner of Curative Massage in Halifax, takes to Twitter often to provide information about her clinic and self-care tips, including how to manage back pain—which a good number of her patients know about given the long white winter. Many of them probably spent a significant portion of the season shoveling snow and feeling the physical pain often associated with that activity.

“I like Twitter because, especially here in Halifax, everyone uses it, not just the young people,” Lutz says. Her Twitter handle: @curativemassage. She tweets to let clients know if there’s an appointment opening and that the clinic is open, despite the weather.

Lutz also uses hashtags (#) to broadcast her tweets beyond her 200 or so followers. For example, she includes “#Halifax” in nearly all of her messages so anyone searching Twitter for information about Halifax will find her tweets. Other Twitter users in the Halifax area see her messages and sometimes retweet them to boost Lutz’s reach even further. “The retweets are where I can really get new people.”

But Twitter isn’t perfect, she says. “Sometimes the time-consuming nature of it can be daunting. You have to monitor it regularly. And I find it challenging to maintain the flow that I want on my timeline.”

While Lutz would prefer it if her Twitter feed only had information specifically about her clinic and information for patients, it’s difficult to keep so focused.

“You’ll get people tweeting to you, ‘Nice to meet you last night at that event,’ but the event is completely unrelated to massage therapy. It convolutes my message.”

FACEBOOK FOR CLIENT-CONNECTIVITY
Donna Lowe, a RMT with Pinnacle Health Massage Therapy and Acupuncture in Victoria, B.C., says that alongside Pinnacle’s website (http://pinnhealth.ca), Facebook is her organization’s social media platform of choice.

“We’re still not extremely active on it, but once in a while we’ll post links to health articles and research articles,” Lowe says.

Pinnacle’s posts provide information on a range of subjects, including headache relief, the importance of exercise, acupuncture and promotions with discounted rates for services.

“We try to have a mix of content, not just information about the clinic,” she says. “Sometimes people are looking for information about certain illnesses and wellness issues and they don’t know where to find it. We post that for their benefit.”

The Pinnacle team would like to post more often, but it’s hard to find the time. The clinic doesn’t have a designated social media manager; everyone on the team has a hand in updating the Facebook page.

“As a consumer observing businesses, I think it’s better to have an active social media presence, whether it’s on Facebook or Twitter,” she says. “I should take my own advice. But it makes sense to put as much information out there and communicate with your public and customers.”

It’s not that people necessarily have negative responses to infrequent posting, she says, but it doesn’t help the business as much as regular posting.

Jeri Denomy, the Owen Sound RMT, has a blog and a Facebook page, which has proven particularly useful for business development.

“I find it helps me reach current and new clients,” she says. “I’ve attracted a number of new customers from other people liking and sharing my posts.”

She posts links to articles on topics, such as the importance of slowing down and finding balance, and sleeping positions to relieve pain. She promotes partners’ businesses. And she announces last-minute appointment openings.

Some people find it difficult to come up with topics to share on social media. Denomy has a suggestion: keep a journal to jot down articles and subjects to cover in your social streams. That’s how she manages to maintain a high post rate without devoting too much time to it.

In general, Denomy doesn’t post information that would upset others.

“I never thought I would be posting anything controversial,” she says. But that myomassology blog post certainly was.

Fortunately, Denomy was well equipped with the knowledge and ability to withstand the criticisms and respond professionally.

With all the social media tips and ideas about how other RMTs are using these platforms, as well as available resources like the RMTBC’s workbooks, start thinking about your own strategies to survive and thrive in the social media sphere.

Stefan Dubowski is a freelance writer based in Ottawa. You can reach him at dubowski@stiffsentences.com.
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Some doctors say that it is much more prevalent than reported, as some patients who do not have organ involvement may continue on in pain, thinking they merely have a “pinched nerve” or something of the sort. It is a neurological disorder in which macrophages of the body’s own defense system strip myelin – the fatty covering that wraps around and protects nerve fibers – from axons in the peripheral nervous system. It can occur spontaneously or after certain events such as viral or bacterial infections. It may also result from the immune system’s response to food-borne bacteria (Campylobacter jejuni in 40 per cent of cases), viral infections, surgery or the swine flu vaccination (very rare, less than one out of one million vaccinated).

Also called acute inflammatory demyelinating polyneuropathy, GBS is characterized by a quick and severe onset usually developing into a medical emergency, as numbness and tingling in the extremities progresses from the feet upwards to result in flaccid paralysis bilaterally. It may advance or after certain events such as viral or bacterial infections. It may also result from the immune system’s response to food-borne bacteria (Campylobacter jejuni in 40 per cent of cases), viral infections, surgery or the swine flu vaccination (very rare, less than one out of one million vaccinated).

Guillain-Barre Syndrome (GBS), first documented in 1916, is the most common cause of acute paralysis in North America and Europe – it is diagnosed 80-120 times per week in Canada and the United States alone.

Gradual onset

The departure that one family experienced from their normal routine began two and a half years ago when their son turned eight years old. The parents had noticed their son was displaying increasing deviations in his regular movement patterns. Initially, these variations were attributed to growth cycles, but soon, the changes were very apparent in his gait during walking, climbing stairs, as well as getting up and down from the floor. The changes were gradual – the child did not know what was happening because he did not feel any pain. He only experienced lack of strength, difficulty in movement and reduced ability to do daily activities.

One day, the parents noticed that although their son was able to get into the bathtub, he is unable to get out. This was the point at which the parents knew something was really wrong and proceeded to seek help.

They went to their family doctor, followed by an appointment with a pediatrician. Finally, they ended up at The Hospital for Sick Children, where the child was admitted initially for GBS. After a more thorough investigation, this child was diagnosed with CIDP. The initial symptoms persisted continuously for more than eight weeks and were consistent with the definition of CIDP.

Immunoglobulin treatments

The child is now 10 years old – he was nine years old when I first saw him. He had gone through different treatment regimes since he was eight years old, including corticosteroids and hormone replacement. It was finally determined that immunoglobulin treatments was the most effective treatment for him. Approximately every four weeks, the parents would take their son to the hospital.
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Intravenously administered immunoglobulin (IVIG) treatments are administered directly into a vein and can take up to four or more hours. This process introduces antibodies that the patient’s body should be making, and repeat doses are needed approximately every three to four weeks. In this case, the procedure proved to be the best for helping to slow down the effects of the disease, and showed signs of reversing the disease process as the child appeared to regain some strength – at least prior to the next relapse.

**CIRCLE OF CARE TREATMENT**

Like all parents, this child’s mom and dad wanted him to get well, and were willing to try whatever might help. Therefore, in addition to conventional medical interventions, these parents tried some complementary therapies, such as acupuncture and physiotherapy. Unfortunately, none of these resulted in any positive change in their child’s condition.

The parents found me through an Internet search, and read about my experience with GBS patients and the Dynamic Angular Petrissage (DAP) therapeutic massage technique. They contacted me in February of 2014. However, because of their other commitments and appointments, they were unable to bring their son for massage therapy treatment until five months later in July.

On the day of their appointment, the parents slowly walked towards my clinic accompanied by their son. Climbing a two-inch step into the clinic would prove to be challenging, requiring him to bend and transfer weight as he pushed off the alternate foot – a fundamental principle of ambulation that is physically difficult on the patient. The parents had to step in to help him across the threshold but he finally made it in and over to a chair in the waiting room, where he sat, patiently waiting for the introduction to his new therapy.

**ASSESSMENT**

Usually, when a patient comes to see
me for a treatment, I assess them carefully to determine where to treat, what to treat and the techniques I plan on using to help with the issues they present with. In this context, the purpose of clinical assessment was to aid in finding the cause of the client’s dysfunction. In short, I wanted to find the cause/source and treat that cause – not just the symptoms that the patient presented with. More specifically, in this boy’s case, I was not searching for what the doctors had already diagnosed, but rather the causes inhibiting movement; that is, the reasons for lack of extension/flexion at the joints and reduced strength – all from a soft tissue perspective.

With this information, I could create a treatment plan that was well within my scope of practice.

The boy had been battling CIDP for about a year when I started seeing him, and his condition was true to the disorder – weakness of the legs and arms, muscle atrophy and poor balance. I assessed the child for active free movement (where one moves under his/her own strength), dermatomes (sensation, sensory nerves of the skin), followed by passive relaxed movement, and finally, active resisted movement, including myotomes (strength and ability to overcome gravity). He was unable to support his own body weight with the legs bent, unable to lower himself down to the ground from a standing position nor able to stand up from sitting on the ground. In order to lift his arms above his head, he required his complete focus and strength.

TREATMENT PLAN

The patient’s goals were not complicated and were best described by the phrase, “anything you can do to help.” Based on results from the assessment, our objective was to help him gain confidence, strengthen muscles that would aid in everyday movement patterns and reduce any soft tissue or joint restrictions to movement. This would involve breaking simple functions down into their basic components and working with each element to maximize function.

Walking, for example, requires that with each step we must consider the muscles involved in balance, weight transference/distribution. All the stages in movement from the stance phase – where the foot is bearing weight and is in contact with the ground – to the swing phase where the foot is not weight-bearing and not in contact with the ground. Each of these phases is further divided into sub-phases. When we walk we push off of one toe and touch down with the heel of the other foot.

These actions were not part of this patient’s daily activity – he had lost the ability to perform them and had replaced them with movements that compensated for his acquired physical limitations. Our job – as a circle of care involving the therapist, the family and the patient himself – required that we work together to help this boy re-adopt these phases in order to return to some level of daily activity. The treatment plan, therefore, was to harness cooperation from all parties involved, the parents and the child with a little guidance from me, while the patient was undergoing therapeutic massage sessions in addition to his conventional medical interventions.

At each visit, there was a re-assessment, a review of exercises, the addition of more exercises and/or an increase in difficulty of the previously learned exercises. This is followed by a massage to the feet, lower legs, anterior and posterior legs, back, gluteus medius muscles, head, neck and arms, including hands and joint mobilizations.

I employed a massage technique that the parents had seen on the Internet – DAP. It is a treatment technique that I use for able- and non-able-body patients alike. The technique requires that the therapist support and passively move the limbs of the patient while treating and staying within the clients pain-free, comfortable range of movement to help with soft tissue issues and range of motion restrictions.

STANDING UP TO THE TASK

Once every two weeks, when the family came, I would increase the
difficulty of the exercises based on the child’s ability to perform. Once their child was able to do a particular exercise, I added additional exercises not only for muscle strength, but for daily activities that able-bodied individuals don’t usually consider when intricate movements are involved.

Four months after we started, the family called to set up an appointment. The father was not himself – there was a quiet silence as he said, “I have something to show you.” I felt mixed emotions. I could only imagine how the parents must have been feeling, having to stand by and watch their son’s suffering but, at the same time, I was worried about what had happened to the boy since our last appointment, to make the father sound so choked up.

Sometimes parents blame themselves for things that happen to their children – I hoped this was not the case with these parents, as they had been so dedicated to helping their son get better. Even though doctors and evidence suggest otherwise, I believe that deep down parents feel responsible for the wellbeing of their offspring. I also felt for the boy, having to go through so much at such a young age. With some trepidation, I waited for the day of their appointment – hoping that all was well with the child.

When they arrived, the father was anxious but calm and simply said to his son, “Show him.” I was mentally prepared for the worse – I was not prepared for what did happen next. The boy went from a standing position to a sitting position on the floor and stood up again – with a little stability help from a nearby chair. The task was not effortless but his determination and willingness prevailed. The smile on the father’s face showed how proud he was. The smile on the son’s face showed pride in his accomplishments and something more – he was hopeful. I was almost speechless, overwhelmed with joy. I held back the tears and was momentarily at a loss for words. I was so proud of the family, for diligently working together to get over this hurdle, and of the child for his determination to get better.

The family still takes their son for IVIG treatments while continuing with our massage therapy sessions. The improvements in strength and confidence in movement that we are seeing in this child are quite noticeable. We will continue to push forward adapting the treatments and exercises to his progression.

Our visits are once every six weeks now. Our next objective is to be able to control the deceleration of the lead foot when he is coming down the stairs. The circle of care approach – made up of integrating therapies, involvement of the patient and family in treatment, and the guidance of the therapist – while proving effective in managing the complications of CIDP, has strengthened this family, as much as it is strengthening the child’s muscles. As a team, we are effectively addressing his issues, while providing a supportive environment and ultimately giving him hope as he works to progress toward better function and health.

Paul Lewis is a registered massage therapist and combined decongestive therapist. He presents courses on Dynamic Angular Pettrissage (DAP) in Canada, U.S.A. and Europe.
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“Don Dillon was very informative...should speak in RMT schools to get us all off to a good start. Bring Don back anytime!”
- seminar participant

MassageTherapistPractice.com

FASCIAL DYSFUNCTION - MANUAL THERAPY APPROACHES

This book provides all therapists with a clear guide to what the fascia is, how it goes wrong, and how to treat disorders that involve the fascia.

The book is in two parts. It builds on a background of what is now known or currently hypothesised about fascial dysfunction and its repercussions.

Section 1, on Fascial Foundations summarises latest knowledge on fascia and links it to clinical practice. It looks at fascial function and dysfunction; gives guidelines on clinical assessment and suggestions for ensuring that treatment approaches achieve their maximum potential in the restoration of normal fascial function.

Section 2 entitled Selected Fascial Modalities comprises 15 chapters, each written by an internationally recognised clinical expert and each describing and explaining a technique which has been proven to be effective in the treatment of fascial dysfunction.
Make taxes less taxing

It’s tax season again. Recurring tax deadlines can be a serious source of stress for individuals and corporations alike. Many small business owners, especially RMT practice owners, not only need to prepare their personal tax returns but they may also be required to prepare and submit T4 slips for their employees, report their corporate taxes, and submit their business’s GST/HST payments. Not to mention the fact that many of their patients urgently request copies of their treatment receipts for the entire year so they can complete their own personal tax returns.

To minimize the tax stress burden (and to keep your accountant and the CRA happy) it is imperative that massage therapists be organized and put systems in place to track and manage their taxation matters.

Utilizing a generic accounting system to record and organize revenue, record payments made, log general expenses and the like does not reduce your stress level if it is not part of your day-to-day workflow.

Using a system specifically designed for RMTs will result in your revenue-related treatment data being automatically entered into an “intelligent database” as part of your normal appointment checkout process. Vital revenue-based financial reports are then immediately available to you when they are needed, keeping you far ahead of the game – without any extra effort on your part.

Your practice management system should be easy to use and not require any advanced computer skills to operate. The system should allow you to easily access, store and manage patient treatment history so that many of their patients urgently request copies of their treatment receipts for the entire year so they can complete their own personal tax returns.

For clinics and partnerships, your system should allow you to track and report all data related to treatments performed by each practitioner. Independent of your business relationship (employee, partner, etc.), the system needs to allow you to generate consolidated historical treatment statements on a per patient basis for the entire year so they can complete their own personal tax returns.

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.massagemanager.com.
CONTEMPORARY MEDICAL ACUPUNCTURE
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Given G. Cortes, RMT, Little Current, ON

This course was exactly what I had been looking for – it was challenging, motivating and interactive. I was able to implement new skills and concepts learned immediately after the first unit and two years later I am still evolving and expanding my treatments combining acupuncture and massage therapy. Best of all, graduates have access to ongoing support and feedback from clinical instructors and staff, which I have found to be priceless.

Tonia Nisbet, RMT, Sarnia, ON

The McMaster Contemporary Medical Acupuncture program provides a modern medical interpretation of an age old treatment modality, helping to explain some of the mysticism associated with traditional acupuncture. The integration of acupuncture with modern neurophysiological concepts, neuroanatomy, functional assessment and evidence based protocols provided me with a wealth of practical knowledge that could be immediately integrated into my practice with astonishing results. The clarity, content and presentation of the curriculum, as well as the faculty, are second to none. Classroom lectures, practical workshops with countless supervised needle insertions and invaluable hands-on anatomy lab instruction created a well-rounded educational experience that left me feeling completely confident in my abilities. I can’t say enough about your program! I will definitely be back for your advanced courses.

Ken Ansell, RMT, Regina, SK

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UNIT 3 - October 23-24-25, 2015
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UNIT 4 - Nov 13-14-15, 2015
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UNIT 5 - December 4-5-6, 2015
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