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Let the Games begin

The 2015 Pan Am/Parapan Am Games being held in Toronto this summer will be one of the biggest international events the city has ever hosted. Nearly 7,000 athletes from 41 countries will be participating in a combined total of 51 sporting events between the Pan Am and Parapan Am Games.

When everything is said and done, the ultimate winners in an event of this magnitude are not the athletes or the coaches or the event executives. The ultimate winners are the 20,000 or so unpaid volunteers who took time away from their normal routine – their jobs, their schools, their families – to be part of this sporting history. They keep the games rolling and the athletes playing.

A significant part of those thousands of volunteers are the health-care practitioners who are volunteering their precious time – away from their practices and their patients – to make sure the athletes, regardless of the country they represent or the sport they play, are given appropriate care when they need it so they can play at their optimum level.

Dozens of massage therapy practitioners are volunteering for the Pan Am/Parapan Am Games, providing much-needed massage treatments for the athletes before, during and after the games. It is such an excellent opportunity to showcase the value of massage for the body’s maximum performance.

In writing the cover story for this issue, I had the privilege of speaking to some of the RMTs volunteering at the Games. To them, being a part of such a major sporting event is an opportunity that not only satisfies them personally but professionally as well. The opportunity to work with and learn from elite athletes alongside other health-care practitioners in a multidisciplinary environment is just priceless.

Wanda Candolini, one of the volunteer sports massage therapists, put it best: “I’m put around people that are there because their passion and their commitment to athletes are what brought them there, not because they need to make a buck. So, there’s no ego in the room.”

This summer, the world’s best athletes are giving the greatest performance of their careers. At the same time, massage therapists are helping shape and galvanize the future of the profession as a vital player in the health of the sporting world.
Alberta launches website for palliative care

Albertans now have information about palliative care and end-of-life care at their fingertips with the launch of a new provincial online resource.

The new website, MyHealth.Alberta.ca, gathers evidence-based information for patients, families and health care providers. The website includes:

- an introduction and overview of palliative and end-of-life care for patients, families and health care providers.
- a search function for services and programs.
- symptom management tips for patients and families.
- content developed specifically for newborns, children and youth.

An up-to-date calendar will provide details about upcoming courses, events and conferences related to palliative and end-of-life care, as well as information on new provincial initiatives.

“We’re really happy to be able to share this information with Albertans,” said Dr. James Silvius, medical director, seniors health, Community Seniors Addictions and Mental Health for Alberta Health Services (AHS). “There was an enormous amount of collaboration and effort that went into the development of this important resource.”

AHS’ provincial Palliative and End-of-Life Care team partnered with MyHealth.Alberta.ca to develop the resource and conducted extensive consultation with palliative experts and public representatives from across the province to ensure the health information is current, easy to understand and written for Albertans. The website was built for mobile devices and includes the same features as the full site but adapts for easy viewing on cellphones and tablets.

This is the first of a series of health topics to be expanded upon on MyHealth.Alberta.ca.

Alberta Health Services is the provincial health authority responsible for planning and delivering health supports and services for more than four million adults and children living in Alberta. Its mission is to provide a patient-focused, quality health system that is accessible and sustainable for all Albertans.

B.C. health ministry issues changes to massage therapy regulation

British Columbia’s Ministry of Health has made amendments to its Health Professions Act pertaining to massage therapy.

Under the amendment, massage therapy is defined as “the health profession in which a person provides, for the purposes of developing, maintaining, rehabilitating or augmenting physical function, or relieving pain or promoting health, the services of: (a) assessment of soft tissue and joints of the body; and (b) treatment and prevention of physical dysfunction, injury, pain and disorders of soft tissue and joints of the body by manipulation, mobilization and other manual methods.”

The changes also removed massage therapy from being a “restricted activity.” This means non-registrants may now perform massage therapy. However, according to the College of Massage Therapists of B.C. (CMTBC), non-registrants are still prohibited from using reserved titles, including: registered massage therapist, massage therapist, registered massage practitioner, and massage practitioner.

Section 6 of the Massage Therapists Regulation has also been repealed and replaced with a new provision. It now states no registrant may prescribe or administer drugs or anaesthetics, treat a recent fracture of a bone, apply any form of medical electricity, or move a joint of the spine beyond the limits the body can voluntarily achieve using a high velocity, low amplitude thrust.

“The Ministry of Health has specifically advised the College that low level laser therapy is a prohibited form of medical electricity that must not be performed by registrants,” the CMTBC said in a post on its website.

However, while the term “medical electricity” has yet to be defined by government, the CMTBC has taken the position that electric heating pads, electric blankets, the “Thumper”, and infrared therapy are all permissible.

Changes to B.C.’s massage therapy regulation are part of the provincial government’s initiative to implement a new “shared scope of practice/restricted activities regulatory mode under the Health Professions Act.”

The CMTBC explains what this initiative means: “Registrants may begin to notice more non-registrants offering to provide ‘massage therapy’ services, which is now permissible under the legislation. While the College will no longer accept unauthorized practice complaints, it will continue to accept and process complaints regarding the unauthorized use of protected titles.

“Given that the application of medical electricity and high amplitude low velocity thrusts to the spine have always been outside the scope of massage therapy, the amended regulation should not have any perceptible impact on registrant’s daily practice.”
Integrating massage therapy into medical care can effectively reduce health-care costs, according to a new study by John Dunham & Associates (JDA), a firm specializing in tax and regulatory economic impact studies.

The American Massage Therapy Association (AMTA) has released the JDA report in a bid to “reinforce” the relationship between massage therapy and costs of care.

The JDA analysis examined 2014 data from the U.S. federal Medicaid and Medicare systems to see if patient care costs can be reduced by providing better access and coverage for medically prescribed massage therapy. Based on an econometric analysis that takes into account a number of demographic and economic variables, the weighted average cost for 19 specific types of treatments was about $64 lower per treatment in states where massage is covered as part of Medicaid.

“The research findings indicate that integrating massage therapy into ongoing care has a positive outcome for patients and in many cases lowers health-care costs,” said Jeff Smoot, AMTA president. “The information in this study can help support a national dialogue on the detailed cost effectiveness of massage therapy and provide a starting point for conversations among patients and their health-care providers.”

According to the JDA report, when the total number of treatments is analyzed cumulatively across approximately 66 million outpatient services, the research indicates that private insurers could save as much as $4.55 billion in costs annually, if they were to cover massage therapy nationally. These potential savings could reach as high as $439 million in Texas, and $426 million in California. Government third-party payers could also see substantial savings – as much as $1.39 billion if all 46 states that do not cover massage under their Medicaid programs were to do so.

For individuals, the benefits of massage therapy accrue when taken as part of a comprehensive treatment system, and the data indicate that visiting a massage therapist in place of additional hours at the hospital or doctor’s office, or substituting massage in place of some other treatment, is where the savings truly emerge, the AMTA said.

Medical costs have been rising faster than inflation, in part because the number of health practitioners is limited. According to John Dunham, managing partner at JDA, “While a model of this type cannot predict causality, economic theory suggests that the savings are the result of the benefits of increasing the supply of practitioners to meet the demands of the health-care marketplace. By covering massage therapy as part of a system of integrative care, the potential pool of practitioners would grow, adding as many as 300,000 massage therapists and approximately 16,760 massage therapy firms.”

In integrated care models, health professionals and institutions that provide services to patients work together to share information and coordinate care. The JDA research report shows that the practice of allowing massage therapy as insured coverage is correlated, for most treatments examined, with lower coverage costs when controlling for demographic and economic factors. The channels through which increased coverage may result in reduced costs are based on a straightforward assessment of supply and demand in the medical treatment market, the AMTA said.

A growing number of medical centers throughout the U.S. now fully integrate massage therapy into patient care, including the Mayo Clinic, MD Anderson Cancer Center, Duke Integrative Medicine program, Cleveland Clinic and the University of Pittsburgh Cancer Institute.
Researchers uncover key to preserving muscle strength

Through the recent discovery of a key protein required to maintain muscle mass and strength as people age, researchers at McMaster University in Hamilton, Ont., may help provide some understanding of what causes people to lose muscle strength as they age and how exercise can prevent it from happening.

This important finding means new and existing drugs targeting the protein may potentially be used to preserve muscle function during aging, a release from McMaster University stated.

“We found that the body’s fuel gauge, AMP-activated protein kinase (AMPK), is vital to slow muscle wasting with aging,” said Gregory Steinberg, the study’s senior author and professor of medicine at the Michael G. DeGroote School of Medicine.

“Mice lacking AMPK in their muscle developed much greater muscle weakness than we would have expected to see in a middle-aged mouse,” said Steinberg. “Instead these mice, which were the equivalent of being just 50 years old, had muscles like that of an inactive 100-year-old.”

The research was published in June in *Cell Metabolism* and involved members of the MAC-Obesity research team. The lead author is Adam Bujak, a PhD student of McMaster’s Medical Sciences Graduate Program.

“It is known that AMPK activity in muscle is ‘dialed down’ with aging in humans, so this may be an important cause of muscle loss during aging,” Steinberg said.

Previous research by Steinberg’s team has shown that this “metabolic switch” is turned on with exercise as well as commonly used medications including metformin and salicylate (the active ingredient in Aspirin).

Despite the importance of maintaining muscle function and strength as people age, there is currently no treatment besides exercise. With an aging population, age-related muscle wasting and loss of muscle strength is a growing issue that shortens lives and creates a significant financial burden on the Canadian health-care system, McMaster said.

“By knowing that AMPK is vital for maintaining muscle mass with aging, we can now try to adapt exercise regimes and existing drugs to switch on AMPK in muscle more effectively.”

“The development of new selective activators of the AMPK pathway in muscle may also be effective to prevent muscle loss with aging,” Steinberg said.

This study was conducted over a period of four years and was supported by the Natural Sciences Engineering Research Council, Canadian Institutes of Health Research, Canadian Foundation for Innovation, Australian National Health and Medical Research Council, and the MAC-Obesity Research Program.
Attitudes, beliefs influence cancer patients’ use of CAM: study

A new study has shed light on how cancer patients’ attitudes and beliefs drive the use of complementary and alternative medicine (CAM). Published online in Cancer, a peer-reviewed journal of the American Cancer Society, the findings may help hospitals develop more effective and accessible integrative oncology services for patients.

Many cancer patients use CAM, but what drives this usage is unclear. To investigate, a team led by medical doctors, Jun Mao and Joshua Bauml, of the Abramson Cancer Center at the University of Pennsylvania’s Perelman School of Medicine, conducted a survey-based study in their institution’s thoracic, breast and gastrointestinal medical oncology clinics.

Among 969 participants surveyed between June 2010 and September 2011, patients who were younger, female and had a college education tended to expect greater benefits from CAM. Nonwhite patients reported more perceived barriers to the use of CAM compared with white patients, but their expectations concerning the medicine’s benefits were similar. Attitudes and beliefs about complementary and alternative medicine were much more likely to affect patients’ use than clinical and demographic characteristics, the research said.

“We found that specific attitudes and beliefs – such as expectation of therapeutic benefits, patient-perceived barriers regarding cost and access, and opinions of patients’ physician and family members – may predict patients’ use of complementary and alternative medicine following cancer diagnoses,” said Mao.

“We also found that these beliefs and attitudes varied by key socio-demographic factors, such as sex, race and education, which highlights the need for a more individualized approach when clinically integrating complementary and alternative medicine into conventional cancer care.”

The researchers noted that as therapies such as acupuncture, massage therapy and yoga continue to demonstrate clinical benefits for reducing pain, fatigue and psychological distress, the field of integrative oncology is emerging to bring complementary and alternative medicine together with conventional care to improve patient outcomes.

“Our findings emphasize the importance of patients’ attitudes and beliefs about complementary and alternative medicine as we seek to develop integrative oncology programs in academic medical centers and community hospitals,” said Bauml.

“By aligning with patients’ expectations, removing unnecessary structural barriers, and engaging patients’ social and support networks, we can develop patient-centered clinical programs that better serve diverse groups of cancer patients regardless of sex, race and education levels.”

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Close encounters of the four-legged kind

Exploring animal massage therapy as an area of interest

Massage therapy for animals is not a recent phenomenon. Historians trace its roots back thousands of years to Greeks who would massage both warriors and horses before battle. Massaging dogs and cats is a natural extension for even untrained hands. For registered massage therapists, it can be a unique whole-household approach to business. Establishing trust and success with human clientele can make for a smooth transfer of skills to a client’s arthritic French bulldog or horse, even.

Anthony Guglielmo, a New York state licensed massage therapist and equine massage practitioner, was easily coaxed into the field of animal massage. A client’s mother called Guglielmo and asked, “Will you massage my horse?” She had bought Champ unaware of the history of physical abuse that he had suffered. With little exposure to horses in his life, Guglielmo was hesitant, but his love of animals made the decision easy. He soon found himself driving to Synergy Farms in Ohio, to adapt his palpation skills for human muscles to a horse. Intimidated initially by his horse-friendly classmates, Guglielmo’s confidence was boosted by his solid knowledge of massage techniques and anatomy.

After successful sessions with Champ, other horses followed. Then there were calls from zoos and aquariums. Guglielmo’s burgeoning reputation led him to treating two senior dolphins and a 2,000-lb walrus named Nuka who could no longer swim after losing the use of her rear flippers.

In 2000, Guglielmo wrote The Walrus on My Table, Touching True Stories of Animal Healing. He colourfully outlines his years of practice treating not only humans, but a penguin with kyphosis, a shark with scoliosis, and one of the oldest beluga whales living in captivity.

Currently, animal massage is not a regulated practice; there is no governing body, no minimum requirements, or standardized testing.

At D’Arcy Lane Institute in London, Ont. (which offers both human and horse massage), only three or four students have completed both programs since the equine course was established in 1996. D’Arcy Lane is the only registered equine massage therapy program in North America. Students enrolled in the 2,200-hour program are taught to consider themselves as an extension of veterinary health care, not an alternative. The curriculum addresses equine behaviour, anatomy, pathology, kinesiology, hydrotherapy and research. The two-year course, including materials, registration fees and taxes, rings in at just over $22,000.

Established equine therapists charge $90-$125 per one-hour treatment. Initial assessment costs (including assessment, preliminary massage and home care) can run upwards of $150.

There is still a fierce battle for acceptance of the merits of massage therapy and other non-traditional healing methods for animals by veterinarians and horse owners alike.

When I spoke with Nicole Robertson, an equestrian and owner of Caberneigh Farms in Uxbridge, her thoughts on equine massage were honest and informed. She trusts therapists who have extensive riding experience.

“Much like a human athlete and their support team, the more familiar a therapist is with the unique challenges the horses experience, the more effective their ability to resolve the issues and be part of the solution.”

The riding experience would facilitate a quicker diagnosis, treatment plan and preventative work.

Following a massage treatment, the
The spaniel had lost all range of motion in her canine massage experience was spontaneous, a sign of affection. They will nibble, nuzzle, yawn and pass gas in appreciation of a massage. Can it get any more rewarding than that?

A DOGGED APPROACH

For Susan Repa, a massage therapist at The Social Club in Binbrook, Ont., her canine massage experience was spontaneous. A friend’s six-year-old cocker spaniel had lost all range of motion in his neck. After visiting a farm the previous day, Riley awoke unable to turn his head and was in severe pain. The vet he was taken to had no idea how to resolve the issue and suggested that her friend euthanize the dog. Repa asked her friend if she could attempt massaging him first. After consulting an equine chiropractor in Ancaster, Ont., Repa began with cold laser on Riley’s musculature. After two treatments, the pain was visibly reduced, but Riley still couldn’t move his head.

Repa had the initiative to research canine anatomy and was surprised at the similarities in the musculoskeletal system between dog and human — many of the muscles had the same names.

With the owner present, she began massaging Riley using effleurage and drainage techniques to reduce the swelling initially. On the second visit, she employed petrissage and noticed a decrease in pain, but still, zero movement.

After consulting a vet about using active release therapy, the vet was confident that the dog’s musculoskeletal system could handle it, but was worried about the dog’s discomfort and Repa’s safety. Following human protocol, she discussed treatment options with the dog owner and was given consent. With Riley lying on the floor, Repa prepared the tissue using typical effleurage and petrissage techniques.

“Once I felt the tissue loosening I grasped the SCM, held Riley’s head to prevent him from moving it and then had the owner stand on the opposite side of the dog and call him. As she called him he attempted to turn his head activating the muscle that I applied pressure to. Initially he yelped and cried but I had felt a change in the tissue. I asked her to call him again and she agreed. I put more pressure closer to the clavicular insertion of the SCM, held his head and had the owner call him. We repeated this three times, each time I moved my hand to grasp a different part of the SCM. As a final effort, I placed increased pressure on the SCM, held Riley’s head and had the owner call him. I could feel “the muscle release in my fingers. When I let him go he turned his head fully with no yelping.”

And the outcome? “Riley knocked me from my knees onto my back and licked my face repeatedly.”

There are no formal accrediting agencies in Canada or the U.S. for the canine massage profession. Online and distance learning options are available via Treetops Animal Massage Education in Simcoe County, Ont. Since 1991, Treetops has offered equine and canine rehab courses focusing on health promotion, convalescent care, herbal remedies, holistic care and aromatherapy.

Colorado-based E-Training for Dogs’ (a partner of Treetops) curriculum covers canine biomechanics, kinesiology, Swedish techniques, lymph drainage, reflexology, colour therapy, client and business management and ethics. The self-directed course generally takes nine months to complete and equips graduates with the knowledge to begin private practice with a certificate from the International College of Canine Studies. E-Training for Dogs programs cost $1,625 while the Treetops canine course is $1,050.

Shona Hunter, director of professional practice of the College of Massage Therapists of Ontario, informed me that because “equine massage is outside of the scope of practice for massage therapists in Ontario, CEUs are not granted for equine or canine massage courses. Massage therapists are only regulated to work on humans.”

If you are a motivated trailblazer and persistent with marketing or have a captive niche market, shifting to animal massage or integrating it into your practice could be a sustainable and lucrative venture.

For those living in dog-centric cities like Toronto and Vancouver, the idea of canine massage might be an easier sell. Maybe it’s not about money at all, just a driving love of animals and changing focus in a hands-on practice that appeals. As Guglielmo said, “the great divide between humans and the animal kingdom isn’t all that great.”

Animals have emotions, intuitions and “they respond to and crave the same things we do, namely personal contact and interaction.”

Jules Torti has been an 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.
Breaking down ill perceptions
How to reposition RMTs as positive contributors to public health

An April 13th article in the Toronto Star titled, “Rise of the Three Amigos in Health Care,” clearly illustrates how far we have to climb in building insurer relations. The Star reporter Adam Mayers interviewed Green Shield vice-president David Willows in a critical review of how employer-sponsored benefit plans are utilized.

Willows described physiotherapy, chiropractic and massage therapy as “the three amigos of health care” suggesting they provide only “soft benefits” – i.e. harder to measure – and detract resources from the treatment of more pernicious illnesses.

I responded to Mayers and Willows (see my blog on massagetherapy-canada.com) and Willows replied with interest. I felt some satisfaction in convincing the Green Shield executive to meet with RMTAO representatives regarding his critical viewpoint of massage therapy, but the context of The Star article continued to bother me.

Willows and his cohorts are bang on in some of their observations. Employee benefit plans – a tool used by employers to attract and retain highly skilled employees – appear to have been increasingly exploited by some practitioners. Although the patient/claimant can report improvement, there is no direct evidence showing massage therapy care resulted in fewer days off work, higher productivity and performance, or higher quality of life in sleep, lower anxiety or pain – what the insurance industry would call “hard benefits.”

Practitioners may frame treatment plans based on available coverage, as opposed to crafting clear goals and outcome measures. Further, employee benefits in their current administration don’t strengthen employers’ confidence they are receiving a return on investment for resources spent to keep employees healthy and productive. There is no accountability to ensure workers make comprehensive lifestyle changes leading to lower morbidity, hence lower employer and public health costs. As a result, insurance claims go up, insurers report costs back to employers, employers slash purchase of employee benefits, and the cost to access chiropractic, physiotherapy or massage therapy for work-related strain comes out of the employee’s pocket – likely discouraging use.

To complicate matters, insurers report a progressive element of insurance fraud – altered receipts, inflated treatment plans, questionable positive outcomes – exploited by a faction of despicable practitioners and the businesses they work for. In social media, some practitioners are critical of colleagues working outside the rehab/remedial sector – spa, workplace wellness/mobile massage, human potential – because functional/physiologic outcomes are less clear. Rather than condemn RMTs for the market sectors they work in, however, we need ways to show efficacy in all sectors and assist the insurance industry in precluding payment for exploitive, profiteering, unethical services.

**REPUTATION MANAGEMENT**
Practitioners and their advocate associations can do something about the ill reputation of massage therapy in the marketplace. I offer three suggestions:

1) **Shift perceptions**
For RMTs to become positively associated with public health, we need to shift the perception of massage to be seen as a contributor to public good – not just a hedonistic pursuit. In Carla-Krystin Andrade’s, Outcome-Based Massage, she outlines desired structural/functional outcomes considered in the remedial massage purview: reduction in pain, improvement in joint mobility and postural awareness, greater motor power, connective tissue pliability and muscle extensibility, as well as psychoneuro-immunologic, cardio-pulmonary and neurological benefit.

Andrade goes beyond structural/functional benefits and injury rehabilitation to recognize wellness and whole systems objectives, including: improved energy and sleep, better social functioning and family relationships, a sense of well-being, improved mood, relaxation and coping skills, mindfulness and greater life satisfaction, positive attitude and empathy towards others.

Massage therapy has a larger role to play in public health. The profession needs to employ outcome measures beyond functional/physiologic benefit and measure improvements in wellness/whole systems too. Employers and insurers can be seen as supporting society by ensuring comprehensive benefits to workers, contributing to a higher quality of life, well-being and the prevention of more pernicious diseases.

2) **Shift from insurer as cost scapegoat to investor in public good**
In 2001, I attended a Whiplash Congress where Nikoli Bogduk, emeritus professor, medical doctor and co-author of *Biomechanics of Back Pain*, shared that insurers in his native Australia play a significant role in rehabilitation research. Bogduk stated, for insurers to provide auto insurance products to the public they must pay into a fund that supports research and evaluation of best treatment approaches.
for persons injured in auto collisions. The insurers – not the small, resource-strapped practitioner associations – were responsible in some respect for funding research.

Insurers might become interested in funding research if it saves costs. Funding could also cast a more favourable light on the insurance industry in helping weed out ineffective, resource-wasting applications. This could be a big public relations score for insurers, and a significant boost finally in the efficacy of massage therapy care.

3) Increase accountability of gatekeepers, practitioners and patients

There’s a paucity of massage therapy studies demonstrating improvements to productivity and worker health. Our profession has the ability to improve significantly on that.

Looking at the Workplace Safety and Insurance Board (WSIB) model, claim approval and funding are linked directly with measured outcomes. Practitioners must complete – at the outset and end of treatment plan – measurement devices such as the Oswestry or Vernon-Mior questionnaires (for lower back and neck pain respectively), the Lower Extremity Functional Scale, numeric pain scale, or the DASH (for upper extremity injuries). The WSIB considers these standardized outcome measures in evaluating intervention success and the relevance of any further intervention.

With standard outcome measures, efficacy of massage therapy would improve, fraud could dramatically decrease, and insurers and employers would retain higher confidence in funding care. Accountability will increase if: 1) practitioners receive a clear diagnosis and direction from gatekeeper health-care providers who prescribe specifically for functional and wellness objectives that can be measured and treated; 2) practitioners and employers apply appropriate measures to gauge current health status, and improvements over time with interventions that contribute specifically to comprehensive health and wellness; 3) outcomes are posted online (patient information is first depersonalized) to a central database where data can be examined by government health administrators, insurers, employers and practitioners to show efficacy and cost-savings from these interventions. Funding policy would be shaped using outcomes data.

Rather than fighting for credibility and legitimacy, massage therapists can clearly show efficacy and attract investment based on positive outcomes clearly implicated in the data.

There’s a lot massage therapy advocates can do to shift the perspective from massage as discretionary “treat” to public health good. With the reformation of the Canadian Massage Therapist Alliance, coupled with increasing collaboration by professional associations, the opportunity to reposition RMTs positively in the eyes of government, insurers and employers, gatekeeper health-care providers and the public/media are within our collective influence.

Donald Quinn Dillon, RMT is a practitioner, author, speaker and mentor. Find him at MassageTherapistPractice.com.
For some massage therapists, having the rare opportunity to work alongside elite athletes in major sporting events involves two essential factors: skill and circumstance.

This was certainly true for Quebec-based massage therapist Alain Bellemare who got into the game of sport massage early on in his career, and has been to four Olympic games and other international sporting events since. He is the only massage therapist in the core medical team for Team Canada at this year’s 2015 PanAm Games in Toronto.

Bellemare says his first real break into the sport massage arena was a combination of luck and being at the right place at the right time. “My major break happened in 1994 when my teacher couldn’t take care of the (national track and field team) because he just had a baby.”

That teacher introduced Bellemare to the national track and field team and became one of his mentors. That one opportunity spiraled into several other breaks to work with various national sports teams, including swimming, track and field, canoe/kayak and judo.

Luck and circumstance may get you a foot in the door, but skills and experience are what will get you inside and keep you there.

Bellemare’s advice to aspiring therapists who want to break into the sporting world: “Study a lot. Practice a lot. Massage therapy is not that complicated, but it’s physical skill. Your brain needs to be set up for it. You need to work a lot, you need to repeat, repeat and repeat.”

CONTINUING EDUCATION
Bellamere is a certified member of the Canadian Sport Massage Therapists Association (CSMTA). The organization, founded in 1987, offers massage therapists the essentials for making sports a significant focus of their practice: the learning environment to enhance sport-specific massage techniques and skills, and the opportunity to potentially work with some of the best athletes and sports teams in the country.

The Canadian Olympic Committee (COC) looks to organizations such as the CSMTA when sourcing out health-care professionals to join the Canadian core medical team, which travels with Canadian athletes to big international events like the Olympics, PanAm Games, Commonwealth Games, World University Games and the Francophone Games.

The COC works with the selection committee at CSMTA to choose the most qualified sport massage practitioner to participate in the medical team for every event. “You have to be certified (in sport massage) to work at a major game, and that is one of the motivations for people to get certified,” says Trish Schiedel, president of the CSMTA. “At all major games, sport massage therapy is part of Canada’s health-care team.”

Massage Therapy Canada caught up with Schiedel and members of the CSMTA executive committee at its annual conference in Montreal last fall.

Certification with the CSMTA involves 500 hours of on-the-field, hands-on work, a written exam and an oral practical exam. The 500-hour requirement is a combination of hours working with a sports team, at sporting events – which must include both contact and non-contact sports – and clinical hours with athletes.

“We try to make sure our candidates are getting a broad range of experience in different venues, different types of sport,” explains Schiedel.

The organization also offers courses – including sports physiology, sport psychology, sport injuries – designed to help prepare a candidate for the written exam part of the certification process, and as part of the association’s general continuing education offerings for massage therapy practitioners who wish to increase their knowledge base.

In the oral practical component of the certification process, candidates are required to make an assessment and determine treatment protocols based on a given scenario. Once certified, the therapist is encouraged to complete and maintain first-responder certification.

To date, the CSMTA has 157 members across Canada.
A massage therapist does not have to be certified in sport massage to be a member, Schiedel says. As CSMTA member, a massage therapist may use the SMT (CC) designation, which signifies the member is a candidate for certification. Those who have successfully completed certification, however, would have SMT(C) as a designation, which indicates their certified status.

Members can take advantage of several continuing education courses and training offered by the CSMTA. As a certified member, a sport massage therapist can be included in the list of practitioners to be considered by the COC for major games. Non-certified members may not be eligible for COC consideration. However, they will have ample opportunities to get involved in other local and national sporting events.

The CSMTA and its provincial chapters typically get approached by sports teams or event organizers to ask for volunteer sport massage therapists to help out in various sporting events, explains Schiedel. These are great opportunities for certification candidates to bulk up on hours, and other members to simply gain the experience that therapists would not normally gain in their own individual practices.

“One thing that we have really worked on probably in the last eight years is having a national standard around what our members are doing for pre-event massage,” Shiedel says. “We work at having all our members go through the sport massage courses offered by some of our certified members so that we really have that gold standard around what is effective and what you should do.”

The association also offers members the opportunity to participate in a mentorship program. A member is paired up with a certified sport massage therapist who will guide the rookie therapist through the certification process.

CSMTA matches a particular candidate to a certified therapist based on the candidates’ specific requirements and where they are at in the certification process. Some mentors will be helping candidates gain experience in the field and in a particular sport, while some will be assisting the candidates in preparing for the written exams, Schiedel explains.

For Wanda Candolini, certified sport massage therapist based in Sutton, Ont., achieving her certification opened up many opportunities professionally.

“The difference between a certified sport massage therapist or a member of the CSMTA and a registered massage therapist is really for the benefit of the client,” Candolini points out. “As a therapist we work alone with a client in a room. And all of a sudden, we are put in a beehive of activity. And that is what going through the CSMTA (certification process) is like. You learn how to be able to walk in and be part of a team,” she added. Candolini is one of several sport massage therapists volunteering with the host medical team at the 2015 Pan Am Games in Toronto.
CSMTA is a relatively young organization and Schiedel admits a significant amount of work is being done to increase awareness on sports massage therapy among the public and even in the sporting world itself.

“There are still coaches, people organizing triathlons and marathons that really don't understand what we do or why they might want to have sport massage therapists as part of the team,” Schiedel says.

The prospects for sports massage specialty, however, look promising. According to Schiedel, the CSMTA makes Canada the only country in the world with an association dedicated to sport massage. There’s huge potential for Canada and the massage therapy profession to be leaders in the field of sport massage.

“We are really surprised that there is no association in the U.S., there is no association in Australia (in sports massage therapy). I’m sure down the road that will happen. We are definitely seen as leaders by other countries in this area,” Schiedel says.

For now, CSMTA is working at raising awareness in the profession about sport massage as a career specialty – and the uptake seems to be increasing.

Quebec is one of the latest provinces to have a CSMTA chapter. The chapter was established in March 2014 and the national association held its first annual general meeting and conference in Montreal last fall.

About 60 massage therapists attended the Montreal event, according to Louise Kairns, a massage therapist based in Montreal and the president of the CSMTA-Quebec chapter.

“We had to really promote it, explain what it was about. For us in Quebec, it’s very rare to have massage conferences so it’s the first of its kind in Montreal,” Kairns explains. “People are used to going to courses, but not in the format of a conference. Everything was new for everyone.”

Kairns says the training and courses that CSMTA offers can help boost massage therapists in Quebec. As a non-regulated profession, basic massage therapy education in the province is only 400 hours – far from the 2,200 hours RMTs in regulated provinces are required to complete.

The hope is that by taking part of the sport massage courses offered by CSMTA, massage therapists in Quebec can gradually increase their hours of training closer to regulated standard.

“We are going to use this opportunity to really talk about it, follow up with each of the candidates (for certification). What we are hoping to do with the association in the first year is offer a lot of support for them to get the level of training and the hours of training up to the standard of the Canadian association,” Kairns explained.

Mari-Len De Guzman is the editor of Massage Therapy Canada and Canadian Chiropractor magazines. Contact her at mdeguzman@annexweb.com

ROOM TO GROW

Words from the Field

Alana MacDougall, Kitchener, Ont.
Registered massage therapist since October 2014
“Working toward her sport massage certification
“I know the impact that volunteers have on such a huge event. I’m feeling very lucky that I’m just able to help out. I’m hoping to gain just a ton of experience and meet a whole bunch of people from sporting background to know their bodies and learn new techniques, meet other therapists that I may not otherwise be able to get to meet.”

Jason White, Toronto
Certified sport massage therapist since 2011
Certified athletic therapist
“It’s time for me to give back to the athletes, share the experience that I have learned (from these events) and pass them on to other people. Educate them in self-care, educate them in terms of how to become better athletes, how to take care of their injuries. It just makes me feel good.”

Wanda Candolini, Sutton, Ont.
Registered massage therapist since 2002
Certified sport massage therapist
“I call it a working vacation. Some people go lie on the beach. I put my hands on people. When I’m done, my shoulders will be aching, my knuckles will be dragging, but mentally, I would have been challenged and my heart and soul will be full. It will be a privilege to have worked on these athletes who have committed so much; and then to be with medical practitioner who I will network with. I have an expert there who I can tap into.”

Amaya Iribarren, Brampton, Ont.
Registered massage therapist since 2002
Sport massage therapy certification candidate
“It’s time for me to give back to the athletes, share the experience that I have learned (from these events) and pass them on to other people. Educate them in self-care, educate them in terms of how to become better athletes, how to take care of their injuries. It just makes me feel good.”

Adia Huss-Solomon, Toronto, Ont.
Registered massage therapist since 2007
Sport massage therapy certification candidate
“Working in such a large-scale event will be an incredible kind of exposure that I wouldn’t get anywhere else, really. Meeting new people who are in similar profession will also be a valuable experience – both personally and professionally.”
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Focus on fascia
Advanced techniques in sport medicine environment

Advanced manual techniques are powerful tools that enable the therapist to perform outstanding work. However, advanced techniques come with cautions and, in some cases, contraindications. They must be utilized with the knowledge of how and when to implement them.

Fascia envelops the body like a skin beneath the skin. It sections the body into layers and compartments. Ongoing research is uncovering more about this intriguing tissue – although the experienced therapist needs no persuasion as to its treatment efficacy.

In the sports environment, fascial work is restricted to the training phase and should not be done on game day. The effects are too profound to be incorporated into the athlete’s movement patterns in the short term, but rather, adaptation should happen over the weeks or even months with the athlete and coach’s knowledge. This is even more so for sports such as figure skating, when precise positioning of a skate’s blade is essential.

The traditional treatment for shortened tissue is stretching. However, the brisk and lasting results from fascial work is a strong argument over traditional stretching.

THE SHOULDER
Of primary importance with the shoulder is the pectoral and upper trapezius fascia. Habitual activity, unbalanced resistance workouts and posture tend to protract the shoulders resulting in upper cross syndrome. Fascia moulds to the stresses placed on it, which perpetuates the position.

There are consequences. Firstly, the athlete is more susceptible to thoracic outlet syndrome. The pectoralis minor tendon will shorten (or actually cause the shortening) and thereby impinge on the plexus bundle that lies underneath.

Secondly, the protracted position of the scapulothoracic joint will change the position of the glenoid fossa and tilt the acromion process anteriorly and inferiorly. This is a poor position for shoulder mechanics. In addition, the acromion now reduces the subacromial space predisposing the athlete to tendinitis, impingement and bursitis.

Fascial work to the upper trapezius and pectoral area should alleviate or even resolve these conditions. The physical pressure of the scalenes and pectoralis minor on the nerve bundle will be reduced, and the pull these soft tissues have on the scapulothoracic joint will be corrected hence obviating the consequent conditions and injuries.

THE HIP AND KNEE
Of primary importance is the gluteal fascia. The gluteus maximus is a powerful muscle which recruits with strenuous closed chain activities (where the distal end of the limb is on a fixed surface and cannot move), such as hill running and stadium step training. Over time, this results in holding in the associated fascia.

The tensor fasciae latae (TFL) and gluteus maximus attach to the iliotibial band (ITB). The TFL generally performs open chain movement (the distal end of the limb is not fixed and is free to move) and is less significant clinically than the gluteals. Regardless, restriction in these muscles increase the tension of the ITB, which in turn increases the friction over the greater trochanter on the femur and lateral epicondyle of the femur. The result is higher risk of greater trochanteric bursitis and ITB friction syndrome.

Admittedly, other variables, such as cambered running surfaces, over-pronation, anatomical predispositions, can play a part. However, at its most basic level, the “tight ITB” is actually a “tight gluteus maximus” muscle.

Fascial work to the gluteal region will make a significant difference even in one session. Techniques such as drainage work, activity modification and diligent stretching (to augment the changes) are essential. But the kingpin technique for these hip-related conditions is fascial work.

THE FOOT AND ANKLE
These joints are inextricably linked and must be treated accordingly. In this instance we are addressing plantar fasciitis. While a host of conditions such as running habits, footwear and over-pronation are factors, most simply put, plantar...
fascitis is caused by insufficient ankle dorsiflexion.

Normal walking, and sometimes running, requires at least 10 degrees of ankle dorsiflexion. If restriction in the triceps surae prevents this, the foot compensates to attain the extra dorsiflexion. The fulcrum of the movement shifts anteriorly from the talo-crural joint to the mid-foot, and the arch collapses upward resulting in dorsiflexion occurring in the mid-foot area. Consequently, tissues spanning the arch, as in the plantar fascia, are stressed. Inflammation and even micro tearing of the plantar fascia occurs.

The fascial release of the triceps surae will enable greater flexibility and in a substantially shorter time. Not to be ignored is the kinematics of the talo-crural joint. It is essential that the therapist do mobilizations to ensure the talus and mortice move properly. If the accessory movements are lost at that joint, this too will limit dorsiflexion and fascial work alone is futile.

**IMPLEMENTATION**

Direct fascial work entails the therapist using the hand or the forearm. Engage this tissue a level deeper than the skin. Sense the holding of the tissue and proceed to challenge the plastic resistance. Pressure should be firm and movement slow to avoid bruising. The “plastic” quality of the fascia is what you are stretching and this should determine how slow you proceed.

In treating the areas concerned, check the status of the upper trapezius, pectorals, gluteals (and ITB) and triceps surae. By moving around the tissue just deep to the skin in various directions you will get a sense of how pliable it is. With the ITB, strum the posterior distal aspect to determine how restricted it is. In the case of the upper trapezius, triceps surae and gluteals, use your forearm; with the pectorals, use your hand (place a rolled towel under your supine patient’s thoracic spine to give some “lift”) and proceed to challenge the plastic range. Continue slowly for five to 10 minutes depending on the patient’s tolerance.

Since the process is not comfortable, keep communication open with your patient. The tissue will allow you to stretch it, but don’t force it. If it resists, change the angle by a few degrees, or change position slightly and retry. Forewarn the patient that the area will likely feel tender the next day. So long as the therapist works slowly, bruising should not occur. Treatment has to be modulated in accordance with both the patient’s and tissue’s status.

Initially the athlete’s fascial and scapulothoracic changes may seem to last only a day or two. You will find subsequent treatments easier as the fascia adapts. Also, the body’s position will correct, hence ushering in the changes so desperately needed to make the difference.

The athlete who makes use of a therapist with fascial skills will benefit tremendously. Not only will the athlete’s condition improve, but their performance as well. Thanks to Barbara Marks-Maister and Melanie Tinianov for their photographic assistance, and Michael Grafstein and Belinda Hosey for assisting with the modelling.

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Jonathan Maister, is a Canadian certified athletic therapist, massage therapist and certified sport massage therapist. He serves as Ontario vice-president for the Canadian Sport Massage Therapists Association and chairs the Education Committee in the national organization. He can be contacted at jmtherapy@JonathanMaister.com
Journey to healing

When outreach programs become learning opportunities

Last spring, I travelled to Guatemala with the Global Healthworks Foundation and its founder, Dan Wunderlich. It was my third annual Jornada. A Jornada Medica is a health outreach directed toward underserviced populations. I met Dan while teaching acupuncture at McMaster University in 2008, and we quickly recognized in each other a commitment to betterment of ourselves and others.

In spite of recent improvements in Guatemalan health care, the country still struggles with communicable and non-communicable diseases, chronic malnutrition, maternal mortality, and a recent increase in injuries due to road traffic and violence. Mortality in children under five years old is still high, and chronic diseases are the main cause of death in the general population. Health-care challenges are far greater among the indigenous, rural, poor populations. There is a significant need for outreach and organized funding for health care in Guatemala, as a great deal of funding is private, which leads to compartmentalized care that neglects the rural poor.

The Centro de Paz Bárbara Ford, which hosts the outreach program, has three main buildings: the residence and offices, the kitchen and dining room, and a pavilion style building used for treating. The pavilion accommodates twenty-five treatment tables, a group table for back, neck and shoulder treatments, and the triage area.

Greeted at the clinic door by employees of the centre and fresh fruit, patients are carefully registered using their name, date of birth, and address. The vast majority of patients are of Mayan descent and speak the local K’iche’ language, while the remainder speaks Spanish. Having records enables the Global Healthworks Foundation, as well as the Barbara Ford Peace Centre to offer proof of the effectiveness of treatment when liaising with government officials in Guatemala. Education and outreach at the centre includes ongoing efforts to improve health care for all Guatemalans.

After registration, all patients are ushered toward an outdoor yoga class. The men, while a little reticent, succumb to the yoga experience alongside their wives and children. It was wonderful to see joyful smiles erupt on the faces of those gathered as they began to feel comfortable enough at the centre to ‘let go’ just a little.

Every participant received auricular acupuncture on the points from the NADA (National Acupuncture Detoxification Association) protocol. For most of the patients, this is the first time they have ever received acupuncture treatment. And for many of these people, this is the first medical attention of any kind they ever received.

Patients move from registration and yoga through triage. Individualized assessment is made from a Traditional Chinese Medicine perspective, using pulse and tongue diagnosis and a short review of systems. Common complaints heard at triage are headache, gastrointestinal distress, joint pain, skin rashes, and conjunctivitis. Assessment and treatment is agreed upon, and herbal prescriptions are given before folks are colour-coded into groups of thirty or thirty-five with whom they will move through the stations.

Twenty minute condition-specific acupuncture treatments are given. Often, Reiki energy healing sessions are given simultaneously as the patients receive acupuncture treatment, and then a complaint-focused massage treatment is provided to all patients.

Having to use two translators – English to Spanish to K’iche’ – makes for some interesting and fun conversations. Treating entire families: mom, dad and four children, all at once was enlightening and a little chaotic at times.

Once treatment is done, the day of care is over and patients make their way home by bus or on foot. The motto “go with the flow” became like a mantra for the week. The scene in the treatment room could change as
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quickly as the weather with the number and type of patients coming through, and the moods of other practitioners (this is an intense demographic). The main goal was to remain focused on the patients. An epileptic seizure in the treatment room, for instance, proved how important it was to keep a cool head while dealing with the unexpected. Remove the needles, place patient on their side, wait for resolution of the seizure – all while maintaining calm to avoid disrupting the other patients. Compassion fatigue becomes more than just a theory while working with such an incredible volume of patients. The centre can see as many as 1,800 patients over the six-day free clinic. A single practitioner may see 50 to 60 patients per day. More than the volume of people moving through, the clear signs and symptoms of very difficult living conditions weighed on hearts and minds. There was no time to be cleaning feet (many of the Quichée people come barefoot) before treatments, and there were wounds and swellings that usually had to be ignored. Once exhausted, it was difficult to not let some cynicism creep in. It was important to be aware of the slips and step away for breaks.

All volunteers who come to work at the clinics have an incredible skill set and a desire and willingness to share their abilities in a heartfelt way. Practitioners drawn to the programs are lifelong learners looking to enhance their skills for ongoing outreach.

FULFILLING JOURNEY
Every year the Global Healthworks Foundation holds the Jornada the quality of care improves. Continued improvements will ensure that the centre is seen as a trusted facility welcoming all patients, regardless of gender, age or socio-economic background. Progress is immensely fulfilling for those willing to go out of their way to make a difference – and what a difference it makes in the lives of everyone involved.

Many of the patients who come to the centre are suffering the destructive effects of alcoholism, physical and sexual abuse. Volunteers find themselves giving massage to people who are in dire need of respect and positive touch, not just medical care. Working with the women in Quichée – many of whom suffer from PTSD (drawn faces, easily startled, stiff on the treatment tables, trouble sleeping) – is a demonstration of the importance of compassionate care. These lessons will not be found in textbooks.

North American volunteer practitioners are sure to refine their skills at the Jornada. Given the opportunity to work on so many in such a short time increases palpation and assessment skills, hones treatment focus, and amplifies awareness. Working on so many, and teaching while treating, spreads the message that the power of positive touch is formidable. This is a place to use and improve all kinds of life skills.

A great sense of appreciation is the profoundly learned during the Jornada. For more information about the Global Healthworks Foundation, visit www.globalhealthworksfoundation.org

Chris O’Connor is a RMT, speaker, osteopathic practitioner and instructor of contemporary medical acupuncture. Visit www.chrisoconnorconsulting.com.

MEDICINE HANDS:
MASSAGE THERAPY FOR PEOPLE WITH CANCER

A practical book written for both health professionals and the layperson, this newly revised guide deconstructs common myths about the use of massage in cancer treatment.

Reviewing literature that shows cancer to be caused by genetic mutation and the influence of hormones, the opening discussion emphasizes that mechanical action such as massage does not break tumors open or cause them to spread. The book purports that the real medical issues for massage therapists center on ameliorating the discomfort of treatments such as chemotherapy, radiation, and surgery.

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Brush up on your SEO know-how

The last time we spoke on the subject of search engine optimization (SEO) was in 2011, so it is high time for an update.

In 2015 your SEO efforts should be evolving to reflect the indexing changes that Google and other search engines have adopted. These changes do affect your website ranking, which means they can affect your revenue potential.

Fortunately some aspects of this science remain unchanged, however there are a few new best practices that you will need to adopt to maintain/increase your website presence and rankings.

**CONTENT IS STILL KING**
Achieving the highest return on the time and money invested into your website is as simple as adopting relevant page content that frequently references the search terms you wish to be ranked highly for on search results. Simply put, when you have good quality, informative content on each page that directly relates to the services you provide and states the geographical area that you serve, you will do well.

**REGULAR UPDATES**
Stale websites are defined as those whose content has not been updated for some time -- this can be measured in months, not years. Search engines place a higher value on sites whose content is regularly updated, as it is believed that this activity attracts new and return visitors. Remember to keep your updates on-point with respect to their subject matter.

**INTERNAL, EXTERNAL LINKS**
Sites offering visitors with value-added, related services are considered to have a higher degree of importance versus content only sites. Pages linking to other internal pages offering additional services, such as your online “appointment book,” are encouraged.

Appropriate usage of external links means, ensuring that the links point to high-quality websites with content that is relevant to your service -- search engines such as Bing, Google, Yahoo and others will consider this favorably when ranking your website. Suitable, high quality websites that link back to your site will also be viewed positively and will contribute strongly to search engine placement.

**OPTIMIZE SOCIAL MEDIA**
Your social media presence on Facebook, Google+, YouTube, LinkedIn and the like, can also have a synergistic effect on your website’s ranking. For example, search engines will increase the importance of your website in accordance with the number of appropriate, high-quality social media pages that are back-linking to your clinic’s website.

**OPTIMIZE META TAGS**
Your website title tag typically contains the name of your RMT practice and appears in blue letters on the search result page your site is ranked on. It is a competitive advantage to have your main keywords (such as massage therapy) referenced in it.

It is also important that you include pertinent information, such as the regular and specialty services offered at your clinic and your geographical location in your site’s description tag. This will help your ranking when potential clients search “massage therapist in xyz city.”

**MOBILE-FRIENDLY**
In 2015, search engines are processing more searches on mobile devices than on desktop devices. To ensure mobile users have a positive experience, search engines now place a higher degree of importance on websites that are properly displayed on and are user-friendly when using mobile devices. It is worth mentioning that this is the case only when the search originates from a mobile device.

Being mobile friendly requires your site to recognize mobile devices and to ensure the page content is displayed correctly on various-sized mobile screens – providing site visitors with an overall positive mobile experience. The use of mobile devices for online browsing is a growing trend that isn’t going away any time soon.

**INTEGRATED E-COMMERCE**
Having a professional service that seamlessly integrates your website with services such as appointment booking, online gift certificate purchases and classes registration are extremely valuable for enhancing the quality of your MT website and increasing your search engine ranking.

Some RMTs use e-commerce and website services from a variety of providers, which often do not work seamlessly together. Tightly integrated solutions from one provider will offer the best user experience. Search engines are becoming very good at detecting when a website is stitched together.

It is still true that massage therapists should understand the basic elements of SEO and pay attention to the fact that regular maintenance of website content needs to occur to ensure their website is optimized to attract new and return clients in their geographical area.

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.
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**SomatoEmotional Release 1 (SER1)**
- Edmonton, AB: Sep 17 - 20, 2015

**SomatoEmotional Release 2 (SER2)**
- Vancouver, BC: Dec 10 - 13, 2015

**Adv 1 CranioSacral Therapy (ADV1)**
- Edmonton, AB: Nov 9 - 13, 2015

**SomatoEmotional Release Technique: Mastering the Inner Physician (SERTIP)**
- Calgary, AB: Oct 22 - 25, 2015

**CST and the Immune Response (CSIR)**
- Edmonton, AB: Oct 22 - 25, 2015

**CST for Longevity: Reversal of the Aging Process (CSLRAP)**
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