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FEATURES

16
Sticky situation
Exploring more effective applications for kinesiology tape
by Conor Collins

18
COVER
Media savvy
From treatment room to television, this RMT takes practice to a new level
by Mari-Len De Guzman

22
LAST resort
Dissecting the evidence for ligamentous articular strain techniques
by Robert Libbey

ON THE COVER:
Margaret Wallis-Duffy, owner of Wallis and Associates in Brampton, Ont., and host of WOW Living TV

DEPARTMENTS

04
From the editor
‘Tis the season

06
Touch Points
News and events

06
Human Factor
The lighter side of things

COLUMNS

12
Practice Points
Funny you should say that
by Don Quinn Dillon

14
Few and Far Between
Room for movement
by Jules Torti

26
RMT Tech Talk
Business technology trends and outlook for 2016
by Jessica Foster

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This year is ending with a somewhat positive development from Manitoba, which can potentially have a big impact on massage therapists across the country.

Last November, the province’s health ministry announced it has approved regulation for massage therapists in Manitoba. Once regulation is institutionalized, Manitoba will become the fifth Canadian province to have a regulatory college and will effectively result in massage therapists across Canada bidding farewell to GST/HST charges.

Before we start counting our chicks, however, it would seem this announcement is only the first step of what could be a long and tedious process toward establishing a regulatory body in Manitoba. You can read more about this development in our report on page 10.

This latest story from Manitoba became the highest visited web page on the Massage Therapy Canada website in a matter of days. Shortly, after the link was posted on our Facebook page, it was shared 88 times and was seen by nearly 11,000 people. Because of its potential national implications, it’s easy to see why this story gained so much attention.

It would be interesting to see how this story unfolds. The hope is for all stakeholders to come together with a common goal of truly advancing the profession through regulation that is at par with national standards.

While on the surface it looks like a provincial issue, it would be prudent for existing massage therapy regulatory bodies in Canada (B.C., Ontario, Newfoundland, even the new college in New Brunswick) to help guide Manitoba in the right direction. This would ensure the end-result is provincial regulation that conforms with nationally accepted norms.

We might not be able to say goodbye to that pesky GST/HST just yet, but we certainly bid farewell to 2015, and welcome the new year.

On behalf of the staff at Massage Therapy Canada, I wish you good tidings and all the best in 2016!
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CMTO conducts consultation on proposed clinic regulation

The College of Massage Therapists of Ontario (CMTO) is embarking on a public consultation to seek inputs from massage therapists, patients, other health professionals and businesses on the planned establishment of a clinic regulation model.

In a letter to RMTs, CMTO registrar and CEO Corinne Flitton said the consultation – which will involve a preliminary draft of the regulation model – will assist the college in exploring the viability of a clinic regulation model in Ontario.

Last spring, the CMTO announced it was working with other health regulatory colleges to “explore options for overseeing the workings of clinics.” These colleges have since established a “working group” to explore whether pursuing a new model for clinic regulation would enhance public protection and strengthen the health-care system.

“While many clinics operate in the patients’ best interest, an increasing number of troubling cases are being brought to our attention and a model to hold clinics accountable does not currently exist,” Flitton explained in her letter. “In our view, clinic regulation would increase transparency by providing a public register of clinics, hold clinic owners accountable for acting in patients’ best interest, and establish safeguards against fraud and other inappropriate business practices.”

The CMTO outlined some of the aspects a clinic regulation model would provide:

- Clinic policies that allow the health professional to meet his or her professional obligation
- Safeguards in place to prevent professional credentials from being misused without the practitioner’s knowledge
- Billing system that accurately reflects the services provided
- Maintenance of adequate records for patients, and appropriate access by the RMT to those records to facilitate care
- The ability of a RMT to notify the regulator on concerns about practices at the clinic without fear of reprisal

“Health regulatory colleges have a mandate to protect the public. However, achieving that mandate effectively can be a challenge in a system imposing obligations only on individual professionals, rather than their workplaces,” said Flitton, explaining the rationale for the proposed clinic regulation.

According to Flitton, the consultation is taking place in the fall and winter.

TRENDING

Spiders

DEFINITION

In Internet usage, “spiders” are computer robot programs used by search engines to roam the World Wide Web, visit websites and databases. They are also referred to as “crawlers” or “knowledge-bots.”

(Source: UC Berkeley Library)

APPLICATION

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Light therapy eases symptoms of seasonal, non-seasonal depression: study

Light-box therapy typically used to treat people with seasonal affective disorder, or SAD, during the winter months can also ease symptoms of depression that occur throughout the rest of the year, a study suggests.

Researchers found that patients with non-seasonal major depressive disorder (MDD) who received both light therapy and an antidepressant improved more than those given just one therapy.

“Light therapy is a low-cost treatment option with few side-effects, and our findings show it could benefit many patients,” said study co-author Dr. Anthony Levitt, a psychiatrist at Sunnybrook Health Sciences Centre in Toronto.

The clinical trial involved 122 patients who were randomly assigned in roughly equal numbers to receive one of four treatments: light therapy and an antidepressant; light therapy and a placebo pill; an antidepressant with exposure to a sham light box; and both access to a sham light box and a dummy pill.

Patients who received an antidepressant were treated with fluoxetine (sold under the brand name Prozac), and those given light-box therapy were exposed for 30 minutes each day during the eight-week study.

Levitt said 75 per cent of the patients given the combination of light and drug therapy saw an easing of symptoms.

About half of the patients treated with active light therapy and a placebo pill experienced similar improvement, while only about 30 per cent of those given the active antidepressant with a sham light, or the sham light and dummy pill, got better, he said.

That 30 per cent response for the latter – called the placebo effect – is typical in any clinical trial testing a drug or another therapy.

“We don’t usually get response rates in the range of 75 per cent in any depression trials,” said Levitt, chief of Sunnybrook’s brain sciences program. “So the magnitude of the difference was surprising to us.”

Adding light therapy to antidepressant treatment also reduced symptoms much more quickly, he said.

“In the combination group what we saw was continued improvement each week across the eight weeks. The greatest reduction is in the first one to two weeks – that’s true of all antidepressant trials – but improvement continued even up until eight weeks.”

Light therapy has long been used to treat SAD, but its effects in patients with non-seasonal depression were not well-known.

“What we’re showing here is that light works in non-seasonal depression and it works at any time of the year,” said Levitt.

While medications are effective in treating depression, they work in only about 60 per cent of cases, said study co-author Dr. Raymond Lam, a psychiatrist at the University of British Columbia.

“It’s important to find new treatments because our current therapies don’t work for everyone,” Lam said.

However, the researchers stopped short of recommending that people with depression self-treat with light boxes, saying their findings need to be replicated by other scientists in trials involving more patients.

As well, some people should not use light therapy, said Levitt. Those with retinal and certain other eye disorders should not sit in front of a light box, nor should those with bipolar disorder, as exposure could set off an episode of mania.

“It still should be prescribed by a physician,” Levitt said.

The study was published recently in the journal JAMA Psychiatry.

— Sheryl Ubelacker, The Canadian Press
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Ontario introduces concussion bill named after teen rugby player who died

A concussion bill named for a 17-year-old girl who died after being injured while playing high school rugby was introduced late November in the Ontario legislature with rare all-party support.

Rowan Stringer had been accepted to the University of Ottawa’s nursing program, but never got to attend, as she died in 2013 from multiple concussions. She was a nurturing person who would have wanted her memory to be used to help other children, said her mother, Kathleen.

“It’s almost impossible to describe losing a child,” she said after the bill was announced. “It’s a devastating, tragic loss and the grief journey, as I’m finding out, actually doesn’t really end, it just changes. I would never want another family to have to experience this again and I would be just devastated to find out that another child in Canada dies from second impact syndrome.”

A study last year from Toronto’s York University and the Institute for Clinical Evaluative Sciences found that the number of children and youth treated for concussions in both emergency departments and doctors’ offices in Ontario has risen significantly.

Between 2003 and 2011, almost 89,000 pediatric concussions were treated in either an emergency department or a physician’s office. The rate of concussions jumped to 754 from 466 per 100,000 for boys, and to 440 from 208 per 100,000 for girls.

It’s not about banning contact sports, Stringer’s parents say. Concussions will happen even from children falling from the monkey bars.

Rowan’s Law would establish a committee to get the recommendations that came out of the coroner’s inquest into her death implemented within a year. Those recommendations include establishing guidelines to ensure a child is removed from play if a concussion is suspected and that they not return to play until receiving medical clearance.

Lisa MacLeod, who represents the Ottawa-area riding where the Stringers live, said Rowan’s Law would be the first concussion law in Canada.

The bill was co-sponsored by Liberal John Fraser and New Democrat Catherine Fife.

Rowan’s father, Gord Stringer, said his daughter was a person who brought people together, so this is the way she would want action to happen.

“This isn’t a political issue, it’s a health and safety issue,” he said. “It’s for kids. It doesn’t need a political stripe on it.”

A previous attempt at concussion legislation was left on the table in the fall of 2012, not long before Rowan died.

“It would be a terrible tragedy to have another opportunity to get concussion legislation in place fail,” said Gord Stringer.

- Allison Jones,
  The Canadian Press

Massage therapy regulation gets nod in Manitoba

Manitoba has approved regulation of massage therapy following the release of a report by the Health Professions Advisory Council recommending regulation. The report comes more than three years after the Massage Therapy Association of Manitoba (MTAM) officially applied for self-regulation under the province’s Regulated Health Professions Act in 2012.

“The Regulated Health Professions Act supports quality patient care by enabling the consistent regulation of all health professions in the province,” Health Minister Sharon Blady said in a statement. “The Health Professions Advisory Council has recommended the profession of massage therapy be granted self-regulation under the act and I have accepted the council’s recommendation.”

Blady instructed the MTAM to work with the Natural Health Practitioners of Canada (NHPC) – the other massage therapy association in Manitoba – to address some of the key issues that will support self-regulation. Some of these issues include:

• considering the development of a bridging program for applicants whose knowledge and skills are assessed as not equivalent to Manitoba educational standards
• conducting a review of the anticipated costs and expenses and determining fee structure.

“We’re delighted,” said Sheila Molloy, executive director of the MTAM. “The massage therapy association has worked a long time and waited a long time for this. This milestone recognizes the importance of massage therapy as a health-care profession in the province.”

Representatives from MTAM and NHPC will be forming a review committee to explore and resolve the key issues outlined by the minister, said Molloy. Both associations will also be working with the government to determine timelines for the development of the new regulatory college.

The MTAM and NHPC together represent 1,325 massage therapists in Manitoba.

It may be years, however, before actual regulation for massage therapy is finally realized in Manitoba, and it has more to do with the province’s relatively new RHPA, a law passed more than five years ago that aims to govern all of the province’s 22 health-care professions. A number of them are currently still transitioning to the RHPA. Massage therapists, for now, will have to get in line with the rest of the health professions.

“It’s a little more than just
TOUCH POINTS

establishing the college because right now the thing that complicates this is that with the new Health Act the government is working through a list of a number of other health-care professions, so that may end up taking us a little more time,” Molloy explained.

The RHPA replaced 21 statutes dealing with the regulation of 22 different health professions in Manitoba, bringing all under one piece of legislation. The legislation requires all regulatory bodies to establish standards of practice, codes of ethics and continuing competency requirements as regulations under the act.

Garry Melnyk, a massage therapist and past-president of the MTAM, expressed disappointment that the health minister, while accepting the Health Professions Advisory Council’s recommendation, had confused the process by not following the provisions of the Regulated Health Profession’s Act (RHPA). According to the Act, once the minister determines that a health profession be regulated, the minister should recommend to the Lieutenant Governor that such health profession be designated as a regulated health profession. Instead, Blady had instructed the MTAM and NHPC to work together to address the key issues outlined above.

“The MTAM then went further to indicate it would now cooperate in the so-called ‘next step’ with the Alberta-based NHPC who aggressively opposes regulation,” Melynk said in a statement.

“The problem with all of these last-minute diversions is that the applicant (the MTAM) and specifically the Alberta-based NHPC, who also does not support the national competencies for the profession, appear to have now become mandated criteria to establish the new regulatory college. This is very misleading to RMTs who understand clearly the positions of the various parties to the application,” added Melnyk, who is now president of the recently established Remedial Massage Therapists Society of Manitoba (RMTSMB), an organization actively advocating for regulation of massage therapists in the province.

According to the national competency standards for entry-to-practice for massage therapy – the standard implemented across all regulated provinces – registered massage therapists must have completed a minimum of 2,200 hours of massage therapy education. Massage therapy students graduating from regulated provinces such as Ontario and British Columbia must meet this requirement, among other things, to be registered with the college. However, in unregulated provinces such as Manitoba, some massage therapists are able to practice with as little as 250 hours of education and training. Advocates for national competency standards in Manitoba want to bring all massage therapists up to par with a minimum of 2,200 hours of education.

The RMTSMB’s new executive director, George Fraser, urged the health minister to reconsider her actions regarding the HPAC recommendations.

“The minister has to re-read the Act – get some better advice and proceed correctly based upon the Act,” Fraser said in a statement. “The proposed flawed collaboration is a waste of valuable time and will end poorly for the profession and the minister. At minimum, it will add lengthy delays to the process and the required establishment of the ‘transitional council’ will be months and months away. If not revisited, all the effort of application and review has been thrown out the window – it could have tragic results for the profession Canada wide.”

In an interview with Massage Therapy Canada Magazine, NHPC’s executive director Kelly Sloan allayed concerns the association is against regulation, noting the majority of the 350 NHPC massage therapist members in Manitoba are in support of professional regulation. Majority of its members have also completed 2,200 hours of massage therapy education, according to Sloan.

“Our members have been to the same schools that the members of the other associations have been to,” Sloan said.

She noted, however, that the question of whether to have a single standard of education or different levels of competency – one of the issues to be addressed under the health minister’s directive – will have to be settled in discussions between MTAM and NHPC, and among stakeholders as well.

“I am very confident, given the constructive working relationship that the NHPC and the MTAM have, I have absolute confidence that we are going to be able to work through the details of how regulation should look in Manitoba, and that we will be able to do that very quickly,” Sloan said.

– Mari-Len De Guzman
Our profession can be guilty of floating some pretty novel notions. As a practitioner, practice manager, lecturer, trainer and previous assessor in the auto-insurance realm, I have seen convictions RMTs treat as factual – even gospel – without critically examining their plausibility.

I have contributed to that culture of convictions myself, carrying over ideas passed down to me by well-meaning colleagues who probably didn’t think them through when they adopted them from other predecessors. It’s understandable the student or unseasoned practitioner would accept the information passed down by a mentor or the RMT culture as hard fact without much reflection.

Because these convictions can have serious implications for the business of practice, I tackle a few in this column.

“Don’t pay more than ‘x’ per cent.” Practitioners are often counselled they should expect and demand the lion’s share of the service fee. The person brokering the practice opportunity may be painted as a money-grabbing exploiter, charging too much rent. In my consultations with many RMTs-turned-practice-brokers, it’s the business owner who is squeezed when rent paid is insufficient – leaving the business open to risk and financial instability.

Practitioners must realize they need to bring value to the table to expect more. A practitioner is more valuable if she possesses the four Cs: capital to invest in the business, contacts to solicit for appointments, actual business competence, and the commitment to manage or contribute to operations. Whatever the practitioner doesn’t possess they must pay for. In my experience, I have found that many practitioners who work as employee or contractors fail to appreciate the true costs of running a business, and RMTs-turned-practice-brokers don’t appreciate the value of the opportunity they’re providing.

“The CMTO says...” The regulatory body gets shouldered with many imagined policies. For example, RMTs have been told to “…avoid working cross-body.” Yet, the college’s standards, policies or position statements don’t reflect these assertions.

If you wonder about the validity of something you’ve heard or read, the College of Massage Therapists of Ontario (CMTO) provides online resources for standards of practice/code of ethics, policies and position statements. In addition, the professional practice advisor is available by phone or email and is very helpful. You don’t need to fear the CMTO. It works hard to help you attain compliance with regulations and continues to do so.

“Massage therapy is ‘health care’.” Massage therapists are currently regulated in four Canadian provinces, but are not typically employed in health-care facilities. Their services are not funded in any of the provincial government-sanctioned health-care plans (Massage therapy services are still covered under British Columbia’s provincial health-care plan for persons with low income. The plan, which previously covered massage therapy for all B.C. residents, was cut back in 2004.)

Despite almost 90 years of regulation in Ontario – the last
quarter century under the Regulated Health Professions Act (RHPA) – massage therapists are not treated as health-care providers. Massage therapy is subject to the goods and services tax HST (many other health professions are exempt) and there remains no Medicare funding.

While being perceived as working within health care is a desired objective for many massage therapists, from a government, insurer, gatekeeper health discipline and public/media perspective, massage therapy remains adjunctive – even alternative – funded out-of-pocket or by employers through workplace benefit plans.

By extension, “health care” represents only part of the marketplace massage therapists serve. Practitioners work in spas, rehab or multidisciplinary centres, in private practice, on-site in corporate workplace wellness programs, on resorts and cruise ships, athletic/fitness facilities, and other situations where people use massage for well-being. These markets demonstrate the diversity that massage is delivered, thus massage cannot be relegated to a health care context alone.

“Regulation/accreditation/research will solve all our problems.” While regulation has provided some value to the profession and its practitioners, it has not been successful in positioning massage therapists alongside other health disciplines in provincial health care funding, HST exemption, nor provided the hoped-for legitimacy with government, insurers, gatekeeper health disciplines and the public/media. The call for accreditation of massage training schools and research literacy have also promised credibility in the eyes of these aforementioned authorities.

While regulation, school accreditation and research literacy are important and necessary objectives, they cannot by themselves achieve the credibility assigned to them. Relationships must be cultivated with the mentioned stakeholders using considerable professional resources to incur influence and upgrade the profession’s position.

Observe how the naturopathic and acupuncture professions – both smaller and arguably more alternative than massage therapy – zoomed past our profession in 2014 to acquire regulation and HST exemption, even while their regulatory colleges were still forming in Ontario. Such a victory required cross-profession collaboration, a clear target, time and money. We should emulate their example.

Before you adopt or support anything you hear in the isolation of your practice, I encourage you to critically examine adopted RMT cultural convictions. Generate discussion, adopt practical applications only when you prove them to be true yourself.

Write me at don@MassageTherapistPractice.com and share what antiquated convictions you would like to see put out to pasture.
Room for movement

Put some serious thought to designing your treatment space  

BY JULES TORTI

Regardless of what planning stage you are at (daydreaming, writing out rent cheques or already in the aisles of Ikea furnishing your space), designing your treatment room can be daunting. When you begin taking all the critical elements into consideration, the hands-on massage would seem like the easiest part.

Maybe you’ve had a space for a few years—a makeshift clinic in the basement of your house. Maybe you share a room with a team of massage therapists. Or, better yet, you have free reign over a bricks and mortar storefront with your name on an elegant looking signage. Though “Knots Landing” or “The Back Alley” might seem clever after a few cocktails with colleagues, the first obstacle is choosing a business name that’s memorable, obvious and searchable online. Anything fancy, with a German “O” and umlaut, can quickly translate into lost clientele.

If you are in the preliminary stages of deciding where to begin your career and are considering a home-based business, make sure you are aware of all the sights, sounds and smells that evolve over the course of your intended work day. Are there barking dogs next door? Do you have pets you’ll have to inform clients with potential allergies. Can you time your laundry cycles to avoid the whirr and buzzer of equipment maintenance, finger cots and face masks.

Now, walk through your house and the intended treatment space and observe. Walk through as a first-time client would to ensure the space is suitable, welcoming and not a potential Dino-welcoming-Fred-Flintstone-home-from-work scene. Everything becomes amplified when you are on a massage table—in a positive and not-so-affirmative way.

Think temperature. Do you need a portable heater or fan for the space? Are there blinds on the window to ensure a client’s privacy and comfort level? Do you have secure hooks in the wall that aren’t going to pull out the drywall when someone uses them to steady themselves (also speaking from experience).

In ongoing efforts to protect the public and ensure quality of care, the College of Massage Therapists of Ontario (CMTO) also has its checklist that needs to be addressed. On the CMTO website, search: “conducting a clinical massage therapy practice.” Because RMT’s work in both traditional and nontraditional settings, measures have been established to promote client-centred treatment spaces where the client feels comfortable and in control.

“The physical setting should be consistent with the public’s expectations for an encounter with a health-care professional. There should be adequate space for: reception, waiting area, individual treatment, storage and washroom facilities. The office must be clean, well maintained, well lit, and arranged to allow sufficient privacy for clients and staff. Clients should be offered choices regarding the use, if proposed, of aromatherapy products, oils or lotions and/or background audio sound.”

Peer assessors will be actively looking for visible fire extinguishers, your certificate (if it’s your primary workplace), filing cabinets that can be locked and necessary items like tissue, sanitizer, records of equipment maintenance, finger cots and face masks.

Once you’ve fulfilled the CMTO obligations, the design fun begins.

Mind your space

At home or in a rented space it’s essential to determine the overall “feel” you want to achieve. Do you want to be viewed as a zen zone sanctuary, clinical, industrial, French Parisian glamour? Easy research can involve road trips to visit hotel spas, your colleagues’ workplaces, gyms, Pinterest, Instagram, Houzz or looking at retreats online.

While you might not have the prime real estate location of the Wickaninish Inn in Tofino, B.C., where the Ancient Cedars Spa is “sheltered by the forest fringe, adjacent to the wave dashed-rocks looking out to the open Pacific,” you can certainly attempt to recreate it. Downtown Toronto might present a challenge, but, focus on the sensory appeal and palette of your room. While the Ancient Cedars Spa offers “aromatic journeys” to guests, you can too. Offer your own custom essential oil blends and experiment with different carriers like avocado or sesame seed.

Schedule a massage and pay attention to all the elements of the experience that
you love – or don’t. Try different styles of massage in all environments (spa, hotel, retreats, home, clinic) and it will help you to hone in on the secrets for exceeding client expectation.

When I lived in Abbotsford, B.C., I booked recalibrating massages every Friday with MT Doug Sutherland. He introduced me to Thieves Oil, a unique blend of cloves, rosemary and eucalyptus. Fifteenth century French grave robbers armed themselves with this blend believing it would ward off disease, especially the plague. I will remember him most for his killer sacroiliac joint work, but also for the Thieves oil.

Whenever I booked with Rodney Osi- gna, in his cozy Cabbagetown home in Toronto, I knew I could always expect a great soundtrack – most often Natalie Merchant. When I go to the Sentio Clinic at the Bread Factory in West Galt, again, it’s the music: Sirius XM Coffee House Sessions. I instantly appreciated owner Shannon Earnshaw’s style at Sentio, from the in-room electric fireplaces to the little blackboards on the clinic doors where the next client’s name is written. I liked that Brad Payne had a bubbling fish tank in his Yonge street space. Martha Howatt set herself apart in Hess Village by having her dog at her clinic. I loved that pre-massage interaction – it confirmed the power of animals in instilling calm.

Are you compiling your own mental list of things you’ve loved and loathed? I like places that have good, recent magazines on the table. I like being offered ginger tea or a Clif bar after a treatment. Or a hot citrus-scented towel (it’s just as rewarding as being handed one near the end of a long haul flight). Poll your friends—what stands out for them?

I can tell you all the things that haven’t worked in my practice in the last 16 years. For instance, it’s not wise to share space with someone who is instructing dragon breathing techniques to yoga students in the room beside you. Working in a space with partitions instead of walls wasn’t in my comfort zone. If you find work at a gym, keep in mind your entire day will be a soundtrack of dropped barbells, weight stacks, beeping stair masters and whirring treadmills.

Are you in a lower level office close to a subway tunnel? Those subway trains run all day long, every three to five minutes. You can issue ear plugs to your clients, but, what about you?

If you rent a space in a hair salon, be prepared for the powerful smell of perm solution on a daily basis, and hair dryers, running constantly. Is your treatment room beside a public use toilet? Stairwell? Are you across from a tanning bed? Prepare for hot, coconut-scented wafts every 15 to 20 minutes.

If you’re investing in flooring and thinking laminate – investigate your best and most expensive cleaning product option because you will have oily footprints trailing around your room. If a landlord is concerned about candle use, purchase battery-operated votives. Invest in your ambience.

Whether you choose to hang vintage anatomical drawings, black and white photos of sand dunes or isolated beaches, make the space “you.” Look for linens with texture. Choose chairs that are purposeful and practical, but unique.

Words from the wise
Designer Debbie Travis advises, “Wood is a natural element that maintains the simplicity and rustic allure of the setting. Natural materials and uncomplicated style lines soothe and refresh.”

Looking for colour ideas? In a recent House to Home article, Travis explained, “Blue is a soothing shade, signifying clear skies and cleansing water and produces a spa-like feel when coupled with white.”

In her Los Angeles Times piece, “Deco-rate your space to help you grow,” author Anne Sage said, “Design is absolutely another avenue for self-realization. The intentional and mindful creation of beauty around us, for our own space and for those we love, looks different for all of us.” Sage is the author of the book, Sage Living: Decorate for the Life You Want. Recreate the best of all your favourite serene spaces in your practice and share your images and ideas with Massage Therapy Canada readers by sending an e-mail to the editor.

There’s always room for movement in a massage clinic.
For many massage therapists, there is an endless quest to improve patient care and decrease the time frame by which patients have to deal with acute or chronic conditions.

While the profession moves forward and makes advances in research, one thing will always remain the same: A massage therapist will not fix every patient they treat.

With current research advocating for active recovery programs, massage therapists are looking for new modalities to help re-enforce treatment strategies outside of the clinical space. With any new modality there are both benefits and risks associated with the intervention. In general, the easier a modality is for a patient to understand, the more compliant the patient will be with the instructions surrounding it.

One modality that more massage therapists are turning to is kinesiology taping. Kinesiology tape was developed in Japan in the mid 1970s by Dr. Kenzo Kase, and made its first mainstream appearance in the 1988 Seoul Olympics. Since then, it has increased in popularity in a number of athletic environments, including track and field, and more recently in CrossFit. With popularity, however, comes scepticism and the question of, “How does kinesiology tape work?” and “Can it be used as part of a treatment plan in a massage therapy practice?”

While creating treatment plans to return patients to prior injury status is complicated and multifactorial, there are common goals all massage therapists have. Pain, swelling, tissue quality and improvement in activities of daily living are measures that can be followed both subjectively and objectively throughout patient recovery.

Pain is the most common stress response due to injury that patients associate with. The effects of tactile stimulus on pain reduction have been well researched by both the Body in Mind Organization of the University of South Australia and the Neuro Orthopaedic Institute, also in Australia. Massage therapists apply these principles and play an integral role in pain reduction in both acute and chronic settings. This is done through utilizing the power of touch, in an attempt to modulate signals from the peripheral and central nervous system.

A massage therapist’s first point of contact is the skin, the body’s largest exteroceptor synapsing with the central nervous system. Within the epidermal and dermal layers of the skin there are a number of mechanoreceptors which help to facilitate sensory processing. The ruffini endings and merkels discs are slow adapting mechanoreceptors responding to skin shear and light touch, respectively. Slow adapting mechanoreceptors continue to send information to the central nervous system as long as they are being stimulated.

Through its elastic properties kinesiology tape provides similar continuous, low grade, tactile stimulus to the central nervous system. After the patient leaves the treatment space,
tactile stimulus produced by the tape may assist in decreasing pain perception and fatigue often associated with injury.

**SCAR TISSUE**

Tissue quality is always a topic of discussion in the field of massage therapy and the debate continues as to whether therapists can “break down” scar tissue. While the field still awaits definitive research, one topic that appears to be clearly understood is that both manual therapy and exercise can control and increase the function of tissue during the scarring process.

In chronic conditions, the quality of collagen laid down has been shown to be less functional and more neurologically sensitive in creating a painful stimulus. In these cases when tissue is loaded and manipulated over time, it has been shown to have a better opportunity to recover.

Less understood is the influence that superficial healing plays in this process. In 2004, Karl Lewitt, examined the clinical importance of superficial scarring and it’s contribution to myofascial pain syndromes. He encouraged the early manipulation of superficial scars to prevent long-term complications and symptom presentation.

Through the work of Lewitt and others, superficial scar manipulation has become more clinically relevant in massage therapy. Models of treatment are based predominantly on the anatomical organization of tissue. By manipulating tissue in the early stages of healing, the therapist attempts to increase a superficial scar’s mobility on the layers of fat, fascia and muscle deep to it.

Kinesiology tape is used in a similar fashion. Tape is applied to create low-grade shear force on the skin during the healing process. A benefit is that this force can be applied to the skin for significantly longer periods of time than a typical manual therapy treatment. Force is applied in an attempt to improve tissue quality of the scar as granular tissue proliferates within the injury site.

Early stage intervention through both manipulation and taping may help facilitate the healing process and lead to less complication from scars long-term. Taping offers the massage therapist a therapeutic modality that may be of benefit, and allows the therapist to treat tissue in a stage of the healing process that is often ignored.

**SWELLING**

In acute scenarios the cardinal signs of inflammation are often seen as a by-product of pathological response. In chronic conditions, fluid accumulation may be present due to poor tissue quality or a change in the anatomy of the systems responsible for fluid clearance. An example of this is the onset of lymph oedema following the removal of axillary lymphatic nodes post mastectomy.

In the past, research exploring fluid management and kinesiology tape examined whether it directly influenced perfusion to an injured area. Taping was thought to increase or decrease blood flow through mechanisms similar to compression therapies. More recently, research has refuted this claim, while new research explores the role of the lymphatic system in fluid management.

Lymphatic kinesiology tape applications are applied in a “web-like” fashion. This is done in an attempt to influence the space between the dermis and superficial fascial layer. Overtime, the tape is thought to assist the otherwise passive lymphatic system in clearing fluid from the interstitial space.

For massage therapists practising lymphatic drainage, kinesiology tape may be an excellent adjunct to manual therapy, and may offer additional modality where patients are unable to tolerate, or were unsuccessful with, compression-based therapies.

The ultimate goal of the therapist is to manage the stress responses of injury, dysfunction and lifestyle. Kinesiology tape offers a low-cost and minimally invasive modality that may help re-enforce the massage therapist’s treatment goals, and serve as a viable adjunct to a manual therapy practice.

As with all modalities, kinesiology tape does not yield a desired clinical result in every case, but research on its application continues.

What does remain to be true is that there are very few negative side affects to this modality. If the patient is unhappy with the tape application, they simply remove the tape from the skin.
She is the recipient of several business awards and has spoken confidently at community and health-care events throughout her 24-year career, but when Margaret Wallis-Duffy was about to deliver a keynote presentation to attendees at the Massage Therapy Canada Business Forum last September, her hands were shaking.

“I was nervous speaking in front of a small group of massage therapists,” Wallis-Duffy admits. “I was nervous because it matters, because I believe in this profession.”

In the 24 years since Wallis-Duffy graduated from Sutherland Chan, she has worn many hats – registered massage therapist, multidisciplinary clinic owner, entrepreneur, and media practitioner. She feels it is time to give back to the massage therapy profession and share two decades of accumulated knowledge and experience in the hopes of helping other RMTs make sense of the business side of practice.

Wallis-Duffy has built a successful multidisciplinary practice in Brampton, Ont., which houses eight massage therapists, two naturopathic doctors, an osteopath (who is also a RMT), a registered dietician, a physiotherapist, a family counselor, and a pedorthist. These are just the professionals practicing in the 2,000-square-foot upstairs level of the clinic. Downstairs is a 1,300-square-foot midwifery and breastfeeding clinic, with five midwives and a medical doctor. They are all operating under the Wallis and Associates umbrella, and it is no coincidence that Wallis-Duffy is at the heart of this operation.

Her efforts in the community have been recognized through the years as well. In 1997, just five years into practice, she won the Small Business of the Month award from the Brampton Board of Trade. She is the 2008 recipient of the Zonta Women of Achievement award in the category of sports, wellness and healthy living. Most recently, she received the 2015 Brampton Board of Trade Award of Excellence in Communication.

Begin with the end in mind
Wallis-Duffy could have been taking a page from Stephen Covey’s Seven Habits when she opened her own clinic in 1992. She named her practice Wallis and Associates — a seemingly unusual name for a health practice, but it was done with a purpose.

“It was a deliberate name I chose for two reasons: I wanted to (show) our power as a therapist and I wanted to earn the respect of medical professionals. It sounded like a law firm,” she smiles. “It sounded professional.”

“The other reason: I used ‘associates’ because I had a vision. I wanted there to be more than just me. Within six weeks (of opening), I had one other therapist, and within eight weeks I had two. And the rest is history,” Wallis-Duffy explains.

The vision was to establish a diverse health and wellness practice focused on holistic health, from pregnancy to palliative care, says Wallis-Duffy, who is also an internationally certified infant massage instructor. She started as a solo practitioner and gradually built a network of multidisciplinary practitioners providing a whole range of health and
wellness services.

Talking to massage therapists at last September’s Business Forum, she conveyed the importance of having a vision, believing in that vision and sticking to it – and the journey toward that vision begins way before the RMT’s certification and registration.

“You need to be thinking while you’re still in school about where you’re going,” Wallis-Duffy notes. “I know you have to focus on your studies, but you really have to think about being ahead of the curve.”

Before vision, however, the belief has to be there, she adds. The belief in massage therapy and its potential to significantly affect people’s health and wellness dawned on her when she went for a massage therapy treatment as a student in the kinesiology program at the University of Waterloo. After witnessing how the therapist conducted postural assessment and neurological testing, Wallis-Duffy was convinced massage therapy was the career for her.

“I always knew that I was interested in the human body and health care,” she recalls. “What really attracted me (to massage therapy) was that I could be an entrepreneur. I could have my own vision; that I could work in a hospital but didn’t have to. That I could own a business and a clinic, and that I could really see people from pregnancy through to palliative care. I love people and I wanted to have diversity in what I do.”

Beyond the treatment room

Today, Wallis-Duffy is as passionate about the massage therapy profession as she was 24 years ago when she decided to pursue it as a career. Her motto, “Attitudes are contagious. Is yours worth catching?” embodies her belief in massage therapy and in elevating the profession.

Her passion for the power of touch on people’s health was the fuel behind the growth of her practice, but the owner of Wallis and Associates admits it took time, effort and lots of creativity to get to where the practice is today.

For starters, she says, sitting in the clinic and waiting for people to show up at the door is not always the best way to grow a practice.

“I was visiting doctors and bringing banana breads – that our team baked – and referral pads, and earning people’s respect,” Wallis-Duffy says. “I found creative ways that didn’t have to cost money. It just cost time outside of the treatment room walls so that I could build a business.”

It’s not just about bringing food and referral pads that got medical professionals referring patients to Wallis-Duffy’s clinic. The regular visits of the Wallis team to doctors’ offices included spending time to provide complimentary health-care services to the physicians’ clinic staff – it could be a massage therapist providing in-chair massage, the physiotherapist showing some stretches or naturopath offering some advice on health.

“We had to go in and prove and earn the respect of the doctor. What physicians’ office does not like the idea of having a group of therapists coming to take care of the caregivers?” Wallis-Duffy says.

Marketing your clinic to the community need not cost a fortune, according to Wallis-Duffy, who says she never spent money on traditional advertising. Spending time in the community through various outreach or volunteer work can be more valuable for the practice than thousands of dollars spent on a newspaper or radio ad to promote one’s clinic.

Participating in local health fairs, volunteering your services at the community hospital or...
health-care centre, offering free treatment or fundraising for a good cause, even conducting free health information sessions for the community — these are some of the things a therapist can do to raise the clinic’s profile and, at the same time, educate the community about the benefits of massage therapy.

It takes time, but it builds a stronger foundation for the practice, Wallis-Duffy points out. At Wallis and Associates, for example, every therapist is encouraged to offer a maximum of five complimentary treatments a year. With eight massage therapists at the clinic, that makes up to 40 treatments that the clinic is giving out to the community for free.

“Yes, it’s money out of your time, but it’s not money you spend out of your pocket,” Wallis-Duffy says. “But that opportunity, one-on-one, to prove to your patient that you should be their therapist, it works.”

The principle of word-of-mouth marketing then comes into play, as happy clients and positive outcomes lead to the all-important referrals. Doctor referrals comprise 80 per cent of the people who walk into Wallis and Associates.

Another best practice that goes in tandem with referrals: Communicate.

Wallis-Duffy says it is always good business etiquette to follow-up and thank the referring physician. Update them on the treatment plan for the patient and communicate the results back to the doctor. The therapist is likely to develop a lasting relationship with medical doctors once trust and respect are earned — and the doctor would likely refer patients to a therapist they feel confident about.

Naturally, not every endeavour will result in success, but it’s important to treat everything as a learning experience. When things go south, as it likely will, Wallis-Duffy says one must learn to “fail forward.”

“A lot about this business is trial and error — failing forward, picking myself up, dusting myself off, evaluating what we did right, what we did wrong and how we can do it better, and moving forward each time.”

Camera-ready
Belief and confidence in massage therapy also led Wallis-Duffy to venture into unknown territory: television.

She recalls watching an episode of Cityline years ago, which had a segment called, Health and Family Day. She started faxing the TV show (this was before the time of computers and e-mails) offering her expertise as a massage therapist on various health topics. Every day for one year, Wallis-Duffy was pitching story ideas on health topics related to massage therapy to Cityline — from growing pains and babies with colic to the latest research on reducing chronic pain in adults.

Finally, the call from the TV show’s producers came, wanting to do a taped segment at Wallis-Duffy’s clinic. This was followed by several more guest appearances on Cityline, and established the Brampton RMT as one of the program’s “wellness experts.”

“Being on Cityline was a great marketing tool,” she says. “Do I think television brings credibility? Maybe it does. Should it? Not necessarily… but it certainly opens the door for people to pay attention.”

Her television stints led to more opportunities for her practice to gain traction and for Wallis-Duffy to grow, professionally. One of those opportunities was an offer to be a media spokesperson for the Johnson and Johnson brand. The company paid for Wallis-Duffy to undergo a media-training course.

“By the end of that course I knew I was bitten by the media bug,” she recalls. “What I did see from television was my opportunity to educate and that is what I am passionate about — educating people on integrated health. Massage therapy absolutely deserves to play an intricate role in the integrated medical model.”

Years later, Wallis-Duffy adds “executive producer and host” to her professional titles. In addition to running a clinic and treating patients, she also spearheads WOW Media, a multimedia production company that produces web-based, “broadcast-quality” educational programming – videos and podcasts — focused on integrative health and wellness topics.

Wallis-Duffy describes WOW Media as a one-stop health and wellness “destination” for families, educating people on holistic health and integrative medicine.

“I knew that with the Internet, there was a huge opportunity for marketing,” she says. “I wanted to have a broadcast-quality online television and radio show that would bridge the gap. It would be in educational form. It would be a two-way communication tool using social media, because we can engage the community and get their feedback.”

Since it launched in 2010, WOW Media has produced a number of web video series on several health topics featuring various health and wellness experts. Wallis-Duffy wants to use her production company as a platform for educating people about evidence-based
integrative health care and more importantly, about the role the massage therapy profession plays in wellness promotion.

Her hope is to be able to highlight more of the profession in these education videos.

“What should be happening is an on-going series on the power of touch and what we do in our profession, from pregnancy through to palliative care,” she says.

**Continuous learning**

Although she has been in practice for 24 years, Wallis-Duffy continues to broaden her knowledge about health and wellness, as well as practice building.

She regularly attends conferences, even speaks at many of them. She makes it a point to go to conferences that are outside the massage therapy circle to expand her learning.

Wallis-Duffy is currently undergoing certification to become an age-friendly business through the Certified Professional Consultant on Aging.

“We have an aging population. I want to be able to make sure that when I am seeing patients that are seniors, that I am not only able to treat them, but provide the best service from a business perspective, as well,” she says.

She has also taken social media courses and has applied many of the new concepts around social media marketing to her own practice. She uses Twitter to drum up conversations on various health topics.

She recalls doing a Twitter storyline – a series of Tweets around a particular topic, in the hope of engaging an audience. The storyline was on osteopathy, and how it can help with lymph drainage. A few days after posting the Tweets, a mother and daughter showed up at Wallis-Duffy’s clinic waiting to see the osteopath.

“How did they hear about us? Twitter. The mom had lymphedema from cancer and the daughter was on Twitter and saw our storyline on osteopathy. It converted to business four days later.

“It’s a remarkable tool, but what did we do first? We educated.”

A lot about this business is trial and error – failing forward, picking myself up, dusting myself off, evaluating what we did right.

**TRAIL GUIDE TO THE BODY, REVISED 5TH ED.**

Before you can assess or treat a muscle, you first must be able to locate it.

This acclaimed book delivers beautifully illustrated information for learning palpation and the musculoskeletal system. It makes mastering the essential manual therapy skills interesting, memorable and easy.

With 504 pages and 1,400 illustrations covering more than 162 muscles, 206 bones, 33 ligaments and 110 bony landmarks, this text provides an invaluable map of the body. This edition includes an extensive appendix that describes the common trigger point locations and pain pattern of 100 muscles.

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With 504 pages and 1,400 illustrations covering more than 162 muscles, 206 bones, 33 ligaments and 110 bony landmarks, this text provides an invaluable map of the body. This edition includes an extensive appendix that describes the common trigger point locations and pain pattern of 100 muscles.
Today’s massage therapy profession is committed to utilizing techniques informed from research and evidence. In an evidence-informed practice, clinicians are aware of emerging evidence, and rationally integrate new information into their clinical reasoning, keeping the best interests and goals of their patients in mind at all times.

Practicing in this manner has the potential to transform your practice and improve the quality of life of your patients – it has for mine. In this first of two articles, I explore the research supporting the theory for ligamentous articular strain technique (LAST). In the second article, I’ll provide case studies documenting the use of LAST in treatment.

WHAT WE KNOW NOW
For many years we have been taught that ligaments and muscles were separate structures. Many anatomy texts portray ligaments, cartilage, joint capsules and muscles as separate tissues, which are not connected to the surrounding tissues. However, in actual fact, these and the surrounding tissues are inseparable.

In 2009, Jaap van der Wal published a paper in which he stated that ligaments are mostly arranged in series with the muscles, not parallel. There is a joint stability system in which muscular tissue and regular dense collagenous connective tissue (RDCT) interweave and function mainly in an “in-series” situation rather than an “in-parallel” situation.

Van der Wal’s paper titled, “The architecture of the connective tissue in the musculoskeletal system – an often overlooked functional parameter as to proprioception in the locomotor apparatus,” was published in the International Journal of Therapeutic Massage and Bodywork.

Thus, in vivo, the periarticular connective tissue is loaded and stretched both by the movement of related skeletal parts and by the tension of the muscle tissue inserting to this connective tissue. Ligaments are considered RDCTs.

When you contract a muscle, the ligaments are automatically engaged. Like the reins on a horse, ligaments constantly assist in the stabilization of a joint, regardless of its position, during both concentric and eccentric muscular contractions.

Afferent mechanoreceptors in ligaments provide significant input to sensation and contribute to the synergistic activation of muscles. They are responsible for kinesthetic and proprioceptive sensation. These mechanoreceptors are everywhere throughout our connective tissues. They are in especially high concentrations at the tenoperiosteal and ligamentoperiosteal enthuses.

Ligaments are highly dynamic and non-stationary organs. Mechanoreceptors in ligaments trigger a ligamentomuscular reflex activation of associated muscles. This reflex has been shown to exist in most joints of the extremities and in the spine.

Muscular activity elicited by this reflex allows muscles and ligaments to work together as a unit, inhibiting muscles that destabilize the joint and increasing antagonist co-activation to maintain joint stability.

In the DVD, “Fascia and Sports Medicine,” Robert Schleip states, “Ligaments and joint capsules are now seen not as completely separate structures but they are embedded, local densifications, local specifications of a body-wide collagenous, fibrous mostly tension driven interconnected system.”

This ligamentous system is part of the fascial connective tissue referred to as the multimicrocavular collagenic dynamic absorbing system.

ROBERT LIBBEY, RMT, practices full time and instructs LAST courses across Canada. Both live and online courses are accredited for CECs by all Canadian provincial massage therapy regulatory bodies and also the NCBTMB in the USA. For more information on LAST visit lastsite.ca.
In the DVD, “Strolling Under the Skin,” Guimberteau, J. C., states that “the role of this rubbery elastic shock absorbing system, found everywhere in our organism, is to prevent a level of resistance that would permit the collagen to shear, leading to injury.”

In the book, Movement, Stability & Lumbopelvic Pain, Andry Vleeming uses the term “ligamentous stocking” to describe the connectedness of fibrous soft-tissue structures of the lumbar vertebrae to the sacrum.

I see this “ligamentous stocking” as being organism-wide, connecting not just the vertebral column to the sacrum, but also connecting the various appendicular interdigitations of membranous, capsular, ligamentous and periosteal fibrous tissues to the axial fibrous tissues.

**MECHANORECEPTOR-SPECIFIC TECHNIQUES**

LAST affects the connective tissues of the body, mainly ligaments, joint capsules, fascia, muscles, tendons and indirectly, lymphatic and blood flow, and the autonomic nervous system.

Manual techniques that target mechanoreceptors have been proven to affect autonomic functions, such as lowering sympathetic nervous system activity, increasing local proprioceptive attention, causing a decrease in active muscle tone and affecting both the local blood supply and the local tissue viscosity.

In a study presented at the Third International Fascia Research Congress, Viklund, et al., concluded that specific myofascial receptor techniques might not only improve ROM but also have a longer lasting effect than classical (Swedish) massage techniques. They suggested that “therapists might be encouraged to aim their soft tissue techniques to a lesser area where there is known to be high density of mechanoreceptors.”

HM Langevin and his colleagues proposed that therapies which briefly stretch tissues beyond the habitual range of motion (massage) locally inhibit new collagen formation for several days, and thus, prevent and/or ameliorate soft tissue adhesions.

Manual therapy has been shown to affect the fibrosis and densification of fascia by changing its tensile status and sliding components.

In 2014, Min-yeong Kim and colleagues from the...
Jaseng Spine and Joint Research Institute, published research on the “clinical observation of muscle energy techniques and ligamentous articular strain in two cases of cervical disc herniation with thoracic outlet syndrome. The authors stated, “Significant improvements were reported in the outcome measures at admission and at discharge for visual analogue scale (VAS) and neck disability index (NDI) scores and physical examinations.

“The successful outcomes suggest that integrative conservative management focused on muscle energy techniques (MET) and ligamentous articular strain (LAS) are effective in contributing to the conservative management of cervical disc herniation (CDH) with thoracic outlet syndrome (TOS).”

Research confirms the common clinical finding that treatment approaches incorporating mechanoreceptor-specific techniques have both local and systemic effects on our physiological environment. This has the potential to positively affect the functionality of the patient, leading to an improved quality of life.

**HISTORY**

In the beginning of my career, I began searching for a more precise and specific technique that targeted the joint tissues. My journey led me to Andrew Taylor Still, a doctor of osteopathy.

Ligamentous articular strain techniques (LAST) originated in the late 1800s, when Still was innovating manual therapy. The majority of the techniques initially developed were called traction methods, known as “indirect techniques.” Several of these were ligamentous articular strain techniques and various myofascial techniques.

In the early 1900s, many of the techniques were modified by therapists that wanted to focus on a quicker, more direct method of treating. These “direct techniques,” became known primarily as high velocity low-amplitude techniques.

Over the course of my career, I have redefined the techniques of LAST to suit the scope of practice for massage therapists.

“Indirect techniques” follow the permitted motions of the dysfunctional tissues into the direction of ease. “Direct techniques” match the reciprocal tension of the dysfunctional tissues taking the tissues to the first tissue resistance barrier.

It has been a passion of mine to research and advance this technique and bring it into today’s evidence-informed practice standards for the massage therapy profession.

New research is continually being published from the fascial community and from leading researchers who focus on the ligamentous articular tissues. All these research directly affect our understanding of all tissues not just the ligamentous articular tissues.

In the next article in this series, I will present case studies that incorporate LAST and evidence-informed research into practice.
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BUSINESS TECHNOLOGY TRENDS AND OUTLOOK FOR 2016

BY JESSICA FOSTER

In this issue we review some business technology trends that we foresee affecting RMTs in 2016 and beyond.

Smart tablets are in. Smart tablets today are no longer the simple entertainment devices they once were. For both in-clinic and mobile therapy usage, smart tablets are now legitimate business tools with fully featured operating systems that perform like a desktop computer. From the practitioner’s viewpoint, these tablets are more convenient than traditional laptops. They are lightweight, very portable, run business applications, provide access to the Internet and are compatible with advanced RMT practice management services.

As a cautionary note, due to their portability, RMTs need to use best practices with respect to “locking-down” these devices when they are not in use. Should your tablet get lost or stolen you do not want anyone to have access to your clinic and personal records.

Continuing trend in use of online services to manage practice. Massage therapists historically used separate vendor specific solutions to manage various aspects of their practice: one solution for schedule management, another for treatment billing, yet another for charting, and the list goes on. Over the past few years, RMT practices, ranging from individual solo practices to large clinics, have realized there are substantial benefits to a system that combines all these tools into a single solution. Not only does this approach offer cost savings, it also provides therapists a single point of user support and the benefits of an integrated system to manage their practice. We see this trend continuing into 2016 and beyond.

Realizing smart phone technology limitations. Smart phones are clearly mainstream communication tools and are a valuable business asset. However, they do not replace full-featured computing devices and larger screens. RMTs will continue to adopt smart phones to keep in touch with their practice activities, such as client booking requests and viewing upcoming schedule. They see the benefit of using smart phones to respond to client inquiries immediately and from anywhere with a cell/Internet connection.

Savvy RMTs will also continue to recognize that their clients are also mobile-centric and understand the importance of catering to their needs. There is a growing trend to fulfill these client needs with a mobile-friendly, device-responsive website. This allows site visitors to access the information on their site and hopefully create online booking requests, no matter what device they are using.

Online merchant accounts. We are living in a plastic payment world. Most massage therapists accept credit card payment as an option in the form of “in-person” payment systems via traditional card swiping devices. RMTs are now finding their clients are increasingly wishing to pay for services or products (gift certificates, etc.) online through the RMT’s website. This is a client preference worth noting. Many merchant account vendors offer processing services that integrate into your website that your clients can access online. Just like the in-person merchant accounts, these online services charge a fee based on a small percentage of each transaction, and possibly a nominal monthly fee. In addition, most of these merchants offer in-person card swipe terminals so that they address both your in-person and online payment transactions. We foresee more RMTs moving to these services in the coming year.

Online search, research and study. RMTs are adopting the Internet for research to aid in increasing the knowledge they employ in practice and treatments. More and more, RMT colleges, associations and related organizations encourage practitioners to provide clinically useful feedback and to utilize these organizations’ online learning resources to their fullest extent. This trend encompasses research websites, professional social media sites as well as private online user groups. The Internet affords time and cost-effective collaboration amongst geographically dispersed complementary and alternative medicine (CAM) organizations. One could also speculate that a growth in Masters and PhD level research into CAM specializations is increasing the body of evidence-based findings, that in turn uses the Internet to distribute this knowledge.

Use of IT professionals. As RMTs become increasingly reliant on technology in their practice, it is critical that their computing devices are available when they are needed. Therapists are recognizing that from time to time they need assistance setting up and maintaining their computers and Internet appliances. As a result, they are developing business relationships with local IT professionals to assist them on those infrequent occasions when help is needed. They are finding it keeps their practice running smoothly and is well worth their while to leave these matters to their trusted IT advisor.

The very best to you in 2016. Until next time, be well.
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