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There is growing concern in the health care community about increasing incidents of prescription painkiller addiction and related deaths, and the significant toll it’s taking on the health care system. Much has already been written and said about the overprescription of opioids by medical doctors with little to no evidence of efficacy. Doctors have acknowledged the role they played in what observers are now calling a public health crisis.

“We’ve been over-prescribing and we need to reset this,” Dr. Gordon Wallace, managing director of the Canadian Medical Protective Association, told The Canadian Press in a recent interview. Acceptance is the first step in the addiction recovery program. The medical profession and the whole health-care system hierarchy would do well to heed this recommendation if a more sustainable and effective approach to solving the country’s pain problems is to be achieved. Accept that we have a pain problem and that the solution requires a comprehensive and collaborative approach.

While there is very little evidence on the effectiveness of opioids in long-term pain treatment, there is growing data that points to a coordinated, interprofessional approach to chronic pain management. The College of Physicians and Surgeons of Ontario recognized this in its 2010 report, “Avoiding Abuse, Achieving a Balance: Tackling the Opioid Public Health Crisis,” in which it cited the insufficient training of medical doctors in pain and addiction management, and the need for “strong linkages” between family physicians and other health-care providers for interprofessional care to be effective.

That report was released six years ago. The opioid abuse crisis has now reached critical level and public spending on programs for treatment of prescription painkiller and opioid addiction reached nearly a billion dollars in 2014 alone, The Globe and Mail has reported.

Real change can only happen when there is genuine effort toward inclusiveness – where all health-care disciplines with respective, evidence-based expertise in chronic pain treatment and management, including addiction management, are brought to the table. Understanding each health discipline’s role in the pain management paradigm will be a big step in the right direction.

Merely reducing the number of opioid prescription is not going to solve this emerging health care crisis. One in five Canadian adults suffers from chronic pain and they look to their health experts to help alleviate this debilitating condition. Our health-care professionals must work collectively and in concert toward effective, sustainable and evidence-based treatment and management protocols.
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Alternative therapies have high potential for pain management: study

Complementary therapies, such as yoga, massage therapy and acupuncture, have high potential for managing chronic pain, according to a review conducted by the U.S. National Center for Complementary and Integrative Health (NCCIH).

The review was published in the Sept. 2016 issue of Mayo Clinic Proceedings.

The review included evidence of randomized, controlled clinical trials from 1966 to March 2016, either conducted in the U.S. or included U.S. participants. Researchers used the MEDLINE database.

“Painful conditions are the most common reasons why American adults use complementary health approaches, on which they spend more than $30 billion yearly,” the NCCIH said on its website. “About 40 million American adults experience severe pain in any given year, and they spend more than $14 billion out-of-pocket on complementary approaches to manage such painful conditions as back pain, neck pain and arthritis.”

According to the NCCIH, the researchers gathered evidence on the efficacy, effectiveness and safety of seven widely-used alternative therapies or groups of therapies: acupuncture; spinal manipulation or osteopathic manipulation; massage therapy; tai chi; yoga; relaxation techniques including meditation; and selected natural product supplements.

“These approaches were examined in trials of five pain conditions often seen and treated in primary care settings: back pain, osteoarthritis, neck pain, severe headaches and migraine, and fibromyalgia. A trial result on efficacy or effectiveness was termed positive if the complementary approach led to statistically significant improvements in pain severity, pain-related disability, and/or function, compared to the control group. A negative result meant that there was no difference between the intervention and control groups,” the NCCIH said.

Researchers found these approaches resulted in more positive than negative outcomes for helping patients manage pain conditions:

- acupuncture and yoga for back pain
- acupuncture and tai chi for osteoarthritis of the knee
- massage therapy for neck pain – with adequate doses and for short-term benefit
- relaxation techniques for severe headaches and migraine.

Researchers also found – albeit with weaker evidence – that massage therapy, spinal manipulation and osteopathic manipulation may help some patients with back pain, and relaxation approaches and tai chi may be effective for fibromyalgia.
**APPOINTMENTS**

**RMTBC appoints new associate director**

VANCOUVER – The Registered Massage Therapists’ Association of B.C. (RMTBC) has created a new associate director role and appointed Gordon MacDonald to the post. MacDonald is a senior executive experienced in regulation, health care and education, according to his LinkedIn profile.

The new appointment comes on the heels of the association experiencing “tremendous growth,” according to Brenda Locke, RMTBC executive director.

“We are constantly expanding and adapting our continuing education programs with conferences, seminars and learning situations that offer our members instruction from the best in the world. We need to provide the best possible environment for our members to succeed in their careers and in the community.

“Our commitment to developing and upholding the highest possible health care standards and regulations is a prime mandate of our organization. Gordon brings us a wealth of experience in health care, human resources and regulation, and we eagerly await his joining our team as we continue to firmly establish the RMTBC in the greater health care milieu in B.C.,” Locke said in a press release issued by the RMTBC.

Gordon has held various senior roles within B.C.’s health care, education and regulatory sectors. He was a senior consultant to Health Match BC, where he was responsible for collaborating with each of the province’s health authorities in the recruitment of registered nurses and allied health professionals. Other notable appointments include vice-president of regulation and program development for the CIBT Education Group, executive director at Douglas College, executive director and registrar of the College of Licensed Practical Nurses of BC, and program director of the Health Care Labour Adjustment Agency of BC.

“I’m very excited to join the RMTBC and share my knowledge and experience as we meet the challenges and opportunities in moving the profession forward,” MacDonald said in the press release.

The RMTBC said Gordon’s past “strategic leadership” in working with provincial and national health regulatory bodies and his experience in leading a number of key projects in the health sector will be of tremendous benefit to the RMTBC. He was instrumental in the development of educational courses for a variety of health professionals, including nurses and MRTs, and was also involved in developing Prior Learning Assessment tools for internationally educated health-care professionals. Gordon has served on several boards and committees, including the Health Human Resources Advisory Committee, the Pandemic Strategy Committee for the BC Ministry of Health, and the BC Labour Force Development Board of the Ministry of Labour.

There are currently more than 3,700 registered massage therapists practicing in British Columbia.

**RESEARCH**

**Can protein shakes alone build muscle mass?**

FREDERICTON – Researchers at the University of New Brunswick have launched a study to find out whether a protein drink can help build muscle – without exercise.

Danielle Bouchard and Martin Senechal are concentrating the study on adults over the age of 65.

“We have been hitting our heads against the wall to get older adults to gain significant muscle mass by doing exercise or anything else. It’s hard to get older adults to gain muscle mass after a certain age,” Bouchard said.

U.S.-based company Plasma Nutrition believes its product, called Moto Protein, has greater benefits than other protein shakes because it is more easily digested, said Bouchard.

“If you take more protein you gain more muscle mass and for older adults, having more muscle mass equals less risk of different chronic conditions, having less need for help and having more function. Being independent longer is the ultimate goal,” she said.

Bouchard said getting adequate protein is important for everyone, especially seniors and others who may be inactive.

“Some people will never hit the gym. So this might be another option to get some of the benefits you can have with exercise. But it’s only one portion. Exercise gives you multiple benefits and this protein shake would maybe give you one benefit of gaining more muscle mass.”

The researchers are still looking for a few more men and women in the Fredericton area to take part in the study.

Bouchard said actual exercise will always provide more benefits, and she is hoping to conduct a follow-up study combining the protein shake and exercise.
Massage therapists fall into one of two obvious categories – we are either fiercely independent, or the ultimate team player hungry for networking in a multi-disciplinary environment. Some of us wander down both career arteries to find what’s best in sync with our mission and mantra. Others know before having completed the board exam that it’s self-employment or bust.

Sometimes the “indies” end up cross-armed on a team due to geography or a slump in home-based business clientele numbers. Consistency of clientele is a chronic battle with an ever-changing pattern. Seeking employment at popular spas and jazzy hotels can help pad a slim independent contractor paycheque. On the flip side, eager team players are nudged into the convenience and flexibility of a home-based operation and feel isolated and defragmented without a crew of coworkers to bounce ideas and concerns back and forth with.

For employers, trying to build a cohesive team can mirror constructing a house of cards. Building a strong team culture relies on employees’ commitment to the workplace, not just the job.

Employees universally desire choices in line with their values and culture. Companies with strong culture automatically brag about pride in their brand. They are walking ambassadors for their workplace. However, the big bosses have other sticky targets to hit that go beyond the random pizza party and free cupcakes just-because days. There is a profit to be made, revenue and shareholder pressure. Stuff we don’t often consider as employees as we work out a taut iliopsoas in the dim light of our treatment rooms to strains of Pachelbel.

LinkedIn posts a constant stream of articles on company culture and team branding. Recently, Zappos (an online shoe and clothing shop) turned heads by advertising that they would pay individuals one month’s salary to quit if they didn’t love the company culture after the first three months. They chose customer service as their ultimate purpose and made delivering happiness the pinnacle. The shift actually resulted in a 25 per cent loss of revenue, but the happiness mission jumped positively on the scale.

At Morning Star (a tomato processing and packing company), they have been fully self-managed since the early ‘90s. There is no hierarchy, no managers. Self-management has fuelled employee empowerment. Their concept lies in an examination of our decision-making process. We all make big decisions in our lives every day – and we do it all without a boss. So, why does this change in the workplace?

For employers, establishing where the organization, spa, hotel, clinic or yoga studio is heading and why is paramount. Employees need to know the
Mission and whether it jives with theirs. You should have just as many questions for your potential employer as they do for you. Generic interview questions have changed to become more insightful and engaging. Gone is, “Where do you see yourself in five years?” The new line of questioning include: “What was the last subject you Googled?” “Who would you want to sit beside on a trans-Atlantic flight?”

I’ve run the gamut from self-employment to working at hotels, with chiropractors to a stint at a chair massage company to a women-only hydrotherapy circuit spa. Each position helped refine my needs and wants as a massage therapist. Every boss introduced a different style of management and approach to success.

At the Rosedale Wellness Clinic in Toronto, chiropractor Dr. Bryan Sher took full advantage of his team. As the owner of a multi-disciplinary clinic (with sleep specialists, naturopaths, osteopaths in training, yoga, spin classes, physiotherapists, RMTs and an adjoining dental office), he provides clients with a SWAT team approach to wellness, all at one convenient location. Through weekly rounds (mandatory for all staff), he achieved a symbiosis in employee goals. Emphasis was placed on in-house client referrals, allowing for an exceptional treatment plan approach. A client presenting with TMJ dysfunction could have cold laser therapy with a physiotherapist, visit the dentist for a custom night guard, chat with the naturopath about homeopathic pain relief options, and have a massage treatment and upper thoracic and cervical adjustment.

For RMTs accustomed to self-employment, joining a team often includes different demands like product knowledge and retail sales. It was a hot debate in massage college. Our work was hands on, not to hit sales targets and be swayed by commission incentives. Here’s the inside scoop of what two employers have to say about their staff expectations.

**Philosophy 101:** Simcox is tuned in to the latest twists in mentoring and is always game to try new initiatives with employees. She has conducted meetings in a more casual format – outside, while walking the trails of the hotel’s woodsy property. The idea is based on shaking up the hierarchy, making communication level and void of typical power roles in a boardroom setting.

**Christina McDougall, spa director, The Spa at The Old Mill, Toronto**

**Expectations:** “First and foremost, outstanding customer service and excellent technical skills are critical. It is important that staff are familiar with all services, hours and policies at the spa. Attendance is mandatory for all spa-related training, and participation is noted. At the spa we have specialists in each department. RMTs are responsible for only providing the service they are trained for (massage therapy) and I have other staff who are responsible for phones, cleaning, etc.”

**Employee perks:** “All staff includ-

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**You should have just as many questions for your potential employer as they do for you.**

**Obstacle course:** Although Simcox admits that RMT resistance to retail sales seems to be waning, it’s still a roadblock despite handsome commissions being offered. And, a new booking order initiative in 2015 has shifted concepts of seniority and staff expectation. Instead of basing seniority on logged time with the company as most industries operate, the booking order destabilizes this security with its constant analysis of employee performance. Therapists are reviewed and ranked by client requests, punctuality, motivation, pursuit of new modalities, like Thai Stem, and sales, among other targets. Every four months the booking order is altered as necessary and is intended to keep long-term employee performance levels on par with the enthusiasm of new staff.

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I’ve been deliberating for some time over whether to raise my professional service fees. My practice is located in a small city where an automaker – the major industry in this town – laid off thousands of workers years ago. Tourism and other industries have suffered, and I suspect many shopkeepers and service providers have wrestled with their pricing decisions for fear of customer reprisal. It causes me to reflect on how I, and my colleagues in the profession, set pricing.

How do we set our pricing? Is pricing based on the type of massage or sector served (rehabilitation, spa, integrated wellness, in-chair massage)? Time-length of session? Inputs of labour or added elements like hydro-electric therapies or special hand-tools? Are some outcomes (pain reduction, better mobility) more valuable than others (reduced anxiety, relaxation, better sleep quality)?

What role does wealth of the local economy, reliance on generous employee benefit plans, competition with peers or other services promising similar benefit play? What are our own beliefs about the value of our work, our relationship and experiences with money, and what we believe patrons are willing to pay?

Pricing is how the practitioner “captures” the value they offer to the marketplace. “Price transmits the most important signal to the customer... what the (practitioner) believes the product is worth,” states Ronald J. Baker, author of Pricing on Purpose: Creating and Capturing Value.

Baker, a trained accountant who studied economics states we’ve got it wrong when considering pricing theory. Pricing, he says, should be based on the value of outcomes (not time) and knowledge transferred (not inputs). “People are not price sensitive, but value sensitive,” he asserts. The marketplace determines value and will invest its dollars accordingly. “Value is realized when the customer voluntarily, willingly pays for your product/service.”

Pricing is one of the four “Ps” of the marketing mix, which includes product, place and promotion. Practitioners must determine their own particular mix before announcing themselves to the marketplace to ensure their best opportunity for practice success.

It’s the job of the business, Baker affirms, to fully capture the value of its product/service in its pricing while increasing the health, wealth and prosperity of its customers. Customers exchange dollars for utility, for value. The mechanism to capture that value is pricing.

How much consideration do massage therapists put into their pricing? According to the 2013 earnings survey, conducted by the Registered Massage Therapists Association of Ontario (RMTAO), most RMTs report setting their fees based on the RMTAO fee schedule guideline, or based upon the going rate of colleagues. The 2010 RMTAO fee guideline recommended $82 per hour (plus HST), while $76 per hour was the average rate reported in the 2013 earnings survey. Incidentally, 56 per cent of respondents indicated they were not earning what they had expected. Could ineffective pricing be part of the problem?

How critically do RMTs consider...
Pricing should be based on the value of outcomes and knowledge transferred.

Their pricing? Baker states most businesses use a cost-plus pricing strategy, i.e. they design the product, calculate the cost of production/delivery, top up for a profit margin and then offer to the customer. Price is an afterthought.

In The Invisible Touch, Harry Beckwith echoes the idea of charging for value. “Hourly fees clearly incentivize delays, attenuate deliveries and encourage make work... they penalize the expert who can solve the problem quickly.” Beckwith counsels, “Charge by your worth (value), not by the hour.”

Beckwith promotes that higher prices tempt a trial. “Price changes perceptions,” Beckwith asserts. A higher price improves the experience by raising expectations. “We may appreciate a low price; it may represent all we can afford. But while we may welcome the savings and recognize the service’s ‘good value’, we do not appreciate its quality; we assume we could do better. If and when we can afford (to purchase the product/service we want), we do.” He continues, “The higher your price, the higher your perceived quality.”

Regarding discount shoppers, Beckwith counsels, “Discount customers shop for discounts... costs of acquiring these customers is higher than your profit margin... discount shoppers come and go, refer no one, are not good judges of quality, don’t build lasting business and vividly and frequently communicate they don’t believe in the value of your service.” Discount shoppers “come for the price, and leave for someone else’s price.”

“Can your business offer a premium level of service?” Baker prods. Baker’s point is to suggest that, beyond providing a standard level of service for most of your customers, is there something a niche population of your practice would pay more for, and value? Carefully consider the value the public perceives in using your product/service. How can you increase that value, convey that value, and capture that value through your pricing?

In his book, Earn What You Deserve, Jerrold Mundis discusses the phenomenon of under-earning. Underearners often accept work that does not pay them enough to live, or say “no” to opportunities to make money. Mundis suggests underearners may exhibit some or many of the following characteristics: are usually in debt, are often in financial crisis, do a lot of unpaid work, often come from alcoholic or otherwise troubled families, have only a vague idea of what their expenses are, perceive the gross income and not the net, may think there is spiritual or political virtue in not having money, believe their occupation won’t allow them to make more money. Practitioners, in setting their prices, would do well to honestly examine their beliefs and biases, accurately assess the value they bring to the marketplace, and capture that value in their pricing.

With every session you provide you’re trading vitality for dollars. Are you getting a fair exchange? Does your pricing model provide you the income you need to cover business and then personal expenses, your personal interests, and savings for contingency or when you will no longer work? What would happen if your pricing model did?

If you are ready to examine your pricing, here are some suggestions:

- Get clear on your product, place and promotion – ensure you’re providing something of value that the marketplace wants and can distinguish from other offers.
- Manipulate price comparisons patrons are making of your offer. Differentiate how your offer is unique, of higher quality, more effective, convenient or valuable.
- Use marketing tactics to clearly define results/knowledge-transfer people can expect.
- Avoid appearing like everybody else. When massage services become commoditized, whoever has the lowest price is the leader.
- Trial a price change. Poll your best patrons with a simple question: “I believe my services are undervalued and I’m planning on calibrating a price that best reflects my value. Based on your experience, if I set my fees at $X, would you still buy?”
- If “no,” ask the patron what value they would place on the services you provide to them. If you find their projections below your expectations, perhaps you need to do a better job of clearly conveying value, the inherent benefits of massage therapy and, in particular, receiving it from you.
- George Gilder said, “New knowledge does not come without a leap of hypothesis, a projection of the intuitive sense.” Perhaps our profession can lead with a new hypothesis on pricing, put to bed self-limiting beliefs and experiment with pricing. You may find you’re putting more money in your pocket while capturing the value you provide to your patrons.
Health on wheels

On-demand massage therapy apps enter Canadian market

By MARITES SISON

Ever wonder whether there’s another way of providing people the benefits of massage therapy without them having to leave home and just when they need it? Well, there’s an app for that.

In June, the Canadian company behind the popular spa chain Sanctuary International Spas launched Massago, an on-demand service that allows clients to book an appointment with a registered massage therapist, choose the type of massage they want, pay for it (tip included) with their credit card and get a receipt – all “through the convenience of an app on their mobile phone.” Massago, which has about 100 RMTs, is currently available only in the Greater Toronto Area.

Soothe, an on-demand service that began in Los Angeles in 2013, launched in Vancouver in October 2015, and is preparing to enter the GTA this fall.

Another American company, ZEEL Networks Inc., which has the copyright to “Massage on Demand,” soft-launched its service in December 2012 and is reportedly eyeing the Canadian market.

On-demand massage apps “meet the needs of today’s modern customers,” says Marcy Lerner, Zeel’s vice-president of communications. “People are busier than ever and they embrace and understand the value of wellness in their lives.” But, she says, they often find it hard to squeeze massage therapy into packed schedules. On-demand apps respond to this challenge by making massage therapy available typically from 8 a.m. to 10:30 p.m., 365 days a year.

The idea for Zeel was hatched in 2010-2011, when founder Samer Hamadeh and his team heard from clients that what they wanted most was a massage at home or in a hotel room, says Lerner. “Most often, they wanted a same-day massage, typically within hours.”

But back then, the massage therapy industry was “not prepared to accommodate last-minute, large-scale, in-home massage booking,” Lerner says.

Soothe was created out of founder Marlon Kaufman’s own desire to get massages at a time and place of his choosing, says Parisa Carello, the company’s recruiter and liaison in Ontario.

Allan Skok, Massago founder and CEO, says on-demand massage was a natural progression for Sanctuary Spas “because we’ve been turning and continue to turn so many people away in our brick-and-mortar location.”

Mobile massage therapy has been around for a while, mostly offered by solo practitioners who visited established clients wherever they may be, massage table and oil in hand. But many therapists are often reluctant to accept new clients without a reference or security check, says Lerner.

What on-demand massage apps have done is “add a layer of technology, which co-ordinates multiple massage therapists” and spares clients the tedious task of getting on the phone and getting an appointment with an operator, Skok says.

Safety first
All three companies claim they have systems in place to ensure the safety of both RMTs and clients.

“We interview all of our massage therapists in person and make sure they are degreed, licensed in their state of practice and up-to-date on their liability insurance,” says Lerner. Zeel partners with tech companies Experian and Jumio “to make sure we securely and rapidly verify the ID of our customers,

ON-DEMAND
This business model provides RMTs flexibility with schedule and workload, earning as much or as little as they want.

MARITES SISON is a freelance writer based in Toronto.
so our massage therapists feel safe when travelling to customer homes.”

Asked whether someone has ever been blacklisted from Zeel, Lerner says, “We do remove customers on very rare occasions – customers who only want to pay in cash, who want to browse therapist photos, or who otherwise fundamentally misunderstand Zeel’s service offering.”

Because massage therapy is a regulated profession in Ontario, Massago only hires RMTs and they undergo an in-person interview and a practical evaluation, says Skok. They are required to provide three references, a police background check and must be in good standing with the College of Massage Therapists of Ontario (CMTO), which regulates the practice of massage therapy in the province.

Clients are required to create a profile in the app, which includes submitting a photograph, a government-issued ID and credit card information, says Skok. They also submit a photo of themselves – taken as a selfie via the Massago app – so that the therapist can see whether the picture matches the client’s profile on the app and the one at the door.

“RMTs are required to check in and out through their app, which allows our head office to track them. They are contacted immediately if they forget to check out,” Skok says.

Massago also has a live 24/7 call centre and a button in the app, which calls 911 in case of an emergency. RMTs are not required to complete the service if they feel uncomfortable, “or start the service for that matter,” Skok says.

Soothe asks recruits to provide proof of insurance, an official ID and proof of certification with the CMTO, says Carello, who is also a RMT. They also undergo an interview process and a practical evaluation. Jeff Bishop, Soothe’s director of operations, says the company has a 24/7 dispatch support; therapists are required to check in and check out for every appointment.

Raisa Regozo, a Massago recruit who has been a RMT for nine years, says she’s satisfied with the company’s safety protocols. “They do facial recognition, a photo ID and selfie, and it goes to somebody who’s trained for fraud... They’ve set it up so that both clients and therapists are safe.”

In terms of remuneration, Massago, Soothe and Zeel all claim their massage therapists are paid higher than industry standards.

Zeel’s licensed massage therapists receive between 75 and 80 per cent of the price of the massage, says Lerner.

Massago therapists work as independent contractors and earn between $80 and $140 per massage, depending on the length of therapy provided, says Skok. Massago offers four types of massage: Swedish, deep tissue, sports and prenatal. Prices range from $109 for a 60-minute massage, $129 for 75 minutes, and $149 for 90 minutes, and a 15 per cent tip is added to the total.

“They’ve made it worth our while because traveling around the city isn’t cheap,” says Regozo,
adding that the job allows her the flexibility to choose appointments. “You’re not on schedule and you’re not fulfilling any quotas.”

Tony Tran, another Massago recruit, says, “The pay is pretty fair, it’s better than in a clinic and the time is better.”

Market player
As on-demand massage services enter the market, questions have been raised about what the so-called Uberization of massage therapy means for Canada’s approximately 26,000 massage therapists and how it will affect the market.

Massage therapy is a regulated health profession in Ontario, British Columbia, New Brunswick and Newfoundland, governed by regulatory bodies, which establish standards on massage therapy practices.

As long as their treatment standards are met, “then we don’t have a concern,” says Brenda Locke, executive director of the Vancouver-based Registered Massage Therapists’ Association of British Columbia. “Where we do have a concern is where it’s more of a spa environment for the client. We would consider some of those things cosmetic.”

Locke says RMTs must have the independence to work with the guidelines set by the regulator and not the company. They must direct the therapy and intervention and keep a record of the patient’s medical history.

Locke says the model of mobile massage therapy that she has seen grow in Vancouver involves RMTs who visit a seniors’ home, a hospice or a long-term care facility. As Canada’s population ages, Locke sees this as more useful because it makes health care accessible.

“This is not a spa service we’re talking about at all. This is very much patient care and dealing with health-care challenges that make people less mobile or not necessarily able to get to a clinic.”

Locke also underscores the importance of ensuring RMT safety.

RMT Noriko Ebata, proprietor of Otani Shiatsu Clinic, echoes Locke’s concern about safety. “I think it’s dangerous, for both women and men,” she says of massage on demand. The only time she ever made housecalls were for clients she already knew for years and were unable to leave their homes because of a disability or difficult pregnancy, says Ebata. “Massage therapy is intimate and you need to ensure there is respect from both sides.”

Ebata adds that RMTs need to be aware of the treatment protocols for each client, citing how she requires gravely-ill patients to get a clearance from their doctors before she agrees to treat them in hospitals.

Andrew Lewarne, executive director of the Registered Massage Therapists Association of Ontario (RMTAO), declined any comment, saying, “The massage apps and their impact are still being assessed.”

When asked to comment on this article, the CMTO declined to provide any statement as well.

Soothe’s Carello says she is “not overly concerned” about how the RMTAO or the CMTO might view the on-demand RMT app model. She says she understands why the CMTAO would not necessarily be open to communicating with the company. “Their mandate is to protect the public, and they wouldn’t get into any kind of a conversation with business providers.”

Soothe did try to approach the RMTAO for potential advertising for which the association reportedly declined, saying “they would not take on advertising from this business model,” Carello says. She adds it is “unfortunate,” and feels that RMTs are “not necessarily open to change and open to new ways of improving and expanding our practices…Technology is very important. We are, I think, sort of a bit stuck as a profession in doing things the old way.”

While on-demand massage app bookings have taken off in the U.S. (Zeel boasts a roster of 6,000-plus licensed massage therapists in 35 cities and metro areas), it’s too early to tell whether it will achieve the same level of popularity in Canada.

For Skok, the steep learning curve has been around supply and demand. “We don’t really have a yardstick yet coming into this space. We didn’t know how many therapists we needed to satisfy the GTA market,” he says. “We had to get up to speed very quickly because we don’t want appointments going unfilled and we also don’t want therapists complaining that they don’t have enough appointments.”

The signs are promising, says Skok, noting that 800 people have downloaded Massago’s app in two months after it has launched, and several have used the service multiple times. Still, Skok acknowledges that on-demand massage therapy isn’t for everybody.

Massago seems to appeal to a younger demographic of females born 1980-1985, he says. “That seems to be a our sweet spot… It’s too soon to tell, but certainly it is younger than what we’ve seen in our brick-and-mortar location. I think they’re just more comfortable using the technology.”

Mobile technology has enabled companies like Massago, Soothe and Zeel to offer a convenient way for people to receive massage therapy.

With files from Mari-Len De Guzman
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Given G. Cortes, RMT, Little Current, ON

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New rules of stretching
How AIS can extend practice potential and enhance treatment outcomes, part 1
BY PAUL JOHN ELLIOTT

As trained health professionals we might say, “Health is the absence of disease.”

A client in pain, on the other hand, might be more inclined to answer: “Not having to live with pain.”

As a therapist and educator, I would like to think that we could offer our clients something more than just a treatment. In order to truly effect positive change in people’s negative physical situation we must educate them – offer them the opportunity to participate in their own health.

The goal of this article is to provide comprehensive information about the effects of stretching on mechanical strain and its potential for therapeutic release. It also proposes safe and effective ways to empower you and your clients with tools that can help them live a pain-free life – or at least, to have a better quality of life.

EMPOWERING OUR CLIENTS
Offering clients the option to participate in their own physical situation can be enormously helpful when you offer the two key elements to change: awareness and understanding. When we create a somatic awareness in our clients, we are also teaching clarity (understanding). Any information retained during a session can become a client’s tool for life.

As Canada’s authority on active isolated stretching (AIS), I find this technique to have great therapeutic legitimacy in everybody’s life – certainly in massage and bodywork.

What makes AIS different?

THE ‘ACTIVE’ COMPONENT
One of the keys to the success of active isolated stretching lies in the understanding that only relaxed myofascial structures will allow themselves to be fully stretched. This is achieved through the active contraction of an agonist muscle, which sends a neurological signal to the targeted, antagonist muscle to release and lengthen in preparation for movement. This physiological phenomenon is known as reciprocal inhibition.

THE TWO-SECOND RULE
The biggest paradigm shift lies in the fact that an active isolated stretch lasts no more than two seconds. Using a stretch of no more than two seconds allows the targeted structure to fully lengthen without triggering the body’s protective myotatic reflex, which after two seconds inhibits the stretch potential of a muscle.

THE MYOTATIC REFLEX
Every muscle is subject to the myotatic or “stretch” reflex, which opposes changes in muscle length, especially sudden or extreme changes. This can be considered the body’s built-in protective mechanism. When a muscle elongates beyond a certain length, the myotatic reflex triggers the muscle spindles and Golgi bodies into a protective contraction causing it to tighten and attempt to shorten. After the two-second point we release the agonist contraction and allow the targeted muscle to return to its neutral position – therefore, no myotatic reflex, no pain.

Of course, it is possible for a muscle to lengthen under the load of a myotatic reflex. Adhering to Sherrington’s...
Law, a muscle lengthening under load is considered an eccentric contraction. Also, the body’s myotatic reflex is proportionate to the amount of force put into the movement. The more sudden the change, the more pronounced the muscle’s stretch reflex will become.

**BREATHING**
The importance of the “out-breath” during active stretching cannot be over stated. One of the reasons for breathing out during the stretching phase is that when we inhale, oxygen-rich blood is delivered everywhere in the body, and for our purposes, to the tissues that are being opened and optimized. This oxygen-rich blood then pushes toxins out of the cells and into the blood stream where they are exhaled out through the lungs. Other remaining toxins will be picked up by the interstitial fluids and sent to the kidneys and eliminated via the bladder.

**MASSAGE THERAPY TOOL**
AIS is a vital component to the prevention of injury and rehabilitation. It is an important adjunct to improved mobility, and thus, facilitates the healing of most injuries.

The tissue lengthening and fascial release provides functional and physiological restoration of superficial and deep fascial planes. Reorganizing the fascial planes allows for greater alignment, balance and structural function.

While AIS can aid the therapist in injury prevention, performance enhancement and rehabilitation, it also offers safe and effective self-care tools for clients.

The law of averages suggests that a massage therapist’s professional life span is seven years — often succumbing to repetitive strain injuries. In that suggested time frame alone, we therapists will have spent thousands of hours flexed over our treatment table.

The muscles from the cervical spine to wrists bare the brunt of the strain. However, dysfunctions in the muscles of the trunk and hips commonly arise from the regular anterior flexion in our posture. The subsequent issues in the trunk and hips can have an effect on the upper extremities.

The AIS protocols can help therapists avoid injury by optimizing key muscle groups. This optimization will help improve our capacity for activity, inasmuch as a stretched muscle requires less energy for completion of movement.

In part two of this series, I will discuss the clinical application of AIS, which you can apply to your practice.

Watch for the second installment of this article in the Winter 2016 edition of Massage Therapy Canada.
The Massage Therapy Foundation (MTF) hosted its fourth triennial International Massage Therapy Research Conference (IMTRC) in Seattle on May 12-15, 2016. In addition to providing outstanding networking opportunities, this conference consistently delivers an impressive line-up of massage therapy thought leaders, change agents and champions.

Three, well-organized, days of keynotes, panels, breakouts and workshops made for an exciting, user-friendly, and clinically-relevant event. The lovely venue, fabulous vendors, intriguing posters and enthusiastic attendees added further value to this world-class conference. Not one to miss this event, I was there furiously taking notes – here are some highlights.

INTEGRATED PAIN CARE
An integrated care approach involves patient-centred, coordinated, collaborative care over time. Such an approach is paramount for improving the patient/client experience and for achieving effective outcomes. This is especially true when addressing a multidimensional issue such as pain.

Current pain science confirms that context is everything when it comes to pain management. Treating a patient’s pain requires more than imparting an effect on the person’s nervous system, it requires considering, and working with, the whole person.

Colonel Chester Buckenmaier III, in the panel presentation, Integrating Massage in Civilian & Military Settings, suggested we may be using a wrong or incomplete metric (intensity only) when evaluating chronic pain – encouraging more emphasis on function, quality of life and biopsychosocial considerations.

Pain prompts many to seek-out massage therapy care. Yet, RMTs are infrequently included in mainstream, collaborative teams addressing pain – this seems counterintuitive. So, why are RMTs not routinely part of the team? Answering this question was an overarching theme of the conference. For starters, evidently, our own perception of ourselves and our profession serves as unnecessary barriers to inclusion – consider this a plea to stop shooting ourselves in the foot.

Several physician-presenters strongly urged us to stop considering massage therapy an outlier in health care and encouraged us to firmly take our rightful place in integrated care.

Although we may not, yet, clearly understand massage therapy mechanisms of action, it is widely accepted that massage therapy ‘works.’ Ever increasingly, we are being called to identify the problems that massage therapy can solve or provide assistance with and, to bring this to the attention of the open arms wanting to embrace our profession and all the good we bring to the table (pun intended). It appears that we just need to, “get the camel’s nose under the tent and the rest will follow,” Buckenmaier said.

Additionally, Buckenmaier, and several other presenters, stated that massage therapy could be much better utilized in the care of returning veterans.

To advance inclusion opportunities, collectively, conference presenters identified three key values the profession needs to establish or improve: standardized education/training, professionalism and knowledge currency. Considerable inconsistencies in education, within a country and worldwide, are confusing
to the public, other health-care professionals and other stakeholders, resulting in credibility issues. Credibility can be further hampered by ineffective interprofessional communication and behaviours that are inconsistent with practice standards common to health-care professionals.

We were encouraged to steer clear of perpetuating historical misinformation – any information that is inconsistent with current science, is not applicable to modern clinical practice and is confusing to the public and other health-care professionals.

Credible resources and evidence-informed practices are highly encouraged.

**KEYNOTE OVERVIEWS**

**Dr. Wayne Jonas: Translating evidence into practice**

Jonas is the president and CEO of the Samueli Institute, the organization that recently conducted a collaborative meta-analysis of research on massage therapy for pain, commissioned by the MTF with support from the American Massage Therapy Association. The first part of the three-part review and analysis has been published online by the journal *Pain Medicine*.

Meta-analysis, considered an evidence-based resource, is a consolidated and quantitative review of a large body of research. And a meta-analysis in the world of massage therapy is groundbreaking. This is the first study to rigorously assess the quality of massage therapy research and evidence for its efficacy and effectiveness in treating pain and function-related and health-related quality of life outcomes for people with various types of pain.

According to the evidence, massage therapy can provide significant improvement for pain, anxiety and health-related quality of life for those looking to manage their pain.

Jonas urged health-care providers and agencies to prepare for the first of the baby boomers hitting the age of 65 and the impending tsunami of chronic illnesses coming in its wake. It is well established that pain is often partnered with chronic illness.

In the U.S. alone, opioid use escalated by over 60 per cent between the years 2000 and 2010 (likely due to boomers and returning veterans). In 2013, drug overdose was the leading cause of injury death in the U.S., the majority of which related to prescription opioid medications often in combination with benzodiazepines – reinforcing the importance of utilizing other approaches to pain management.

Jonas, a champion of patient-centred, integrated, multidisciplinary, non-pharmacological and patient self-management approaches, suggested the massage therapy profession

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**FASCIAL RELEASE FOR STRUCTURAL BALANCE**

Fascia, the soft tissue surrounding muscles, bones, and organs, plays a crucial role in supporting the body. By learning to intelligently manipulate it, a bodyworker or therapist can help clients with many chronic conditions, providing immediate pain relief as well as reducing ongoing aches and pains.

In *Fascial Release for Structural Balance*, authors James Earls and Thomas Meyers—both respected bodywork professionals—argue that approaching the fascia requires “a different eye, a different touch, and tissue-specific techniques.”

This book offers a detailed introduction to structural anatomy and fascial release therapy, including postural analysis, complete technique descriptions, and the art of proper assessment of a patient through “bodyreading.”

Featuring 150 black-and-white photographs, *Fascial Release for Structural Balance* provides the information therapists need to give effective treatments and create long-lasting, systemic change in clients’ shape and structure.
Higher education assists in building a unique body of knowledge required of a profession.

step up (armed with solid evidence that massage therapy works) and identify for stakeholders and policy makers how we can be part of the solution to this considerable problem.

Dr. Brent Bauer: Massage therapy at Mayo clinic – Research transforming practice

Bauer is the director of the complementary and integrative medicine program at the Mayo Clinic.

Mayo Clinic researchers have found that massage therapy can reduce pain and tension in people facing or recovering from many problems, including: heart surgery, breast cancer, colon and rectal surgeries. And so, it seems reasonable that massage therapy be provided in-hospital.

Bauer stated that data is the way to change the conventional medical paradigm and that massage therapy research can be an important change agent.

The effectiveness of in-patient use of CAM (complementary and alternative medicine) modalities – including massage therapy – at the Mayo Clinic has influenced 48 hospitals across the U.S., and seven internationally.

In addition to massage therapy care being co-located at the Mayo Clinic, patient charting is integrated into the hospital system, and massage therapists are invited to provide input on protocols, attend grand rounds and meetings and participate in research. This is an unprecedented approach.

Jo Smith: Changing landscapes and the next generation of massage therapists

Smith is the developer and current program manager of the Bachelor of Therapeutic and Sports Massage (BTSM) at the Southern Institute of Technology, and co-leads the New Zealand Massage therapy Research Center.

Smith asked the pointed question: Who are we? Are we technicians or problem-solving, health-care professionals?

It seems intraprofessional perception and clarity issues span the globe – we certainly grapple with this here in Canada. If we, RMTs, stumble over this then it is not difficult to see why it creates confusion (Is massage therapy a luxurious treat or health care?) for the public, other health-care professionals and insurers – lending to professional credibility issues that underpin accessibility to care and interprofessional inclusion barriers.

Going forward, Smith offered these must dos: research and higher or, at the very least, standardized education. A changing landscape that includes massage therapy educators engaged in research, massage therapy curriculum informed by research and massage therapy students competent in research fundamentals, will have a positive impact on self-perception and credibility perception across stakeholders.

Smith attests that a move toward being motivated by the collective benefit, rather than the individual benefit of higher education, may ultimately shift massage therapy forward in its journey of professionalization. Higher education assists in building a unique body of knowledge required of a profession (Epstein, 1995) and increases the capacity to learn, and to develop skills to become professionally mature practitioners (Gow & Kember, 1990; Hammer et al., 2003).

Smith emphasized that expanding our inclusion in integrative care requires developing solid, critical thinking and clinical reasoning skills – hallmarks of highly educated professionals.

IN CONCLUSION

Integrated, patient-centred care is the embodiment of biopsychosocial, whole-person, one-size-fits-none health care. And one-size-fits-none is clearly the case in massage therapy as the complexity of the person receiving care, the issue/impairment, the person providing care and the multisystem responsiveness and drivers of massage therapy effectiveness demand case-specific consideration, and for us to be nimbly responsive and adaptive with our thinking/reasoning, communication and hands.

The presenters did an outstanding job exploring the multidimensional nature of pain. Participants demonstrated a high level of interest in understanding pain and connecting this to massage therapy outcomes and, to the presenters’ delight, asked highly-informed questions.

For those of you who have a knee-jerk reaction to the “R” word, and a conference dedicated to massage therapy research, I urge you to please consider this: the user-friendly delivery of information shared at this event makes the experience ultra-enjoyable and clinically useful.

If you have not attended this conference, and/or pine for a high-quality conference experience, I strongly encourage you to move the IMTRC to top of your must-go list.

Mark your calendar now for 2019!

ADDITIONAL READING

Great resources to support interprofessional collaboration can be found on the Massage Therapy Foundation website at www.massagetherapyfoundation.org/resources. Check out these titles: “How to Connect with a Researcher” and “Working with Physicians: A Massage Therapist’s Guide”.
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Perks of using automated, appointment-related tools

By Jessica Foster

Perhaps the biggest change business has experienced in the past decade is the mainstream adoption and use of mobile phones. Businesses across Canada have had to change the way they reach their audiences by turning to mobile-friendly alternatives. Since consumers now use their mobile phones at work, at home and on the go, RMTs are also adopting mobile communications in the form of SMS (short message service/text messaging and emails), to reach their patients, primarily in appointment-related messaging.

Non-attendance for appointments (patient no-shows) with RMTs is a costly matter. Due to the length of RMT’s treatments, RMTs generally do not have the option of “over-booking” their schedules to account for no-shows. Adoption of automated appointment reminder technologies can significantly improve attendance rates for RMTs.

Most practice management systems include online booking and automated appointment-related messaging, via email and/or text messaging. The question is, which messaging technique should you use in your practice? The answer, very likely, is that you should use both. It is important to offer the choices to your patients and to manage their appointment communication permissions and preferences. After all, if your patient has not given you permission to use their email address and/or cell phone number to communicate with them, you should not be using them to send appointment-related messages.

Fortunately, modern practice management systems make this an easy task. Your patient database likely will provide you with the ability to collect and store patient contact information, including their email address and mobile phone number. The system will also likely support both email and text appointment confirmation, reminder and cancellation messaging. All you have to do is ask your patients how they wish to receive their appointment messages, and perhaps suggest that you can provide both email and SMS. Usually, the patients will ask you to use both.

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Points of contact

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Then all you have to do is configure their preferences and the system will deliver the messages accordingly until their preferences change. It is also worth noting that some patients may prefer that they receive a telephone call reminder as this is still a viable option.

Let’s look at the two main communication tools and compare their relative effectiveness.

• While both are reliable services, neither SMS nor email is guaranteed delivery services. It is estimated that one to five per cent of messages are simply lost within the delivery system.
• Email message length is basically unlimited while SMS is limited to 160 characters.
• Email is the most used business communication tool.
• Texting is the most used (non-social-media-related) data service on the planet.
• Approximately eight trillion text messages are sent every year. (Keep in mind the world population is approximately 7.5 billion)
• Approximately 74 trillion emails are sent each year.
• It has been estimated that 90 per cent of people read their text messages within three minutes of receiving them.
• It has been estimated that approximately 20 per cent of emails are opened. This reality is due to the vast amount of email spam that is sent and ignored. It should also be noted that 50 per cent of the opened emails are read on a mobile device.

As you can see, both technologies are highly used and quite reliable and effective. Combining the two makes great sense. You will recall that neither SMS nor email are guaranteed delivery by any service provider anywhere in the world. When you combine email reminders with text reminders you improve the likelihood of one or both messages being received by the patient.

Keeping your patient contact information up to date is an important related task. Verifying this information with your patient during appointment check-in is strongly recommended, as this will ensure the accurate delivery of their appointment-related messages. This will also demonstrate to your patients that you care about their business and offers them a chance to correct any outdated information you may have on their file.

Since missed appointments and last minute cancellations do hurt your bottom line it is crucial to offer your patients the best appointment reminder options you can. SMS, email or telephone reminders greatly improve the attendance rate and this also provides for increased quality of care to the patient when they attend regular treatment.

Superior service helps drive business growth. Communicating with your patients using the method they prefer can only contribute to having what you truly want: a loyal patient. Loyal patients don’t just recommend you to their friends; they insist they use your services.

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