High price of health care fraud
LEADER in the Theory and Application of CLASSICAL OSTEOPATHY

Our 4 year program is offered in a modified attendance format so students can continue to work while they learn.

GO BEYOND MEMORIZED TECHNIQUES!
At the CAO we teach beyond the basics! We look deeper into cranial, visceral, muscle energy, facilitated positional release and a multitude of other approaches to teach students the PRINCIPLES that govern treatment. This makes for exceptional outcomes for our grads and their patients.

PROFESSIONAL RECOGNITION
Graduates receive the highly coveted M. OMSc designation (Master in Practice diploma of Osteopathic Manipulative Sciences) and get direct entry into Ontario’s premiere professional association, the OOA (Ontario Osteopathic Association) which is recognized across the board by the insurance industry.

SMALL CLASS SIZES
We keep class sizes small to guarantee individual attention & personal support.

COMPREHENSIVE CLINICAL TRAINING
Our Not-for-Profit Student Clinic gives back to the community while providing students with an in-depth clinical experience unmatched elsewhere in Canada.

EXPERIENCE the CAO for yourself
Sit in on actual classes, meet staff, students and attend an info session.

CONTACT US TO REGISTER
studentservices@canadianosteopathy.ca
www.canadianosteopathy.ca
66 Ottawa Street N. Hamilton, ON. L8H 3Z1
(905) 312-9898

Come to our next OPEN VISIT DAY!
FEATURES

10 COVER: Fighting fraud
Costly consequence of fraudulent health insurance claims
By Mari-Len De Guzman

16 Reigniting the flame
Research on Alberta’s long quest for regulation
By Beth Barberree

18 AIS clinical application
Assisted, self-managed routines for low-back pain with active isolated stretching
By Paul John Elliott

DEPARTMENTS

04 From the Editor
The good news is...

06 Touch Points
Latest industry news and information

06 Human Factor
The lighter side of things

COLUMNS

08 Practice Points
A model for better health care
By Don Dillon

22 RMT Tech Talk
Vendor relations go beyond sale transaction
By Jessica Foster
There have been some movements in the push for the regulation of Alberta’s massage therapists. Three massage therapy associations in the province have formed a coalition to restart the process of regulating massage therapy in Alberta, and have jointly submitted an updated application to regulate with the health ministry.

If this is the case, it’s a significant development for the profession as for the first time in many years, the associations representing practitioners in Alberta seem to have reached a common ground from which to move forward. The three associations in this coalition include the Massage Therapist Association of Alberta, the Natural Health Practitioners of Canada, and the Remedial Massage Therapists Association.

This is also significant from a national perspective for many reasons – one of which has to do with bringing the profession closer to realizing its ever-elusive goal of getting massage therapy services exempt from HST/GST. A regulated Alberta will also provide a pathway for massage therapists in the province to grow, expand and move their practice to other regulated jurisdictions. And, it would be a huge step for the massage therapy profession in general toward becoming a more recognized player in the bigger health care delivery spectrum.

We had intended to explore this recent development in Alberta through a feature article in this issue. Unfortunately, our writer’s requests for interviews with the appropriate people were ultimately declined. It was our understanding that the associations involved felt there was “very little to report” other than the fact the associations are currently consulting with its members.

The content of that application for regulation consultation has not been made public outside of the members of the associations involved, to my knowledge. We respect the coalition’s decision to decline our request for interviews.

We are hopeful, however, that the process will be made as transparent as possible. This publication exists to serve our readers, first and foremost, by bringing them objective, relevant information to help them succeed in their profession and in their practices. Our communication lines are always open for those who would like to share with our national audience, and colleagues in the profession, their stories and experiences. After all, we are all ultimately rooting for the massage therapy profession across Canada to prosper and succeed.

Speaking of prospering – may the New Year bring you success, peace and prosperity. See you in 2017!
Providing the highest standard in osteopathic education in Canada for over 30 years

Study with us and grow your practice!

Our 5 year part time program is designed for health-care professionals to gain experience and evolve their practices while studying. The Canadian College of Osteopathy continues to be at the forefront of Osteopathic training in Canada, with a program that is internationally recognized and accredited for its excellence.

The Canadian College of Osteopathy offers:
- An experienced and broad faculty with many years of clinical practice
- A student clinic that will enhance your clinical skills and confidence
- A professional campus setting to enrich your educational experience
- Additional support to students to learn and increase competencies outside of scheduled classes

The practice of traditional manual osteopathy requires a fine touch, a gentle heart, and a desire to learn. The emphasis at the College is to ensure that the hand-to-hand transmission of traditional Osteopathy is preserved. Our lead instructors hold specialization in certain aspects of the program to ensure that the knowledge passed on is of the highest quality.

Successful graduates of the Canadian College of Osteopathy will receive a Diploma in Osteopathic Manual Practice, D.O.M.P.™ and may be eligible to enrol in a B.Sc. (Ost). This ensures that our graduates continue to be leaders within the profession of Osteopathy throughout Canada by combining academic, scientific and research knowledge with our strong foundation in clinical expertise that our graduates are recognized for.

If you are looking for a college to provide you with the highest educational standard in Osteopathic training, then the Canadian College of Osteopathy is your best choice.
TOUCH POINTS

RESEARCH

Obesity, smoking may hinder arthritis treatment: study

A study has found that smoking or being overweight makes it more difficult for patients with rheumatoid arthritis to achieve optimal control of inflammation and symptoms, despite standard of care treatment.

American and Canadian researchers, who collected data on more than 1,100 patients at multiple sites, presented their findings at the American College of Rheumatology/Association of Rheumatology Health Professionals annual meeting on November 15 in Washington.

"Early, aggressive treatment to achieve remission is the primary goal of therapy and can be best achieved early on when treating patients with newly diagnosed rheumatoid arthritis," said Dr. Vivian Bykerk, senior investigator and director of the Inflammatory Arthritis Center of Excellence at Hospital for Special Surgery. "We have previously shown that individuals with excess weight are less likely to achieve sustained remission in the first three years after diagnosis. Here we explore the impact of smoking and being overweight or obese on the ability to achieve good control of symptoms and inflammation in men and women with rheumatoid arthritis."

Data were collected at 19 sites across Canada as part of the Canadian Early Arthritis Cohort Study. The multicenter study included rheumatoid arthritis patients diagnosed within 12 months of symptom onset. Researchers looked at the patient’s disease activity score (DAS) when they entered the study and at follow-up visits. The DAS is based on the number of swollen and tender joints, a blood test that reflects inflammation, and the patient’s own description of their arthritis symptoms over the prior week.

After the initial enrollment, patients were seen by their rheumatologist as part of their usual care for follow up every three months in the first year, every six months in the second year, and annually thereafter.

The researchers analyzed how gender, excess weight and smoking (current/former/never) affected symptoms when patients entered the study and over time.

The study included 1,109 patients with a mean age of 54 at study onset. Almost all of them were being treated with methotrexate and/or another conventional oral medication when they enrolled. Most of the participants (72 per cent) were female. Among the women, 31 per cent were overweight, 32 per cent were obese, and 15 per cent currently smoked. Among the males, 44 per cent were overweight, 35 per cent were obese and 22 per cent currently smoked.

Sex, excess weight and smoking were not significantly associated with symptom severity early on, when patients entered the study. However, all three factors influenced how much symptoms improved over time.

The average rate of improvement in the disease activity score was lower in women compared to men. Less symptom improvement was also seen in patients who were overweight or obese compared with those of a healthy weight. Current smokers also saw less symptom relief compared to nonsmokers over time. Former smokers, however, did not do worse than those who had never smoked. The most dramatic differences in symptoms were seen in patients who were overweight or obese and smoked. These patients had considerably worse outcomes over time compared to nonsmoking patients with a healthy weight.

"YES, MR. GRENSHAW, I KNOW YOU REALLY NEED A MASSAGE, BUT YOU HAVE TO MAKE AN APPOINTMENT JUST LIKE EVERYONE ELSE!"

HUMAN FACTOR

The Lighter Touch

Illustration: Brian Fray

WHAT'S ONLINE

Trending items on MassageTherapyCanada.com

LATEST VIDEO

Practice Points with Don Dillon is an online video series discussing the latest issues and trends in the massage therapy industry.

MISSED AN ISSUE?


massagetherapycanada.com
**POLICY**

**Feds vow legislation to address opioid crisis**

OTTAWA – Health Minister Jane Philpott has said the federal government is eyeing a number of legislative changes to address an opioid crisis that has resulted in hundreds of deaths in Canada in 2016 alone.

The federal government is trying to turn the tide of the emergency, Philpott said at an Ottawa summit on the issue, noting it will require partnership with her cabinet colleagues in public safety, justice and foreign affairs.

“In the coming months, there are a number of pieces of legislation that are going to address matters related to the opioid crisis and certainly we will do the work necessary,” she said.

Canadians with mental illness and addictions should not be treated differently than cancer or cardiac patients, said Ontario Health Minister Eric Hoskins.

“It was a beginning of our collaboration and co-ordination, it will not be the end,” he said.

B.C. Health Minister Terry Lake urged the federal government to waste no time in taking additional action to address Canada’s opioid crisis, including setting up a nationally co-ordinated surveillance system to track overdoses and other drug-related harm.

The province also wants the federal government to look at tools to stop the flow of fentanyl from China by stepping up diplomatic negotiations.

British Columbia has recorded 622 overdose deaths since January 2016 – more than double the number of people who died in car crashes last year.

— Kristy Kirkup
The Canadian Press

**BUSINESS**

**Alberta’s energy price slowdown affecting health-care practices**

CALGARY – Thousands of layoffs that have hollowed out many of Calgary’s downtown office towers are translating into tough times for health-care businesses that offer services covered by workplace insurance plans.

Dentists, massage therapists and optometrists say they’re cutting staff and getting by with lower profits as they wait for the economy to turn around and employment levels to bounce back.

A human resources expert says employees could see curbs in their benefits if the downturn drags on much longer.

Dentist Kellen Smith, 34, who owns Welcome Smile Dental in the city for eight years, said he had to lay off a support person just this week due to lower demand, especially for elective procedures such as teeth whitening and veneers.

Elsewhere, the dental clinic operated for 35 years by Eli Markovich, 63, at the base of the iconic downtown Calgary Tower is surrounded by empty offices that he says were once a major source of new patients for his practice.

As a result, he has been forced to reduce working hours for one of the five dental hygienists he shares with another dentist. And staff salaries have been frozen for the past two years, along with patient fees.

“I’ve been through this a couple of times already,” said Markovich, recalling previous oil-price related slowdowns in Calgary. “It tends to get really busy for a while as people fear losing their jobs and they want to take advantage of their insurance benefits. And then things kind of settle down for a bit and we’re in that period now... This one just seems a little bit longer.”

Times are also tough at the Calgary Centre for Health, says owner Dr. Brad Kane, a chiropractor, who estimates patient volume at his clinic on the edge of the downtown core has fallen by 15 per cent since early 2015.

“Our business is tied to benefits programs, whether it’s people being laid off and losing those benefits or the benefits programs being rejigged by the companies,” he said.

Lucinda McMaster, group health and dental care packages, however, saying these are proprietary information.

Statistics Canada reports unemployment rate in Calgary rose to 10.2 per cent in October, the highest since March 1994.

— Dan Healing
The Canadian Press

Some health care clinics in Alberta are feeling the effects of an economic downturn.
C hiropractic is included in St. Michael’s Hospital services in Toronto. In fact, chiropractic is a salaried position in a number of Canadian hospitals, confirms Dr. Deborah Kopansky-Giles, a chiropractor and clinician-scientist on staff in the Department of Family and Community Medicine at St. Michael’s Hospital in Toronto.

In a panel discussion at the IN-CAM Research Symposium in Toronto recently, Kopansky-Giles described how a pilot project advanced by the Canadian Memorial Chiropractic College (CMCC) demonstrated cost savings and positive outcomes, eventually leading to salaried positions covered by hospital budgets. Chiropractic moved from fringe “alternative” to publicly accessible integrated health care.

This is not a one-off. There is a growing trend toward inclusion of complementary and alternative medicine (CAM) practitioners in traditionally western medicine settings. Registered massage therapists (RMTs) should be passionately interested in the development of integrative medicine, as it likely provides the most tangible platform in building credibility and approaching funding with government, insurers, gatekeeper health disciplines and the public/media.

There have been encouraging initiatives toward integrative models of health care in Canada, including:

- Canadian Institute for Natural and Integrative Medicine, Calgary
- Integrative Health Clinic, Langley, B.C.
- Ottawa Integrative Cancer Centre, Ottawa
- University of Saskatchewan Centre for Integrative Medicine
- Connect Health Care, Calgary
- Centre for Integrative Medicine, University of Toronto, Toronto
- Integrative Health Institute University of Alberta, Edmonton
- St. Michael’s Hospital CMCC, Toronto
- Seven Oaks Hospital Wellness Institute, Winnipeg
- Montreal Centre for Integrative Medicine, Montreal
- CARE Program, University of Alberta, Edmonton
- Montreal Centre for Integrative Medicine, Montreal
- CARE Program, University of Alberta, Edmonton
- CARE Program, University of Alberta, Edmonton

A model for better health care
Where CAM professionals fit in integrative medicine

BY DON DILLON

Don Dillon is a practitioner, author and mentor. You can reach him at MassageTherapistPractice.com.
integrative setting. He is a member of Canadian Integrative Medicine Association.

For professions looking for inclusion in integrative medicine, Kopansky-Giles recommends it’s best to start with a pilot project, show patient benefit and cost-effectiveness, and encourage patients to advocate where healthcare dollars get spent.

Kopansky-Giles outlined her vision of the “family practice of the future”:
- non-hierarchical collaborative team
- shared-care model of evidence-based patient, family and community-centred care
- health-care program closely interconnected with community-based programs and needs
- shared educational model to prepare health-care professionals to work together
- embrace new communication technology and collaboration tools
- embed ongoing quality improvement, inter-professional collaboration/education and research

Dr. Dugald Seely, a naturopathic doctor and director at Ottawa Integrative Cancer Centre outlined how the centre formed a foundation and gained charitable status to help find its operations. Seely pointed to the low-lying fruit, “Get people out of hospitals and into wellness programs.”

The panelists all echoed the challenges of financing operations and alluded to the unbalanced way health care is currently funded in Canada, keeping integrative medicine in a fledgling position. At the 2012 IN-CAM Research Symposium, Dr. Herbert Emery explored the question of whether CAM should be covered by Medicare. Featured in the article, “Research made relevant” (Massage Therapy Canada Fall 2012), Emery suggested “government lobbying and media pressure may be effective in redirecting more funding to CAM...

encourage government to spend more on CAM interventions that are needed, evidence-based, offer good value for money spent, and that require public funding to ensure access.”

Clearly, CAM professionals should work together toward common interests. At the Highlighting Massage Therapy in Complementary and Integrated Medicine (CIM) Research Conference in May 2010, Dr. William Meeker, a chiropractor, asked siloed CAM professionals, “Why are we trying to do this by ourselves?”

The IN-CAM Symposium provides us with tangible ways – albeit not without operational and financing challenges – that integrative medicine is growing and evolving in Canada. Symposia like these point the way for the RMT profession to emulate and build strategic partnerships with other CAM professions toward shared objectives, united and bonded in the pursuit of credibility, funding and public access.
Fighting fraud

Costly consequence of fraudulent health insurance claims
by Mari-Len De Guzman

When Lisa Blanden got a phone call from the insurance company about a client who was claiming more than $3,000 worth of massage therapy treatments, she checked her records and was flabbergasted. She knew the client was being dishonest.

As a registered massage therapist for more than a decade, Blanden is used to getting calls from insurance companies confirming details – date, length and cost of treatment – on clients filing health insurance claims. That one phone call from the insurance company, however, raised so many red flags.

This particular client was claiming treatments for all five members of the family, worth nearly $3,500 when, in reality, Blanden only treated one family member and the total cost for those treatments was only about $400.

“We found out later that (the client) also did this with other clinics in the amount of about $8,000. That’s quite a discrepancy,” Blanden recalls.

In normal situations, spotting any evidence of fraud will cause people to report to authorities or offer up information to support suspicions of irregularities. It’s not so simple, however, for members of the regulated health profession who may suspect a client or patient is committing fraud. There are federal and provincial privacy laws that prevent health-care practitioners from disclosing personal information about a patient without proper consent. Regulatory colleges governing these health professions – and whose primary mandate is to protect the public – also have regulations that outline the health professionals’ obligations to protect the privacy of their patients or clients.

These privacy safeguards can sometimes be challenging for practitioners, particularly in cases where fraud is suspected – where they want to be transparent with the insurance investigators on the one hand and comply with their privacy obligations on the other.

Blanden faced this dilemma when confronted with that potential insurance fraud. However, in speaking with the insurance company, she learned the company asks all health benefit members to sign a release form allowing the insurer to confirm any claims made by the member. It was just a matter of securing a copy of that signed document and Blanden was ready to provide the information the insurance company needed.

One thing that can save a practitioner a lot of headaches when faced with a potential health insurance fraud is good record-keeping. Blanden is one of several health-care practitioners at Wallis for Wellness, a multidisciplinary health clinic in Brampton, Ont., that’s been around for more than 20 years. Being an established clinic, its record-keeping system is more than adequate.

“Online filing systems have made the claims process faster and more convenient, but has inadvertently created an environment for fraud. For practitioners, particularly in cases where fraud is suspected – where they want to be transparent with the insurance investigators on the one hand and comply with their privacy obligations on the other.

Blanden faced this dilemma when confronted with that potential insurance fraud. However, in speaking with the insurance company, she learned the company asks all health benefit members to sign a release form allowing the insurer to confirm any claims made by the member. It was just a matter of securing a copy of that signed document and Blanden was ready to provide the information the insurance company needed.

One thing that can save a practitioner a lot of headaches when faced with a potential health insurance fraud is good record-keeping. Blanden is one of several health-care practitioners at Wallis for Wellness, a multidisciplinary health clinic in Brampton, Ont., that’s been around for more than 20 years. Being an established clinic, its record-keeping system is more than adequate.

“We keep excellent records,” Blanden says. “We follow our college’s requirements, so it was fairly easy to obtain the information (for the insurance investigator).”

Transparency is also key. “We’re very forthcoming and supportive of the process,” says Blanden, adding that once
the privacy question has been resolved (with the signed client release form from the insurance company) she was able to share the information required by the insurer, and within her regulatory college’s guidelines.

Another case of insurance fraud that Wallis for Wellness recently had to deal with did not go as smoothly, however. The case was fairly similar: a client claiming thousands of dollars worth of massage therapy treatments, when in reality, the actual cost of services provided was only a small fraction of the amount being claimed. This time, however, the client hired a lawyer to prevent the clinic from providing information to the insurance company.

This incident involved another RMT who has since left the clinic (for reasons unrelated to this case), according to Margaret Wallis-Duffy, a registered massage therapist and owner of Wallis for Wellness.

“The minute we get this form from the insurance company asking us to fill this out, lo and behold, we get a fax from the patient’s lawyer saying, ‘cease and desist, do not release any information to the insurance company,’” Wallis-Duffy recalls.

When a client suspected of fraudulent behaviour pushes back and plays the privacy card, it can change the insurance investigation process for the RMT. The threat of a lawsuit can cause a health practitioner to take a step back and reconsider whether he or she would want to move further with the insurance investigation — at least, not without legal representation.

And that’s where the challenge lies. Many RMTs don’t have high-priced lawyers on their speed dial. It’s a potentially costly legal process that most would rather avoid. In this situation, the therapist was concerned and initially declined to send any information to the insurance company.

As clinic owner, Wallis-Duffy worked closely with the investigators to try to resolve the issue without ruffling any legal feathers. She says it was a time-consuming, costly and sometimes frustrating process just to get guidance from authorities in the profession.

“We called the College (of Massage Therapists of Ontario), they said nothing. We called the RMTAO (Registered Massage Therapists’ Association of Ontario), they told us to chat with a lawyer – which costs money,” Wallis-Duffy says. “Who’s got our back? Are we going to pay for a lawyer to defend ourselves when we’ve done nothing wrong? Really?”

The issue was eventually resolved but the lessons learned made a lasting impact.

One thing that can save a practitioner a lot of headaches when faced with potential fraud is good record-keeping.

In a pickle
Most news reports and public knowledge about insurance fraud involve clinics that try to game the system. In some instances, clinics or practitioners are in collusion with clients.

“Benefits fraud can occur at both provider and plan member levels,” says Karen Voin, director of electronic claims and claims fraud issues at the Canadian Life and Health Insurance Association (CLHIA). “For example, signing and submitting claims for services not rendered to their insurer for payment, with payment being shared with the provider.”

The other side of insurance fraud, however — one where the client is the one gaming the system — seldom gets public attention. And practitioners say these types of fraud are inadvertently putting the profession in a bad light.

“It’s impacting us negatively… but it’s not a true picture,” Wallis-Duffy points out. “What ends up happening is that at the end of the year, when employers start to look at their benefits package for employees and they (see) escalating costs for things like massage therapy and preventative health, they’re saying, ‘oh my gosh, this is costing us a lot more money.’ When the true costs have been inflated, significantly in this case, for what it actually was.

“It makes me, as a therapist, look like I’m billing crazy amounts of dollars for something that didn’t actually happen,” she adds.
It can also consequently tarnish the reputation of a clinic or practitioner in the eyes of the insurance companies. But that would depend on how a clinic responds to fraud investigations. It’s one thing for an unscrupulous client to file false claims – that is beyond the control of the therapist. What’s within the RMT’s control is how they deal with the insurance companies in these types of situation.

Wallis-Duffy advises, be forthcoming with any dealings with the insurance companies and ensure that clinic documents are in order – do these things and half the battle is conquered.

If you’re a massage therapist and you’re looking to your regulatory college for help with regard to third-party misuse or abuse of your registration number, it seems there isn’t much the college can do for the profession – other than offer guidelines and recommendations on paper about how to safeguard your registration number.

In an e-mail response to questions from *Massage Therapy Canada*, Eric Wredenhagen, registrar and CEO of the College of Massage Therapists of British Columbia, explains, “While the issue of insurance fraud by third-party misuse of registration numbers is clearly of great importance to both RMTs and insurers, this issue is not seen by CMTBC as central to its public protection mandate… beyond advising its registrants to guard their registration numbers and to report instances of suspected fraud to the police, there is nothing further the College can do that is within its legal jurisdiction.”

Ontario’s CMTO provided a somewhat similar “public-protection-mandate” response, and listed a number of “information pieces” it has produced to help inform its registrants on safeguarding registration numbers.

These guidelines provide little reassurance for massage therapists – who pay hundreds of dollars in annual fees to their regulatory colleges – when they are actually facing difficulties dealing with third-party fraud and are threatened by legal action.

Blanden finds this worrisome. “Of course, the college’s role is protecting the public. We hope they support us, but their role is to protect the public. They don’t offer any legal support… one of our therapists did call to ask what to do if we are being bullied by a client’s lawyer regarding a false claim, and they said, ‘We can’t really tell you what to do.’”

“Short of incurring large legal costs to help protect us, what else is there in place for us? I’m not finding a lot and I’m not hearing a lot,” she says.

Wallis-Duffy would like to see better protection and assistance for the profession from its governing bodies and professional associations. What that would look like, she acknowledges she doesn’t know, but there needs to be a concerted effort toward a solution where everybody wins and fraud loses.

There needs to be more dialogue among the various stakeholders, she adds.

Ripe for fraud
Up to $30 million a year are lost to health care fraud in North America, according to data from the CLHIA. Technology advancements, for all its wonders, have also inadvertently created a ripe environment for fraudsters.

In recent years, health insurance benefit claims have become increasingly paperless, allowing members to file their claims online. This convenient process enabled insurance companies to transition to electronic data management and significantly cut wait times for member reimbursement.

Unfortunately, the digital form also created a breeding ground for fraud. Some online claim filing systems would require the member to upload an image of the health services receipt – which typically includes the health professional’s name and unique registration number. Other systems – such as Sunlife’s benefit claims portal – does not require the claimant to upload an image of the receipt, only that the document should be kept for future reference, should the need arises.

“Clearly, there is space for abuse of that system,” comments Andrew Lewarne, executive director of the RMTAO. “There is no way that a practicing massage therapist is going to be able to keep their registration number secret.”

Massage therapy is only regulated in four provinces to date, and in each of these provinces the profession is governed by a regulatory college. These colleges impose guidelines and policies that the profession must abide by to maintain their health professional registration.

One bone of contention is the requirement on RMTs to put their registration numbers on every receipt issued to clients for RMT services. Essentially, somebody who is up to no good can go in for massage therapy treatment, pay for the service and get the receipt – and would now have the therapist’s information, including the
all-important registration number, to do with it as they
please.

“It’s a very easy process and there’s really not a lot that
we can do that we haven’t already done,” Blanden says. “We
keep great records and we’re forthcoming. Aside from that,
there’s not a whole lot of protection for us as therapists or
as a clinic.”

At least one insurance company views the requirement of
the registration number on the receipt as “an administrative
burden of the claims process.”

Lynn Anderson of Aviva Canada says some incidents of
fraud are prevalent in the provider credential area where
health practitioners’ college registration numbers are being
used unbeknownst to the registered member.

“This should be a concern to every practitioner in the
province. The idea that someone could be using your cre-
dentials to seek approval for funding, I would think, would
be alarming to any professional,” Anderson writes in an
e-mail to Massage Therapy Canada.

Here’s where it gets tricky. Many, if not all insurance
companies – and certain regulatory colleges – require prac-
titioners to put their registration numbers on their receipts.
The CLHIA has published a document, “Service and Sup-
ply Provider Receipt Best Practices for Group Benefit Re-
imbursement,” in which it indicates the “provider profes-
sional identification” number assigned by a regulatory body
as one of the items that should appear on all receipts for
health benefit claims purposes.

The CMTO also requires its registrants to put their num-
ber on their receipts. The college’s website states: “The date
of the financial transaction, the description of the service,
duration of treatment and the name of the payer must ap-
pear on the receipt. Receipts issued for Massage Therapy
treatment also require that the name of the therapist is
printed or stamped on the receipt along with the Massage
Therapist’s registration number and signature.”

The CMTBC, however, does not require its members to
put their registration number on RMT receipts, according
to its registrar and CEO Wredenhagen.

“If that requirement does in fact exist, it is presumably a
requirement imposed by the insurance companies them-

selves,” Wredenhagen says.

It’s a total catch 22 and RMTs are at the receiving end of
it.

Mitigation
Despite the ongoing challenges to finally rid the world of
health insurance fraud, it appears there is no way to com-
pletely eradicate it.

The good news is there are a few things that the industry
can do to protect against fraud or at the very least, keep the
RMTs’ professional reputation intact.

The easiest safeguard to implement would be during the
patient intake process, RMTAO’s Lewarne suggests. Obtain
a signed release form from the patient, which essentially
gives the therapist permission to respond to any request for
information by the client’s extended health insurance pro-
vider for purposes of claims reimbursement.

CMTO’s guidelines under its “Release of Records” policy
indicate the signed release form must be dated within the

Critical acclaim...

"I cannot think of anything that was left out of this massive
work and I think every massage therapist who owns a copy will refer
to it almost every day.”

Lisa Mertz,
Massage Therapy
Journal

Clinical Massage Therapy:
Understanding, Assessing
and Treating Over
70 Conditions
by Fiona Rattray, RMT
with Linda Ludwig, RMT

An essential resource for
massage therapists and students

Over 70 conditions, over 100 illustrations, over
1,100 pages, fully indexed, extensively researched.

Each condition includes:
- An explanation of the
  pathological or traumatic process
  and expected symptoms.
- An assessment protocol with
  expected outcomes. A testing
  appendix gives easy-to-follow,
  step-by-step instructions for all
tests included in the book.
- Clear treatment plans including
  contraindications, specific
  massage techniques, remedial
  exercises and self-care.

Finally, all in one text!

TO ORDER:
Call: 519-883-8286
Fax: 519-883-0265
www.clinicalmassagetherapy.com

Discounts available for schools and bookstores.
last six months.

Lewarne also says communication is key to fraud prevention. “What needs to happen is there needs to be very clear communication and very clear desire to help each other, from both the insurers’ point of view and the health professionals’ point of view.”

When the insurance company calls to confirm a certain transaction to satisfy a claim submission, the health practitioner involved then has to first satisfy his or her privacy obligations and notify the patient of the insurer’s inquiry. In most cases, patients will give consent, which then allows for a smooth transactional flow with the insurer. When a patient refuses and prevents the practitioner from sharing the information with the insurance company, then the insurance company may refuse to pay the member’s claim for reimbursement.

Through all this process, maintaining an open dialogue between the parties involved – the health practitioners, the client, the insurance adjustor or representative – is key, Lewarne says. “The more that we try to make things easy, the more in-depth and the more complete the communication has to be. Sometimes, people forget that that is an intrinsic part of the equation – that communication,” he adds.

Lewarne would also like to see an earlier pilot project designed to help prevent fraud expanded to the larger health profession. In 2014, the Financial Services Commission of Ontario implemented a pilot project called the Professional Credential Tracking program, which enabled health professionals to track through the system where their registration numbers are being used, when and who’s using them. The system empowers the health practitioners to be more proactive in protecting their registration number – and their reputation – and determine whether their identity is being used in fraudulent activities and report them right away.

“At that point, you actually have a partnership between the insurance industry, the regulatory colleges and the health professionals,” Lewarne says. Unfortunately, he adds, the project was limited to the Health Claims for Auto Insurance only.

“I kind of hoped it would expand to the extended health care benefit world, because I think it would be terribly useful to allow for the various health professionals to assist in the identification of fraud,” he adds.

Based on responses to this publication’s inquiries, it seems some level of communication among the stakeholders is already happening. According to the CMTO it works with insurers, law enforcement, registrants and other stakeholders to educate and inform about health care fraud, “in order to protect the public.”

Insurance companies also continue to collaborate with the various professions as well, according to CLHIA’s Karen Voin. For example, the organization and its members participate in an annual Fraud Prevention Month activity. Published documents, such as the “service provider receipts best practices” and “understanding claims for footwear and orthotics,” are designed to educate the public and providers to minimize the impact of fraud.

“The industry recognizes that reducing health care fraud is a team effort,” Voin tells Massage Therapy Canada in an e-mail, “and the best way to mitigate the fraud and abuse is to work with stakeholders to prevent it from occurring.”

The insurance industry also participates in health profession consultations, where appropriate, such as the recent Ontario Clinic Regulation Consultation – which is another way the health profession is trying to mitigate fraud and abuse, Voin adds.

The CLHIA executive emphasizes there is only a small number of any profession that is involved in health benefits fraud and abuse, and points out that fraud is not unique to only one profession.

The consequence, however, can be significant.

Voin explains that benefit plans are purchased by employers, and each insurer invests significant amounts of money and resources to prevent, identify and stop fraudulent activity. This has required more “evolution and investment in fraud management” by the industry.

“Sustainability of plans has become an increasing concern for employers over the last several years due to increasing cost pressures (high-cost drugs, etc.),” Voin says. “Fraud and abuse of benefit plans add to these cost pressures which, over time, may create a need for changes which would have an impact on everyone covered by that plan.”

For example, she adds, employers may need to make difficult decisions to reduce benefits, implement co-payments or deductibles to share the cost burden with their plan members.

There may not be a one-size-fits-all solution to health care fraud. It is clear all stakeholders recognize that fraud exists and it hurts everyone.

“There’s the idea that everyone is trying to get away with something – and that’s not true,” RMTAO’s Lewarne says. “Everyone is trying to perform to the best of their professional ethics and we need to communicate that to each other and I don’t think it’s difficult.”

If there’s one thing that fraud does not like, he adds, it’s transparency.

---

HEALTH INSURANCE FRAUD BY THE NUMBERS

CLHIA member companies provide supplementary coverage to 24 million Canadians

More than $30 billion is paid annually through extended health insurance benefits delivered to Canadians

Between two and 10 percent of all health care dollars are lost to fraud

Source: Canadian Life and Health Insurance Association

2-10%
CONTEMPORARY MEDICAL ACUPUNCTURE
Neurofunctional Treatment of Pain and Dysfunction

Since 1998, more than 2,000 health practitioners have graduated from the program, achieving their training goals:

This course exceeded my expectations. I believe that I received the most advanced acupuncture training being offered today, provided by a team of instructors that bring a wealth of technical and practical knowledge to the program. I also appreciate feeling that I am part of a broader community of practitioners that continues to provide support, education, and advocacy.

Given G. Cortes, RMT, Little Current, ON

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

Tonia Nisbet, RMT, Sarnia, ON

The McMaster Contemporary Medical Acupuncture program provides a modern medical interpretation of an age old treatment modality, helping to explain some of the mysticism associated with traditional acupuncture. The integration of acupuncture with modern neurophysiological concepts, neuromonitoring, functional assessment and evidence-based protocols provided me with a wealth of practical knowledge that could be immediately integrated into my practice with astonishing results. The clarity, content and presentation of the curriculum, as well as the faculty, are second to none. Classroom lectures, practical workshops with countless supervised needle insertions and invaluable hands-on anatomy lab instruction created a well-rounded educational experience that left me feeling completely confident in my abilities.

I can’t say enough about your program! I will definitely be back for your advanced courses.

Ken Ansell, RMT, Regina, SK

The McMaster Contemporary Acupuncture Program meets the requirements of the College of Massage Therapists of Ontario

McMASTER CERTIFICATE
300 hours Continuing Education in Neurofunctional Acupuncture

The program is Evidence-Based and clinically oriented, with over 100 hours of hands-on workshops on functional anatomy palpation, needle insertion techniques, anatomy laboratory, condition-specific blueprint treatment design, and over 30 real patient case studies.

SPRING 2017 PROGRAM:
UNIT 1 - February 24-25, 2017
Introduction to Neurofunctional Acupuncture

UNIT 2 - March 17-18-19, 2017
Upper Extremity Problems - Acute Pain

UNIT 3 - April 7-8-9, 2017
Axial Skeletal Problems - Visceral Regulation

UNIT 4 - April 28-29-30, 2017
Head & Face Problems - Chronic Pain Syndromes

UNIT 5 - June 2-3-4, 2017
Lower Extremity Problems - Integrated Mgmt.

Registration Deadline Jan 20, 2017

STUDENT RATES AVAILABLE

CONTACT US:
905-521-2100 ext 75175
McMasterAcupuncture@McMaster.ca

NEW!
Neurofunctional Sports Performance Practitioner Certificate
Advanced Continuing Education in Neurofunctional Acupuncture

See our website www.McMasterAcupuncture.com for further details on advanced course locations and dates.
first became involved in activities related to Alberta’s massage therapy regulation in late 2002 when I was president of the Massage Therapist Association of Alberta (MTAA). Since then, I have been committed to seeing massage therapy become a regulated health profession in the province. I’m not the only one – many people have dedicated efforts and mountains of volunteer hours over multiple decades, and yet the work continues.

In 2009, recommendations from the Health and Wellness Ministry described how massage therapy regulation should proceed in Alberta, emphasizing that this occur in accordance with current national standards. We are currently at the end of 2016 – and moving into the new year – and despite these recommendations, MT is still not a regulated health profession here in Alberta.

This compelled me to explore the challenge of “what leadership strategies are required to advance regulation of the MT profession in Alberta?” I embarked on this research to fulfill requirements for a Master of Arts in Leadership – Health. The Alberta Support Council for Massage Therapy (ASCMT) generously sponsored this inquiry, recognizing that it was unacceptable to merely speculate about why progress toward establishing a regulatory college had been slow. The ASCMT developed its bylaws with inclusivity in mind, to allow for broad extra-provincial membership for those who believe massage therapy in Alberta should be regulated consistent with the existing national standards.

The study launched soon after the ASCMT’s incorporation in April 2016. As the investigation proceeded, five main findings emerged from the data analysis completed in May – June 2016:

1. There is an appetite for regulating massage therapy in Alberta.
2. Market share protection is the greatest obstacle to regulation of massage therapy in Alberta.
3. Maintaining focus on the public’s best interest rather than the profession is a challenge.
4. Inclusive consultation and collaboration is essential to advancing the regulatory process.
5. Maintaining competency standards for the profession is a priority as regulation proceeds.

A few months after I launched my research, the MTAA, the Natural Health Practitioners of Canada, and the Remedial Massage Therapists Association – calling themselves the “coalition” – notified their members that after a couple of years of working together, an updated application to regulate was submitted to the Alberta health ministry. Given that historically, there has not been enough common ground among these three groups to collaborate successfully, this is quite an accomplishment.

Meanwhile, the research findings suggested that inclusive consultation and collaboration are essential as regulation
proceeds. However only three of the four active massage therapy associations in Alberta contributed to the recently updated application to regulate. Furthermore, as of this writing, no one beyond the members of the coalition associations has been provided the opportunity to review the updated application.

While trying to explain this development during the course of my project, I explored the literature describing behaviour change while under observation. I discovered several authors have recognized a common understanding of the Hawthorne effect to mean that merely being under observation results in an increase in compliant behaviour (Chiesa & Hobbs, 2008; Hyde, 2007; McCambridge et al., 2014; Wickström & Bendix, 2000). One could argue that the establishment of the ASCMT and launch of this research project to explore causes for the stagnancy of the regulatory process in Alberta represented an increased demand for accountability of the associations to that end. With the standing recommendations awaiting action since 2009, the coalition would be very aware that progress is expected by both the government and the larger national massage therapy community. The literature identified one reason for change in behaviour relates to conformity and social desirability, which is consistent with the recent actions taken by the coalition (McCambridge et al., 2014).

The literature also provides a possible explanation for this new collaborative success of the coalition. Despite having historically inconsistent ideals about the nature of the profession, that prior experience did not appear to hamper recent activity on regulation. This leads me to believe that what could be at hand is increasing emphasis on the similarities among the associations involved in the coalition. Commonalities in organizational vision and values, reputation, goals, common interests, and priorities help organizations develop empathy for one another in fostering collaborative relationships (Atouba, 2016; Linden, 2003; Tsasis, 2009). Differences among the associations’ membership eligibility requirements have gradually decreased in recent years. The MTAA’s elimination of its entry to practice examination as part of membership requirements, for instance, is evidence of this. Participants also noted this during my investigation.

News from the coalition describing recent action taken toward pursing regulation was most welcome. However, this change in landscape demanded a course correction to ensure that the research conclusions and recommendations would best inform what leadership strategies would be required to advance the regulation of massage therapy in Alberta within the context of these recent developments. These conclusions include:

1. Massage therapy associations’ competing priorities challenge the process of regulating MT in Alberta.
2. The unclear definition of “massage therapist” in Alberta encumbers the process of regulating.
3. Regulation must occur in the context of the larger health professional landscape.
4. The process of conducting the research inspired action.

Ongoing obscurity in the definition of massage therapy perpetuates a fallacy of circular reasoning. That is, in the absence of an absolute agency (regulatory college) defining a professional practice statement, there is no means of establishing who might be part of the profession. Who then can speak on behalf of the ‘profession’ if there is no one authority in Alberta to attest to what a massage therapist is?

To the last point, it has been identified that when things appear to be going smoothly, leaders often become complacent (Snowden & Boone, 2007, p. 70). The ASCMT undertook this project concerned there may be complacency among the massage therapy associations in Alberta responsible for delivering on the 2009 recommendations to regulate the profession. Data indicated an appetite for regulation, and that it should occur consistent with the existing national standards for the profession. With the recognition that market share protection is an obstacle to regulation, the data imply that leaders of massage therapy associations in Alberta might have been happy with the status quo.

The organizational action research methodology allows for diversity of participants to contribute and explore misconceptions they may hold, and participate in formulating a solutions-oriented, shared understanding of a challenge. Yet, only one of the associations in the province chose to participate in this study. One can gain insight into these low study response rates by examining the literature. Stakeholders who expect to be on the losing side of a deliberation may attempt obstruction of the process by withholding participation (French & Laver, 2009). This has also been described as “coercive power” wherein there is opportunity to interfere with a situation (Bolman and Deal, 2013, p. 197).

As the research project was oriented to yield useful recommendations, the ASCMT was encouraged to consider a number of strategic priorities in their leadership to advance massage therapy regulation in Alberta. These include: 1.) maintain and improve the ASCMT’s public profile as a leading authority on massage therapy regulation in Alberta; 2.) develop an engagement strategy to connect with massage therapists currently practising in Alberta to begin a shift in culture from service industry to health professionals.

Historically, different pockets of massage therapists have existed, often identifying with the values of their respective associations. As regulation proceeds, Alberta’s massage therapists will become a collective group of health-care providers, part of a larger community of registered massage therapists in Canada. Establishing an effective strategy to engage massage therapists currently practising in Alberta to connect with their RMT colleagues will facilitate a shift in culture from service industry to health professionals.

Proclivity for turf protection, fed by a vague definition of massage therapy, was a key finding in this study. The regulatory environment in Alberta is diverse and sometimes volatile. It is my hope that the results of this project might be useful in advancing professional regulation in Alberta as well as other unregulated jurisdictions in Canada that may be experiencing similar struggles. Unfortunately, the nebulous definition of massage therapy seems unavoidable until regulation is established.

For more information about the ASCMT please visit www.abcouncilform.ca.
In the last issue, I discussed how active isolated stretching can help extend practice potential for massage therapists and improve treatment outcomes for patients. As earlier stated, active isolated stretching (AIS) is a vital component for injury prevention and rehabilitation.

While AIS can be an important tool for massage therapists in promoting injury prevention, performance enhancement and rehabilitation among clients, it also provides clients a means for implementing safe and effective self-care protocols.

To put this into a functional perspective that readers can apply, let’s consider a pathology that massage therapists are called upon to address from time to time: low-back pain. Pelvic girdle inflexibility can affect our bipedal stance and gait. Any residual limitations can cause unnecessary tensions elsewhere in the lumbar region. Naturally, re-establishing fascial alignment in the pelvic girdle is crucial to reducing these pain patterns.

Many of the flexors and extensors of the hips are intrinsically related to the low back and knees, and tight hamstrings are often a significant contributor to low-back pain.

For the sake of this article I will narrow the many low back protocols down to the hamstrings. With active isolated stretching (AIS), the hamstring stretch is a three-phase protocol.

In order to gain access to the hamstring bellies, it’s essential for the therapist to open the distal and proximal tendons first. The sequential photos below illustrate the distal, proximal and belly phases.

The first protocol demonstrates the steps for assisted stretching, while the second set of photographs illustrates self-stretching for the client. It is important to work bilaterally – alternating sides.

ASSISTED STRETCHING
Distal hamstrings
In position 1, the client’s thigh is lifted to height that they know they can safely achieve full extension.

In position 2, the therapist helps to stabilize the thigh from any anterior/posterior movement as the client lifts the foot above their knee in to full extension.

In position 3, the therapist continues...
to stabilize the knee with one hand while adding a gentle assisted pressure with the other. It’s important that the client continues to actively contract their quadriceps during the assisted phase.

Do two sets of six to eight repetitions.

**Proximal hamstrings**

Position 1: The client holds thigh at 90 degrees to the waist, and the knee is also bent to a 90-degree angle.

Position 2: The client contracts the hip flexors, aiming the knee toward the shoulder.

Position 3: At end range, the therapist can assist the stretch by applying pressure on the active leg at the foot. The unexercised leg can be isolated from movement either by the therapist or with the aid of a stabilizing belt.

Do two sets of six to eight repetitions.

**Hamstring belly**

Position 1: Client should tighten their abdominals with each lifting of the exercised leg. If there is a known or suspected lumbar issue, it is wise to have the client bend the unexercised leg so that the foot is flat on the table.

Position 2: Have client lock the leg at the knee and then raise the leg to end range.

Position 3: At end range (position 2), client continues to contract their quads and hip flexors, reaching their thigh gently back towards their same-side shoulder as they and therapist apply gentle assisted pressure, while stabilizing the unexercised leg.

Do two sets of six to eight repetitions.

When working with active therapeutic stretching, keep in mind these important tips:

- The active movement on the part of the client should be a smooth and easy effort. If you or
they find they’re shaking in their exertion, they are working too hard.
• Assisted pressure – when assisting your client (or yourself) through a difficult or restricted structure, your assisted pressure should be light and nurturing.

**SELF-STRETCHING**
The self-stretching technique applies the same principles as the assisted stretching protocols, but without the therapist to assist the client.

**Hamstrings**
- Proximal hamstrings: Do two sets of six to eight repetitions
- Distal hamstrings: Do two sets of six to eight repetitions
- Hamstring belly: Do two sets of six to eight repetitions

The physiological benefits of stretching are diverse and, combined with most manual therapies, can be very powerful.

The sound reasoning behind active isolated stretching suggests that strengthening joint tissues would also help in the prevention of injuries. The active approach will build local stamina and stability around the weakest and therefore most vulnerable regions of a structure. Improving mobility, joint function and strength can decrease the client’s potential for injuries.

So, how do you define health?

Established in 1988, the NHPC represents over 60 massage and holistic health practices, and over 6,000 members. There is no better means to help grow and promote your practice than joining the NHPC.

- Comprehensive health benefits plan
- Canada-wide, transferrable membership and liability insurance coverage
- A voice to governments
- Advocacy to insurance companies
- Workshops and conferences
- Practice management advice
- Exclusive group discounts

Invest in your practice by joining the largest massage and holistic health organization in Canada. Learn more at [www.nhpcanada.org](http://www.nhpcanada.org) or call 888-711-7701.

---

Self-stretching hamstring belly positions 1, 2 and 3

You can read part one of this article online at www.massagetherapycanada.com
Be Regulation-ready!

MH Vicars School of Massage Therapy has convenient, affordable Advanced Placement options for RMTs who want to enhance their training. If you are a practicing massage therapist, we will respectfully assess both your experience and your previous training and place you in the right class to earn our 2200-hour diploma in less than a year. We won't waste your time or money by making you re-learn skills and knowledge that you already have.

We are excited that our new 2013-14 curriculum meets or exceeds the Canadian inter-jurisdictional entry-to-practice standard for massage therapists, which will become the new standard in all regulated provinces.

Call us today to learn more.

You deserve credit for the experience you have.

Donald Q. Dillon, RMT
Coaching, Curriculum & Community

Charting Skills for Massage Therapists

2nd Edition

$59.95

MassageTherapistPractice.com
RMT TECH TALK

Customer service side of technology adoption

Questions you should be asking potential software providers

BY JESSICA FOSTER

For well over a decade RMTs have continued to migrate to technology in their practices to simplify day-to-day business activities through online software, reduce time spent each day on patient administration and improve patient services.

Technologies vary from practice to practice but generally include PCs, tablets, smartphones, interactive websites and the associated software to efficiently manage the practice and provide convenient patient services. These tools are becoming prominent in the everyday operation of the practice and they all need to be setup correctly, kept operational and constantly updated.

Because technology is such an important part of the success of your practice, it is vital to receive system support services from your vendors in a timely, helpful and cost-effective manner.

Your management software may provide all the capabilities you are wanting – online appointment bookings, schedule management, patient recordkeeping, patient billing, financial reporting – but you also need to look beyond the features to see what service and support offerings are included in the subscription cost so you will have peace of mind.

Let’s look at some of the practical realities of implementing, managing and receiving technical and business support from your software provider.

Prior to subscribing to the software service, practitioners who are new to the software should expect personal hand-holding to help them get to know the system. This could include a one-on-one presentation, demonstrating the various features and functions of the system and allowing practitioners to ask questions specific to their practice. This will not only give them an idea of how the system will work in their work environment, but will also provide a preview of the kind of customer support they will receive from the provider later on.

In addition to the functional Q&A, practice owners should also ask exactly what the system vendor will provide in ongoing technical and business support services. Ask questions about how the support is provided. Do you get to speak with a live person when needed? Is toll-free telephone support offered? What is the typical response time for support requests submitted by email or via a support ticket? Is there an online knowledge database where self-help tutorials can be found to get quick answers to minor configuration questions? Is there a cost associated with the support, or is it included as part of the subscription fee? This type of concrete information will help to determine if the software vendor is right for the practitioner and the practice.

There is more to selecting a software solution than looking at the features and monthly fees – the on-going service is often where the rubber meets the road. The software needs to be intuitive and easy to use and self-help online tutorials must provide sufficient assistance in most day-to-day cases.

You should expect to receive personal interaction with a knowledgeable individual when needed and in a timely manner, to help you work through issues specific to the environment you are using the software in. This type of hand-holding is a necessity and is invaluable to the smooth operation of your practice. You need to be comfortable that your vendor is ready to assist in these instances and you want to understand the costs associated with this type of personalized support – ideally, it is part of the subscription fee.

As a software subscriber you may benefit from a truism that I heard quite some time ago from a mentor. He said that his technical and business support staff are humans too. They relate to and deal daily with a wide range of customers with diverse needs, technical abilities, expectations and temperaments. He said that customer satisfaction oftentimes depends on both parties working together to make the system work best for the client.

He was not saying that the client is expected to contribute to the “How to” technical aspect of the solution, but that both parties need to communicate what they want to accomplish and be open and flexible with the ultimate solution.

Problem solving should be a mutually beneficial two-way street.

While product features are designed to fulfill customer needs and continually evolve as such, customer service is what makes for long lasting business relationships with clients.

Until next time and Happy Holidays.

Jessica Foster writes on behalf of mind2play Solutions, provider of massage therapy websites and practice management solutions. To learn more, visit www.massagemanaged.com.

Read up on more technology-related articles online at www.massagetherapycanada.com.
Branch Out –
Take Your Skills to the Next Level with Upledger CranioSacral Therapy...

Why CranioSacral Therapy - CST?
• Gentle, light-touch therapeutic technique
• Release restrictions in the craniosacral system and help the body's natural healing process
• Enhance overall health, well being and improve function

Upcoming Classes:
Additional dates and locations at Upledger.com
CRANIOSACRAL THERAPY 1 (CS1)
Calgary, AB Mar 23 - 26, 2017
Halifax, NS Mar 30 - Apr 2, 2017
Toronto, ON May 11 - 14, 2017
Vancouver, BC May 25 - 28, 2017

CRANIOSACRAL THERAPY 2 (CS2)
Toronto, ON May 11 - 14, 2017
Edmonton, AB May 18 - 21, 2017

SOMATOEMOTIONAL RELEASE 1 (SER1)
Calgary, AB Mar 23 - 26, 2017
SER TECHNIQUE: Mastering the Inner Physician (SERTIP)
Winnipeg, MB Mar 16 - 19, 2017

SOMATOEMOTIONAL RELEASE 2 (SER2)
Ottawa, ON Mar 23 - 26, 2017

CST FOR CRANIAL NERVES 1 (CSCN1)
Calgary, AB Feb 23 - 26, 2017

CST FOR LONGEVITY: Reversal of the Aging Process (CSLRAP)
Toronto, ON Sep 21 - 24, 2017

DEVELOPING AND DEEPENING CST PRESENCE (DDCSP)
Toronto, ON Mar 23 - 26, 2017

START TRAINING
$100 PER MONTH

CALL | CLICK
800-233-5880 UPLEDGER.COM
TO REGISTER, USE PRIORITY CODE MTC 1-17

Ask about our Core-Pak Training and Certification Package
SAVE MORE THAN 30% • COURSEWORK SATISFACTION GUARANTEED!

John Matthew Upledger, CEO and John E. Upledger, DO, OMM, developer of CranioSacral Therapy

“Great experience. As a massage instructor and having been the director of a massage school, I appreciated how well all aspects of this workshop came together - admin and curriculum.”
— Natalie K., LMT

http://Upledger.com/win/
NEW GENERATION OF HAND CONTROLLED SHOCKWAVE DEVICES!

3 MODELS TO CHOOSE FROM

SAVE YOUR HANDS AND ELBOWS!

CONDITIONS THAT CAN BE TREATED BY SHOCKWAVE THERAPY

- Plantar Fasciitis/Heel Spur
- Achilles Tendonopathy
- Myofascial Trigger Points
- Jumper's Knee
- Stress Fractures
- Bursitis
- Hallux Rigidus
- Shin Splints
- Non-Healing Ulcers
- Calcific Rotator Cuff Tendonitis
- Scar Tissues Treatment
- Muscle and connective tissue activation with V-ACTOR
- Osgood-Schlatter
- Hamstring Tendinopathy
- Tennis Elbow

NEW SPINE HEADS

BENEFITS

- Non-surgical treatment
- No side effects
- Accelerates healing
- Can be used by all health practitioners
- Affordable
- Coverage available from most insurance companies

Phone | (416) 741-SHOC (7462)
Toll Free | 1-888-741-SHOC (7462)
Fax | (416) 741-8424
Email | brian@shockwavecanadainc.ca
www.shockwavecanadainc.com

Shockwave CANADA INC.
Non Surgical Treatment of Soft Tissue, Bone, Heel and Joint Pain