Trust factor

Healing the mind through the power of touch
Canadian Academy of Osteopathy

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.

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

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.

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

14
COVER:
Trusting touch
Exploring massage therapy’s role in mental health promotion
by Marites Sison

18
Meet the experts
Introducing Massage Therapy Canada magazine’s editorial advisory board
by Mari-Len De Guzman

DEPARTMENTS

04
From the Editor
Matters of the mind

06
Touch Points
News and events

06
Human Factor
The lighter side of things

22
Practice Insight
Fuelling resiliency in practice
by Beth Barberree

COLUMNS

10
Few and Far Between
Get your fix from the Back Mechanic
by Jules Torti

12
Practice Points
Scale up
by Don Quinn Dillon
Mental illness is not always an easy conversation topic. The fact that one in five Canadians will personally experience a mental health issue in their lifetime does not make it any less uncomfortable or less stigmatizing. It does make it all the more real, however.

Unlike many diseases that reveal obvious, physical symptoms, mental illness is an invisible condition that leaves people often suffering alone, untreated and in silence. The stigma associated with a mental illness does not help the cause, either, and makes open conversations a little difficult, especially in the workplace.

Awareness around mental illness has increased in recent years, however – mainly due to a more concerted effort among government agencies and large organizations to shine a spotlight on mental illness and the stigma associated with it. High-profile personalities leading the charge and talking openly about their experiences with a mental health issue are helping to lift the heavy fog that has historically surrounded this invisible disease.

The economic cost associated with mental illness – estimated at $51 billion per year in Canada – has also been brought to light in recent years. This financial burden not only includes health care dollars spent, but also costs associated with lost productivity and increased disability. With such high stakes, mental health suddenly becomes an important workplace health and safety issue.

Eliminating the stigma around mental illness is one of the biggest hurdles to improving the prospects for mental health. It is getting better. More people are now openly talking about their depression and seeking professional help. However, many still suffer in silence. Often, by the time loved ones are clued in on just how much victims are suffering, it is already too late – like the recent case of a new mother from British Columbia who suffered from postpartum depression and eventually committed suicide. One death is one too many.

Early diagnosis and appropriate mental health management are crucial. Massage therapy has a role to play in promoting mental health and wellness, and eliminating the stigma around mental illness. Our cover story explores the healing power of touch and the incredible trust patients place on their professional massage therapists.
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.
Physical activity can slow seniors’ aging process: study

Researchers at University of California San Diego School of Medicine report that elderly women who sit for more than 10 hours a day with low physical activity have cells that are biologically older by eight years compared to women who are less sedentary.

The study, published online in the American Journal of Epidemiology, found elderly women with less than 40 minutes of moderate-to-vigorous physical activity per day and who remain sedentary for more than 10 hours per day have shorter telomeres – tiny caps found on the ends of DNA strands, like the plastic tips of shoelaces, that protect chromosomes from deterioration and progressively shorten with age.

As a cell ages, its telomeres naturally shorten and fray, but health and lifestyle factors, such as obesity and smoking, may accelerate that process. Shortened telomeres are associated with cardiovascular disease, diabetes and major cancers.

“Our study found cells age faster with a sedentary lifestyle. Chronological age doesn’t always match biological age,” said Aladdin Shadyab, lead author of the study with the department of family medicine and public health at UC San Diego School of Medicine.

Shadyab and his research team believe they are the first to objectively measure how the combination of sedentary time and exercise can impact the aging biomarker.

Nearly 1,500 women, ages 64 to 95, participated in the study. The women are part of the larger Women’s Health Initiative (WHI), a national, longitudinal study investigating the determinants of chronic diseases in postmenopausal women. The participants completed questionnaires and wore an accelerometer on their right hip for seven consecutive days during waking and sleeping hours to track their movements.

“We found that women who sat longer did not have shorter telomere length if they exercised for at least 30 minutes a day, the national recommended guideline,” said Shadyab. “Discussions about the benefits of exercise should start when we are young, and physical activity should continue to be part of our daily lives as we get older, even at 80 years old.”

Shadyab said future studies will examine how exercise relates to telomere length in younger populations and in men.

Additional co-authors include: Caroline Macera, Richard Shaffer, Sonia Jain, Linda Gallo, Michael Lamonte, Alexander Reiner, Charles Kooperberg, Cara Carty, Chongzhi Di, Todd Manini, Lifang Hou, and Andrea LaCroix, all at UC San Diego.

— Newswise

WHAT’S ONLINE

Trending items on MassageTherapyCanada.com

MISSED AN ISSUE?

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

Some topical analgesics may cause burns: Health Canada

Health Canada says a safety review has found a risk of serious burns with the use of some over-the-counter topical pain relievers that contain menthol.

These pain relievers are applied to the skin and are intended to help relieve muscle and joint pain.

Health Canada has received 23 reports of serious side-effects involving topical pain relievers containing menthol in various concentrations, either as a single ingredient or in combination with other compounds.

In many cases, the products were used as directed, with burns, severe swelling and blistering appearing within 24 to 48 hours after the first application.

Health Canada says available data did not allow it to determine whether the risk of serious burns is linked to any specific brand, formulation or menthol concentration, or to any ingredient other than menthol.

The safety review also looked at the ingredients methyl salicylate and capsaicin. While serious skin burns have been reported with the use of topical pain relievers containing these compounds, the review did not find sufficient evidence to confirm they carry the same risk as menthol.

Topical pain relievers produce a warming or cooling sensation where they are applied, but they should not cause severe pain or skin damage, Health Canada said.

Health Canada said it will publish an updated labelling standard for all menthol-containing topical pain relievers.

— The Canadian Press

**RESEARCH**

Study probes effect of foot, tibial angles in runners’ load rate

**LAS VEGAS** – The foot and tibial angles of a rearfoot strike runner do not correlate well with loading impact rates, according to research presented at this year’s Association of Academic Physiatrists Annual Meeting in Las Vegas.

Foot strike patterns have been a topic of debate with regards to injury risk in runners. Foot strike patterns are typically separated into three categories: rearfoot strike, midfoot strike, and forefoot strike.

Runners with a rearfoot strike make up 69 to 95 per cent of modern competitive and recreational endurance runners. A rearfoot strike is associated with an abrupt impact and increased force applied to the runner’s leg and foot (called a load rate), which can lead to injury.

Forefoot runners have been reported to sustain less injury than rearfoot runners. Rather than transitioning to a forefoot running pattern, which takes time to adjust to, it has been suggested that landing with a less dorsiflexed foot and a more vertical tibia (or, shinbone, as it is commonly called) is a way to lower impact on the leg and foot. In other words, landing with a near flat foot onto the ground.

To address this, researchers recently studied the relationship between foot angle (angle formed between the ground and foot on initial contact with the ground) and tibial angle (angle of the tibia from perpendicular landing) with vertical average load rate as well as vertical instantaneous load rates. These load rates are a subset of values involved in ground reaction forces.

“In runners, the association of higher impact loading rates and injury risk has been demonstrated in previous studies,” said Dr. Robert Diaz, resident physician at Spaulding Rehabilitation Hospital/Harvard Medical School and lead investigator in the study.

“Our team wanted to identify a proxy for loading impact rates to attempt to use this information in a typical musculoskeletal or sports medicine clinic without the expensive equipment.”

Diaz’s team studied 110 runners who typically run barefoot. Sixty-nine of these runners were being treated for a running injury at the time of the study, and 41 of the runners were healthy. The group, which was evenly split between men and women, had an average age of 36, an average BMI of 23, and were rearfoot.

The participants each ran on a treadmill while a high-speed camera recorded 10 consecutive left foot strikes.

In the group of injured runners, Diaz’s team found no association between foot angles and tibial angles and vertical average load rates or vertical instantaneous load rates. The average foot angle was similar between the group of injured runners and the group of healthy runners, but the tibial angles were increased in healthy runners. The significance of this finding is unclear. Finally, both vertical average and instantaneous load rates were higher in injured runners than in healthy runners consistent with prior literature.

“Based on our team’s study, unfortunately a rearfoot strike runner’s foot and tibial angles do not correlate well with loading impact rates,” Diaz notes.

“We recommend to our colleagues not to use these angles as surrogates for estimating impact loading in runners. Our data suggests that there are other contributors, besides foot and tibial angles, that are important to determine impact loading values.”

— Newswise
MENTAL HEALTH
Feeling down?
Have some yogurt

Researchers at the University of Virginia School of Medicine have reversed depression symptoms in mice by feeding them Lactobacillus, a probiotic bacteria found in live-cultures yogurt. Further, they have discovered a specific mechanism for how the bacteria affect mood, providing a direct link between the health of the gut microbiome and mental health.

Based on their findings, the researchers are optimistic that their discovery will hold true in people and are planning to confirm their findings in patients with depression.

“The big hope for this kind of research is that we won’t need to bother with complex drugs and side effects when we can just play with the microbiome,” explained lead researcher Alban Gaultier.

The role of the gut microbiome – the bacteria that live inside us – has been of tremendous interest to researchers studying depression and other health conditions, both mental and physical. Gaultier set out to see if he could find a concrete link between depression and gut health.

“When you’re stressed, you increase your chance of being depressed, and that’s been known for a long, long time,” he said. “So the question that we wanted to ask is, does the microbiome participate in depression?”

The answer appears to be yes. Looking at the composition of the gut microbiome before and after mice were subjected to stress, Gaultier’s team found that the major change was the loss of Lactobacillus. With the loss of Lactobacillus came the onset of depression symptoms. Feeding the mice Lactobacillus with their food returned them to almost normal. “A single strain of Lactobacillus,” Gaultier observed, “is able to influence mood.”

He and his team then went on to determine the mechanism by which Lactobacillus influences depression. They found that the amount of Lactobacillus in the gut affects the level of a metabolite in the blood called kynurenic acid, which has been shown to drive depression. When Lactobacillus was diminished in the gut, the levels of kynurenic acid went up – and depression symptoms set in.

“This is the most consistent change we’ve seen across different experiments and different settings we call microbiome profiles,” explained researcher Ioana Marin, a graduate student who is finishing her PhD work. “This is a consistent change. We see Lactobacillus levels correlate directly with the behavior of these mice.”

Gaultier was careful to call the symptoms seen in mice as “depressive-like behavior” or “despair behavior,” as mice have no way to communicate that they are feeling depressed. But those symptoms are widely accepted as the best available model for looking at depression in creatures other than humans.

Based on the new findings, Gaultier plans to begin studying the effect in people as soon as possible. He intends to examine the effects of Lactobacillus on depression in patients with multiple sclerosis, a group in which the disorder is common. Promisingly, the same biological substances and mechanisms Lactobacillus uses to affect mood in mice are also seen in humans, suggesting the effect may be the same.

– Newswise

SELF-CARE
Guidelines group launches exercise videos

The Canadian Chiropractic Guideline Initiative (CCGI) has launched a series of video resources for clinicians and patients in an effort to promote the effective application of recently released clinical practice guidelines.

The series consists of tailored exercise videos based on the findings under the recently published guideline recommendations on the management of neck pain-associated disorders (NADs) and whiplash-associated disorders (WADs). The findings, published by CCGI’s André Bussières and his team, provide evidence supporting chiropractic practices, and involving “a multimodal approach including manual therapy, self-management advice, and exercise is an effective treatment strategy for both recent-onset and persistent neck pain.”

The innovative video series, which includes 33 specific exercise videos in four clearly-marked playlists, has been created in collaboration with chiropractic experts at the Université du Québec à Trois-Rivières. This new video series is available on the CCGI YouTube channel in English and French. To assist clinicians in recommending exercises for their patients, and to help patients with self-management at home, CCGI has also created matching exercise forms with links to each of the exercises. Clinicians can now quickly check off the exercises they suggest with the patient, and add their own notes if required. These forms can be downloaded by clinicians on the CCGI website and handed to the patient, or completed as fillable PDFs and sent electronically to their patient’s device.

“We are excited to see this new tool now available in English and French. A whiteboard video explaining how to use the patient exercise videos and forms is available on the website,” the CCGI said in a statement.

Downloadable accompanying documents for clinicians also include a one-page Summary of Recommendations, the Practitioner Guide and one-page algorithms for NAD and WAD. A 60-minute recorded webinar and 30-minute interactive learning module are available through Canadian Memorial Chiropractic College Continuing Education courses. Free continuing education hours may apply in some jurisdictions and clinicians should contact their regulatory board for more information.

These tools have been specially developed by CCGI for clinicians to ease the application of guideline recommendations.
SELF-CARE

Obesity may lower pain threshold: study

An extra layer of fat won’t provide a cushion against pain – in fact, obese people are more sensitive to pressure pain than those who are not overweight, and they are equally susceptible to extremes of hot and cold.

A new study, carried out at Leeds Beckett University in England, highlights the differences in pain response between different groups of people. The results could reinforce the argument for weight loss programmes being part of pain management plans for obese people suffering from chronic pain.

The team investigated 74 volunteers, categorised as obese, overweight or normal according to their body mass index (BMI) – a standard way of measuring if a person is at a healthy weight for their height.

Volunteers in each group had pressure, cold and heat applied to two different areas of the body. The first experiment tested the hand, at the base of the thumb, an area that has little body fat. The second measured responses near the waist, in an area where extra fat is stored. Volunteers were asked to report at what point the pressure, cold or heat first felt painful.

Each volunteer was also asked to report their experience of cold pain by putting their hands into icy water. Again, they were asked to report the point at which they felt pain.

In the obese group, volunteers reported feeling pain from pressures equivalent to around 4.3kg per square centimetre, while those in the group with normal BMI reported pain at about 8.6kg per square centimetre. Interestingly, the middle group, those classed as ‘overweight’, had a slightly higher pressure pain threshold than the ‘normal’ group, with pain being reported at 10kg per square centimetre.

In terms of response to hot and cold temperatures, there was no significant difference across any of the groups, when tested at the waist. Only a small increase in sensitivity was reported in tests on the hand, suggesting that an extra layer of fat is no protection against extreme temperatures.

“Obese people are more likely to experience pain from factors such as the mechanical impact of increased weight on joints than people with a normal BMI,” explains Dr. Osama Tashani, a senior research fellow at the Centre for Pain Research at Leeds Beckett University. “But our study suggests that even in areas of the body which are not bearing weight, obese people are more susceptible to pressure pain.”

“The overweight group had the highest pressure pain threshold, which might be because there were more people in this group taking part in physical activities, which could also affect how a person feels pain,” says Tashani.

The results, published in the European Journal of Pain, show that obese people are likely to have the lowest pressure pain threshold – but it could also suggest that those with a low pressure pain threshold are more likely to become obese.

“It could be the case that a person who is more sensitive to pain is less likely to do physical activity and therefore more likely to gain weight and become obese,” Tashani says.

The team plans to carry out further research into the factors that make people more susceptible to pain. This includes examining the chemicals secreted by fatty tissues in the body, which could affect the response of pain receptors.

---

Newswise
In the industry of rebuilding backs, Stuart McGill’s name deserves neon light treatment. His three text books are designed “for everyone who wants their swagger back.”

While <em>Low Back Disorders: Evidence-Based Prevention and Rehabilitation</em> was written wholly for clinicians, his second book, <em>Ultimate Back Fitness and Performance</em> attracted a captive trainer, coach and athlete-dominant audience. McGill’s latest, <em>Back Mechanic: The Secrets to a Healthy Spine Your Doctor Isn’t Telling You</em> is a step-by-step, non-preachy showcase of the “McGill Method” to fix back pain for the layman.

The University of Waterloo professor of spine biomechanics oversees a lab that explores low back function, injury prevention, rehabilitation and performance training. His cheerleading team boasts an ever-growing crew. He’s earned street cred from champion powerlifters, White House consultants, combat medics and the editor-in-chief of <em>Men’s Health</em> magazine. No slouches. Of course, there are also hundreds (possibly thousands now), who have been able to reclaim a pain-free life by designing a custom recovery program kudos to McGill and his books.

He’s been deemed the Jedi Master of spine rehab, and it’s easy to see why. When I mentioned his name to colleagues, everyone had something to say. My sister treated his textbooks as bibles, even considering a flight from Alberta back home to Ontario to see McGill about her own chronically grumpy back. And, she’s a kinesiologist. She should know better – and best. And that’s just the thing. The <em>Back Mechanic</em> is for lay people, but it’s also a solid refresher (and applicable) to massage therapists experiencing back pain too. What’s that famous quote about the shoemaker whose children had no shoes? For those of us counting their years in the industry on two hands (or by decades), McGill’s book can be a saviour for self-care.

May I boldly suggest client investment? Handing each of your clients with low-back pain a copy of his book to keep is a simple approach to retention and referral. For clients eager to resolve pain, a hard copy of the <em>Back Mechanic</em> could be the best homework you ever assign them. Yes, this will help dramatically with business generation, referrals and retention. But, it might also take your client to the next level. One that passive treatment alone can’t achieve.

Why McGill’s theories? He’s been using “motion capture technology” long before the producer of the film <em>Avatar</em>. He recognizes personality types and those who aren’t going to abide by rest because it will disrupt their perceived fitness levels. He knows how to

---

**COLUMN**

**FEW AND FAR BETWEEN**

Get a fix from the back mechanic

The ‘McGill Method’ is a solid refresher on self-care for RMTs **BY JULES TORTI**

---

**BACK MECHANIC**

The secrets to a healthy spine your doctor isn’t telling you

**STUART MCGILL PhD**

**BACK MECHANIC by Stuart McGill** offers self-assessment guide for pain triggers and shows how to avoid them.

---

**JULES TORTI, RMT**, has been in practice since 1999 and a freelance writer since age six. In between massage engagements, she travels to Africa to be with chimpanzees and writes about her zany travels for Matador Network.
rebuild backs, no matter what level of physicality is being addressed.

Unlike car manuals or recipe books, you can’t fast forward to the applicable sections. It’s all applicable in identifying the cause of symptoms, removing pain “hammers” (triggers), acknowledging roadblocks and detours. McGill examines myths and truths. He questions blanket advice like, “try yoga.” He questions the merits of static stretching, prescription drugs and traditional remedial exercise approaches like the often-suggested “knees-to-chest” remedy. The neurological phenomenon of knee-to-chest movement only triggers stretch reflexes, a technique that only decreases pain sensitivity in individuals temporarily (15-20 minutes).

He explores avenues that don’t involve surgery, the grey area around MRIs, X-rays as diagnostic tools for degenerative disc disease and flawed movement patterns.

A few pages in, you’ll be nodding in agreement and questioning the merit of Pilates and yoga. Loading and straining discs in unnatural positions may not be the cure-all for every client. And then there’s the emotional component to consider. As health-care providers, we are often the bullies, challenging someone’s way of life and livelihood.

Can we teach the brain pain-free movement and overwrite painful pathways? McGill has intriguing observations on fibromyalgia clients and rehabilitation of clients injured in motor vehicle accidents. In a generalist approach, he explains how to make healthy spine choices when sleeping, sitting and performing simple activities like teeth brushing or washing dishes. If you’ve ever experienced knee-buckling back pain associated with discs and associated nerve pain, you’ll recognize the need to re-learn ergonomics and postural stances for driving and, even sitting on the toilet.

The most powerful concept that lends to simple clinical application is McGill’s “virtual surgery.” His simulated surgery approach requires imposed rest from exercise and pain triggers. He tells his clients to pretend like they’ve just had back surgery and rest accordingly. He believes “some surgeries work for no other reason than they have forced the patient to take the time to rest.” Often, his “virtual recuperation” is impactful enough to allow simple rest to do its intended work and provide results as good as surgery.

We can all take note and observe the difference between our pain-free days and painful ones (increased client load, longer commute, hot yoga, hill training, Netflix binge, lazy naps on the couch, lumpy pull-out couch at a friend’s house Saturday night). What’s the difference? McGill provides a guide to pain-free ways to sit, walk, lift, sleep and live life. His approach is one that most of us key in on during training and our first foray into treating the public. The “McGill Approach” is that of a forensic detective – always looking for clues and visual tips from clients.”

In a hurried clinic shift when I was still in college (circa 1998), I totally missed ‘seeing’ the obvious posture and gait of a client with polio. I also missed an obvious check mark on his case history. It wasn’t until he was on the table and I undraped his leg that I realized my gaffe. Our forensic work is constant and immediate – beginning long before that first client handshake.

The Back Mechanic is chock full of “simple life hacks” like using a taller counter when chopping vegetables, lowering a too-high desk chair and how to do laundry without pain-induced swearing fits. It’s practical. It’s no-guff. The diagrams are engaging, client-friendly and a gentle re-education for conditioned and complacent therapists. There’s lots to learn here, for the first or second or 100th time.

If you’ve been wondering about “nerve flossing” and the premise behind it, it’s here. How does flossing weigh in against standard stretching? Do you know how to “tickling the dragon’s tail?”

You’ll find several relatable chunks to pass on to clients and colleagues and family too. Have you observed the cultural differences between how Americans and Russians walk? Statistically, Americans walk head down while Russians are chest-forward. While walking seems like the most natural movement, “nature’s back balm” can take painful twists with “mall strolling” (which can cause static muscle cramping). Taking micro-breaks and finding your “sweet spot” makes sense not just for our clients, but us too, in terms of job performance, enthusiasm and longevity.

For therapists, McGill’s back-of-the-book activity and exercise logs will make perfect take-homes for clients. Also at the back of the book, McGill doesn’t shy away from the topic that is rarely addressed by health professionals. Sex. There are illustrated strategies (not exactly the Joy of Sex), that reinforces hip movement versus low back impact. What’s the point of brushing our teeth and lifting backpacks ergonomically if sex leaves us truly bed ridden?

The Back Mechanic is a dynamic reference guide that I encourage each of you to responsibly read and share. In the Spring 2016 issue of Massage Therapy Canada I discussed how to build a client-friendly library in a clinic space. I recommend adding this title to your shelf. Whether you’re looking for last-minute CEUs, pain-free work days, a client perk, the inspiration to kick-start a book club for massage therapists in your area, look no further. And, bend no further until you learn the McGill Approach.
Dynamic Health Therapy, owned and operated by Sean-Michael Latimour, a registered massage therapist, and his wife Adrianne, has become a focal point of health and wellness in Keswick, Ont. What’s more, the couple has figured out how to scale up and create a highly lucrative business model.

Sean offers massage therapy, osteopathy, acupuncture and a host of modalities. Emerging from a background in competitive sports, Sean provides care at many sporting events, including the Canadian Olympic Swim Trials, Toronto Triathlon Festival, and various events local to Keswick.

“Sean has always believed in volunteering his time to both high profile and local community events. No matter how busy he gets, he continues to put himself out there,” his wife Adrianne says.

Adrianne is the clinic director and co-owner. She brings a strong business and marketing background from corporate health care, and maintains a hypnotherapy and neuro-linguistic programming practice. Adrianne left a corporate career to join Sean in this venture in November 2015.

“Sean’s integrative approach strongly contributes to the value of the business as a whole. As an RMT, you typically become the business, thereby leaving no resale value. You can’t sell an individual. As a sole practitioner, you are at the mercy of the hours you can work, and the number of people you can treat. Creating an integrative model, the practice no longer revolves around you…the practice becomes the product. By using this model you are able to work less, make more money, and spend more time with family.”

Sean provides care to over 300 patients per month, incorporating a large number of methods and modalities. He often uses an assistant to provide microcurrent point stimulation (MPS), shockwave therapy, ultrasound and other modalities. Sean uses anatomical models, charts and tablets with on-screen anatomy programs to educate the patient on cause, effect and remedy of the problem they’re experiencing.

I shadowed a session where two assistants provided modalities while Sean simultaneously applied manual techniques. It was like an ER intervention with the three practitioners moving purposely to intervene on the patient’s chronic shoulder pain. The patient – a woman in her late 40s wishing to return to kick-boxing activities – arose and admitted symptoms were much improved.

Each patient receives a written patient action plan, outlining causative trauma and current symptoms, treatment goals, the methods and modalities to be applied, the recommended treatment plan and re-assessment date. This provides the patient with a tangible blueprint to address their specific problem, which they can share with family or other treating practitioners. More formal than the conventional “we’ll re-assess in four visits” approach, the action plan assures the patient and commits them to desired outcomes.

Dynamic Health Therapy contracts two physiotherapists, a chiropractor and three massage therapists. The clinic employs two physical therapy/occupational therapy assistants,

DONALD QUINN DILLON, RMT, is a practitioner, speaker and mentor. Find him at dondillon-rmt.com.
two receptionists, and Adrianne as clinic director and hypnotherapy practitioner. The space is warm and comfortable, with high ceilings, wall art, a small rehabilitation area with equipment, staff room and laundry facilities.

Adrianne admits the greatest challenge is hiring and retaining good people. She is selective in adding a new person to the team, and is quick to fire if a prospect isn’t working out well. “It’s key to recruit excellent candidates, but also learning how to keep them passionate and engaged. We provide training, hold team meetings, surprise our staff with free lunches, remember and celebrate every birthday, milestone event, personal and professional accomplishments. We are creating a culture,” she says.

Practitioners are paid well, and the orientation and training in clinic processes and systems are extensive. Practitioners receive compensation for professional development and are encouraged to continue learning new skills. Practice statistics are kept through software called One Minute Practice that reports among other data, the number of patients treated, treatment plan presented, and patient compliance to the plan. Adrianne and Sean track the data thoroughly, looking for gaps in practitioner performance and opportunities for further training.

Sean has received coaching directly from Paul Wright, CEO of One Minute Practice. Wright’s salient message, “Know your numbers. You don’t know where you’re going if you don’t know where you are.”

Remarkably, Sean and Adrianne have pulled all this together in just over a year. Sean had been renting space in other clinics far from his hometown, paying large commissions because of his industrious work ethic and high volume of care provided. Sean has raised his fees three times in six months because of demand. This encourages his patients to see other practitioners in his clinic, freeing Sean to treat more difficult cases. This model incorporating premium pricing, integrated team care, and multiple modalities and methods provides a high yield for the business. Sean and Adrianne’s take-home is five to six times the average income reported in the most recent RMTAO earnings survey.

Adrianne stresses the importance of feeling cared for. She has personally witnessed where conventional health-care practices fall far short, and shared a difficult story about her own parent’s medical care in the past year. Adrianne frequently tells Dynamic’s patients “you’re never alone in your recovery journey…we are with you every step of the way.” She says many people, despite the cost, attend several sessions a week. They have confidence in the practitioners, and they get the results they’re looking for.

---

**CLINICAL GUIDE TO POSITIONAL RELEASE THERAPY**

Clinical Guide to Positional Release Therapy provides professionals in the sports medicine and therapy fields with an easy-to-read reference on the clinical application of positional release therapy (PRT). The book is an invaluable resource for those who desire to learn, practice, and perfect the art of PRT to gently treat patients of all ages who have acute and chronic somatic dysfunction, including tightness and pain.

This book includes more than 400 full-color photos and illustrations. The unique layout of the book displays the anatomy, palpation, and treatment techniques in one or two pages, making the techniques visually easy for practitioners and students to follow and put into practice. In addition, scanning charts listing structures and mapping of the anatomical areas specific to the chapter content appear at the end of each chapter.
Trusting touch
Exploring massage therapy’s role in mental health promotion
by Marites Sison

For more than 16 years, registered massage therapist (RMT) Chris O’Connor worked with people going through various mental health issues, including post-traumatic stress disorder (PTSD) and eating disorders.

He says he has seen firsthand the benefits of massage therapy as part of a holistic, complementary approach to addressing mental health challenges.

People struggling with mental health problems often battle with anxiety and an inability to relax, says O’Connor, who has worked at the Homewood Health Centre, a mental health and addiction facility in Guelph, Ont. O’Connor now has a private practice, aside from being a public speaker and an educator. When patients at the facility received a massage therapy, he says, they often told him they felt very relaxed and that “it was the first time, in a long time, they had forgotten their problems.”

O’Connor’s first exposure to the value of massage therapy for mental health came while he was a student trying to fulfill a massage therapy school requirement for community service.

Volunteering at a mental health centre in Toronto, he was assigned to provide massage therapy to outpatients, most of whom had suffered physical and psychological abuse. “They had lived on the streets but they came in and started to trust what we were doing,” he says. “I didn’t see how profound it was at the time because I was… new to it all.”

But over time, he says, he realized what massage therapy had meant to these outpatients. RMTs had “literally welcomed patients with open arms and [gave] them therapeutic versus abusive touch they have suffered,” he says. It was like “having someone who actually cares, who actually steps up and doesn’t abuse you, doesn’t feel like you’re a burden to them.”

Over the years, there have been studies assessing the effectiveness of massage therapy in easing mental health symptoms. Early this year, researchers at Beaumont Health System in Royal Oak, Mich., reported that inpatients at a progressive care unit who were given clinical massage or guided imagery to supplement traditional care noted “a significant reduction” in pain, anxiety, and sleep disorders.

For three months, 288 inpatients had been offered either a daily 15-minute complimentary clinical massage or a 30-minute guided image recording and asked to rate their pain and anxiety levels before and after the sessions.

“Patients in the progressive care unit typically experience high levels of pain and anxiety and exhibit difficulty sleeping,” explains the study, Beneficial Effects of Guided Imagery or Clinical Massage on the Status of Patients in a Progressive Care Unit, which was published in the February 2017 issue of the Critical Care Nurse journal.

In 2005, researchers from the University of Miami School of Medicine in Florida, and Duke University Medical School in North Carolina, gathered several studies conducted over the years that have documented the positive effects of massage therapy on biochemistry, including decreased levels of cortisol (“the primary stress hormone,” high levels of which can hamper one’s immune function) and increased levels of serotonin and dopamine – neurotransmitters that help regulate mood, emotions and other neurological processes.
Cortisol reduction following massage therapy was noted both “immediately following massage sessions and over the course of massage therapy treatment periods” in conditions ranging from job stress to depression and depression-related disorders and auto-immune conditions, note the researchers in the article, Cortisol Decreases and Serotonin and Dopamine Increase Following Massage Therapy, published by Taylor & Francis, a U.K.-based company that publishes books and academic journals. (Cortisol level was measured either in saliva or urine, and serotonin and dopamine, in urine.)

As more and more patients turn to complementary approaches and look beyond traditional medicine to help them deal with health issues, the question about whether massage therapy can be part of the mental health toolbox is increasingly being asked.

Pamela Fitch, a RMT and faculty member of the massage therapy program at Algonquin College, notes that more and more, RMTs are being invited to participate in studies on mental health issues and in teams handling trauma issues. “One of the more significant findings in the meta-analysis of massage therapy and its benefits was in fact the degree [in which it] improves mood, reduces fatigue and reduces anxiety and depression,” she says when asked whether massage therapy can indeed help ease symptoms related to mental health issues.

She notes that RMTs often think of the therapy’s effect on their client’s bodies. “We look for outcomes or physiological determinants – lowering pain, improving and reducing adhesions.”

Clients, however, perceive their experience psychologically, she says. “Can I trust this person? Yes. Do I feel comfortable in this circumstance? Yes.”

What a RMT invariably does is help patients “self-regulate,” Fitch says. “We encourage clients to feel comfortable in the treatment room, to be able to have choice about what happens in their care.”

Craig Currah, a recreationist and case worker at the Centre for Addiction and Mental Health (CAMH) in Toronto, says discussions about whether massage therapy can help manage mental health issues “should be prefaced with comparing and contrasting how we think about mental health versus mental illness.”

Everyone experiences mental health, “which can be affected by issues such as stress, anxiety, overall life satisfaction,” he says. “Wellness is an important contributor to mental health as it is to coping with issues around mental illness.”

Currah says that while medication “can address symptoms of the illness and promote stability,” in people who experience mental illness, wellness “is still an important consideration in one’s overall recovery.”

Massage therapy, and other modalities involving touch, fall within the ambit of wellness, says Currah. “Massage and therapeutic touch can help all people, whether or not they have a psychiatric diagnosis, because it promotes relaxation and stress reduction,” he says. “…It can be a preventative tool to maintain wellness and combat the negative physical, and sometimes emotional, effects of stress on people.”

Currah maintains, however, that “there is no evidence that massage can help with symptoms related to any particular mental illness, such as anxiety or psychosis.” Still, he adds, because massage therapy “acknowledges the whole person,” it can benefit the mind and nourish the soul.
TEAM EFFORT

Therapeutic touch “may help some people who have experienced trauma and or violence to feel more comfortable receiving touch in a measured and controlled environment as they build trust with their massage therapist,” Currah says. “For some, massage therapy can involve a vulnerability and a letting go, especially for those who may have struggled with issues around self-image or body-shaming. This can be a very therapeutic moment which can allow an individual to work through deeply embedded issues.”

Fitch agrees that touch “can be a sanctuary” for a client. But, she hastens to add, there are also clients who don’t feel safe being touched.

Touch, she says, “is like a lightning rod.” For people with mental health issues, touch can be soothing – “it can facilitate self-regulation and encourage integration of some experience.” Or, “it can feel threatening.”

Fitch underscores that massage therapy alone is not the answer. “You need to have other supports in place. You can’t have it without psychotherapy, [or] psychologist or physician support because the reality is when someone has trauma in their history, [massage therapy] may inadvertently trigger a cascade of emotions or remind a client of a traumatic incident,” she says. “I know from experience that massage therapy is a great and effective treatment, as long as it comes at the end, near the end, of the person’s recovery.”

Cross-discipline type of work, she adds, “is very effective” for people suffering from PTSD and depression.

Both Fitch and O’Connor say RMTs do not necessarily have to apply a different protocol when dealing with clients with mental health issues. Nonetheless, they stress the importance of making sure RMTs are well-informed of their client’s condition so that they can respond appropriately.

“We may take a little more care in understanding what triggers might exist for the person that could make them feel worse,” Fitch says, adding that it would require a “more complex, more subtle type of treatment.”

While a massage therapist would do the same type of work in terms of releasing an adhesion and facilitating flexibility, she would also need to pay attention to “making sure the client feels safe at all times.”

O’Connor says it’s important for RMTs to educate themselves and not be worried about treating people with mental health issues.

“If you understand the condition a little more, you can see the person behind the condition,” he says. “You have to pay attention to what their needs are. With most therapeutic relationships there’s trust involved. People with mental health issues, I find, have a harder time relinquishing that trust. You really need to establish trust, otherwise the treatments are going to be very limited.”

Fitch emphasizes the importance of peer supervision. “Within the first few years of work, new massage therapists would really benefit from consulting with experienced therapists... Other professions do it. There’s no reason we can’t do it. It would make us safer with our clients.”

ACCESS TO TOUCH

In terms of how often a patient should go to reap the full benefits of massage therapy, Fitch and Currah say that while there are no hard and fast rules, money is often a major factor.

“Massage is privately funded, so unless they have extended health plans, they’re going to be funding their own care. That is a very big factor in how frequently they can come (for massage therapy care),” she says. “If money was not an issue, you might look forward to seeing someone once a week for a month so that the patient could appreciate how massage therapy fits into their existing condition. Once those four weeks are finished the client can determine the frequency.”

In order to establish trust, O’Connor recommends patients get massage therapy once a week for the first few weeks. “Once you’ve established rapport, it’s very good to have them on a regular routine – at least twice a month.”

Aside from the fact that the cost of massage therapy is often prohibitive, Currah says, time can be a barrier. “In our 21st century lives, we can find ourselves juggling many demands at once to the point of multi-tasking throughout our days.”

Fitch believes that “the public intuitively senses” how they can benefit from massage therapy. But, she adds, “having said that, there’s a gap between what clients intuitively wish and what massage therapists believe they can do.”

Massage therapy, as a profession, “still associates itself with orthopedic change,” she says, “but we do so much more than that, even if therapists aren’t even aware of having an impact on clients.”

O’Connor says touch has never been more vital than this current era of information technology, where people are glued to devices such as smartphones and iPads. “We [RMTs] have such a huge role to play in this new era because so many people are being removed from touch at an earlier age.”

There is that other reality that “we also live in a society that by its very nature does not promote touch, and sometimes discourages physical contact,” Currah says. Many people “have very little positive physical contact throughout their daily goings-on,” he says. “This can make it hard for people to slow down and engage in things like mindfulness, massage or breathing exercises: the demands of everyday life can make it a struggle to self-actualize and work on our wellness.”
CONTEMPORARY MEDICAL ACUPUNCTURE
Neurofunctional Treatment of Pain and Dysfunction

Since 1998, more than 2,200 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, neuroanatomy, functional assessment and evidence-based protocols provided me with a wealth of practical knowledge that could be immediately integrated into my practice with astonishing results. The clarity, content and presentation of the curriculum, as well as the faculty, are second to none. Classroom lectures, practical workshops with countless supervised needle insertions and invaluable hands-on anatomy lab instruction created a well-rounded educational experience that left me feeling completely confident in my abilities.

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

Ken Ansell, RMT, Regina, SK

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

FALL 2017 PROGRAM:
UNIT 1 - September 8-9-10, 2017
Introduction to Neurofunctional Acupuncture
UNIT 2 - Sept 29-30, Oct 1, 2017
Upper Extremity Problems - Acute Pain
UNIT 3 - October 20-21-22, 2017
Axial Skeletal Problems - Visceral Regulation
UNIT 4 - November 10-11-12, 2017
Head & Face Problems - Chronic Pain Syndromes
UNIT 5 - December 1-2-3, 2017
Lower Extremity Problems - Integrated Mgmt.
Registration Deadline Aug 11, 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.
MEET THE EXPERTS

Introducing members of Massage Therapy Canada’s new editorial advisory board

BY MARI-LEN DE GUZMAN

Massage Therapy Canada magazine has invited thought leaders in the massage therapy profession to help shape the publication’s editorial direction. These industry experts will comprise the magazine’s newly formed editorial advisory board.

Get to know the new Massage Therapy Canada editorial advisory board members.

PAUL KOHLMEIER
Paul Kohlmeier has been a registered massage therapist in Manitoba for nearly two decades. With a bachelor’s degree in physical education and advanced massage therapy diploma from the Wellington College of Remedial Massage Therapies, Kohlmeier has been a very active participant in the massage therapy community, particularly in the Massage Therapy Association of Manitoba (MTAM).

“We have the opportunity through the associations to engage that group of RMTs, making it our biggest opportunity,” says Kohlmeier who has volunteered with the MTAM for a number of years, including as president and secretary-treasurer. He is also a member of the IN-CAM’s special interest group for massage therapy.

Kohlmeier is also a registered acupuncturist and has been a volunteer in the board of directors of the Manitoba Professional Acupuncture Association.

Kohlmeier’s interest is in clinical work, focusing on muscle energy techniques. He is also interested in oncology, where he believes the profession can make a difference in the lives of people going through the most difficult moments in their lives.

Research is another area that he is passionate about. He dreams of creating a professional research network that involves RMTs and their work with patients.

“It could show us where we do well, where we do not, and point to what needs to be studied. It could be that we are doing something amazing but it doesn’t happen often enough to bring it to anyone’s attention,” Kohlmeier says.

He believes one of the biggest challenges facing RMTs in Canada is the seeming disconnectedness of the profession, as many practitioners work alone, at home or in small clinics, with very little opportunity to network and build professional relationships. “This disconnect keeps the profession from speaking with a unified voice.”

Kohlmeier believes the massage therapy profession will see regulation in all Canadian provinces someday, which can pave the way for a national agreement and procedure that will enable practice mobility and better opportunities for massage therapists.

SCOTT ANDREW
Scott Andrew is the instructor and clinic director at the Atlantic College of Therapeutic Massage, in Fredericton, N.B. He has been in practice as a self-employed RMT since 1999, with a degree in Biology from Western University in London, Ont.

“The idea of pursuing a career in health care was likely planted when I worked as a porter at the Royal Ottawa Regional Rehabilitation Centre in Ottawa, while in high school. Seeing individuals who were facing incredible physical challenges instilled in me a great appreciation for the fragility and resiliency of the human body,” Andrew says.

Over the course of his career, Andrew has had opportunities to work alongside health-care professionals in various specialties including: osteopathy, orthopaedic surgery, primary care medicine, chiropractic, physiotherapy, naturopathic medicine, pedorthics, and occupational therapy.

“Moving from Ontario to New Brunswick eight years ago provided an opportunity for me to see how the profession is viewed by other health-care providers and the public in a non-regulated province,” Andrew says. As current site surveyor for the Canadian Massage Therapy Council for Accreditation, Andrew’s goal is to help in the establishment of a national standard of competency for the massage therapy profession.

His passion for the education of future massage therapy professionals has

MARI-LEN DE GUZMAN is the editor of Massage Therapy Canada magazine. You can contact her at mdeguzman@annexweb.com.
grown in recent years, believing that “the more deeply students understand they are members of a health-care profession the deeper their level of self-respect and involvement in our profession becomes.”

Clinical research is another area of interest for Andrew. He spent two years at the University of New Brunswick in Fredericton examining the effects of massage therapy on individuals with fibromyalgia.

If there is one thing he would like to do to help advance the profession, it’s to help foster mentorships for therapists, especially in jurisdictions that have yet to achieve professional regulation. Regulated provinces, he says, can provide mentorship for those who are looking to build up their level of confidence.

“This dialogue needs to be a continual conversation devoid of regional bias and protectionism. I wish every therapist could experience what it is like to sit at a discussion table with supportive, intelligent and committed therapists from across the country and see just how similar we are,” Andrew says.

**BETH BARBERREE**

Beth Barberree began her career as a massage therapist in Alberta in 1995. Throughout her successful practice, she also dedicated many years as a leader in the professional community and an advocate for high standards of practice.

She has served as president of the Massage Therapist Association of Alberta and is currently the president and board chair of the Alberta Support Council for Massage Therapy. She has been a volunteer with the IN-CAM Massage Therapy Special Interest Group since 2011.

Barberree is among Alberta RMTs working and advocating for professional regulation in the province.

“One thing that most strongly drives me is the need for consistent standards for massage therapy education and practice to be adopted across the country,” she said. “I believe that ensuring open, ongoing effective collaboration among massage therapy organizations representing all facets of the profession across the country is crucial to realizing this vision.”

Barberree completed her master of arts in health leadership from Royal Roads University in Victoria, B.C., in 2016 and is pursuing leadership and management consulting work for various organizations. She has written for various publications, including *Massage Therapy Canada*. She has presented at various Canadian and international conferences, including at the International Massage Therapy Research Conference.

Asked about what she believes is the biggest challenge facing massage therapy professionals today, Barberree remarks, “I think that much of the activity that occurs in the best interest of advancing the profession still occurs in silos. Egos need to be left at the door and focus on what is best for the profession needs to be the priority.”

For her part, this Alberta RMT wants to see a “shared vision” in the profession that will guide decision making among leaders across Canada.

“Collaborative leadership best practices need to guide interactions among groups, both within the massage therapy profession and with our external stakeholders as well. Open dialogue based on building trusting relationships, difficult yet crucial conversations, and respectful and sustainable change management practices are key to this process,” Barberree points out.

**DONELDA GOWAN-MOODY**

Clinical work, research and patient education are three areas that guide Donelda Gowan-Moody’s massage therapy practice. Since completing her massage therapy diploma in 1987 from the Canadian College of Massage and Hydrotherapy in Sutton, Ont., Gowan-Moody has built up a career with significant focus on research and pursuing higher education. Aside from her massage therapy diploma, she has a
bachelors degree in psychology, a master’s of science and is currently completing a doctor of philosophy in community and population health science at the University of Saskatchewan.

“My goal for the profession is that massage therapy is unerringly perceived of and utilized as a health promotion profession, treatment provider profession, and health management profession that is well-respected and well-understood by practitioners, users, other health-care providers, and all policy and decision-makers,” Gowan-Moody says.

Throughout her career Gowan-Moody, who now resides in Saskatoon, has engaged in numerous research initiatives and has been published in several publications, including peer-reviewed articles in the Journal of Complementary and Integrative Medicine and the International Journal of Therapeutic Massage and Bodywork.

Her current research focus involves issues of patient safety, including adverse events. She believes studying good patient outcomes is informed by investigation of poor outcomes, as “understanding one aids in understanding and articulating the other.”

As a perpetual scholar, Gowan-Moody believes learning from each other is the profession’s biggest opportunity. “We can learn from the education, research, practice and policy of both the dominant biomedical care provider groups (physicians, nurses, pharmacists) and traditional, alternative, and complementary care provider groups... Each of these groups are at different places in modern scholarship and the dissemination and development of knowledge.”

JASON WHITE
Jason White is both a certified athletic therapist and sport massage therapist. His practice is based in Toronto, and has worked as team therapist in a number of major sporting events, including the 2015 Pan Am and Parapan Am Games, the Commonwealth Games, and both the Canada Winter and Summer Games.

He is actively involved with the Canadian Sport Massage Therapy Association (CSMTA), currently serving as education chair for the Ontario chapter and sits on the CSMTA national certification committee.

Like many leaders in the profession, White wants to see standardization and shared best practices for massage therapy across Canada.

“With an aging population, with needs that will continue to change, as health-care professionals, we’ll be called upon to support those changing needs and we need to be ready,” White notes.

“I’d like to see more research around massage therapy. More research will lead us to greater insights for how we can care for our patients, provide more value and be more effective.”

White’s interest in sport massage began early on when, as a competitive athlete he witnessed and benefitted from various treatments for periodic injuries and musculoskeletal conditions delivered by an array of health professionals. “I knew that a career in sports medicine was the right path for me.”

In addition to being a certified athletic therapist and sport massage therapist, White is also a registered kinesiologist, a contemporary medical acupuncture practitioner, and a craniosacral therapist – allowing him to bring a multidisciplinary approach to patient care.

White’s passion is in working with high performance athletes. Being an athlete himself allows him to understand the physical, emotional and psychological demands that sport places on an athlete, and enables him to be more effective in treating athletes as a “whole patient.”

“From injury through rehab to healing, from pre-season through the season, often to podium, the satisfaction of knowing that I have helped them achieve success is what drives me,” White says.

White believes massage therapists need more advanced education – beyond diploma-level – to match other health-care professions, advocating for a degree-level program or higher for massage therapy.

MIKE DIXON
Vancouver-based RMT Mike Dixon has been in practice for about 30 years. He is an educator, a published author and international presenter in massage therapy continuing education. He is the senior practical advisor at the West Coast College of Massage Therapy, and has also taught at the Boucher Institute of Naturopathic Medicine.

Dixon has trained more than 2,000 massage therapists and naturopathic doctors. He is very focused on orthopedic assessment and treatments. “I have found that working with alignment of the skeleton, correcting joint and muscle dysfunction, provided so many of my patients with return to health and optimal function. These techniques include: traction mobilizations, joint mobilizations, muscle energy techniques, fascial techniques, stretching, end range loading and nerve mobilization, to mention a few.

With that being said, I do not limit myself to an orthopedic practice and enjoy a diversity of patient profiles and cases.”

In 2006, he published his textbook, Joint Play the Right Way for the Axial Skeleton, which covers a multidimensional approach to the treatment of the spine and the pelvis.

As with many in the profession, Dixon hopes a national standardized education and regulation for massage therapists – with a minimum of 2,500 hours of education – will enable cross-jurisdiction professional mobility for therapists.

Asked about some of the challenges facing the profession today, Dixon expresses concern about the potential implications of health-care fraud to the viability of the profession.

Dixon, however, remains confident about the “bright, smart and talented people” entering the massage therapy profession.

“These therapists will take this profession to a new level, to include research, best practices, and trained college and university educators.”

As health-care professionals, we’ll be called upon to support those changing needs and we need to be ready.
Be Regulation-ready!

You deserve credit for the experience you have.

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.

www.nmoc.ca

Want to renew or subscribe?

BIZINGA MEDICAL

For more information contact: 416-741-7462
email: info@bizinga.ca • www.bizinga.ca

Advertisers Index

Annex Bookstore ........................................ 13
Canadian Academy of Osteopathy .............. 2
Canadian College of Osteopathy ............... 5
Contemporary Medical Acupuncture ......... 17
Resource Directory .................................. 21
Shockwave .............................................. 24
Talus ..................................................... 9
Upledger Institute .................................. 23

Charting Skills for Massage Therapists

Donald Q. Dillon, RMT Coaching, Curriculum & Community

2nd Edition

$79.95
dondillon-RMT.com

massagetherapycanada.com Spring 2017 Massage Therapy Canada 21
Do you find yourself emotionally spent at the end of your treatment day? Is it hard to drag yourself to the clinic the next morning? Are you able to leave the frustration of a bad commute in your car when you walk into the treatment room?

We all want to do the best for our patients. In order to do that we need to act as good leaders, guiding and encouraging their wellness. However, sometimes this is easier said than done.

How you recover from daily challenges in your personal and professional life could affect quality of care you provide, and thus, patient outcomes and repeat business. One component of good leadership is the ability to be resilient. You know who these people are. They’re the ones who seem to recover more quickly from unfortunate circumstances or bad luck. However, resiliency is not an innate character trait that you either have or you don’t. Rather, resiliency can be learned.

Resiliency is not about being tenacious enough to push through when you’re at your wits end; it’s about being able to recognize when you approach that point and take action to replenish yourself. Have you ever noticed how differently you feel about doing something at the end of the day that you really dislike and don’t want to do? Pause for a moment and think about how you feel in each of those situations.

What energizes one person could very well deplete another, so we need to get to know ourselves and be familiar with what fuels us and what drains us.

Marilyn Orr, an executive coach and author, used the analogy of a gas tank to describe variations in people’s energy. Try this visualization exercise: Picture a tank where the level of the fluid inside represents your current energy level. Now, think about your typical day. Consider the activities you generally engage in. What is happening to the fluid level of your tank as you complete these tasks? What is depleting your tank? What fills it?

This is a useful strategy to identify the reasons why you might be lacking energy. If you see your tank depleting throughout the day and little replenishment, it becomes easy to understand why you might have low energy. The good news is that with practice, you can become more efficient at recognizing when your tank gets empty.

Of course, it’s not as simple as merely avoiding all things that empty our tanks rather than fill them. We can learn to improve our resiliency and approach a place that has better balance. How many times have we chosen to continue on a path that’s draining us just because we’d chosen it at some time prior to now? Choose a different path, one that fills your tank rather than depletes it.

So, now that you have a tool to evaluate how an activity affects your energy levels, here are a few ideas of how you might boost your energy and resiliency.

- **Simplify your life.** Figure out what you need versus what you want. Are you working to live or living to work? Would you survive just fine if you had less “stuff”?
- **Take actual vacations.** Do you continue to manage your patient bookings while you’re away, or do you unplug?
- **Integrate more reflection and introspection into your lifestyle.** While doing something seemingly mindless (gardening or cleaning out the garage), have you ever had an epiphany about a patient who has plateaued? Allowing for free flow of thoughts without a rigid structure can generate solutions.
- **Don’t take yourself so seriously.** Undue pressure on yourself can drain your tank rapidly. No one is perfect, so be as gracious with yourself as you are with your friends and family. This is captured beautifully in a YouTube video titled, Benjamin Zander Rule No. 6.

The choice is yours. You can incorporate things that fuel you and boost your resiliency. This will actively combat that mental and emotional fatigue that can come with our line of work.

When we’re at our best, we are most able to be fully attentive and present when treating our patients. Good outcomes make for good business.

---

**BETH BARBERREE** began her massage therapy career in 1995, achieved a psychology degree in 2011, and a master’s degree in leadership-health in 2016. She has also been involved in various boards, conferences, planning summits, working groups and committees. Beth now consults for organizations requiring governance, strategic planning and change management support.
Follow Your Pathway to Success

Discover Upledger CranioSacral Therapy

CranioSacral Therapy 1 (CS1)
- Toronto, ON: May 11-14, 2017
- Vancouver, BC: May 25-28, 2017
- Edmonton, AB: Sep 14-17, 2017
- Ottawa, ON: Sep 21-24, 2017
- Winnipeg, MB: Oct 19-22, 2017

CranioSacral Therapy 2 (CS2)
- Toronto, ON: May 11-14, 2017
- Edmonton, AB: May 18-21, 2017

CST for Longevity: Reversal of the Aging Process (CSLRAP)
- Toronto, ON: May 11-14, 2017

Additional dates and locations at:
800-233-5880 | Upledger.com

Discover Visceral & Neural Manipulation

VM: Organ-Specific Fascial Mobilization; Abdomen 1 (VM1)
- Edmonton, AB: May 18-21, 2017
- Toronto, ON: Aug 24-27, 2017
- Vancouver, BC: Oct 19-22, 2017

VM: Organ-Specific Fascial Mobilization; Abdomen 2 (VM2)
- Toronto, ON: May 11-14, 2017
- Ottawa, ON: Sep 21-24, 2017
- Vancouver, BC: Oct 19-22, 2017

NM: Neuromeningeal Manipulation; An Integrative Approach to Trauma (NM1)
- Vancouver, BC: May 26-28, 2017

Additional dates and locations at:
866-522-7725 | Barralinstitute.com

Discover Lymph Balancing and the Complete D’Ambrogiocurriculum

Lymphatic Balancing: Lower Quadrant (LBLQ)
- Edmonton, AB: May 18-21, 2017

Total Body Balancing 1 (TBB1)
- Edmonton, AB: Sep 14-17, 2017

Ask About DVD Home Study & Core-Pak Special Pricing.

Additional dates and locations at:
866-311-9204 | DAmbrogioinstitute.com

START TRAINING $100 PER MONTH
Ask about our Core-Pak Training & Certification Package
NEW GENERATION OF HAND CONTROLLED SHOCKWAVE DEVICES!

SAVE YOUR HANDS AND ELBOWS!

CONDITONS 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

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

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