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FROM THE EDITOR

Digital reach

WE RECENTLY HELD our first annual conference call with members of our editorial advisory board and it was a very productive discussion of issues and trends affecting health care and the massage therapy profession. Thank you to our board members – Beth Barberree, Mike Dixon, Donelda Gowan-Moody, Paul Kohlmeier, Scott Andrew and Jason White – for all your valuable inputs. Our cover story this issue covers the highlights from the discussion.

One of the topics I was hoping to discuss was trends on technology adoption, particularly by massage therapy professionals. When it comes to technology, health practitioners are generally slow to adopt the latest innovations that can potentially change the face of patient care. An analyst I recently spoke to from PricewaterhouseCoopers notes the relatively slower pace of technology adoption in health care may be due to stringent patient privacy legislation that those in health care must adhere to.

Talks about integrated technologies and electronic access to patient records conjure up nightmares of privacy breaches that can potentially occur. Just turn on the news or read up on the recent breaches in patient records, and you’ll get why there is such a concern in liberal adoption of innovative technologies.

Where technology can benefit RMTs, however, is in the area of digital marketing. It is no secret that today’s consumers generally go online to research products and services before making a purchasing decision – or booking an appointment, for that matter. Many health practitioners have already jumped on the bandwagon, employing marketing strategies that aim to increase their online presence.

RMTs have a good amount of knowledge on health and wellness waiting to be shared to a digital audience. Your website and social media platforms are effective vehicles for you to share this knowledge and build your profile as a subject matter expert.

Take a look at what content you’re providing to your followers online. Is your content compelling or valuable enough for your readers to share them with their own networks? If the answer is no, the new year would be a good time to reconsider your marketing plan and put some effort into building up your online presence.

Happy Holidays and see you in 2018!

MARI-LEN DE GUZMAN, Editor

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Report: Clients claim sex abuse at Massage Envy spas

SCOTTSDALE, ARIZ. – More than 180 people across the United States have filed sexual assault lawsuits, police reports and other sexual misconduct complaints against Massage Envy spas, their employees and the national company, according to an investigative report by the website BuzzFeed News.

The website reported that many of those who complained believed their claims were mishandled or ignored by employees and owners of individual Massage Envy spas and by the national company.

Dozens of women reported digital and oral penetration. More than 100 reported that massage therapists groped their genitals, groped their breasts, or committed other explicit violations.

Adam Horowitz, a lawyer who has handled more than two dozen sexual misconduct lawsuits involving Massage Envy, said he received 25 calls from alleged new victims following the report’s publication.

The claims represent only a fraction of the tens of millions of services Massage Envy says its franchises have provided, BuzzFeed News reported.

Lawyers for spa clients told BuzzFeed News that there are cases of women reporting massage therapist abuse to police where no arrests have been made with Massage Envy spas offering settlements before lawsuits have been filed, leaving no public record.

Massage Envy in a statement said the complaints documented by BuzzFeed News spanned a period of more than 15 years and said each account was heart-breaking.

“But, we believe that even one incident is too many, so we are constantly listening, learning, and evaluating how we can continue to strengthen our policies with respect to handling of these issues,” the company said.

Melanie Hansen, general counsel of Massage Envy Franchising, told BuzzFeed News that the company has worked hard to create the industry’s “most stringent, rigorous policies” for hiring, screening and training therapists.

Except in some places where local laws might demand it, the company does not compel franchisees to notify law enforcement or to hire qualified investigators to help determine what happened, BuzzFeed News reported.

The company tells franchisees they must conduct their own “prompt, fair, and thorough” investigation of any abuse or misconduct claims, but Buzz Feed News reported it provides little guidance on how to do so.

In court filings and in public statements, Massage Envy said it is not liable for sexual assaults that take place at the spas because of the nature of the franchise arrangement, BuzzFeed news reported. Spas control their own day-to-day operations, Hansen said, including figuring out how best to investigate inappropriate conduct.

– The Associated Press

WHAT’S ONLINE

Trending items on MassageTherapyCanada.com

MISSED AN ISSUE?


JOB POSTING

Whether you’re looking for new opportunities or in search of RMTs to join your team, our online Marketplace section is a great resource.
Health spending forecast to hit $242 billion this year

Health spending in Canada is expected to reach $6,604 per capita this year – or about $200 more per person compared to last year – according to a report released by the Canadian Institute for Health Information. It forecasts total health spending for the year to increase almost four per cent to $242 billion and equal 11.5 per cent of Canada’s gross domestic product, similar to last year.

The Institute says the growth rate is slightly higher than the annual average of 3.2 per cent that has been recorded since 2010. The report says total health spending per person is expected to vary across the country, from $7,378 in Newfoundland and Labrador and $7,329 in Alberta to $6,367 in Ontario and $6,321 in British Columbia.

Hospitals, at 28.3 per cent, are expected to eat up the largest share of health dollars in 2017 as they have since 1997, followed by drugs at 16.4 per cent and physician services at 15.4 per cent.

Drug spending is expected to grow the fastest, reaching an estimated 5.2 per cent this year. Physician spending growth is forecast to grow 4.4 per cent and spending on hospitals is estimated to grow by 2.9 per cent.

On an international basis, the report says Canada’s health spending per person in 2015 was $5,681, similar to spending in France and the United Kingdom.

Per capita spending remained highest in the United States at C$11,916.

– The Canadian Press

CONCUSSION

Sport head injuries may cause memory loss, researchers say

McMaster university neuroscientists studying sports-related head injuries have found that it takes less than a full concussion to cause memory loss, possibly because even mild trauma can interrupt the production of new neurons in a region of the brain responsible for memory.

Though such losses are temporary, the findings raise questions about the long-term effects of repeated injuries and the academic performance of student athletes.

The researchers spent months following dozens of athletes involved in high-contact sports such as rugby and football, and believe that concussions and repetitive impact can interrupt neurogenesis — or the creation of new neurons — in the hippocampus, a vulnerable region of the brain critical to memory.

The findings were presented November 14th at the Society for Neuroscience’s annual conference, Neuroscience 2017, in Washington D.C.

“Not only are newborn neurons critical for memory, but they are also involved in mood and anxiety,” explains Melissa McCradden, a neuroscience postdoctoral fellow at McMaster University who conducted the work. “We believe these results may help explain why so many athletes experience difficulties with mood and anxiety in addition to memory problems.”

For the study, researchers administered memory tests and assessed different types of athletes in two blocks over the course of two years. In the first block, they compared athletes who had suffered a concussion, uninjured athletes who played the same sport, same-sport athletes with musculoskeletal injuries, and healthy athletes who acted as a control group.

Concussed athletes performed worse on the memory assessment called a mnemonic similarity test (MST), which evaluates a person’s ability to distinguish between images that are new, previously presented, or very similar to images previously presented.

In the second study, rugby players were given the MST before the season started, halfway through the season, and one month after their last game. Scores for injured and uninjured athletes alike dropped midseason, compared to preseason scores, but recovered by the postseason assessment.

Both concussed and non-concussed players showed a significant improvement in their performance on the test after a reprieve from their sport. For the concussed athletes, this occurred after being medically cleared to return to full practice and competition. For the rugby players, they improved after approximately a month away from the sport.

If neurogenesis is negatively affected by concussion, researchers say, exercise could be an important tool in the recovery process, since it is known to promote the production of neurons. A growing body of new research suggests that gentle exercise, which is introduced before a concussed patient is fully symptom free, is beneficial.

“The important message here is that the brain does recover from injury after a period of reprieve,” says McCradden. “There is a tremendous potential for the brain to heal itself.”

– Newswise

Concussions from high-contact sports can interrupt neurogenesis.
POLICY

Feds to boost treatment options for drug users

CALGARY – Ottawa is planning to boost treatment options for drug users as it tries to deal with what Health Minister Ginette Petitpas Taylor is calling a national public health crisis.

Petitpas Taylor outlined some of the steps the federal government aims to take during a conference in Calgary of the Canadian Centre on Substance Use and Addiction.

She said the government plans to support pilot projects that would provide safer opioid alternatives at supervised consumption sites.

Ottawa also aims to hold consultations on allowing different drugs, such as heroin, to be administered outside of hospital settings.

She said the government intends to allow drug-checking services at all authorized supervised consumption sites that would like to offer that service.

Petitpas Taylor added that she wants to work with provinces and territories to find a better way to establish temporary overdose prevention sites if there’s an urgent need.

“This is an emergency and ... sometimes the short-term measures need to be taken to address the reality on the ground,” she said in her speech at the event.

Petitpas Taylor said 3,000 people could die this year as a result of the opioid crisis.

– The Canadian Press

PHYSICAL ACTIVITY

B.C. researchers aim to help people with spinal cord injuries get fit

VANCOUVER – People with spinal cord injuries now have a set of exercise guidelines for maintaining heart health to match those offered to the general population decades ago.

Kathleen Martin Ginis, a researcher at the University of British Columbia’s Okanagan campus, led an international committee that recommends 30 minutes of moderate to vigorous intensity aerobic exercise, three times a week, for people with spinal cord injuries.

That’s compared with 150 minutes of cardiovascular exercise every week for others, as recommended by the World Health Organization.

Martin Ginis said the new guidelines are in addition to recommendations she helped come up with in 2011 for people with spinal cord injuries through her work at McMaster University in Hamilton, Ont.

Martin Ginis worked with a team that included participants from Canada, U.K., the Netherlands, Sweden, Italy and the United States. Their research was be published in the journal Spinal Cord.

The team also analyzed 211 studies examining the effects of exercise on cardiopulmonary fitness, muscle strength, bone health, body composition and cardiovascular risk factors for people with spinal cord injuries.

That population faces significant barriers when it comes to exercise, starting with transportation if they aim to get to a gym, let alone trying to navigate their wheelchairs on sidewalks without ramps, Martin Ginis said.

Gyms often exclude people with disabilities, but could accommodate them with adaptable equipment and knowledgeable staff, she said.

“If there are ways to get into a facility there are ways to adapt standard exercise equipment for people with spinal cord injuries, at least for strength training.”

People with disabilities often have to pay extra if they come with an assistant to help them with equipment, she said.

Martin Ginis called the Abilities Centre in Whitby, Ont., the “gold standard” of gyms because of its inclusive programming that includes arm ergometers, or so-called arm bikes.

The centre was a special project of former Conservative finance minister Jim Flaherty, whose son John had health challenges after contracting encephalitis as an infant.

Martin Ginis said about six gyms in Canada are dedicated to people with spinal cord injuries, in cities including Vancouver, Calgary, Hamilton and St. Catharines, Ont., and that most are affiliated with universities.

Brad Skeats, 43, works out at the Physical Activity Research Centre gym, a Vancouver facility led by researchers at the International Collaboration On Repair Discoveries, or ICORD.

Jasmin Ma, who collects data at the ICORD gym as a PhD student and is a personal trainer for people with spinal cord injuries, said some of her clients are surprised to hear they would be able to do aerobic exercise.

“There are a lot of fabulous ways you can do an exercise. It’s just a matter of finding out how you can do it for your specific situation.”

She said people who may not have grip strength, for example, could use grip-resistant gloves or “active hands.”

– Camille Bains
The Canadian Press
**EDUCATION**

New Mayo Clinic book touts holistic wellness

A new Mayo Clinic book — Mayo Clinic: The Integrative Guide to Good Health — highlights the importance of mental and spiritual wellness when maintaining an individual’s overall health.

Mayo Clinic’s Dr. Brent Bauer, professor of general internal medicine; Dr. Cindy Kermott, assistant professor of preventive medicine; and Dr. Martha Millman, emeritus assistant professor of preventive medicine wrote the book, which addresses all aspects of health, including mind, body and spirit. These experts in integrative and preventive medicine explain what works when treating common ailments, including headaches, allergies and sprains. They also discuss what complementary techniques, such as aromatherapy, acupuncture and reflexology, can enhance conventional medicine.

The authors detail how to apply dozens of therapies, such as progressive muscle relaxation, Pilates and guided imagery.

**BENEFITS**

Motorcycle crash injuries more costly than car crash injuries: study

Motorcyclists in Ontario are three times more likely to be injured in a collision than people in automobiles, 10 times more likely to suffer serious injuries and those injuries will cost more to treat, a new study suggests.

The study from researchers at the University of Toronto, Sunnybrook Health Sciences Centre and the Institute for Clinical Evaluative Science was published in the Canadian Medical Association Journal.

It tracked Ontario adults who went to hospital because of a motorcycle or automobile crash from 2007 through 2013 and calculated the costs of their treatment over a two-year period.

It found treatment of a motorcycle crash’s injuries will cost, on average, nearly twice as much — $5,825 — as those suffered by a person in a car, pegged at $2,995.

“We found that motorcyclists were much more likely to have severe extremity injuries — even mangled extremities or traumatic amputations,” said Dr. Daniel Pincus, an orthopedic resident physician at Sunnybrook who is one of the study’s authors.

The rate of injury was triple for motorcycle crashes compared with automobile crashes — 2,194 injuries a year per 100,000 registered motorcycles as opposed to 718 injuries annually per 100,000 registered automobiles.

“When a crash does happen the result seemed to be more devastating consistently for a motorcyclist,” Pincus said.

The study looked at 26,831 patients injured in motorcycle crashes and 281,826 injured in car crashes, and excluded patients from outside the province.

It found 81 per cent of patients who were in motorcycle crashes were men compared with car crash patients, who were 57 per cent female.

The study’s authors said they hope the higher medical costs associated with motorcycle crash injuries provide incentive to improve motorcycle safety.

“Despite publicly available data indicating that the risk associated with driving a motorcycle is much greater than that associated with driving an automobile, this knowledge has not translated to improvements in motorcycle safety,” the authors said.

The study also pointed to statistics indicating that motorcycle, on average, are driven only a fifth the distance of a car in Ontario and, Pincus said, are much more dangerous than cars on a per-kilometre basis.

Research quoted in the study found that between 2000 and 2010, automobile crash deaths decreased by 55.1 per cent in 19 developed countries, while deaths and injuries in motorcycle crashes remained stable during the same time period.

But Pincus said the motorcycle crash statistics in Ontario “have gotten worse.”

“The number of people dying related to motorcycle crashes in Ontario is worse today than it was in 1997,” he said. “Some of it will never be preventable as motorcycle trauma’s always going to be worse.”

— Peter Cameron

The Canadian Press
There are certain members of our profession that surpass boundaries with their scope, research and accolades. Christine Sutherland is one of those steely individuals, who has explored so many avenues: massage therapist, filmmaker, teacher and author. Most notably, Sutherland is the co-founder of the Sutherland Chan School and Teaching Clinic in Toronto.

Over the years, she has been involved in spinal cord injury recovery, wheelchair sports massage and pediatric massage projects from Africa to Alberta. She worked on-site in the oil fields, and with the SPCA offering “Pet Your Pet” workshops. In tandem, she produced an animal massage tutorial mini-series on YouTube and The Pet Network. Oh, and she’s also the director at World Wide Massage Services, Inc. and director of the Canadian Institute of Palliative Massage.

Her true tour de force work takes place in life’s arrivals and departures focusing on the delicate dynamics of palliative care, labour and delivery. We caught up with Sutherland, who shared her deeper story.

**What was the reassuring moment in your career that confirmed that you were definitely in the right industry?**

My ‘moments’ are more about being able to equip families with an enhanced power of touch. For instance, I was at a funeral today for one of my oldest friends, who I’ve known since I was 19. In his dying days at the hospice, I massaged him every day, several times a day. I taught his friends to massage him. Ministering to him with my hands-on skills helped him breathe, digest, and sleep during such a tumultuous time.

Whether I’m directly hands-on or teaching someone how to be hands-on in either of life’s monumental times – birthing or dying – is where the reassurance lies.

**What made you jump from documentary crew member at Selkirk College to massage school?**

I jumped into massage through my barnyard practice of rehabilitating goats and horses. A friend told me I had a talent that would be better used on people instead of their pets. I was ready to build my first house from scratch and the land deal fell through. I was refused a log home apprenticeship because they said I was too small. With my friend’s insistence I contacted the only accredited massage school in B.C. at the time and they took me on late in their program.

Then I sold my 60 chickens, horse and all my furniture and bought my plane ticket to Toronto. There I got a day job as an audio-visual specialist to pay for my night school. I was able to marry both careers in audio visual and massage by writing curriculum and designing the first how-to massage video in the days of VHS and BETA tapes.

**Your career trajectory has been so colourful – from writing Dying in Good Hands: Palliative Massage and the Power of Touch school?**

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.
to co-founding a school to massaging dogs. When or what will ‘retirement’ mean to you after 40+ years in massage therapy?

Retirement means refinement – and trying to pass on everything that I have acquired through the past 45 years of being hands-on with people and pets. There is still a lot to do – I am designing a curriculum that can be implemented in places like Guatemala where a cooperative of 120 families asked me to train them in maternity and palliative massage. While the original curriculum that I wrote for Sutherland Chan is still relevant today, I’d like to extend that gift of touch to other countries and Canada’s North through instructional videos and social media. Remote Northern communities are in need of health services that allow their elders to stay home for the last part of their lives.

I’m also planning a film series called, “In Good Hands,” with the Telus Health Network and finishing my latest documentary, The Touch of Bridget.

You capitalized on creating a business in the oil fields of Alberta – is there another remote locale that appeals to you? Can you tell me about “Bridging the Gap” in Nicaragua and teaching locals how to massage their elders?

“Bridging the Gap” is my passion project. It’s where kids are taught to massage seniors in hospitals and chronic care facilities in places like Fort St. John, B.C. I’ve been involved in this project from the beginning of my career (it was originally called “Take A Skeleton To Lunch”). I’d buy an assortment of animal organs from Kensington Market and put my skeleton in a stroller. It encouraged our Sutherland Chan students to teach to learn and learn to teach.

Who or what can you attribute your career longevity to? What continues to inspire you?

While working with Grace Chan and Team Canada, I had a painful flare-up in my hands. I couldn’t take anti-inflammatory drugs as I was trying to get pregnant again. Instead, I took the advice of my arthritic patients and adjusted my diet. I quit sugar, wheat, red meat, caffeine and cow products. The alkaline-producing diet I have stuck to all these years has successfully bucked my family genetics, Dupuytren’s contracture and arthritis.

I was also diagnosed with a blood disease and given five years to live. I knew that really meant three years to live and a couple spent dying. So, I undertook a mandatory fun schedule and followed Norman Cousins’ recipe for laughter therapy. I exercise daily, swim three times a week, hike, bike and dance for balance and fun.

I also get massages, take advantage of the local hot springs and ensure my roomies come to my classes. It’s a “homegrown” plan for shoulder and foot rubs at home. This is where the real healing happens, amongst family and friends.

And, I abide by this policy: If it isn’t fun, forget it.
A decade ago, I reviewed the International Classification of Diseases (ICD) in preparation for dramatic changes in submitting auto insurance claims. I recall thinking how limited the list of conditions is in relation to soft-tissue dysfunction. There were codes for strains and sprains, headaches, fractures and neuropathies. However, specific soft-tissue states identifying fascial densification, myofascial trigger points (myofascial anything for that matter), or regressive states of muscle tension and texture were nowhere to be found.

It occurred to me that a language defining dysfunctions frequently treated by the perceptive palpations of massage therapists was grossly underrepresented. Lacking such nomenclature may impair our ability to identify the moment-by-moment state-changes in the soft tissues.

I hope to engage practitioners in thinking about professional nomenclature. Perhaps we can stimulate practitioners to better qualify what they find under their hands, contribute to their soft-tissue assessments and outcome measures, and improve their ability to conceptualize soft-tissue state-changes. Perhaps we may contribute to the profession’s research and knowledge transfer as we develop and learn to speak the same language.

In the April/May 1995 issue of Journal of Soft Tissue Manipulation, Rob Mac Donald reported on a muscle dysfunction classification by Dr. Hans Kraus. Kraus identified four categories of muscle dysfunction syndromes: muscle tension, muscle spasm/strain, myofascial trigger points and muscle deficiency (described as agonist/antagonist muscle imbalance). In effect, Kraus moved the massage conversation beyond “increased circulation” and “decreased muscle tension” to conceptualize and classify somatic dysfunctional complexes, normally not articulated in a physician’s diagnosis.

From the International Classification of Diseases (ICD-10 – Chapter XIII Diseases of the musculoskeletal and connective tissues), I found the terms: myositis, muscle strain, myalgia, fibromyositis, rheumatism, tendinitis, adhesive capsulitis, bursitis, and traumatic ischaemia of muscle (compartment syndrome). While readers will be familiar with many of these terms, there may be a host of additional soft-tissue states not referenced.

Heinrich Reckeweg, a homeopathic practitioner, defined stages of progressive illness for the various organ systems, a theory he called “homotoxicosis.” Particular to musculoskeletal pathology, he outlines the progression – from early to late stages – as myalgia, myositis and myoglobin. If not addressed, the muscle’s histologic state progresses to myositis ossificans (think bone spurs/calcification of soft-tissues under constant duress) and muscular atrophy. In late stages, Reckeweg pronounces mitochondrial myopathy, dermatomyositis, muscular atrophy/dystrophy, and myosarcoma as progressive outcomes of a downward spiral.

Certainly, more histological evidence is required to confirm these pathologic states, but the language framework Reckeweg presents may be helpful in nomenclature development.

What about the language we use when speaking to patients? Greg Lehman cautions against raising a person’s pain sensitivity with ill-formed explanations. “You put your back out”, “your spine is unstable,” “damaged” and “adhesions” may lead to catastrophizing, kinesiophobia, fear avoidance and poor self-efficacy in attempting to recover from pain. Lehman explains the poor correlation between structural damage and medical imagery results with the pain a person experiences. Pain is mediated by expectations, learning, context, beliefs, poor sleep or anxiety. Lehman admonishes, in addressing a person’s questions about pain, we should apply a bio-psycho-social model. Lehman’s excellent reference Recovery Strategies: Pain Guidebook outlines key messages and metaphors to help patients re-conceptualize pain, re-habituate movement and build resilience in recovery.

In Carla-Krystin Andrade’s book, Outcome-Based Massage, she goes beyond exclusively targeting rehabilitative functional outcomes to recognize wellness objectives. These include: improved energy and sleep, better social functioning and family relationships, a sense of well-being, improved mood, relaxation and coping skills, mindfulness and greater life satisfaction, positive attitude and empathy towards others. When engaging patients, colleagues and those outside our profession, we can use these terms to expand the applications and outcomes of massage therapy treatment plans.

What nomenclature shapes and defines your understanding of the soft-tissue state changes you’re inducing? What words do you use to set up patient expectations and treatment plan objectives? As the science progresses, our nomenclature must too.

DON DILLON, RMT, is a practitioner, practice coach and creator of the program Charting Skills for Massage Therapists. Reach him at DonDillon-RMT.com.
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Legalized marijuana, the growing opioid crisis, technology innovation, research and education—these are some of the hottest issues in health and health care management to watch for in 2018.

Massage Therapy Canada’s editorial advisory board members offer their take on these trends and their impact on the massage therapy profession at a recent conference call.

Following are the highlights of the discussion.

**OPIOID CRISIS**

One of the biggest public health issues of 2017 is the opioid crisis, which claims 8.8 lives per 100,000 population, according to data from the federal government. The epidemic is expected to continue into 2018 even as public health organizations, various health-care associations and other stakeholder groups look for meaningful ways to help alleviate this national crisis.

There is opportunity for the massage therapy profession to engage in finding solutions to the crisis, particularly as it relates to chronic pain, says Donelda Gowan-Moody, a registered massage therapist from Saskatchewan and research chair at the Massage Therapist Association of Saskatchewan.

“I had a lot of opportunities to engage with pain science researchers and there’s a tremendous amount of interest in massage therapy as a non-pharmacological intervention for chronic pain,” Gowan-Moody says.

The trend toward non-pharmacological interventions for managing pain provides an opportunity for manual therapists, including massage therapists, to have a seat at the table in developing policies aimed at reducing people’s dependence on powerful opioids to manage their pain.

Toronto-based RMT Jason White agrees practitioners need to have a better understanding when it comes to patients suffering from chronic pain.

“I think (chronic pain) will be an emerging topic for RMTs,” White says.

For starters, Gowan-Moody explains, there needs to be a general understanding that chronic pain is “considered to be a condition in and of itself.”

Unlike other health care professions, the role of massage therapy in pain management has yet to receive mainstream recognition. However, as the opioid crisis continues to highlight the need to address people’s pain problems, the window of opportunity for massage therapy gets wider, and education will play a critical role—both on the side of the public and the RMTs.

“There’s the communication aspect—how do we tell our patients and the public at large that we can be helpful,” says Paul Kohlmeier, president of the Massage Therapy Association of Manitoba. “Give (RMTs) the tools they need to communicate this to patients or through their own marketing and advertising for their clinic so that there’s a more unified message coming from the profession as a whole.”

Professional education is also key and the fact that not all massage therapists in Canada are regulated. This means training and education vary from province to province, and can be as short as 250 hours in unregulated provinces.

Advocating for the profession as an effective non-pharmacological alternative to opioids will be a challenge, given the jurisdictional differences.

“How can we advocate for massage therapy being an option if we can’t actually, with good confidence, state that massage therapists would consistently provide quality care to address those issues,” says Beth Barberree, RMT and clinic director for Massage Therapy Canada.

**Regulation and standardized education will help build research capacity.**

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**TRENDS**

**MARKET OUTLOOK**

Health care trends to watch for in 2018

**BY MARI-LEN DE GUZMAN**
Clinicians are increasingly looking at massage therapy as part of cancer care.

at the Club in Calgary. Alberta’s massage therapy profession is yet to achieve professional regulation. Barberree is the co-founder and president of the Alberta Support Council for Massage Therapy, an advocacy group established in 2016 with the sole purpose of supporting processes and activities toward massage therapy regulation in the province.

“As a therapist in Alberta, I would like to see more information about chronic pain, the management of chronic pain and current research in chronic pain coming out to the practitioners,” Barberree says.

Availability of more chronic pain management education for massage therapists would help increase practitioners’ competencies in pain management, says Mike Dixon, RMT at Electra Health Floor in Vancouver.

MARIJUANA
One of the hottest issues anticipated to dominate 2018 is the impending legalization of recreational marijuana. While much of the discussions focus around access and dispensing policies, health-care practitioners are looking at the issue from a different angle.

Much of the concerns surrounding the legalization is the lack of information coming from the government and regulatory bodies around the health implications of recreational marijuana.

Some RMTs are already seeing patients who use marijuana for medicinal purposes, such as for chronic pain or post-traumatic stress disorders, says Scott Andrew, instructor and clinical supervisor at the Atlantic College of Therapeutic Massage in Fredericton, N.B. However, when recreational marijuana use becomes legal, practitioners may see more clients coming in for treatment under the influence – whether for medicinal or recreational purposes.

“There are concerns, as a practitioner, over trying to find more information on perceived pain levels for the application of techniques. How well can that individual, who has taken marijuana... perceive treatment that we’re applying to them?” Andrew notes.

Some of the questions that need to be answered for practitioners around marijuana include: When is it safe for a RMT to provide treatment to someone who has consumed marijuana? How long does the effects of the substance remain in a person’s system?

“In my own practice, I’ve seen it as well, too, and I’ve had to contact my mentors to get information on how it affects things like craniosacral technique. What I get is a totally different feel from an individual who’s using medicinal marijuana and I’ve heard that from others,” Andrew says.

It is prudent for RMTs and other health practitioners to brush up on available knowledge about marijuana and its effects on the user population. Having sufficient knowledge on how to handle and communicate with patients...
who use marijuana will go a long way in establishing boundaries between patients and practitioners.

“There are different levels of ‘under the influence,’” says Jason White. “Patients don’t do it just to get that high, they do it to eliminate their pain. Some patients come in and they want to share their knowledge, they want to show the benefits they are getting from it.”

It’s also important for RMTs to understand the distinction between recreational use and medicinal use, Kohlmeier says. People take medicinal marijuana to help alleviate certain medical conditions, and most of the time it’s to help with the pain – the same way people take opioids or NSAID for pain relief.

The challenge, however, is that there is no sufficient literature that currently exists that can inform a health practitioner on dosage information when it comes to medical marijuana use, which makes it difficult to determine whether they are able to give consent to treat or whether there’s impairment.

With impending pot legalization, RMTs may need additional guidelines on working with patients who use marijuana.

“With most medical marijuana there’s no dosage attached to it,” says Kohlmeier. “So where is the line between getting the pain gone and getting the high or recreational effects? That’s an inherent problem with this and from that we are going to have to see some guidelines around it.”

While it is important for practitioners to be aware of the potential issues

2018 digital marketing trends for health professionals

Influence marketing
It might be time to work on your social media skills, as this may be the new window to acquiring new clients. According to statistics from Ogilvy Cannes, 74 per cent of the population turn to social networks for guidance on purchasing decisions. Another statistic indicates 71 per cent of patients are more likely to choose a health care provider based on a reference on social network. Consider it your new “word-of-mouth” marketing.

Website
A health provider’s website is often the first place a potential client will visit before booking an appointment. Make sure yours or your clinic’s website is responsive and built for compatibility – whether a client is viewing it on a desktop, a tablet or a smart phone.

Content is king
Competing for attention in the ever-widening world of digital marketing will require more than simply having a website and a few social media accounts. According to a report from Demand Gen, 47 per cent of buyers viewed three to five pieces of content before engaging with a product or service provider. Consider providing visual content (images, infographics, videos), as it is 40 times more likely to get shared on social media than other types of content.

Social media
Considering that nearly a third of the world’s population are engaged in social networks, it might be time to think about focusing some of your marketing efforts on your social media presence. Use social media to draw people to excellent content residing on your responsive website, and to connect with top influencers in health care and effectively build up your digital profile.

Say, ‘Hey Siri!’
According to Google, 20 per cent of search queries on its mobile app and on Android devices are voice searches. Voice search is the new frontier for online search engine optimization. Make sure you optimize content on your web pages for keywords people will use in their voice searches to find a local RMT, for instance.
and questions that may come up with marijuana legalization, Dixon from Vancouver cautions that RMTs, being a drugless practitioner, need to refrain from making recommendations about marijuana to their patients, and to refer patients to the appropriate professional.

**RESEARCH**

Building research capacity for the massage therapy profession continues to be on the agenda of those pushing for inclusion of massage therapy in mainstream health care discussions. Although considered to be in its infancy, Gowan-Moody maintains massage therapy research is slowly building and opportunities to collaborate with other disciplines on research and other scholarly work are increasing as well.

“I would encourage the profession to be thinking about what are some of the problems that we are facing, and formulate some research questions in order to create knowledge, in order to have an impact on solving problems,” Gowan-Moody says.

One emerging topic of research in massage therapy is its role in oncology and integrated care for cancer patients. The massage therapy profession in Saskatchewan has been invited to participate in an integrative oncology project with the University of Saskatchewan, according to Gowan-Moody. “Researchers are looking at massage therapy as part of survivorship care for post-radiation, post-chemotherapy. Massage therapy and cancer care seems to be quite intriguing and it’s risen in both research and clinical practice interest,” she says.

Members of the editorial advisory board believe the profession can do a lot more in building research capacity, and it starts at the education level. However, regulation and standardized education across Canada may be necessary ingredients to achieve this goal.

“Education across the country being standardized would be a good starting point,” Barberree says, noting that standardized education will be a consequence of professional regulation. “Also it ties to the degree program and how we can build research awareness, at the very least, into more advanced training program.”

Another area of potential research opportunity is in working with health advocacy groups and developing research studies on the effects of massage therapy on specific medical conditions, suggests Dixon. “What I did back in 2004, when I worked at West Coast College of Massage Therapy, was that we (reached out to) people with multiple sclerosis and we had an opportunity to do research on 67 or 68 clients,” Dixon recalls. His group studied the effects of massage therapy on MS patients. The results of that study was developed into a poster presentation, Dixon says.

More stories on health care trends and emerging technologies online at massagetherapycanada.com.

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LET’S FACE IT

Treatment for trigeminal neuralgia

BY MICHAEL DIXON

As you may know being a registered massage therapist, chiropractor, physiotherapist or other licensed health-care practitioner, it is difficult at the best of times to provide relief for patients who suffer from trigeminal neuralgia (TN).

I wanted to share my experiences in treating patients with TN. I have treated several diagnosed cases with results that were surprising to me. A few simple treatment procedures that are discussed in this article are worth a try to see if they will have positive effects in treating nerve pain. They worked for my patients and they may work for yours as well.

According to the Mayo Clinic, trigeminal neuralgia is one of the most painful afflictions known to medical practice. TN is a disorder of the fifth cranial (trigeminal) nerve.

The typical or “classic” form of the disorder (called TN1) causes extreme, sporadic, sudden burning or shock-like pain in the areas of the face where the branches of the nerve are distributed – lips, eyes, nose, scalp, forehead, upper jaw and lower jaw. The pain episodes last from a few seconds to as long as two minutes. These attacks can occur in quick succession or in volleys lasting as long as two hours.

The “atypical” form of the disorder (called TN2), is characterized by constant aching, burning, stabbing pain of somewhat lower intensity than TN1.

Both forms of pain may occur in the same person, sometimes at the same time.

The treatment procedure I use to treat TN is very simple. It involves stretching the three branches of the trigeminal nerve on the patients’ face. This may have a positive effect by reducing the swelling caused by a build-up of edema in the nerve.

Stretching nerves – whether it is the trigeminal nerve, or the greater or lesser occipital nerve – causes a reflex effect allowing edema to exit the problematic nerve. This reduction of edema decreases the swelling of the nerve and improves its blood flow – resulting in improved function and reduced nerve pain. Improving blood flow is the key to allowing the nerve to start to heal and normalize.

In short, stretching procedures can and may result in less pain and/or a resolution of the dysfunction of the TN or any nerve that has a build-up of edema due to stress – whether mechanical, chemical or otherwise. This is the theory upon which I based the treatment procedure for patients with TN.

So, the question is: why do nerves swell with edema, become dysfunctional, and often generate nerve pain?

The answer is: stress to the nerve. When a nerve is stressed, it produces macromolecules known as proteoglycans. These long chain proteins can absorb up to 50 times the weight in water molecules thus causing a physical swelling of the nerve. The proteoglycans are like tiny sponges inside the nerve.

Why do the nerves produce proteoglycans?

This is better answered by a physiologist; however, it is my understanding that there is an ancient gene that we all have in us.

The physiological response to a nerve being injured or stressed is to swell with these water molecules that...
attach themselves to the proteoglycans. By stretching the affected nerve, we can reduce the swelling by allowing some of the water molecules to exit through the elastic properties of the nerves.

To visualize these techniques, I have included five pictures showing techniques for stretching and compression of the three branches of the TN.

Image one shows the general compression of the trigeminal nerve. Image two demonstrates stretching the ophthalmic branch. Image three shows stretching the maxillary branch. Image four shows stretching the mandibular branch. Image five also demonstrates stretching the mandibular branch, but I have added lateral deviation of the jaw, or mandibular rock, to further stretch this mandibular branch.

The techniques used are quite simple. If you wish to try these techniques, create an anchor with the thumb or finger at the proximal end of the nerve. Using the other hand, place the thumb or finger at the distal branch of the nerve. Try to stretch the nerve between the anchor point and the opposing thumb or finger.

I usually allow for equal amounts of stretch time and period of relaxation. For example, this may be five seconds of stretching the nerve and five seconds of relaxation (no stretch). This amount of time and intensity is variable and is dependent on the patient’s tolerance and, of course, the amount of pain that is being elicited. As a warm-up or introductory technique, you can try general compression of the nerve which is using your palm to compress the nerve (Image 1).

In some cases, I have added intra-oral work to include the superior and inferior alveolar nerves. This, however, is not within the scope of this article.

Not all cases may respond in the same way as Patient Y; however, there may be some patients who will respond very favourably to having nerve stretches performed on them. I have seen this outcome in numerous patients. They have expressed gratitude for having some of their nerve pain issues diminished or resolved. You may want to try these treatment procedures (with informed consent). Your patients may thank you for it, as they have thanked me.

“Trigeminal neuralgia is one of the most painful afflictions known to medical practice.”

(Clockwise from top) 2. Ophthalmic branch; 2. Maxillary branch; 4. Mandibular branch - mouth closed; 5. Mandibular branch - mouth open
A good sport

Paralympian-turned-RMT gives lessons in clinic management

BY MIKE STRAUS

Former Paralympic gold medalist Mark Bentz now runs a massage therapy practice in downtown Vancouver. He says the key to a successful clinic and a fulfilled life is simplicity.

Mark Bentz says massage therapy has allowed him to live life on his terms. “I needed something I could always rely on,” Bentz says. “When you have a degenerative disease, you’re always having something taken away from you, which makes it hard to plan for the future.”

Bentz started losing his sight at the age of 9, but he hasn’t allowed his blindness to stop him from living. Bentz entered the massage therapy field 22 years ago after hearing about a weekend course from a friend. Then a third-year kinesiology student at University of British Columbia, he fell in love with massage therapy almost immediately, and transferred to the West Coast College of Massage Therapy shortly afterward.

Bentz says he entered massage therapy because he wanted a career that could afford him a great degree of independence.

“Studying the human body is fascinating, but massage therapy allowed me to work with people. Plus I love sports, so I thought massage therapy was cool. But what really gave me the warm fuzzies was realizing, ‘Wow, I can run a business and be independent, and if anything goes wrong, I can just keep practising.’”

Reinventing the RMT business

Bentz is now the owner and director of Electra Health Floor, a multidisciplinary health and wellness practice that he started 10 years ago, after practicing massage therapy for 12 years.

Bentz brings a unique approach to clinic management, one that he honed through years of trial and error.

“We run the clinic 12 hours a day, seven days a week. But our practitioners work in six-hour shifts. Back when we started, therapists said that would never work. ‘No one wants to work six hours a day,’ they said. But now it is the norm and everyone wants to work the shift I created. It’s a better lifestyle, and that’s what caught on.”

Bentz says he structures his work around his life, and he encourages the practitioners who work with him to do the same. When he brings new practitioners into his practice, each practitioner sets his or her own hours and fee. Bentz says it’s a simple strategy that is often overlooked.

“When you start ignoring the simple things, that’s when people have problems. I sit down, mentor and coach all the practitioners and help them figure out how they want their practice to grow. It’s about putting your lifestyle first. It works.”

Bentz says these work-smarter-not-harder practices are about thinking long-term and acting as part of a team. While the multidisciplinary nature of his clinic has made his business successful, he’s had to invest a significant amount of effort to ensure smooth operations, and there are a variety of weaknesses that need to be controlled and accounted for.

“The hardest lesson I ever learned was that there has to be one captain,” he says. “I used to have another multidisciplinary clinic, and I signed
Bentz thought the responsible party would admit to overstepping her boundaries and correct her behaviour; however, she wasn’t amenable to conflict resolution. Bentz suggested to this practitioner that perhaps she’d be happier at a different clinic, but she refused to leave. And with a signed one-year lease in her hands, Bentz couldn’t force her out.

“I had four people ticked off at each other, not wanting to make any changes, and all of them wanting to make their lives and everyone else’s lives miserable. That’s the biggest thing I changed that made my practice successful. I’m the captain, and at any time I can get rid of staff if they aren’t a good fit.”

Bentz says it’s essential to have one person acting as the captain, but taking a leadership role in a multidisciplinary clinic requires a specific approach. Bentz no longer practises massage therapy, and instead devotes all of his time to running his business. He says removing himself from active practice was the only way to maintain his integrity as the clinic owner, keep his team acting as a cohesive unit, and avoid what he calls “small clinic syndrome.”

**Lessons from the hockey rink**

Bentz’s use of hockey metaphors – stickhandling problems, having one team captain – is no accident. Bentz is an avid hockey player and the vice-president of the Canadian Blind Hockey Association. Every Friday afternoon he hits the ice with the Vancouver Eclipse, Vancouver’s visually impaired hockey team, to enjoy Canada’s national pastime.

“Hockey is everything to me. It’s my favourite thing to do. We have provincial and national tournaments, and we’re growing the sport into the United States. We want to have a Four Nations Cup, and then get eight countries on board and go to the Paralympics. We’ve already got four or five teams across Canada, and we’re growing rapidly.”

Hockey isn’t the only winter sport that Bentz loves. A competitive alpine skier, he made headlines in 1984 when he won two gold medals at the Winter Paralympic Games in Austria. Bentz was awarded gold medals for men’s downhill para-alpine skiing (class B2) and men’s alpine combination skiing (class B2). In both races Bentz narrowly edged out fellow Canadian Uli Rompel, who took home two silver medals.

Bentz says his background as a professional athlete has taught him a variety of important lessons that helped him build a successful business – lessons like the value of discipline and the importance of taking risks.

“You have to wake up and train. It’s not fun, it’s not sexy, and it hurts sometimes, but those are the days that allow you to compete. And the one thing that people don’t realize is how much support athletes need – the parents and siblings have to make sacrifices, and it shifts the family structure. There’s a lot of support that has to happen, and it’s the same thing with massage,” Bentz says.

He adds that commitment to coaching is essential for training effective therapists. That’s one of the reasons why he’s planning to open a mentorship and coaching clinic for young RMTs who are less than two years into practice.

This new clinic will involve hands-on practice to give new massage therapists on-the-job training, as well as coaching and weekend workshops from senior therapists. Part of this training will involve teaching therapists to become not just experts, but unique experts.
“We’re all going to face decisions that will require a united front.”

Adaptation as a learned skill
Part of Bentz’s drive to start the coaching clinic is due to a variety of changes that, in his view, are threatening massage therapy as an industry. Bentz says massage therapy is at risk of becoming a commodity, and the field is facing challenges that will require co-operation across provinces and practices.

“Fifty per cent of all extended health care billing is for massage services. That’s huge. Physiotherapy is only at thirty per cent. The insurers will have to deal with us somehow, and they won’t want to pay more for massage therapy. We’re all going to face decisions that will require a united front, and there’s a part of our community that isn’t united.”

As a former vice-president of the Canadian Massage Therapy Alliance, Bentz is quite familiar with the divisions that separate massage therapists across the country. Provincial differences in billing rates and professional designations are just some of the factors preventing massage therapists from maintaining a united front.

“British Columbia, Ontario, and Newfoundland have RMT designations, but the other provinces don’t. We can’t even agree on what to call ourselves. Saskatchewan and Manitoba call themselves something different. Physiotherapy and chiropractic are united fronts, but massage therapy isn’t. Lack of unification will always come back to bite you.”

While Bentz is concerned about the challenges facing the profession, he’s still passionate about massage more than 20 years after entering the field – and he’s adopted a philosophy on life that, simply, works.

Part of that philosophy involves being open to change, as he was when he first decided to get a guide dog. For a long time he resisted the idea of a guide dog, as he thought it would make his blindness too obvious. But he soon discovered an unexpected advantage of having a guide dog.

“Mindy is a life-changer,” he says. “When you have a white cane, people don’t know how to approach you. It’s uncomfortable, and it’s isolating. But when you have a dog, you’re a VIP in the room. When you can just focus on the dog, everything works out.”

Bentz says that living a fulfilled life while blind involves changing others’ attitudes and perceptions about blindness while also maintaining one’s own independence.

“People need to realize that it’s okay to be blind. It seems socially easier to coddle and support rather than saying, ‘hey, whatever, move on.’ But nobody is going to support you as an adult. So let’s stop talking about your limitations and start talking about the life you want to live.”

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Third-party billing

Why you should consider offering this to your patients

BY JESSICA FOSTER

Third-party billing is when a health-care provider submits claims on behalf of patients to health insurance providers (the third party). The purpose is to manage and direct payment for treatment and services rendered to the patients. When you provide this direct service to your patients, it offers them a much better client experience. It could also mean more business for you, as patients may be more likely to book regular appointments to maximize their yearly benefit cap.

Some practitioners are firm in their resolve to not offer third-party billing options to patients. They may have a variety of reasons for doing so, including cash flow considerations, the extra effort required to perform the claim submission, and possibly the fear of denied claims that result in having to chase their patients for payment. These are all valid concerns. Furthermore, some believe that they have built solid relationships with their patients and that the additional overhead required to offer the third-party billing service is not warranted.

While it is common practice for dentists, chiropractors, physiotherapists and certain allied health-care professionals to routinely offer direct billing to extended health insurance providers, it is only recently that RMTs have started to offer this service. This is because patient expectations are rapidly changing. Many patients would now prefer to only pay the amount not covered by their insurance plan, and have the practitioner collect the balance directly from their insurance provider. In today’s world, consumers are used to real-time banking, tap payment processing, and electronic funds transfer. When given the choice of making an appointment with a RMT that offers direct third-party billing and one that does not, the convenience factor could well outweigh all other considerations.

If you don’t offer direct billing, you may wish to reconsider and investigate the benefits of offering third-party insurance billing to your patients.

The methods for practitioners to submit third-party claims to extended health insurance providers have become more streamlined. Insurance providers are rapidly tipping the scale toward having health-care practitioners perform the claims submissions directly at the time of treatment. They have made it much faster and easier for practitioners to instantly verify coverage and submit insurance claims on behalf of patients. In most cases, practitioners can now go online to inquire about a patient’s insurance coverage status, submit claims electronically and then receive prompt payment directly from the insurance provider.

In addition, insurance providers are increasingly integrating their e-claims systems with aggregators such as Telus Health to increase their clients’ satisfaction. Not only does this improve fraud detection, it also verifies the practitioner status, and reduces their cost per claim transaction. Large claim aggregators provide an integrated and secure access to a number of insurance companies’ e-claims processes. In most cases, these systems are free for RMTs and other health-care providers to use. This saves the practitioner from incurring credit card and other transaction fees and allows direct deposit to your bank account.

As an added benefit, some insurance providers are even promoting participating practitioners to their clients. They are including search tools on their websites for their insured clients to find practitioners in their geographic area that are registered with their e-claims third-party billing service. This gives practitioners more exposure to potential new patients and a clear competitive advantage to capture new patients.

If a RMT has been around long enough, they have witnessed the business side of their practice evolve from a paper system, to desktop computer software, and finally to cloud-based practice management solutions that offer a variety of amazing tools to manage their practice. These include online appointment scheduling, patient database, patient billing, charting, financial, and other day-to-day practice management functions. Direct third-party billing is another progression to this evolution. One could view offering third-party billing in a similar light to offering credit card payments to your client. Claims are easily processed and payments are regularly deposited to your bank account by the provider – the same way they are with credit card transactions, but without the transaction fees.

The green movement has also driven the paperless office and this extends to third-party billing options as well. While allied health-care providers are relatively new to offering direct billing options, they can very quickly embrace technology to improve their competitive offering, with respect to patient experience and office efficiency.
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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.

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.

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SPRING 2018 PROGRAM:
UNIT 1 - February 23-24-25, 2018
Introduction to Neurofunctional Acupuncture
UNIT 2 - March 16-17-18, 2018
Upper Extremity Problems - Acute Pain
UNIT 3 - April 13-14-15, 2018
Axial Skeletal Problems - Visceral Regulation
UNIT 4 - May 4-5-6, 2018
Head & Face Problems - Chronic Pain Syndromes
UNIT 5 - May 25-26-27, 2018
Lower Extremity Problems - Integrated Mgmt.

Registration Deadline Jan 19, 2018

STUDENT RATES AVAILABLE

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