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Patient care

According to the Canadian Cancer Society, massage therapy is one of the most popular complementary therapies utilized by people living with cancer. While there is no evidence that suggests massage therapy can treat this disease, it is recognized for its efficacy in providing physical and emotional benefits to the cancer patient, helping improve their quality of life.

There is growing body of research on the effectiveness of massage therapy, and other complementary and alternative therapies, to help ease pain, depression, fatigue and other symptoms associated with cancer. It makes one wonder why only a handful of massage therapists find work or choose to work in hospitals or hospices.

Canada’s ageing population is also an opportunity for RMTs to be included in health teams for geriatric care. Our public health system is barely able to keep up with the needs of our seniors. The potential to serve and help our senior population navigate through their health concerns and needs has never been more compelling.

Massage therapists’ ability to improve the physical and emotional state of patients as they go through their challenging health conditions should be amplified.

Professional associations are starting to plant the seeds for more meaningful roles for RMTs in the wider health-care system, through advocacies and public information campaigns. They also need better ways to get the information out to practitioners. RMTs often work in isolation that they miss out on vital opportunities to engage the profession. Knowledge translation is also key as important research needs to find its way from the labs and institutions to the clinics and in the hands of RMTs.

Interested in providing care for cancer patients? Would you like to do more to help our senior citizens using your healing skills? Call the hospices or hospitals in your community, or even your professional association.

Take the first step. You never know where it will take you.

The potential to serve and help our senior population navigate through their health concerns and needs has never been more compelling.

MARI-LEN DE GUZMAN, Editor

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RESEARCH

Study uncovers key protein linked with osteoarthritis

A STUDY from scientists at The Scripps Research Institute (TSRI), in La Jolla, Calif., explains why the risk of osteoarthritis increases as we age and offers a potential avenue for new therapies to maintain healthy joints.

The study’s findings suggest that FoxO proteins are responsible for the maintenance of healthy cells in the cartilage of the joints.

“We discovered that FoxO transcription factors control the expression of genes that are essential for maintaining joint health,” said Dr. Martin Lotz, a TSRI professor and senior author of the study, published in Science Translational Medicine. “Drugs that boost the expression and activity of FoxO could be a strategy for preventing and treating osteoarthritis.”

Previous research from Lotz’ lab showed that as joints age, levels of FoxO proteins in cartilage decrease. Lotz and his colleagues also found that people with osteoarthritis have a lower expression of the genes needed for a process called autophagy. Autophagy is a cell’s way of removing and recycling its own damaged structures to stay healthy.

For this study, researchers used mouse models with FoxO deficiency in cartilage to see how these proteins affect maintenance of cartilage throughout adulthood.

The researchers noticed a striking difference in the mice with “knockout” FoxO deficiency. Their cartilage degenerated at much younger age than in control mice. The FoxO-deficient mice also had more severe forms of post-traumatic osteoarthritis induced by meniscus damage, and they were more vulnerable to cartilage damage during treadmill running.

The culprit? The FoxO-deficient mice had defects in autophagy and in mechanisms that protect cells from damage by molecules called oxidants. Specific to cartilage, FoxO-deficient mice did not produce enough lubricin, a lubricating protein that normally protects the cartilage from friction and wear. This lack of lubricin was associated with a loss of healthy cells in a cartilage layer of the knee joint called the superficial zone.

These problems all came down to how FoxO proteins work as transcription factors to regulate gene expression. Without FoxO proteins running the show, expression of inflammation-related genes skyrocketed, causing pain, while levels of autophagy-related genes plummeted, leaving cells without a way to repair themselves.

“The housekeeping mechanisms, which keeps cells healthy, were not working in these knockout mice,” Lotz explained.

To determine whether targeting FoxO has therapeutic benefits, the investigators used genetic approaches to increase FoxO expression in cells of humans with osteoarthritis and found the levels of lubricin and protective genes returned to normal.

The next step in this research is to develop molecules that enhance FoxO and test them in experimental models of osteoarthritis.

– Newswise

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Health Insurer eyes optional medical marijuana coverage

TORONTO — Sun Life Financial Inc. is adding medical marijuana coverage as an option for its group benefits plans, signalling an insurance industry shift and growing acceptance of the drug that bodes well for Canada’s burgeoning cannabis sector.

The Toronto-based insurer’s president and chief executive Dean Connor said the move was influenced by rising interest from Sun Life’s employer clients. “Medical marijuana has become a very important part of their treatment program and pain management program,” said Connor, referring to patients who have cancer, multiple sclerosis, rheumatoid arthritis, or those requiring palliative care.

Currently, the vast majority of registered patients must pay for medical marijuana out of their own pockets. But the move by Sun Life, which provides health benefits coverage to more than three million Canadians and their families, or one-in-six Canadians, could set a precedent for other insurers.

The new offering comes as the country moves to legalize cannabis for recreational use later this year and as the number of registered medical marijuana patients grows. There were more than 235,000 medical marijuana patients in the system across Canada at the end of September 2017 – the most recent date for which data is available – more than double the roughly 98,500 a year earlier, noted Vahan Ajamian, a Beacon Securities Ltd. research analyst. “The insurance companies have been getting pressure to cover this as a regular medicine,” he said.

Meanwhile, pharmacists and pharmacies have also been warming up to cannabis. Shoppers Drug Mart has lined up supply agreements with licensed producers, conditional upon Health Canada’s approval of its application to dispense the drug. The Canadian Pharmacists Association and two Quebec groups representing the industry have also said that pharmacies should play a leading role in medical marijuana’s distribution.

Jonathan Zaid, the executive director of patient advocacy group Canadians for Fair Access to Medical Marijuana, said Sun Life’s enhanced coverage comes after years of litigation to gain acceptance for medical marijuana. “Although there may not be immediate benefit for patients as specific plan sponsors will need to purchase the coverage, this move will make covering medical cannabis simpler than today’s exception process and speaks volumes to the broader acceptance and legitimacy of medical cannabis,” he said.

A number of plan sponsors have moved to cover medical cannabis costs over the years, Zaid noted, including the University of Waterloo’s student union, the Arthritis Society, Loblaw Companies Ltd., the Ontario Public Service Employees Union (OPSEU), and the Labourers’ International Union of North America. Those plans have varying eligibility criteria and levels of coverage, he added.

Starting March 1, plan sponsors with Sun Life will have the option to add medical cannabis coverage to extended health-care plans, ranging from $1,500 to $6,000 per covered person per year. Medical cannabis coverage will be available for specific conditions and symptoms associated with cancer, rheumatoid arthritis, multiple sclerosis, HIV-AIDS, and palliative care.

In order to qualify for coverage, Sun Life plan members must meet specific criteria including an authorization letter from a physician and registration with a medical marijuana producer licensed with Health Canada.

Sun Life will also conduct periodic reviews of the growing body of clinical research supporting the use of medical cannabis for other conditions, and update its criteria if necessary, the company said in a document updating their client base of 22,300 plan sponsors.

Although this coverage does not encompass the full range of conditions and it is unclear how many businesses will use it, the insurer’s new offering is a positive development for Canada’s licensed medical marijuana producers, said Ajamian.

“Anything that makes it easier/cheaper for patients to get access should result in more patients, more volume, and (especially if it’s free) potentially more pricing power for producers,” he said in an email.

Manulife Financial Corp., one of Canada’s biggest insurers, offers medical cannabis coverage to clients on a selective basis, a spokesperson said.

“Manulife is supportive of clients that want to consider introducing medical cannabis as an option,” the spokesperson said in an emailed statement. “We also recommend that clients put limits and some management controls in place as this is an emerging market that is quickly evolving.”

Great-West Life Assurance Co. said it plans to expand its medical marijuana coverage options in its traditional group benefits plans this year.

“Currently, our plan sponsors who offer health-care spending accounts as part of their group benefits can cover medical marijuana through their HCSAs,” a spokesperson for the insurer said.

As acceptance among insurers and employers appears to grow, a landmark battle over coverage of medical marijuana that helped add to the public conversation remains in the hands of the Nova Scotia Court of Appeal.

In October 2016, ThyssenKrupp Elevator Canada elevator mechanic Gordon Skinner went before the province’s Human Rights Tribunal over his union’s denial of coverage for his prescribed medical marijuana. The Nova Scotia man was injured in a motor vehicle accident in August 2010 while working, and was later prescribed medical cannabis to help with chronic pain. In January 2017, the tribunal ruled that the Board of Trustees of the Canadian Elevator Industry Welfare Trust Fund discriminated against Skinner, and ruled that his employer must cover medical marijuana.

The union took the case to the Nova Scotia Court of Appeal last fall, and Skinner is now awaiting the final ruling, said his counsel Hugh Scher.

Scher is optimistic about the outcome and noted Sun Life’s new offering is “a very positive development in the sense of recognizing the efficacy of medical marijuana, and attempting to provide for a means of enabling employers and insurers to address that need.”

- Armina Ligaya, The Canadian Press
Helmets may help reduce risk of cervical spine injury: study

Despite claims that helmets do not protect the cervical spine during a motorcycle crash and may even increase the risk of injury, researchers from the University of Wisconsin Hospitals and Clinics in Madison found that, during an accident, helmet use lowers the likelihood of cervical spine injury (CSI), particularly fractures of the cervical vertebrae. These findings appear in a new article published in the Journal of Neurosurgery: Spine, “Motorcycle helmets and cervical spine injuries: a 5-year experience at a Level 1 trauma center,” written by Dr. Paul S. Page, Dr. Zhikui Wei, and Dr. Nathaniel P. Brooks.

In Europe you’re unlikely to find someone riding a motorcycle without a helmet; universal laws requiring motorcycle helmet use are applied throughout the European Union. In the United States, on the other hand, laws on helmet use vary from state to state, with some states requiring helmet use for all riders and others limiting the requirement to persons under the age of 18.

According to National Highway Traffic Safety Administration (NHTSA) estimates, wearing helmets saved the lives of 1,859 motorcycle riders in 2016; an additional 802 lives could have been saved if every motorcyclist had worn them. Wearing a helmet decreases the incidence and severity of traumatic brain injury during crashes. What then are the objections to universal laws requiring motorcycle helmet use?

Major reasons cited for not requiring helmets while riding a motorcycle include freedom of choice, avoiding any limitation on vision, and a perceived increased risk of receiving a cervical spine injury (CSI). This last reason is based on the belief that the added weight of a helmet might increase torque on the cervical spine.

Risk to the cervical spine is addressed in this study. Over the years there have been a variety of studies on helmet use and CSI in motorcycle crashes, with a couple of reports indicating an increased risk of CSI among helmeted riders and most studies finding no protective effect or harmful biomechanical risk to the cervical spine. Page and colleagues hypothesized that helmet use is not associated with an increased risk of CSI during a motorcycle crash and instead may provide some protection to the wearer. In this paper the researchers provide case evidence to support their hypothesis.

The researchers reviewed the charts of 1,061 patients who had been injured in motorcycle crashes and treated at a single Level 1 trauma center in Wisconsin between January 1, 2010, and January 1, 2015. Of those patients, 323 (30.4 per cent) were wearing helmets at the time of the crash and 738 (69.6 per cent) were not. Wisconsin law does not require all riders to wear a helmet.

At least one CSI was sustained by 7.4 per cent of the riders wearing a helmet and 15.4 per cent of those not wearing one; this difference in percentages is statistically significant (p = 0.001). Cervical spine fractures occurred more often in patients who were not wearing helmets (10.8 per cent compared to 4.6 per cent; p = 0.001), as did ligament injuries (1.9 per cent compared with 0.3 per cent; p = 0.04); again these differences are statistically significant. There were no significant differences between groups (helmeted vs. unhelmeted riders) with respect to other types of cervical spine injuries that were sustained: nerve root injury, cervical strain or cord contusion.

In summary, Page and colleagues show that helmet use is associated with a significantly reduced likelihood of sustaining a CSI during a motorcycle crash, particularly fractures of the cervical vertebrae.

Although the study population is small, the authors believe the results provide additional evidence in support of wearing helmets to prevent severe injury in motorcycle crashes. When asked about the findings, Brooks stated, “Our study suggests that wearing a motorcycle helmet is a reasonable way to limit the risk of injury to the cervical spine in a motorcycle crash.”

Researchers develop imaging to identify concussions

CALGARY – Researchers at the University of Calgary say they have developed a portable brain-imaging system that would literally shed light on concussions.

“In the infrared system, there’s a particular wavelength that goes through tissue quite well. You shine a light in and you measure the colour of the blood in the brain,” said Jeff Dunn, director of the Experimental Imaging Centre at the university’s Cumming School of Medicine.

“Light is absorbed differently depending on how much oxygen is absorbed in the blood. We can measure brain activity. What we didn’t know is how that would change after concussion.”

The device, which contains small lights with sensors connected to a computer, is placed on the top of the head to monitor and measure brain activity. Dunn says symptoms make it fairly simple to determine if someone has suffered a concussion. Determining the extent of damage and the long-term consequences is more difficult.

Keith Yeates, the lead for the university’s Integrated Concussion Research Program (ICRP) and the study’s co-investigator, said the technology “has the potential to provide a convenient method for helping detect concussion.”

More importantly, Dunn said it could help treat concussions in the future. “It’s really hard to understand what treatments will modify that trajectory of symptoms,” he said. “So the earlier people know about what kind of injury it is ... people can test these treatments that will really help with patient care.”

– Bill Graveland
The Canadian Press
Journal highlights progress in lymphedema care after cancer treatment

Individuals who have been treated for cancer are at risk for a complication called lymphedema: swelling in the body region where lymph nodes were removed, causing pain and limited function. New research and insights on the management of cancer-related lymphedema are presented in the January special issue of Rehabilitation Oncology, official journal of the Oncology Section of the American Physical Therapy Association. The journal is published by Wolters Kluwer.

The special issue highlights progress in rehabilitation and physical therapy management of cancer-related lymphedema— including a new study identifying characteristics of patients who need extra support in practicing essential self-care. Other articles point toward ongoing advances in lymphedema care, including new imaging techniques, and technologies to help patients monitor and control their condition, according to an introduction by guest editor Nicole L. Stout.

Lymphedema is a complication of cancer treatment that occurs due to fluid buildup in soft tissue, resulting from damage to the lymphatic system. Patients with lymphedema experience painful swelling and limitation of function of the limbs or other areas.

Complex decongestive therapy (CDT) is the multimodal treatment for lymphedema carried out by a skilled therapist. However, in order to optimally manage the condition, some components of CDT need to be carried out by the patient on a daily basis. Self-care plays an important role for patients with lymphedema, and may include daily self-massage, skin care, compression therapy and exercise. However, for some individuals with lymphedema, performing daily self-care poses a challenge.

Dr. Helene Lindquist, Tommy Nyberg and their research group at Karolinska Institute, Stockholm, performed a study to identify characteristics of women who needed extra support to self-manage their lymphedema. The study included data on 88 Swedish women, average age 62 years—most with arm lymphedema after breast cancer treatment.

Nearly 60 per cent of women in the study performed their self-care program almost every day—even though about half of the patients felt that self-care did not help much. Only about 20 per cent of women who worked performed daily self-care at work.

A wide range of demographic, clinical, psychological and physical characteristics were significantly related to self-care practice. Factors associated with lower rates of daily self-care included low scores for well-being, body image and self-esteem; ethnicity other than Swedish; depressed or anxious mood; and poor sleep quality.

“Our results emphasize the importance of focusing more on vulnerable individuals when it comes to instructions about self-care and to encourage women to perform continuous self-care,” the researchers write. They believe their findings support a “stepped-care” approach to working with women with lymphedema: basic help for all women, with stepwise progressive interventions for those in need of additional support. The special issue includes a narrative by actress Kathy Bates—a breast cancer survivor with lymphedema—providing a patient’s perspective on the frustrations and arduous nature of the ongoing self-care needs.

Stout notes the special issue appears two decades after a seminal report by the American Cancer Society on lymphedema management. Since then, management of lymphedema has become “far more mainstream,” with ongoing research, clinical practice guidelines, and improved access to specialist care. Other topics in the special issue include patient assessment, considerations for advanced training for physical therapy professionals in lymphedema care, and new imaging approaches.

Other papers report on sophisticated technologies like low-level laser therapy. These advances open the possibility of developing wearable sensors and cloud-based apps to provide patients with daily feedback on their condition and individualized updates for support and prevention. Stout concludes, “The future is bright, the future is smart, and we must continue to seize on opportunities to advance novel approaches to lymphedema management.”

- Newswise

Member-based massage opens in Quebec

Montreal entrepreneur Antonia Tsapakis has opened the first Massothérapie Massage Addict in Quebec in the Carré Lucerne in the Town of Mount Royal.

“We’re filling the gap in the Quebec market for affordable therapeutic treatments delivered by highly-trained massage therapists and certified reflexologists in a conveniently located, great-looking clinic,” said the former café and restaurant owner. “I’m proud to be representing this amazing brand here in Quebec.”

Tsapakis is leveraging the vast experience in marketing, operations, information technology, finance and business leadership that Massothérapie Massage Addict brings. New owners are guided through everything from finding a site to construction, training, recruiting, opening day, marketing, and day-to-day operational support.

“I can’t say enough about how important that is when you are taking on a huge task like opening a new business,” said Tsapakis. It also helps that Tsapakis is a fan of treatments herself. “I have always enjoyed massage therapy and believe in the many health benefits it brings.”

That’s what motivates many successful franchisees, according to Massothérapie Massage Addict CEO Fraser Clarke. “We love what we offer; and it shows,” Clarke said.
Officials eye acupuncture as opioid alternative

PROVIDENCE, R.I. – Marine veteran Jeff Harris was among the first to sign up when the Providence VA hospital started offering acupuncture for chronic pain.

“I don’t like taking pain medication. I don’t like the way it makes me feel,” he said. Harris also didn’t want to risk getting addicted to heavy-duty prescription painkillers.

Although long derided as pseudoscience and still questioned by many medical experts, acupuncture is increasingly being embraced by patients and doctors, sometimes as an alternative to the powerful painkillers behind the nation’s opioid crisis.

The military and Veterans Affairs medical system has been offering acupuncture for pain for several years, some insurance companies cover it and now a small but growing number of Medicaid programs in states hit hard by opioid overdoses have started providing it for low-income patients.

Ohio’s Medicaid program recently expanded its coverage after an opioid task force urged state officials to explore alternative pain therapies.

“We have a really serious problem here,” said Dr. Mary Applegate, medical director for Ohio’s Medicaid department. “If it’s proven to be effective, we don’t want to have barriers in the way of what could work.”

For a long time in the U.S., acupuncture was considered unstudied and unproven – some skeptics called it “quack-u-puncture.” While there’s now been a lot of research on acupuncture for different types of pain, the quality and the results of the studies has been mixed.

Federal research evaluators say there’s some good evidence acupuncture can help some patients manage some forms of pain. But they also have described the benefits as modest, and say more research is needed.

Among doctors, there remains lively debate over how much of any benefit can be attributed simply to patients’ belief that the treatment is working – the so-called “placebo effect.”

“There may be a certain amount of placebo effect. Having said that, it is still quite effective as compared to no treatment,” said Dr. Ankit Maheshwari, a pain medicine specialist at Case Western Reserve University, who sees it as valuable for neck pain, migraines and few other types of pain problems.

Many doctors are ambivalent about acupuncture but still willing to let patients give it a try, said Dr. Steven Novella, a neurologist at Yale University and editor of an alternative medicine-bashing website. He considers acupuncture a form of patient-fooling theatre.

Acupuncturists and their proponents are “exploiting the opioid crisis to try to promote acupuncture as an alternative treatment,” he said. “But promoting a treatment that doesn’t work is not going to help the crisis.”

In government surveys, one in 67 U.S. adults say they get acupuncture every year, up from one in 91 a decade earlier. That growth has taken place even though most patients pay for it themselves: 2012 figures show only a quarter of adults getting acupuncture had insurance covering the cost.

The largest federal government insurance program, Medicare, does not pay for acupuncture. Tricare, the insurance program for active duty and retired military personnel and their families, does not pay for it either. But VA facilities offer it, charging no more than a copay.

Jeff Harris signed up for acupuncture two years ago. The 50-year-old Marine Corp veteran said he injured his back while rappelling and had other hard falls during his military training in the 1980s. Today, he has shooting pain down his legs and deadness of feeling in his feet.

Acupuncture “helped settled my nerve pain down,” said Harris, of Foxboro, Massachusetts.

Another vet, Harry Garcia, 46, of Danielson, Connecticut, tried acupuncture for his chronic back pain after years of heavy pain medications.

Acupuncture is “just like an eraser. It just takes everything away” for a brief period, and keeps pain down for up to 10 days, he said.

About a decade ago, the military and Veteran Affairs began promoting a range of alternative approaches to pain treatment, including acupuncture, yoga, and chiropractic care.

The military’s openness to alternatives is “because the need is so great there,” said Emmeline Edwards of the National Center for Complementary and Integrative Health, a federal scientific research agency. “Perhaps some of the approaches have been used without a strong evidence base. They’re more willing to try an approach and see if it works.”

Her agency is teaming up the Pentagon and the VA to spend $81 million on research projects to study the effectiveness of a variety of nondrug approaches to treating chronic pain.

While research continues, insurance coverage of acupuncture is expanding. California, Massachusetts, Oregon and Rhode Island pay for acupuncture for pain through their Medicaid. Massachusetts and Oregon cover acupuncture for treating substance abuse, though scientists question how well it reduces the cravings.

- Jennifer McDermott, Dake Kang And Mike Stobbe, The Associated Press
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It takes a Village
Considerations for clinic ownership  
BY JULES TORTI

How difficult could it be? Becoming the sole owner of a massage therapy clinic certainly makes monetary sense, but it’s easy to be overconfident about the responsibilities involved in pursuing such ‘independence.’

For Anne Anderson, becoming the owner of the Massage Therapy Centre in Old South London, Ont., was an unexpected career trajectory. As a home-based freelance graphic artist, Anderson missed having daily human interaction. Despite having no prior association with the massage therapy industry, she had a burgeoning desire to establish a business in Wortley Village, a community envied for its walkability, 19th century homes, cozy coffee houses, bistros, galleries and yoga studios.

In 2013 the Village earned bragging rights as the Best Neighbourhood in the Country in the Great Places in Canada competition. Anderson thought she might open a store that catered to gardeners, but life spun full circle when her neighbour, Karen Vince, the owner of the Massage Therapy Centre, died of breast cancer in 1997.

“Karen was always a mentor to me, and here, 20 years later, she still has an impact on my life. We are still connected,” Anderson says.

Anderson had never had a massage before she ventured into this business, but there was serendipity in how it all unfolded. She initially co-owned the clinic with Vince’s partner, Jerry Crow, who she bought out 13 years ago. Now, she’s routinely turning away several people a day and attributes the clinic’s success to a cohesive team of nine therapists, three of whom were with Vince from the beginning.

The clinic numbers have nearly doubled in the last 10 years, too. In 2017, the clinic team treated over 5,200 clients – of which 792 were new clientele. Anderson reminds me that this journey wasn’t premeditated, and she attributes a shifting skill set to the clinic’s survival.

“Jerry provided an insightful business structure as a chartered accountant.” Indeed, when Anderson shows me her diligent spreadsheet tracking, Excel formulas and direct billing accounts, it’s obvious why the clinic is turning away clients every day.

For those who might be questioning the merit of a clinic owner who isn’t a massage therapist, Anderson sees it as a unique built-in support system. “In a sense, the therapists are pooling their resources and they’ve hired me to assist them in areas that they don’t have the time to address or interest in doing. They get to focus on their skills and clientele and do what they do best. I do the rest to help facilitate it.”

When asked how a massage therapist can prepare for clinic ownership she smiles wide, “Be prepared to do it all. You have to be a jack of all trades: bookkeeping, website construction, painting, vacuuming, shovelling snow.”

She emphasizes that people and financial skills, in tandem, are mandatory. “I read an article recently about how people don’t quit their jobs, they quit their boss.”

Whether you have employees or RMTs on a contract agreement like Anderson does, interpersonal skills are paramount. The most rewarding aspect of ownership for her is witnessing the individual successes and collective harmony of the team.

“It’s all about intuition, which I’m always fine-tuning. It’s so important to have the right group of therapists. It has to be a mutual fit,” she says.

When Anderson interviews therapists, “we are interviewing each other.” The therapists need to be congruent with the clinic’s vision. “I look for down-to-earth, genuine, warm, open and organized therapists.” In fact, “I like shyness too.” She explains that there’s a softer, natural, non-aggressive approach about introverts that shines in a one-on-one connection. We’ve all

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.

EXPECT THE UNEXPECTED: A CHECKLIST OF TYPICAL CLINIC EXPENSES

- rent, hydro
- internet, phone
- laptop/desktop, printer
- linen service: 250 sheets/week = $1500/month
- advertising: Google, clinic signage
- debit and credit card/banking fees
- software, soundtrack
- oils/sanitizer
- face cradle covers, pillow cases
- thermaphores, hot stones, ice packs, Epsom salts
- candles/matches
- kleenex, soap, toilet paper
- filing cabinet, file folders, log book, SOAP charts
- business cards, receipt books
- website construction/maintenance/hosting
- insurance
- cancellations, no-shows
- uniforms
- magazine subscriptions for waiting room
- water cooler, bottled water

massagetherapycanada.com
been to a pushy therapist who has been too bold about rebooking, but for Anderson, it’s the strong, silent types that see the return clientele without effort.

Anderson prides herself on both team and client retention. Her focus revolves around empowering the therapists. There are no restrictions on vacation time and the therapists design their own schedules. I’m visibly impressed.

So, if there’s a cancellation, or no-show, do the therapists have to remain at the clinic, or are they allowed to leave?

“Oh, they can leave! For sure, they can go do errands or grab a coffee. I would never expect them to stay and sit around. They decide how much they want to work. I don’t push them at all – I’d rather someone wasn’t overworked. If they only want two days or four hours a week, it’s the therapist that decides the base amount that they can handle. Some block in half hour breaks between clients, others want a three-hour block midday.”

The freedom she offers is attractive and rare. “Most of the therapists have multiple jobs. Some work out of their homes and other clinics, so they appreciate the flexibility in hours.”

The Massage Therapy Centre’s popularity clearly stems from the happiness level of the therapists. “There’s no client possession – there’s enough business for everyone.”

Therapists are required to have their own tables while Anderson supplies linen service, oils, a carefully curated soundtrack and extensive advertising. Generosity is extended to multiple fundraisers to support women’s community and sexual assault victims centres, MS and VON events. The equilibrium is found in this: consistent, personalized, quality service void of gimmicks.

Like any part of life, Anderson would warn would-be owners to be ready for expected and unexpected obstacles. Anderson reflects on past building issues, an unresponsive landlord and sewer replacement that resulted in her street being torn up for the duration of a summer as business disruptions that she had to shoulder. She recounts a Google Places account mix-up that had her clinic confused with a massage business down the road.

“We both benefitted and lost from the issue when our clinic was listed with the other clinic’s phone number and address and vice versa,” Anderson recalls.

She still believes in the power of intelligent advertising though, especially with Google, for top of the page exposure.

She shrugs and takes it all in a comfortable stride. She always returns to the purpose that existed from the beginning: the human element. With any business, it’s not about the credentials, but the client experience and team harmony.

It takes a village, and Wortley Village is lucky to have the sanctuary of Anne Anderson’s Massage Therapy Centre. She’s got your back.

The team at the Massage Therapy Centre: (L-R) Shelley Dixon, Elizabeth DeJong, Sulea Sinclair, Amanda Legault, Anne Anderson, Jessica Murphy, Christine Coral and Tamara Brebner (not in photo: Janet Lillie and Kirk Telford)
Preventing brain-drain

Opportunities and challenges for higher education

By Don Dillon

At the Educator Day during the Registered Massage Therapists’ Association of Ontario’s (RMTAO) 2017 Education Conference, moderator Pam Fitch posed the question, “Who in the room has obtained a master’s degree or PhD?” A small number of hands in a room full of educators went up. With so few attaining this level of education, one might wonder about the opportunities and challenges for registered massage therapists who advance their education.

Donelda Gowan – a doctorally-prepared massage therapist and recipient of the RMTAO’s research award – acknowledges concerns that highly educated RMTs face barriers in sharing knowledge. Gowan is adamant highly educated RMTs must be supported in their efforts to inject the knowledge and perspective they have gained back into the profession – assisting its growth and professional culture.

In her RMTAO research award acceptance speech, Gowan emphasizes, “Massage therapy research must be informed by massage therapists.”

Highly educated RMTs may feel pressure to leave massage therapy practice in pursuit of research and academic positions in related fields. Such a brain-drain and the limited opportunities for research and knowledge transfer should concern the profession – assisting its growth and potential of the field.

I invited a group of six RMTs with high academic standing – some educators, others researcher or practitioner status – to address the following questions:

1. What opportunities exist for RMTs that pursue higher education?

2. What are the barriers to advancement in the massage therapy field, particularly in education, research or influencing community health and social policy?

3. How can stakeholders in the profession support opportunities for practitioners attaining higher education?

4. How can your talents, experiences and education be most effectively used for the advancement of the profession?

Beth Barberree, Trish Dryden, Cathy Fournier, Donelda Gowan, Ania Kania-Richmond, and Martha Menard participated in the conversation.

In response to the question, “What opportunities exist for RMTs pursuing higher education?” Trish Dryden, a RMT and associate vice-president, research and corporate planning at Centennial College advises, “There are very few opportunities to do a degree in massage therapy per se, but there are degrees that would be relatable.”

She goes on to explain opportunities with higher education may not be material currently, but can and do contribute to a desired career path. The issue, as Dryden sees it, is to streamline RMT education, creating an academic ladder for undergraduate and graduate studies.

Martha Menard, who has a PhD in research methods, statistics and evaluation, with a master’s in clinical psychology, laments the fact that massage therapy is not an academically-based discipline in itself, and this provides a barrier to education advancement. A diploma in massage therapy alone would not be considered when applying to a graduate program, for example. Adding a caveat, Menard shares that given current education streams, “I’m not...
sure we want to go the traditional academic route.”

She suggests creating articulation agreements between massage programs and colleges/universities could be a viable path.

Cathy Fournier, who has a PhD in social anthropology, shares a frustrating personal account of a disincentive to higher education. Fournier trained in Ontario – a province where the practice of massage therapy is regulated – and practiced 24 years before moving to Nova Scotia (an unregulated province) to pursue a masters and PhD in a related field. During that time, she maintained inactive status with the Ontario regulatory college. Upon returning to Ontario, and despite her advanced study, Fournier was informed, as per policy, that she would need to do a refresher course to gain active status again. She followed procedure and made a formal written request to appeal this requirement. After deliberation, the regulatory body lifted the requirement for tutoring. Apparently, the appeal was not granted because of Fournier’s higher education, but because she continued to be active within the profession through teaching continuing education courses and contributing one of the required reading articles in the CMTO’s publication, while still out of province.

“(It appears) higher education is not valued,” Fournier states.

Gowan, who has a PhD in population health science, notes Fournier’s story showcases the negative consequences of the lack of uniform education, training and regulation in massage therapy throughout Canada. She posits this as creating a barrier to practitioner mobility throughout Canada, and meaningful contribution to the profession via advanced education.

Dryden agrees. “Educators have complained for a very long time about the lack of uniformity, and the difficulty of educators to maintain active status given regulatory policy.”

“The (Ontario regulatory body) appears to under-acknowledge the contribution educators make to the field,” she adds.

Gowan notes stakeholders may lack an understanding of the challenges and barriers for RMTs in pursuing higher education or “for contributing their hard-earned knowledge and skills back to the field.”

“What other professions have a better model?” she asks.

Beth Barberree, who has a masters in leadership (health specialization) shares another obstacle. She was reviewing employment positions in Alberta – commensurate with her higher education – that would allow her to influence community health policy. She learned that any job applicant must be a member of the province’s regulatory body, which means these jobs are closed to her because massage therapists are currently not regulated in Alberta.

“The jurisdictional variance (in regulation across Canada) is problematic for us,” Barberree states.

I ask the question, “Is the profession in danger of losing educational and intellectual capital if RMTs are forced to leave the profession and find work related to their higher education?”

Gowan responds, “There are lots of opportunities if you wish to contribute and get a higher education.” She recalls attending a professional conference, yearning to contribute further to the conversations and Trish Dryden, her mentor, telling her, “Good… now go get the formal education so you can do so.”

While admitting there are lots of opportunities to contribute, Gowan offers a tongue-in-cheek riposte to the conversation, “What are the opportunities to make a living?” which generated sympathetic laughter from the group.

Gowan relates how the Massage Therapist Association of Saskatchewan (MTAS), of which she is a member, is dedicated to supporting the conduct and dissemination of massage therapy-related research. The association has been active in facilitating important stakeholder consultations across Canadian provinces to seek feedback and input from experts – a significant aspect of Gowan’s own research. In addition, the MTAS also makes funds available for travel and accommodation to present research methods and findings with posters and oral presentations at research conferences.

Gowan acknowledges that the financial support for expenses related to research is critical to the development and success of every research project, the researcher’s skills, and what can be learned and applied to the profession. She is concerned, however, that
many scholars are not compensated accordingly, which may discourage or eliminate their ability to contribute. “We need to support researchers” she exclaims.

She asks those in the group with faculty education positions who have access to the Massage Therapy Research Fund or similar funds, “How much is available for salary support beyond just funding the research costs?”

Cathy Fournier replies, “Typically, you can pay a research assistant, but there’s not enough to pay yourself.”

Fournier talks about barriers for graduate students attempting to recruit a professor with faculty position to oversee a research project.

Martha Menard adds, “Even if you could get salary support for your research, it assumes you already have a salaried position.”

Gowan shares the story of a fellow researcher – a medical oncologist with a clinical, not a research or academic, position – laughingly refer to their joint research project as a “hobby.” He labelled it as such because none of the researchers were being paid. The difference for the oncologist is that he doesn’t rely on research funding for living expenses as he draws a high salary from his clinical position – a fact that it not typically true for massage therapists.

In addition, Gowan notes that graduate school education can be very expensive. Cash outlay for tuition and fees can easily reach $50,000, while there is reduced income potential imposed by limits of time and energy for practice. As well, undertaking advanced education studies incurs the opportunity costs of forgoing other potential business or industry streams. All these contribute to the lack of good quality massage therapy research.

Dryden confirms the self-employed status of RMTs may limit their proclivity toward an administrative or academic position. When RMTs do obtain these positions, they are full-time, with few resources allotted to do research.

“This speaks to a much larger social question around access to the production and distribution of knowledge,” states Dryden.

Menard explains another unintended consequence: Scholars attracted to academia often come from other disciplines, so any research related to massage therapy will naturally reflect that particular discipline’s viewpoint.

“This is still valuable,” Menard states, “but our profession loses the opportunity to view the research through its own lens.”

She wonders if there is a correlation among the notions of massage therapy as a female-dominated field, women as caregivers in society, and positions of higher education not compensated sufficiently.

“Women, compared to men, face systemic, structural barriers in achieving economic equality, and these barriers are present in academia and clinical health care. Even though women now receive a higher percentage of academic degrees, they still earn an average of $0.80 to every dollar earned by their male counterparts.”

Ania Kania-Richmond, a RMT with a PhD, is the assistant scientific director of the Bone and Joint Health Strategic Clinical Network, Alberta Health Services. She points out the problem may stem from how researchers position their identity in research circles. Sharing insights gleaned from working with established researchers during her PhD, Kania-Richmond advises, “Don’t position yourself as ‘massage therapy researcher’ but rather, identify as a rehabilitation researcher or with an interest in health administration and policy. Once you’re in, then you carve your career path.”

Barberree remarks that the very notion that a RMT must seek advancement in another field only to attempt to weave back in later when established, “supports the observation of the significant barriers facing higher-educated massage therapists.”

Kania-Richmond poses another point: “We may presume the massage therapy profession is open and accepting of injecting new knowledge and research… that’s not necessarily true.”

She shares how some RMTs she’s interacted with in research and practice contexts do not always actively or intentionally engage in professional reflection or partake in new knowledge. Kania-Richmond laments RMTs “may still apply the same methods they graduated with 20 years ago.”

She continues, “We must be innovative and not see massage therapy as a static field – advancements in technology necessitate considering influences on health care and society over the next five to ten years.”

She says of RMTs with higher education, “We are the early adopters, the leaders… we will not find the culture in existence but will have to create it and change it.
“The questions have been the same for the last 10 to 20 years. The struggle hasn’t changed... there’s just more people involved in the struggle.”

Dryden explains academics must often follow recognized degree paths that can then be parlayed into a career. Dialogue must ensue among the profession’s stakeholders to develop a recognized and utilitarian degree. She suggests looking at other disciplines with regard to their higher education status and consider how such education contributes to a profession.

“How has nursing done this,” for example? Dryden affirms stakeholders should ensure RMTs are not penalized in their positions as practitioners when they pursue higher education.

Fournier points out that educators in academia or administration can affect policies that shape education and contribute to professional cultural change.

“Educators can influence (regulatory) policies affecting protection of the public interest,” she says.

Dryden posits, “How will those with higher education stay engaged?”

She suggests it is useful to point out what research is relevant and important. “It’s not helpful to pull out research threads that aren’t being used and picked up by the profession. Part of our responsibility is to influence that.”

Dryden adds, “Culture changes because of exposure to knowledge.” She states those with higher education can assist with the dissemination of research by gelling available knowledge through publication and making presentations at industry conferences.

I asked two questions: “1) Can anyone refer to academics in other disciplines that can describe how their profession supports its scholars, and 2) Have any scholars on the call received offers of support from massage therapy stakeholders?”

Fournier, Dryden and Menard all suggest approaching the medical, nursing, midwifery, naturopathic and acupuncture practitioners regarding the trajectory of their professionalization, and ask how their stakeholders and culture support their scholars. Menard points to the updated 100th anniversary of the Flexner report regarding medical and nursing education.

Barberree applauds the support others, like Gowan, have received. Unfortunately, she relays, her experience has been that stakeholders in some provincial associations have not been actively supporting those higher educated practitioners in sharing and translating their knowledge to the rest of the massage therapy community.

Beth continues, “The two Alberta massage therapist associations (there are four) that require members to graduate from a 2,200-hour equivalent program do not, as I understand it, have a research committee. As stakeholders and decision-makers in the profession, I would expect these associations to demonstrate robust support for building research literacy and capacity among their members.”

Dryden laments, “It’s interesting in how the conversation (goes) back to the lack of uniformity in education, training and standards in the profession.”

In her case, Dryden says she has received “stellar” support from the MTAS, other RMT associations and regulatory colleges in helping her with travel and accommodation expenses.

“I’m so grateful for that,” she said. She relayed student support by academia is “awesome” in the profession and wants students to know that.

Gowan suggests stakeholders in the massage therapy field may be looking for direction on how to better help scholars. Donelda recommends that consulting opportunities exist for scholars in helping stakeholders reach these ends.

I ask, “How do we prevent ‘brain drain’ of our higher educated colleagues who have trouble finding work within the field?”

Dryden shares that as her academic career advanced in administration, she was less able to participate in research studies. “My job got bigger and more complicated.”

She adds there is still opportunity to influence policy, but ability to participate in her own research has diminished. However, Dryden believes she has been able to improve student engagement in research through her current role.

Gowan echoes Dryden’s comments. “An administrative position makes decisions, influences education policy and builds bridges between massage therapy and mainstream academia. There’s an integration there that would not have been available before (without Dryden’s advocacy).”

“Stakeholders can create an ‘intentional investment in knowledge.’ Research seeks solutions to problems, and stakeholder investing supports massage therapy in becoming a ‘good quality product’ informed by research,” Gowan concludes.
Recording patient information is an essential part of every good health-care practitioner’s clinical obligations. Sound record keeping helps both the practitioners and the patients within the continuum of care. It provides insight into the patient’s health history and treatment plans, offers documented proof of the progress of your treatments, and improves consistency and efficiency in patient care. When kept properly, patient records are a goldmine of opportunities for personal and professional success.

The following are some of the most widely asked questions about clinical record keeping and the best answers to guide every practitioner through their data dilemma.

Q: WHAT ARE THE ESSENTIAL ELEMENTS OF A GOOD NEW PATIENT INTAKE FORM?

A: The intake form (IF) you use with all of your new patients is more than just the first piece of paper that your patient touches. It will become the foundation of their clinical record and, by extension, the care you deliver.

This form will have a place for administrative details (patient ID, contacts, office/privacy policies) and subjective facts about the patient’s health history (their chief complaint, past problems, family issues, current care and lifestyle habits).

You are asking your new patient to document a lot of information, so there are no hard and fast rules about how long or how many pages it should be. Essentially, your intake form should have three features, and they are as follows.

**User friendly** – The form has to be well-constructed with a professional appearance on high quality paper. The font/type size is easy on the eyes and the layout is spacious; it makes use of different modalities (explain with words, check off boxes on a list, make drawings on a diagram). All of the questions need to be relevant and clear. It needs to strike a balance between respect for your patient’s time and an appreciation of the patient’s need to...
fully express their situation. And what they need most is to know you ‘get’ them, so give them a form that facilitates this.

Educational – You can include features on the IF that serve to educate both the patient and yourself. A customized header – advertising who you are, what you do, how well-educated you are, and lists any special skills or interests you have – is more effective than one which just gives your clinic address and contact numbers.

On the checklists of conditions, along with the red flag ones, you can include disorders that you want the patient to know you treat. When you include a space for them to indicate who referred them, you can discover potential networking connections for inter-professional collaboration. With the appropriate question you can also find out how they found you or your clinic, which will reveal the advertising platforms that are most useful and effective.

Provides answer to the question, ‘Should you take on this patient’s case?’ – It is critical that you gather enough information at the first visit to be confident that you will not cause harm. The IF should give you some insight into the nature of their situation and help you decide if you are optimistic that you can help them.

A well-designed new patient intake form will improve your consistency and efficiency in spotting both red flags and opportunities for building your practice.

Q: WHAT ARE PATIENT-BASED OUTCOMES ASSESSMENT INSTRUMENTS AND WHEN SHOULD THEY BE USED?
A: Patient-based outcomes assessment instruments (PBOAIs) are special intake forms (questionnaires) for special patients – people with chronic and/or severe pain, and people who have been injured at work or in a motor vehicle accident. Some practitioners use them with all of their new patients in order to clearly document their progress with care. We can use these ‘tools’ to assess both a patient’s pain and their functional abilities, which are often inextricably linked.

We are all familiar with practitioner-based outcomes assessments, which are objective measurements of strength or posture or active ranges of motion. They are useful to document a patient’s baseline facts and how they change over time. Dynamometres, goniometres and plumb lines have been long regarded as the gold standard of evidence of benefit from treatment.

But what about the patient’s subjective experience? How a patient feels and how they are functioning is becoming an equally important measure of a treatment’s success.
Patient-based outcomes assessment instruments give practitioners a way to make the subjective objective. How is this done? Write it down in words, give it a number, make a picture of it, choose statements that best reflect one’s position/opinion – these are all strategies that can be effectively used to ‘measure’ and document the facts of a patient’s experience.

Patient-based questionnaires come with many names. You may have heard of the McGill Pain Questionnaire, or the Vernon-Mior Neck Disability Index or Roland-Morris or Oswestry. There are dozens of valid questionnaires available for use in your office. You will want to ensure that the one(s) you choose will be responsive to the effects of treatment.

How are these special intake forms used? There is only one rule: The questionnaire must first be administered before any treatment is given. It is then repeated after a course of care is completed and the results are compared.

These questionnaires are a great tool to objectively demonstrate the benefits of what you provide. Your patients and other interested third parties (i.e., insurance companies, lawyers, etc.) all want to know that your particular type of treatment actually helps – and so do you.

**Patient-based assessment questionnaires are an important tool for hands-on health-care professionals who want to document the effectiveness of the treatment they provide.**

**Q: WHEN YOU DOCUMENT THE HISTORY OF A PATIENT’S CHIEF COMPLAINT, HOW MUCH INFORMATION IS ‘ENOUGH’?**

A: Every new patient has his or her own unique needs and you, as the health-care provider, have some detective work to do. Whether in the patient’s hand on the intake form or yours as you conduct a patient interview, you need to record the answers to the many questions you have about the complaint that brings them into your clinic. There are important details to be gathered – facts which will establish a baseline and influence your choice of physical examination procedures and your decisions regarding their case.

It is recommended that you make use of a mnemonic device to ensure that all the necessary questions about their chief complaint are asked and answered.

One popular one is ‘SOCRATES’ (site, onset, character, radiations, associated symptoms, time course, exacerbating/relieving factors, severity). Another is ‘OLDRFICARA’ (onset, location, duration, radiations, frequency, intensity, character, aggravation, relief and associated symptoms).

Make a table with a place for each of the features and fill the blanks as they relate their story to you. This will ensure that you record everything down.

We tend to pay more attention to all of these details when the patient is a brand new patient, but what about the regular patient who comes in with a new complaint? Do you still need to ask all these questions? Yes, you do.

A ‘mini-history’ will contain all of the same elements as an initial work-up, so keep your mnemonic ready to go any time a patient complains of something different.

Don’t forget one of the most important requirements of a patient’s subjective reporting – be specific. You could write down that the patient has ‘knee pain,’ or you could note that they have ‘sharp, intermittent pain localized to the medial aspect of the tibial plateau.’ The second version is infinitely more useful.

The history of a chief complaint provides valuable clues to the patient’s condition. Figuring out both cause and cure depends on your ability to collect and document all of the necessary facts.
YOUR SOURCE FOR EDUCATION, TRAINING AND REFERENCE BOOKS FOR MASSAGE THERAPISTS
I would like to officially welcome you to the 2018 Massage Therapy Expo in the great city of Vaughan, Ontario. The Hilton Garden Inn is a wonderful venue that is close to a variety of restaurants and stores. Vaughan Mills mall is just 5 minutes away, so there is something for your whole family to enjoy.

This year I am excited to have so many excellent speakers here at the Expo, discussing topics such as treating Asthma, the role of Medical Marijuana in therapeutic settings and Self Defense.

Now in our 3rd year, the Massage Therapy Expo draws therapists such as yourself from across Canada. Brought to you by SOAP Vault in partnership with Know Your Body Best, I am proud to present this two-day event that has been designed to educate, inspire and keep you safe.

I hope you will enjoy this year’s Expo as you discover new ideas and find new products and innovations to utilize in your practice as well as your daily life. There are several unique vendors this year that you will really enjoy speaking with.

I would like to thank everyone who has helped make this event possible, from all of our valued exhibitors to our knowledgeable speakers and of course, our attendees for your decision to dedicate this time to spend with each other at this year’s Expo.

Have a great time and thank you so much for coming to the event.

Your event organizer,

MARY ELLEN LOGAN
Director, SOAP Vault

FAST FACTS

50-Minute Seminars are $10.00 each
This year we are proud to announce that the Trade Show and Demonstration Area is FREE of charge to attend.
Registration for the Trade Show is necessary.
Sign up at massagetherapyexpo.ca

32 Vendors
30 Seminars
10 Demonstrations

Bigger and Better Than Ever in Year 3!

The Conference will be held at the Hilton Garden Inn Toronto/Vaughan

LOOK FOR THESE SYMBOLS TO HELP GUIDE YOUR EXPERIENCE

DEMONSTRATIONS TRADESHOW EDUCATION
SATURDAY APRIL 21ST, 2018
MACKENZIE ROOM

9:00 AM  SOAP VAULT - EVEN BETTER - FREE
Are you still using paper notes in your clinic because you really don’t know how you will ever convert to electronic ones?

Nick Gabriele has been a Massage Therapist and Athletic Therapist for more than 2 decades. He currently is the co-owner of both SOAP Vault and the Ontario College of Health & Technology. Nick is an engaging speaker that will make your journey into electronic charting fun and easy.

10:00 AM  GET GAME READY WITH SPORT MASSAGE
Sport Massage Therapists support athlete performance when it counts the most. Athletes are motivated to stay at peak performance and sport massage therapists are vital at helping them stay there. You will be introduced to some basic sport massage techniques to help enhance athlete performance from the weekend warrior to the Olympics.

Jason’s education consists of a Bachelor of Applied Health Science Degree in Athletic Therapy from Sheridan College, a Diploma in Massage Therapy from Ontario College of Health & Technology and a Certificate of Contemporary Medical Acupuncture from McMaster University.

11:00 AM  SAVE YOUR HANDS - IMPROVE TREATMENT OUTCOMES SELF-RELEASE PROTOCOLS FOR PATIENTS DURING TREATMENT SESSIONS
Massage therapists’ hands take a beating. This seminar will show you how to use Dr. Cohen’s HEATABLE acuProducts to release muscle and joint contraction DURING a treatment session creating better results with less work. Let the weight of the patient’s body do the work for you.

Dr. Michael A. Cohen B.Sc. D.Ac. D.C. Dr. Cohen is a highly rated lecturer and practicing Chiropractic Acupuncturist with 26 years of clinical experience. He was an ongoing guest lecturer at the Canadian Memorial Chiropractic College on Mind-Body healing research for 18 years publishing his book Feel It? Heal It! in 2007.

12:00 PM  THE MANUAL OF MANUAL THERAPY
Chris O’Connor will be teaching from his new book, “The Manual of Manual Therapy.” Chris will be teaching participants about: who we are really treating, why that matters, how to build the business-practice and lifestyle you never knew you wanted and healing the world in the process.

Chris O’Connor is a successful Registered Massage Therapist, Public Speaker, Osteopathic Practitioner and a provider of Medical Acupuncture. He has been a health care professional for the past 18 years. For over 16 years Chris worked primarily at the Homewood Health Centre, a hospital which focuses on addictions and behavioral disorders.

1:00 PM  THE GIG ECONOMY: WHICH SIDE ARE YOU ON?
Take a deep dive into the pros and cons of the “Uberization of Registered Massage Therapy.” Learn how companies offering the specialized service in Ontario must customize their technology and their business practices in order to remain compliant and competitive.

Allan Skok - CEO & Co-founder of MASSAGO. Allan is a tireless entrepreneur with a passion for innovation in the health and wellness sector and a talent for managing complex multidisciplinary projects.

2:00 PM  MARKETING YOUR HEALTHCARE BUSINESS: BRANDING YOUR PRACTICE ONLINE
Complementary Healthcare Professionals such as Massage Therapists, Kinesiologists, and Personal Trainers invest so much time, effort, and money into acquiring the vast knowledge to become innovative experts in their field, but often fall short or do not reach their maximum potential in their business ventures. The problem is that we are so preoccupied with what we do best - helping others, that we tend lose sight of ourselves and our skills as being a primary tool for business.

Mark Chee-Aloy is a Registered Massage Therapist, Registered Kinesiologist, Personal Trainer, and owner of ConEd Institute.ConEd is committed to being the primary continuing education provider for Massage Therapists, Kinesiologists, and Personal Trainers.

3:00 PM  STOP EXERCISING! THE WAY YOU ARE DOING IT NOW
If you want to get in better shape, and you’re frustrated at not getting the results you want out of your workouts, then this seminar is for you. You will learn how to fit exercise into your busy day, the hormone-body fat connection, and the 8 hidden reasons you can’t lose weight.

Igor Klibanov is an accomplished personal trainer who was selected as one of the top 5 personal trainers in Toronto by the Metro News newspaper in 2010. Igor has an extensive background in martial arts and a passion for learning about movement and the human body.

4:00PM  AN INTRODUCTION TO WORKING WITH PERINATAL PATIENTS AND INFANTS
Learn the strategies to diversify your practice, provide longevity for your career by working with perinatal patients and their infants during the pregnancy, birth and postpartum periods. Lessen the strain on your body by working with families and their babies as a teacher of infant massage and as a practitioner.

Nicole Nifo is a Registered Massage Therapist, Doula, and Certified Pediatric Massage Therapist. Nicole runs a Massage Therapy clinic Fully Alive Wellness in Oakville, ON where she focuses on treating pregnancy and pediatric patients.

Mentor, teacher, doula, author and RMT Michelle Francis-Smith has been practicing massage since 2001. This Sutherland-Chan School of Massage Therapy Alumni and graduate of the University of Toronto is living proof that there are no limits to the impact you can have as a massage therapist.
Overachieve, don’t overpay.

Yup, just $19/month.
SATURDAY APRIL 21ST, 2018
YORK ROOM

9:30 AM LIFT THE VEIL ON THE MYSTERY SURROUNDING MEDICAL MARIJUANA
Learn how to inform your patients about the benefits of medical marijuana while tapping into a hidden revenue stream that benefits everyone.

Morgan Toombs is the Nurse Manager of Canada’s first Nurse Practitioner led Medical Marijuana Clinic “O Cannabis Clinic”. Morgan speaks at cannabis related events across Canada, including TV outlets like the Discovery, History and Life Channel, as well as numerous radio shows and podcasts.

10:30 AM INFLUENCE OF SCARS & ADHESIONS FOR WOMEN’S HEALTH THEIR HIDDEN INFLUENCE ON STRESS MECHANISMS AND DISEASE – THIS SESSION IS SOLD OUT
Kelly Armstrong has been an Occupational Therapist for 17 years. She has specialized in Pediatrics, Pain Management and has recently turned her focus to Women’s Health Issues. She is certified in MPS-SRT (Scar Release Therapy), Sensory Integration (SIPT), Interactive Metronome, and Therapeutic Listening.

11:30 AM STAYING SAFE: HOW TO MAINTAIN BARRIERS AND PROMOTE SAFETY AS A MASSAGE THERAPIST
As a Registered Massage Therapist, you go into people’s homes and work with clients who may say or do things to make you feel uncomfortable and/or unsafe. In this session, we will be addressing some best practices that can work toward keeping you safe.

Alexis Fabriicus owns Invicta Self-Defense, a Toronto-based women’s self-defense company. She has been training in martial arts for 20 years, and teaching women’s self-defense for 15.

12:30 PM DYNAMIC ANGULAR PETRISSAGE (DAP)
Using Dynamic Angular Petrissage(DAP) to augment your treatments. Demonstration and discussion of its uses and effectiveness to date. Two years at Sutherland-Chan School and Teaching Clinic offered Paul Lewis a comprehensive academic training and technical instruction in Swedish Massage techniques, stretching and strengthening exercises, Myofascial Release Techniques and Joint Mobilization.

Robert McCullum graduated from Sutherland Chan and has been doing spa work as well as clinical work since graduation.

1:30 PM STRUCTURAL INTEGRATION - THE MASTERS SERIES
Add a unique and highly valued treatment program to your current and future clients. The Masters Series teaches the 10 session treatment program based on work of Rolf.

Barry Jenings Osteopath has been in clinical practice for 30 years, has taught over 6000 students ranking his as one of the top fascia teachers in Canada.

2:30 PM RESTORING FLEXIBILITY AND MUSCLE TONE… GENTLY AND PAINLESSLY - SOLD OUT
Wouldn’t it be great if you could improve flexibility and muscle tone without the need to use forceful manual techniques that strain your body and cause discomfort for your clients?

Dr. George Roth, the developer of Matrix Repatterning, will show you how this treatment system can provide you with the tools to quickly identify the true, underlying source of tension, literally at the cellular level.

3:30 PM DYNAMIC CUPPING AND MASSAGE PREVIEW
Dynamic Cupping is a remarkable modality created specifically for Massage Therapists to maximize your hands-on-time without breaking the flow of your practice. Understand how these kinetic techniques and tools are superior over other cupping styles.

Nyomi has successfully integrated Dynamic Cupping into her massage practice since 2015. She has the ability to customize cupping to comfortably meet any of her clients’s needs and expectations.

SUNDAY APRIL 22ND, 2018
MACKENZIE ROOM

9:00 AM SOAP VAULT - EVEN BETTER - FREE
Are you still using paper notes in your clinic because you really don’t know how you will ever convert to electronic ones?

Nick Gabriele has been a Massage Therapist and Athletic Therapist for more than 2 decades. He currently is the co-owner of both SOAP Vault and the Ontario College of Health & Technology.

10:00 AM AN INTRODUCTION TO FELDENKRAIS FUNDAMENTALS FOR FUNCTIONALLY FOCUSED TREATMENTS
Based on the Feldenkrais Method of Somatic Learning, Roxanne has developed 2 levels of her Continuing Education program called Feldenkrais Fundamentals for Functionally Focused Treatments Level 1 & 2. This seminar will be an introduction to the program.

Roxanne Derksen is a Registered Massage Therapist, Craniosacral Therapist and Guild Certified Feldenkrais® Practitioner. She founded VIVi Therapy in 2006.

11:00 AM SAVE YOUR HANDS - IMPROVE TREATMENT OUTCOMES SELF-RELEASE PROTOCOLS FOR PATIENTS DURING TREATMENT SESSIONS
Massage therapists’ hands take a beating. This seminar will show you how to use Dr. Cohen’s HEATABLE acuProducts to release muscle and joint contraction DURING a treatment session creating better results with less work. Let the weight of the patient’s body do the work for you.


12:00 PM THE ART OF PALPATION
Introduction to ‘The Art of Palpation.’ Students will learn techniques that will help them hone this valuable skill. By refining our palpation, we are less likely to miss the small and subtle dysfunctions that may be present in our patients, allowing for more effective assessments and treatments.

Chris O’Connor is a successful Registered Massage Therapist, Public Speaker, Osteopathic Practitioner and a provider of Medical Acupuncture. He has been a health care professional for the past 18 years. For over 16 years Chris worked primarily at the Homewood Health Centre, a hospital which focuses on addictions and behavioral disorders.
1:00 PM  DISCOVER 3 KITCHEN TOOLS THAT WILL MAKE HEALTHY EATING QUICK, EASY, AFFORDABLE AND FUN! - FREE
Hot and delicious breakfasts in less than 2 minutes, enjoy packing lunches (really!) and dinners with an intriguing twist! Penny Chmilar and Trish Dayman-Ross each have 22 years of experience with Pampered Chef. They have done almost 4000 parties between them and have travelled on over 30 incentive trips with PC.

2:00 PM  ASTHMA, A THERAPIST’S PERSPECTIVE
Asthma is a bedeviling condition that, if uncontrolled, can be debilitating. Fortunately, there are options available whereby relief is available – especially from complimentary health care. The techniques I employ are virtually side effect free, gentle and proven effective.

3:00 PM  FITNESS FOR FEMALES
You know inherently that your body is different than men, so you should exercise differently, too. In this seminar, you will learn the biggest fitness mistakes women make, the truth about toning, structural differences between men and women, and how the menstrual cycle affects your workouts.

SUNDAY APRIL 22ST, 2018 YORK ROOM

9:30 AM  DYNAMIC MUSCLE BASE
Achieve optimal therapeutic results with this Muscle Therapy that targets different parts of the muscle for best results; differentiating the tendon, the belly and the junction. The dynamic and unique principles of Muscle Base, Vector of Force and Scooping will transform your practice to provide Muscle Therapy that your clients crave

10:30 AM  SCIENTIFIC LINK BETWEEN NEUROPLASTICITY, SYMPATHETIC STRESS AND POST-CONCUSSION SYNDROME (PCS) - SOLD OUT
Kelly Armstrong has been an Occupational Therapist for 17 years. She has specialized in Pediatrics, Pain Management and has recently turned her focus to Women’s Health Issues. She is certified in MPS-SRT (Scarf Release Therapy), Sensory Integration (SIPT), Interactive Metronome, and Therapeutic Listening

11:30 AM  RESTORING FLEXIBILITY AND MUSCLE TONE GENTLY AND PAINLESSLY
Wouldn’t it be great if you could improve flexibility and muscle tone without the need to use forceful manual techniques that strain your body and cause discomfort for your clients?

12:30 PM  DYNAMIC ANGULAR PETRISSAGE (DAP)
Using Dynamic Angular Pettrissage (DAP) to augment your treatments. Demonstration and discussion of its uses and effectiveness to date.

1:00 PM  DEPRESSION IN THE HEALING FIELD - WHEN HEALERS HURT TOO!
Jenings openly discusses the once taboo topic of mental health straight on. Blending his unique humour and a personal story he takes us on a journey into the world of those in alternative healthcare and their own struggles with depression and mental health.

2:00 PM  LIFT THE VEIL ON THE MYSTERY SURROUNDING MEDICAL MARIJUANA
Learn how to inform your patients about the benefits of medical marijuana while tapping into a hidden revenue stream that benefits everyone.

3:00 PM  THAI MASSAGE
In this one-hour seminar the instructor will demonstrate all the fundamental techniques used in traditional Thai Massage, and incorporate them into a local routine. Indications and benefits of Thai Massage will be discussed, and the possibility of fusion with standard European techniques will outlined.

Alois has been practicing massage therapy for 28 years. He specializes in Deep Tissue, Sports, and Thai. He has developed a unique fusion of Swedish and Thai techniques, incorporating them into on-table treatments.
SATURDAY  
APRIL 21ST, 2018

10:30AM
INTRODUCTION TO FELDENKRAIS FUNDAMENTALS
An Introduction to Feldenkrais Fundamentals for Functionally Focused Treatments
With Roxanne Derksen

11:30AM
RESTORING FLEXIBILITY AND MUSCLE TONE
Restoring Flexibility and Muscle Tone... Gently and Painlessly
With Dr. George Roth

12:30PM
QUICK, EASY, AFFORDABLE AND FUN HEALTHY EATING
Discover 3 kitchen tools that will make healthy eating quick, easy, affordable and fun!
With Penny Chmilar and Trish Dayman-Ross (Pampered Chef)

1:30PM
BASICS OF STRIKING AND SELF DEFENSE
In this session, we will learn the basics of striking (how to put power in your strike, close- and long-range strikes), as well as a few basic self-defense moves that will help you feel safer in enclosed spaces while working with your patients
With Alexis Fabricius

2:30PM
THE ART OF PALPATION
Please join Chris O'Connor as he teaches you “The Art of Palpation.” By using ‘mental representations’ combined with the power of your touch, Chris will teach you how to take your assessment and treatment skills to an entirely enlightened level.
With Chris O'Connor

SUNDAY  
APRIL 22ND, 2018

10:30AM
QUICK, EASY, AFFORDABLE AND FUN HEALTHY EATING
Discover 3 kitchen tools that will make healthy eating quick, easy, affordable and fun!
With Penny Chmilar and Trish Dayman-Ross (Pampered Chef)

11:30AM
STRUCTURE~SYMMETRY~FOUNDATION: TREATMENT OF FUNCTION VERSUS PAIN
Structure and symmetry are key to a good foundation. Take these two, add specific motion symmetry and the results are improved function. Based on structural assessment and correction, this lecture will introduce you to the idea of techniques that will bring the body back to a balanced state and ultimately reduce pain.
With Joanne Baker

12:30PM
HEATABLE ACUPRODUCTS
This demonstration will show you how to use Dr. Cohen’s HEATABLE acuProducts to release muscle and joint contraction DURING a treatment session creating better results with less work. Let the weight of the patient’s body do the work for you.
With Dr. Cohen

1:30PM
DYNAMIC CUPPING AND MASSAGE
With Linde Hoppe

2:30PM
AUGMENTING TREATMENTS WITH DAP (DYNAMIC ANGULAR PETRISSAGE)
Using Dynamic Angular Petrissage(DAP) to augment your treatments. Demonstration of its uses and effectiveness to date.
With Paul Lewis & Robert McCullum

DEMONSTRATIONS

The demonstration area is in the Trade Show Hall and all of these 50 minute demonstrations are FREE to attend without signing up.
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<td><a href="http://www.knowyourbodybest.com">www.knowyourbodybest.com</a></td>
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<td>acuball.com</td>
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<th>Cryoderm</th>
</tr>
</thead>
<tbody>
<tr>
<td>350 John Street. Unit #11</td>
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<tr>
<td>Thornhill, ON L3T 5W6</td>
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<tr>
<td>cryodermcanada.com</td>
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<tr>
<td>647-625-5414</td>
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<thead>
<tr>
<th>BOOTH 28</th>
<th>Hand &amp; Stone</th>
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<tbody>
<tr>
<td>1550 16th Ave. Building D,</td>
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<tr>
<td>Richmond Hill, ON L4B 3K9</td>
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<tr>
<td>handandstone.ca</td>
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<tr>
<td>905-737-6467</td>
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<tr>
<th>BOOTH 29</th>
<th>Dolphin MPS</th>
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<tr>
<td>Etobicoke, ON</td>
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<tr>
<td><a href="http://www.dolphinmps.com">www.dolphinmps.com</a></td>
<td></td>
</tr>
<tr>
<td>800-567-7246</td>
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<tr>
<th>BOOTH 30</th>
<th>Chris O’Connor - Art of Palpation</th>
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<tbody>
<tr>
<td>Guelph, ON</td>
<td></td>
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<tr>
<td><a href="http://www.chrisconnerconsulting.com">www.chrisconnerconsulting.com</a></td>
<td></td>
</tr>
<tr>
<td>the-art-of-palpation.html</td>
<td></td>
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<tr>
<td>519-831-9535</td>
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<tr>
<th>BOOTH 31</th>
<th>Pampered Chef Canada</th>
</tr>
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<tbody>
<tr>
<td>85 Citizen Court, Units 12 &amp; 13</td>
<td></td>
</tr>
<tr>
<td>Markham, ON L6G 1A8</td>
<td></td>
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<tr>
<td><a href="http://www.pamperedchef.ca">www.pamperedchef.ca</a></td>
<td></td>
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<tr>
<td>800-342-CHEF</td>
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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.

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Call us today to learn more.
Third-party billing
Electronic technologies for your office  BY JESSICA FOSTER

In our previous article we discussed offering third party insurance billing and how that benefits your patients and your business. Now, let’s describe and “rate” (good, better, best) the technologies that are available for the electronic claims submission process for your clinic. Our ratings are based on ease-of-use, accuracy, and time-savings. For each of three technology types, the focus is on the treatment claim submission process and reconciling the third-party payments.

INSURANCE PROVIDER’S WEB PORTAL

Most third-party insurance providers offer an online portal that practitioners registered with the provider can access to submit/process treatment billings on behalf of their patients. You start by signing into your account then entering the patient data and treatment information for each claim: appointment date and time, billing amount and other claim-related information. If you are good with a keyboard this can take you up to three minutes per claim. Make a mistake and your claim could be rejected and may need to be resubmitted.

Once the claim is submitted, you will receive direct deposit payment from the insurance provider, usually within a few days. Once payment is received, you will need to reconcile your patient’s account within your accounting system. This reconciliation is handled within your accounting records, completely independent of the insurer’s web portal.

Rating: Good. While it does simplify submitting claims, it is a much more manual process that is subject to error and more time-consuming. However, you are submitting electronic claims for your patients, which is a good start.

COMPATIBLE THIRD-PARTY BILLING PRACTICE MANAGEMENT SYSTEMS

In this scenario you are using a web-enabled practice management system that helps process billing claims to a third-party provider. Usually a button or link (a short cut) to the insurance provider’s web portal is made available as part of the treatment billing process within the system. Clicking on the link will open a second browser session that takes you to the insurers web portal – allowing you to sign in to your account. Now, you can view your treatment/billing information from your practice management system in one window and copy (or type) the information into the claim section of the insurer’s portal in the second window. This process is made significantly easier if you have two monitors.

Like the first example, once payment is received, you reconcile your patient’s account within your accounting system. Reconciliation should be less time-consuming for you if your practice management system provides you a consolidated list of outstanding invoices due from third party insurers. In general, compatible practice management systems make working in the two-separate systems smoother, however, the patient bill and claim submissions are still being managed from two non-integrated systems. In most cases, this process can require in the neighborhood of 20 mouse clicks and multiple lines of form fields to be copied in order to process and reconcile a claim.

Rating: Better. Although you are still using two separate systems, short cuts built into the practice management system do save time and allow copying of data into the claim form does decrease the likelihood of error.

INTEGRATED THIRD-PARTY BILLING PRACTICE MANAGEMENT SYSTEMS

Here you have a web-enabled practice management system that has partnered/fully integrated into insurance providers’ billing processes – your system is communicating directly with the insurer’s billing system, bypassing the web-portal completely. This provides seamless, real time, treatment claim submission for practitioners.

There are not multiple windows to manage, no double entry or copying of data, no logging into claims systems, no filling out the additional lines of information, no need for two monitors and zero chance of entry mistakes. You have only one or two clicks to submit electronic claims and the same is true for reconciliation of payments.

Most insurance providers offer a predetermination feature that lets you know immediately what your patient’s coverage will be. This tells you if you need to collect additional monies from your patient to cover any difference between your treatment fees and what percentage their insurance covers. With an integrated solution, this function is built into the appointment check-out process. While you are billing a treatment, you can simply query the insurance provider, which will then auto-fill the invoice with the amount covered, then simply add a cash (or other payment method) line item to the invoice for the remaining amount.

Payment reconciliation is as simple as viewing the list of outstanding third-party invoices and checking off the payments as they are received. The system automatically reconciles the patient account for you.

Rating: Best. This type of system takes the cake for ease of use, accuracy and time savings.
The McMaster University Contemporary Acupuncture Program has been teaching Neurofunctional Electroacupuncture to health care professionals for 20 years. Massage Therapists trained through the program have consistently achieved their goals.

The scope of the Program is beyond simple needle insertion; it provides the practitioner with a unique framework for assessment and treatment. The Neurofunctional Operating System has been shown to consistently generate clinical results above and beyond traditional treatment models.

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 2018 PROGRAM:

UNIT 1 - September 7-8-9, 2018
Introduction to Neurofunctional Acupuncture

UNIT 2 - September 28-29-30, 2018
Upper Extremity Problems - Acute Pain

UNIT 3 - October 19-20-21, 2018
Axial Skeletal Problems - Visceral Regulation

UNIT 4 - November 9-10-11, 2018
Head & Face Problems - Chronic Pain Syndromes

UNIT 5 - Nov 30, Dec 1-2, 2018
Lower Extremity Problems - Integrated Mgmt

Registration Deadline Aug 10, 2018

STUDENT RATES AVAILABLE

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- Calcific Rotator Cuff Tendonitis
- Scar Tissue Treatment
- Muscle and connective tissue activation with V-ACTOR
- Osgood-Schlatter
- Hamstring Tendinopathy
- Tennis Elbow
- Chronic Muscle Pain

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