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Management: Your professional versus personal calendars p.26

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FROM THE EDITOR

Happy endings?

I’m excited to be the newest member of Massage Therapy Canada’s team, helping you navigate the industry with content and advice from contributors across Canada. Our publication will continue to offer insights, techniques, practice and business management advice, as well as health news, event coverage, and the latest research as it pertains to the profession. But I do want all of our readers to know that we’re always open to hearing from you – the massage therapists and massage therapy students we aim to serve. Feel free to reach out to us anytime, via email (jbelbeck@annexbusinessmedia.com), Facebook or Twitter.

Speaking of social media – we saw a lot of activity on our Facebook page from a shared CBC news story, reporting on a Quebec-based massage therapist who went to the police after a client performed lewd acts during his appointment. Not only was she discouraged from filing a report, she was told that [these things] are simply a “part of the business.” News flash – it’s most certainly NOT. While the other officers involved in the investigation expressed his concern that his colleague had made a wrongful comment, it still serves to show us that damaging misconceptions about the industry remain.

We will dig deeper into the ways therapists can protect themselves, and diffuse and prevent inappropriate situations from happening in an upcoming article. (Be sure you’re subscribed to our once-weekly newsletter so you don’t miss out on our newest content. Visit massagetherapy.com/subscribe.)

This issue’s cover story comes from regular contributor Don Dillon. (Read it on page 14.) He tackles another side of this issue within the industry – therapists are particularly vulnerable to sexual assault allegations, likely due to the nature of the profession. (Minimal dress, massage near or on what’s considered vulnerable areas, etc.) Dillon’s article gives advice to therapists that could mitigate the chances of these serious allegations.

Looking ahead, many of the associations across Canada are keeping busy this summer, working on achieving regulation for their respective provinces. Overall the tone is positive and we hope to update our readers on the state of regulation in our Fall 2018 or Winter 2018 issues.

Lastly, I would like to wish you all a pleasant and enjoyable summer. Keep in touch,

JANNEN BELBECK, Editor

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Therapists are particularly vulnerable to sexual assault allegations, likely due to the nature of the profession.
CONTEMPORARY MEDICAL ACUPUNCTURE
Neurofunctional Treatment of Pain and Dysfunction

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 C. 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.

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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
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Benefits of integrative medicine extend beyond wellness, Mayo Clinic finds

ROCHESTER, MN—Integrative medicine has become an increasingly popular way to enhance treatment for health concerns. At Mayo Clinic, two forms of integrative medicine—acupuncture and massage—have already helped numerous patients. In a review of several case studies in Explore, Mayo Clinic researchers examined the potential role of integrative medicine as a therapeutic and diagnostic benefit when combined with a patient’s treatment plan.

A massage therapist’s ability to have hands-on contact with a patient and potential for seeing patients for multiple sessions not only can relieve symptoms, but also aid diagnostic detection. Such was the case in a study where Mayo Clinic researchers observed a patient who underwent a partial small bowel resection and was being followed up with massage for persistent pain. The massage therapist detected tenderness upon palpating an area and alerted the patient’s care team. Subsequently, the team found an intestinal leak and infection in the abdominal cavity.

“We have done over two dozen studies on massage and acupuncture showing the benefits that both treatments have on patients. Skilled practitioners of integrative medicine are able to be a member of the care team and contribute their expertise, while also delivering care directly to patients,” says Brent Bauer, M.D., director of research for Mayo Clinic’s Integrative Medicine Program, who is the lead author.

Acupuncture is another treatment that has been widely noted for its role in helping with chronic pain management. “Our experience with patients at Mayo Clinic confirms that we see a tremendous number of patients for which acupuncture is a central part in their pain management strategy,” says Dr. Bauer.

Along with pain relief, acupuncture also can play an important role in assessing underlying health issues. Another case study focusing on acupuncture treatment at Mayo Clinic revealed that a mass was identified on a patient who initially was referred for acute upper-back pain. The acupuncturist noted a small mass in the muscle and brought it to the attention of the primary doctor. Subsequently, an ultrasound of the area was ordered, which showed that the mass was positive for sarcoma.

As these case studies show, bringing acupuncture and massage into the clinical setting can have benefits that extend beyond therapeutic wellness. Acupuncturists and massage therapists can bring another level of healing and a second set of eyes to a patient’s overall treatment plan. As Dr. Bauer notes, “That is the definition of integrative medicine in a nutshell—combining the best of both worlds to optimize health and healing for our patients.”

The Mayo Clinic

IN MEMORIAM

Honouring Chris O’Connor, an industry veteran

A frequent contributor to Massage Therapy Canada, we join the profession in remembering Chris O’Connor. Chris passed away suddenly on March 27, 2018 and is missed by many. Chris was an RMT, speaker, osteopathic practitioner and instructor of contemporary medical acupuncture. Throughout his career, Chris worked primarily at the Homewood Health Centre, a hospital focusing on behavioural disorders, including addictions. He is remembered for his kind, giving nature and of course, his enthusiasm. Global Healthworks Foundation (GHF), which provides sustainable integrative healthcare to underserved communities both in the U.S., and internationally to communities in remote villages of Indonesia, Nepal and Guatemala, has announced the creation of the Chris O’Connor Honorary Scholarship Fund, which will honour his kindness and compassion.

Chris was a “veteran volunteer” for the foundation. The scholarship fund will provide financial support for the out-of-pocket expenses for a GHF volunteer participating in one of the medical outreach initiatives. The bi-annual award will be granted to an applicant who demonstrates the qualities of a team player with strong leadership skills, dedication to their professional development, and sincere humanitarian qualities. To donate, visit: https://bit.ly/2IXztTh.
**PAIN MANAGEMENT**

Opioids after surgery can, paradoxically, prolong pain

Giving opioids to animals to quell pain after surgery prolongs pain for more than three weeks and primes specialized immune cells in the spinal cord to be more reactive to pain, according to a new study by Colorado University, Boulder.

The authors say the paradoxical findings, if replicated in humans, could have far-reaching implications for patient pain management and add a new wrinkle to the conversation about the national opioid epidemic.

“This indicates that there is another dark side of opiates that many people don’t suspect,” said senior author Linda Watkins, a professor in the Department of Psychology and Neuroscience. “It shows that trauma, including surgery, in combination with opiates can lead to chronic pain.”

For the study, Watkins and co-author Peter Grace, then an assistant research professor at CU Boulder, performed exploratory abdominal surgery, or laparotomy, on male rats. A similar procedure is done tens of thousands of times annually in the United States in humans, and opiates are routinely used after surgery.

“Opiates are really effective for acute pain relief. There is no drug that works better. But very little research has been done to look at what it is doing in the weeks to months after it’s withdrawn,” said Grace, now an assistant professor at MD Anderson Cancer Center in Houston.

In one experiment, half the rats were given the equivalent of what would be a “moderate” dose of morphine in people for seven days post-surgery. Half were given a saline solution.

In another experiment, the rats were given morphine for eight days and then tapered off by day 10. In a third, the animals were given morphine until day 10 and then it was abruptly withdrawn.

Before and after the treatments, the researchers measured the animal’s sensitivity to touch as well as activity of genes that express inflammatory proteins in the spinal cord.

They found that rats given morphine experienced postoperative pain for more than three weeks longer. The longer they received morphine, the longer their pain lasted. And gradual tapering made no difference.

“This tells us that this is not a phenomenon related to opioid withdrawal, which we know can cause pain. Something else is going on here,” Grace said.

Watkins describes that something as a “one-two hit” on specialized immune system cells called glial cells in the central nervous system. The first hit, the surgery, stimulates what she calls the “not me, not right, not OK” receptor, Toll-like receptor 4 on the cells, igniting the release of a cascade of inflammatory proteins and “priming” them to be on guard for a second hit.

Morphine, which also stimulates that receptor, is the second hit.

“With that second hit, the primed glial cells respond faster, stronger and longer than before, creating a much more enduring state of inflammation and sometimes local tissue damage,” she said.

In a previous study, published in the *Proceedings of the National Academy of Sciences* in 2016, the researchers showed that just a few days of treatment with opiates to treat peripheral nerve pain, such as sciatica, could exacerbate and prolong pain for months in animals, in part by increasing expression of inflammatory genes.

A few small studies in humans have associated postsurgical opioid administration with chronic pain as much as one year later. “An unusually high number of people end up with postoperative chronic pain. This new study lends insight into one explanation for that,” Watkins said.

The researchers, acknowledging that animal studies cannot directly translate to humans, are now calling for more clinical studies on opioids and chronic pain.

“More than 50 million U.S. adults experience chronic pain, according to the National Institutes of Health. Watkins is also studying novel compounds that could be given with opioids to mute the exaggerated immune response they are believed to trigger, as well as alternative painkillers, including cannabinoids, for pain.

“There is surely a dark side in terms of addiction when it comes to opioids, but this is a very different idea — that we think we are treating the pain with these drugs and we may actually be prolonging it,” she said. “It is a great irony.”

— University of Colorado Boulder

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**PATIENT CARE**

Seniors in long term care facilities twice as likely to be on opioids

Seniors in long-term care facilities appeared to be twice as likely to be prescribed opioids compared to other people their age and three times as likely to be on antidepressants, according to 2016 data in a new report by the Canadian Institute for Health Information.

Almost 40 per cent of long-term care residents in British Columbia, Manitoba, New Brunswick, Ontario and Prince Edward Island were prescribed opioids, compared to 20.4 per cent of all seniors. About 60 per cent of the long-term care residents were on antidepressants, compared to 19.1 per cent of all seniors.

The long-term care residents were taking an average of 9.9 different classes of drugs compared to 6.7 for other seniors. A drug class refers to a group of chemicals that treat similar medical conditions, an example being opioids, prescribed for pain.

Seniors taking 10 or more classes of drugs were found to be five times more likely to be hospitalized for an adverse reaction, often in connection with cancer drugs, opioids or blood thinners.

Drugs for high cholesterol were used by nearly half of all seniors and were the most commonly prescribed class of drug. Cardiovascular-related drugs accounted for five of the top 10 most commonly prescribed drug classes.

— The Canadian Press

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*massagetherapycanada.com*
TECHNOLOGY

Five reasons to not give up on the telephone

Much has been written lately about the phone becoming an obsolete communication tool. Some experts claim that texting, social media, and email make talking on the phone unnecessary. For many millennials, the thought of speaking to someone on the phone can bring on bouts of anxiety. But the fact is that the phone allows us, as a species, to communicate in our most natural form. So before you start typing that next text, check out these five reasons to not give up on the telephone.

1. **More efficiency, more influence.** From a quick one-word answer to detailed explanations, speaking in real time on the phone allows for the most rapid exchange of information. This is because we speak and listen faster than type or read. And this allows us the ability to let the conversation naturally flow or influence the direction and tone.

2. **You can read emotions.** When a response to news is met with an “OK” or an emoji, it can be interpreted in different ways. Is the person happy, angry, indifferent, or just being polite? When sharing news on the phone, you will receive the most emotionally honest response. Their tone of voice, pauses, inflections and choice of words will tell you way more about how they feel than could ever be shared in a text.

3. **Talking is the great equalizer.** Anyone who’s received a text that went CU@8HAGD (See you at 8. Have a great day), knows even a simple text chat can be a confusing experience. Add to that any cultural or language differences and things can get pretty confusing. Speaking on the phone or in person allows for the natural exchange of dialogue and easy clarification of slang and technical terms.

4. **You can multitask.** With your head down and two thumbs typing away, you can only accomplish so much. Tasks as simple as eating or walking can become challenging or even dangerous. Talking on the phone leaves both handsfree and the ability to look straight ahead, allowing for easy multitasking such as taking notes, driving (with a hands free device), or just crossing the street.

5. **Improves both business and social skills.** The ability to build rapport, convey ideas, influence opinions, and understand others is something everyone should possess regardless of profession or age. Choosing to only use certain technology to communicate only weakens these skills. Being able to effectively communicate in person and across all forms of technology will result in building the greatest number of personal and professional relationships.

   — Marc Gordon

WELLNESS

How much exercise is needed to help improve thinking skills?

We know that exercise may help improve thinking skills. But how much exercise? And for how long? To find the answers, researchers reviewed all of the studies where older adults were asked to exercise for at least four weeks and their tests of thinking and memory skills were compared to those of people who did not start a new exercise routine. The review is published in the May 30, 2018, online issue of Neurology: Clinical Practice, an official journal of the American Academy of Neurology.

They found that people who exercised an average of at least 52 hours over about six months for about an hour each session may improve their thinking skills. In contrast, people who exercised for an average of 34 hours over the same time period did not show any improvement in their thinking skills.

The review did not find a relationship between a weekly amount of exercise and improved thinking skills.

“These results suggest that a long-term exercise program may be necessary to gain the benefits in thinking skills,” said study author Joyce Gomes-Osman, PT, PhD, of the University of Miami Miller School of Medicine in Florida. “We were excited to see that even people who participated in lower intensity exercise programs showed a benefit to their thinking skills. Not everyone has the endurance or motivation to start a moderately intense exercise program, but everyone can benefit even from a less intense plan.”

The review included 98 randomized, controlled trials with a total of 11,061 participants with an average age of 73. Of the total participants, 59 per cent were categorized as healthy adults, 26 per cent had mild cognitive impairment and 15 per cent had dementia. A total of 58 per cent did not regularly exercise before being enrolled in a study.

Researchers collected data on exercise session length, intensity, weekly frequency and amount of exercise over time. Aerobic exercise was the most common type of exercise, with walking the most common aerobic exercise and others including biking and dancing. Some studies used a combination of aerobic exercise along with strength, or resistance training and some used strength training alone. A small number of studies used mind-body exercises such as yoga or tai chi.

After evaluating all of the data, researchers found that in both healthy people and people with cognitive impairment longer term exposure to exercise, at least 52 hours of exercise conducted over an average of about six months, improved the brain’s processing speed, the amount of time it takes to complete a mental task. In healthy people, that same amount of exercise also improved executive function, a person’s ability to manage time, pay attention and achieve goals. However, researchers found no link between the amount of exercise and improved memory skills. Aerobic exercise, strength training, mind-body exercise and combinations of these were all found to be beneficial to thinking skills.

“Only the total length of time exercising could be linked to improved thinking skills,” said Gomes-Osman. “But our results may also provide further insight. With a majority of participants being sedentary when they first enrolled in a study, our research suggests that using exercise to combat sedentary behaviour may be a reason why thinking skills improved.”

   — University at Buffalo, via Newswise

Photo: Mrsiraphol - Freepik.com
TOUCH POINTS

NUTRITION

Gut bacteria play critical role in anti-seizure effects of keto diet

UCLA scientists have identified specific gut bacteria that play an essential role in the anti-seizure effects of the high-fat, low-carbohydrate ketogenic diet. The study, published in the journal *Cell*, is the first to establish a causal link between seizure susceptibility and the gut microbiota — the 100 trillion or so bacteria and other microbes that reside in the human body’s intestines.

The ketogenic diet has numerous health benefits, including fewer seizures for children with epilepsy who do not respond to anti-epileptic medications, said Elaine Hsiao, UCLA associate professor of integrative biology and physiology in the UCLA College, and senior author of the study. However, there has been no clear explanation for exactly how the diet aids children with epilepsy.

Researchers in Hsiao’s laboratory hypothesized that the gut microbiota is altered through the ketogenic diet and is important for the diet’s anti-seizure effects. Hsiao’s research team conducted a comprehensive investigation into whether the microbiota influences the ability of the diet to protect against seizures and if so, how the microbiota achieves these effects.

In a study of mice as a model, the researchers found that the diet substantially altered the gut microbiota in fewer than four days, and mice on the diet had significantly fewer seizures.

To test whether the microbiota is important for protection against seizures, the researchers analyzed the effects of the ketogenic diet on two types of mice: those reared as germ-free in a sterile laboratory environment and mice treated with antibiotics to deplete gut microbes.

“In both cases, we found the ketogenic diet was no longer effective in protecting against seizures,” said lead author Christine Olson, a UCLA graduate student in Hsiao’s laboratory. “This suggests that the gut microbiota is required for the diet to effectively reduce seizures.”

The biologists identified the precise order of organic molecules known as nucleotides from the DNA of gut microbiota to determine which bacteria were present and at what levels after the diet was administered. They identified two types of bacteria that were elevated by the diet and play a key role in providing this protection: Akkermansia muciniphila and Parabacteroides species.

With this new knowledge, researchers studied germ-free mice that were given these bacteria.

“We found we could restore seizure protection if we gave these particular types of bacteria together,” Olson said. “If we gave either species alone, the bacteria did not protect against seizures; this suggests that these different bacteria perform a unique function when they are together.”

The researchers measured levels of hundreds of biochemicals in the gut, blood and hippocampus, a region of the brain that plays an important role in spreading seizures in the brain. They found that the bacteria that were elevated by the ketogenic diet alter levels of biochemicals in the gut and the blood in ways that affect neurotransmitters in the hippocampus.

How do the bacteria do this? “The bacteria increased brain levels of GABA — a neurotransmitter that silences neurons — relative to brain levels of glutamate, a neurotransmitter that activates neurons to fire,” said co-author Helen Vuong, a postdoctoral scholar in Hsiao’s laboratory.

“This study inspires us to study whether similar roles for gut microbes are seen in people that are on the ketogenic diet,” Vuong said.

“The implications for health and disease are promising, but much more research needs to be done to test whether discoveries in mice also apply to humans,” said Hsiao, who is also an assistant professor of medicine in the David Geffen School of Medicine at UCLA.

On behalf of the Regents of the University of California, the UCLA Technology Development Group has filed a patent on Hsiao’s technology that mimics the ketogenic diet to provide seizure protection. It has exclusively licensed it to a startup company Hsiao has helped to launch that will examine the potential clinical applications of her laboratory’s findings. — UCLA
Vitamin supplement study finds they may do more harm than good

In Australia’s most recent nutrition survey, 29 per cent of people reported having taken at least one dietary supplement. This proportion was even higher in the United States at 52 per cent.

A new study aimed to examine the benefits of vitamin and mineral supplements for prevention of heart disease, stroke and premature death (termed “all-cause mortality”). This found the most commonly studied ones had no effect, while some less common ones did have an effect. The review also found some supplements can be harmful.

The study was a systematic review, meaning the team of researchers examined all relevant research papers (179 in total) and combined the results. The supplements examined included vitamins A, B1 (thiamin), B2 (riboflavin), B3 (niacin), B6 (pyridoxine), B9 (folic acid), C, D, E, beta-carotene, and the minerals calcium, iron, zinc, magnesium and selenium. Multivitamins were defined as including most of these vitamins and minerals.

In studies testing the four common supplements of multivitamins, vitamin D, calcium and vitamin C, there was no reduction in incidence of heart disease, stroke or premature death. This means there was no benefit from taking them, but also no harm.

They also evaluated less common supplements that did have positive impacts on early death, heart disease and stroke. Here they found folic acid supplements showed a reduction in heart disease and stroke.

It was calculated that in order to prevent one case of heart disease or stroke, 111 people needed to be taking folic acid supplements (this is termed the “numbers needed to treat”). For stroke, 167 people would need to take folic acid to prevent one case, and 250 people would have to take B-complex vitamins (which contain folic acid, which is vitamin B9) to prevent one case.

Before you rush out to buy folic acid supplements, there are a few cautions. First, there are some concerns that high levels of folic acid in the blood may increase the risk of prostate cancer, although the results are mixed.

Second, of the studies testing folic acid supplements, stroke was reduced in only two of the seven gold-standard studies (called randomized controlled trials). One of these was a very large study of 20,000 people in China. China does not have a folic acid food fortification program, whereas in Australia and the U.S., it’s commonly added to breads and breakfast cereals.

While a small benefit for taking folic acid was found, researchers also found some adverse effects from supplementation. Among those taking statin medication to lower blood cholesterol, slow or extended release vitamin B3 (niacin) increased the risk of early death by 10 per cent, with a “number needed to harm” of 200. This means 200 people would have to take statins and niacin before we would see one case of early death.

For studies testing “antioxidant” supplements, there was marginally significant increased risk of early death, with a “number needed to harm” of 250 people.

The most studied supplement was vitamin D. Researchers found no benefits for heart disease or stroke prevention, but also no harm. This was a surprise, given vitamin D is commonly taken for other conditions, such as diabetes. But there was no benefit seen for early death, although the study’s authors acknowledged longer follow-up may be needed.

The authors concluded there is low-to-moderate quality evidence for taking folic acid for the prevention of heart disease and stroke, and also for taking B-complex vitamins that include folic acid for stroke.

Most people in Western countries don’t have an optimal diet. This review shows taking supplements as an “insurance policy” against poor dietary habits does not work. If it did, there would have been a reduction in early death.

Taking supplements is very different from eating whole foods. Complications or health problems due to nutrient intakes are virtually always due to taking supplements, not eating foods. When you concentrate on one vitamin, mineral or nutrient in a supplement, you miss out on the other phytonutrients found in plant foods that contribute to overall health.

The increase in early death for taking some categories of supplements should be a wake-up call that stronger regulations are needed around supplements, and people need a lot more support to eat better.

The bottom line is we need to eat more nutrient-rich whole foods, including foods high in folate such as green leafy vegetables, legumes, seeds, poultry, eggs, cereals and citrus fruits. Many breads and breakfast cereals in Australia are fortified with folate. Good food sources of niacin (vitamin B3) are lean meats, milk, eggs, wholegrain breads and cereals, nuts, leafy green vegetables and protein-containing foods.

Claire Collins, professor in Nutritrion and Dietetics, University of Newcastle

This article originally appeared on THE CONVERSATION
MUNICH—Freeletics has released the findings of an inaugural new study about American fitness and wellness behaviours, examining how routine exercise impacts other aspects of daily life. Freeletics commissioned the survey with OnePoll to discover more about fitness and habits in the U.S. including the overall benefits of exercise, motivations and how those who exercise regularly perceive themselves.

Aside from the more common goals that people try to achieve by working out, such as weight loss and building muscle, the findings show fitness is key for general self-development and leading a goal-oriented life. The research also indicates that fitness impacts other parts of life including sexual activity, financial wellbeing and social engagement.

Career and money: Besides overall good health, regular exercise has a strong correlation to financial wellbeing. According to the study, those who make exercise a regular habit, tend to earn about $25,000 more per year than those who do not exercise regularly. Similarly, people who favour high-intensity workouts, such as interval training sessions, net an extra $13,000 a year on average, according to the data.

Sex and relationships: According to the study, 34 per cent of those who regularly exercise have sex several times a week, compared to just 15 per cent of those who never work out. One in four (25 per cent) of those who never work out, also never have sex. Compare that to just one in 20 (5 per cent) who exercise often.

Mentality and sociability: People who make it a habit to exercise regularly are more likely to consider themselves confident, goal-oriented, and risk-takers. Furthermore, a larger proportion of those who never exercise claim to have no close friends, and that on average, those who exercise often tend to have a larger circle of close friends.

A portion of the study also dove into what people believe are the biggest signs that someone has their life together. Behind owning a house and following through on plans, people believe that having a regular exercise routine is a major contributor.

— Freeletics, PR Newswire

FASCIAL STRETCH THERAPY

Fascial Stretch Therapy shows how assessment, treatment and training are used in a variety of common circumstances encountered in manual therapy and athletic training.

This book:
• describes and shows the therapist or trainer how to integrate FST in their current practice, business or workplace to enhance what they already do and provide
• Section 1 redefines, clarifies and describes the many layers of therapeutic stretching showing where FST can be most useful
• summarizes relevant evidenced based studies and cites scientific support giving the professional confidence in using the techniques
• covers specific examples of how FST integrates with many other methods used in manual therapies, fitness and sport training, rehabilitation and corrective exercise, movement re-education and motor repatterning
• provides specific indications and information on the most common diagnoses and conditions and how best to use FST
• Section 2 provides detailed description of the FST technique with many explanatory photographs
Be ever vigilant

Massage therapists particularly vulnerable to allegations

BY DONALD QUINN DILLON

The media is steadily drawing increased attention to the misconduct of health professionals. In a March 25th article in the Toronto Star, journalist Theresa Boyle reflects on a complaint against a particular physician, saying: “It’s cases like this that have placed Ontario’s oversight system for health professionals under the microscope. The self-regulatory system – which governs everyone from doctors, nurses and dentists, to homeopaths, naturopaths and Chinese medicine providers – is considered by many to be too protective of professionals, outdated, and not robust enough to achieve its central mandate: to serve and protect the public. There have long been calls for major reform and they are growing louder. They include demands to scrap self-regulation.”

With the conflation of numerous celebrity cases of sexual abuse – Bill Cosby, Harvey Weinstein – and the emerging #MeToo social outcry, the media is hypervigilant to draw attention to the issue.

Massage therapists may be particularly vulnerable to allegations, working as they do with clients of minimal dress and at a high level of touch contact. Unfortunate associations linking the profession to the sex trade, human trafficking and criminal activity still exist, affecting the public trust. This makes interactions for massage therapists with the media and police particularly sensitive.

Are massage therapists increasingly and disproportionately vulnerable to allegations of sexual misconduct? If so, how can they work to prevent allegations or defend themselves if innocent in this delicate and complex media climate?

PUBLIC RELATIONS NIGHTMARE

In a 2017 Op-Ed in Massage Therapy Canada, I presented with increasing alarm my concerns for not just the frequency of media reporting of massage therapist allegations, but the style of coverage. The media used stark and threatening images – squad cars and police badges – in what appeared to be sensationalistic. In almost all cases, the media provided few details of the evidence, presenting the perspective the practitioner was guilty before a hearing could be held.

Media coverage rarely acknowledges massage therapy as a regulated profession, nor do they mention the regulatory body or the current mechanism in place for complaints and discipline. The coverage, I estimate, was damaging to both the massage therapist and to the business they were employed at, all before a sufficient investigation could be mounted.

Relations with police show signs of strain as well. A Quebec massage practitioner was surprised by a police officer’s dismissal of her concerns when she reported a client who masturbated during the session. The officer stated, “it’s part of the business.”

When police are incognizant of massage therapists as regulated health professionals, the complaints process in place, and project ill intentions on the part of the practitioner, this reflects poorly for the profession and the professionals.

The author is aware of accounts when a practitioner is taken away (embarrassingly) in handcuffs, with his/her work is suspended until a hearing is scheduled. The practitioner may be completely surprised of the offence, and is often unaware of their rights. The outcome can be financially devastating and career-altering.

The College of Massage Therapists of Ontario (CMTO) has recently released new and revised standards related to maintaining professional boundaries, verbal and non-verbal communication, draping, engaging in relationships with clients, and mandatory reporting requirements, among others.
The CMTO also provides publications to assist massage therapists in understanding how to form professional boundaries (cmto.com/key-publications). We can only speculate whether massage therapists are receiving sufficient training in these areas during or after their vocational education, and if therapists are confident in how to respond to inappropriate or aggressive behaviour by a client, or even an allegation.

**DON’T BE ‘TOO CHUMMY’**

Murray Allan is a retired police officer and previously worked in various investigative units spanning a twenty-six-year career, including four years in the Sex Assault and Child Abuse Unit as an investigator and shift supervisor. Allan is periodically employed by the Massage Therapy Association of Manitoba to advise members facing allegations. Allan works in tandem with a consulting senior massage therapist in order to prepare the member for the court hearing and charges of misconduct.

Allan admits male practitioners may be particularly vulnerable to miscommunication and charges of misconduct or incompetence. He expresses concern with what appears to be an inconsistency and deficit of massage therapy training and education.

Allan laments the problem frequently starts when the practitioner becomes “too chummy” with a client, and lax in maintaining professional boundaries. “The massage becomes routine and [the therapist] is less diligent in acquiring consent, applying proper draping practices, and in their intention with touch.” When a complaint is lodged by client, it’s a “huge wake-up call” for the therapist to examine their behaviour and practices.

Hiring a defence lawyer is necessary, and Allan cautions not to allow over-shadowing of one’s own story. “The story – perceptions, intentions – is important for the judge and jury to hear directly from the practitioner.”

Allan describes the most common complaints are related to “poor charting/ failure to keep records, improper draping, inappropriate touch,” or conversations that make a client “feel awkward and violated.” Allan concurs the #MeToo movement has increased scrutiny of health professionals and focuses media and law enforcement on boundary violations. “If a person feels violated and makes a statement of complaint to the police, [they] are obligated to investigate,” he says.

**BE PREPARED TO ADVOCATE FOR YOURSELF**

Lad Kucis, a health law specialist and partner at Gardiner Roberts LLP in Toronto, provides advice and representation to health practitioners on a wide range of regulatory matters, including all types of college proceedings (i.e. complaints, investigations, discipline, appeals, etc.), health privacy issues, and matters that fall under the governance of Health Canada and the Ministry of Health and Long-Term Care.

The most common allegations Kucis sees against massage therapists include informed consent not being obtained for a particular treatment, sexual abuse (including inappropriate touching of a client and forming sexual relationships with clients), submitting false insurance claims and misuse/misappropriation of registration numbers. As part of his role, Kucis will advise RMTs to make changes to their practices and behaviours where necessary to meet one’s obligations.

Kucis isn’t surprised by the increasing media coverage in allegations against RMTs. “There is a raised awareness of perceived transgressions…clients are emboldened to file a complaint.” Kucis observes that health professionals who are required to touch clients in their professional role face the highest risk of a complaint.” He concurs, RMTs are particularly vulnerable, “given the client is mostly unclothed during treatment.”

Kucis recommends a practitioner must defend oneself in an appropriate manner if allegations are made and police show up at the practitioner’s door. First, connect with a criminal lawyer to assist with bail conditions and in any potential police interview. “Sometimes RMTs [without counsel] agree to restrict practice/suspend work until the hearing. Retaining criminal counsel is essential to protect yourself when facing criminal charges.”

Kucis cautions that the regulatory body may be notified of the police investigation – even if no charges are laid – and they have the authority to issue an interim suspension to practice.

“You have a right to make a written submission before such action would be ordered,” says Kucis. “For this reason, you should also engage a lawyer specializing in health law if you are facing criminal charges as a health professional.”

If police arrive to speak with a practitioner over an allegation, it’s important for the practitioner to advocate for themselves prior to charges being laid. If the charges are false, Kucis recommends adamantly denying the charges and “affirm themselves as a regulated health professional, accountable and subject to the standards and policies set by their regulatory body.” Kucis adds, should the police lay charges or ask the RMT to come to the station for further questioning, the RMT should immediately contact a criminal lawyer before engaging in any further discussions.

The RMT should also reassure their employer that there is no merit to the allegation. If the RMT has an unblemished prior record, this item should be raised as well. “RMTs should also
provide a full account of the event in question to their legal counsel. If you are required to meet with the regulatory body, engage a lawyer specializing in health law to ensure you are properly represented.”

So, how can massage therapists reduce the possibility of misconduct allegations?

“First, obtaining informed consent is essential,” Kucis says. “Consistently explain what procedures you propose to provide and be sure to obtain informed consent before proceeding. If the client requests treatment of a ‘sensitive area’ (as defined by the CMTO), ensure that appropriate written consent is obtained. The second area is billing. Protect your registration number, don’t pre-sign blank receipts and be aware of the fidelity of operations where you work. Don’t be duped by unscrupulous operators.”

ALL STAKEHOLDERS HAVE A ROLE TO PLAY
A number of large employers in the U.S. and Canada are taking steps to enact ethics training and education for their massage therapists. Training colleges would prudently spend more time in ethics training, theoretical concepts and role-playing to help trainees address inappropriate behaviour, maintain boundaries, and master verbal and non-verbal communication. We must rely on our professional associations and regulatory bodies to provide additional training and education in maintaining boundaries. Further, we need them to regularly engage the media, police and public to educate and inform, to transform negative associations and to build the public trust.

Practitioners working independently may consider gathering with other practitioners to review regulations, the regulatory body’s code of ethics and disciplinary cases posted in the regulatory body’s annual reports. Candidly discussing how to maintain professional boundaries, then role-playing and strengthening verbal and non-verbal communication with the support of others may help practitioners become less vulnerable to allegations.

REFERENCES
Visceral massage is a massage therapy that focuses on a complex part of anatomy; namely the gastro-intestinal tract (the gut). Visceral manipulation has come to prominence in the last three decades in the West mainly due to the French osteopath Jean-Pierre Barral. However, visceral massage and visceral manipulation has its origins in eastern medicine with the Taoist chi nei tsang (translated as “transformation of old energy stored in the viscera”). Chi nei tsang believes that this stored energy may include unresolved emotional charges and traumas seated in the past, which are waiting to be processed. This relationship between the physical digestive process via the organs and the presence of emotional energy is also witnessed in the traditional Chinese medicine (TCM) approach where the central principle is the classification of five major organ systems that are each associated with particular emotions. The liver and gallbladder are associated with anger; the heart and small intestine are associated with joy; the spleen and stomach are associated with over-thinking or procrastination; the lungs and large intestine are associated with grief; kidneys and bladder are associated with fear.

Barral’s writings briefly mention the relationship between the TCM approach in relation to visceral massage by citing Asian health practitioners who recognize that energy flows through the body and reaches its zenith in specific organs and/or acupuncture channels. Alison Harvey, one of Barral’s students, takes this relationship a little further in her book, A Pathway to Health by outlining similar relationships between the organs and emotions. It should be noted that there is some disparity between what Harvey believes are the emotions linked to particular organs as opposed to the assertions made by the Taoist and other TCM practitioners. Perhaps this inconsistency in claims has led to criticism levelled by some, including physiotherapist Harriet Hall. But with more research, the benefits might become clearer. Published in the European Journal of Pain, Panagopoulos, Hancock et al., suggest that the use of visceral manipulation might be useful in the long-term management of lower back pain. While the short-term benefits weren’t obvious, those undergoing visceral massage did show a reduction in back pain over a longer duration (i.e. one year), prompting the authors to suggest that, “it is possible that, with continuing visceral nociceptive input, control patients experienced greater rates of recurrences of lower back pain compared with the visceral manipulation group.”

This isn’t the only study to find clinically meaningful benefits following the use of visceral massage as part of treatment for lower back pain. A paper by McSweeney et al., examined the immediate effects of sigmoid colon massage on pressure pain thresholds in the lumbar spine. Results from this study demonstrated a statistically significant reduction in pressure pain thresholds immediately after massage intervention. In my own practice, visceral massage techniques focusing on the ileocecal valve have also had the effect of relieving lower back pain in some clients. Possibly the most striking anecdotal results have occurred following visceral massage techniques on the small and large intestine of a client suffering from constipation caused by ingestion of opioid medication that can slow or stop peristalsis.

Finally, for evidence-based therapists who may be emotionally invested in the scientific paradigm, I would suggest the paper, “You May Need a Nerve to Treat Pain.” In this article, De Couck and colleagues reviewed the role of the vagus nerve in modulating pain signals, discussing five distinct mechanisms by which it exerts inhibitory effects upon the pain experience. They wrote: “The vagus nerve may play an important role in pain modulation by inhibiting inflammation, oxidative

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stress, and sympathetic activity, and possibly by inducing a brain activation pattern that may be incongruent with the brain matrix of pain. Finally, vagal activation may mediate or work in synergism with the effects of the opioid system in pain modulation. All these mechanisms are thought to influence neuronal hyperexcitability, culminating in the perception of less pain. For all the above neurobiological reasons, it seems justified to increase vagal nerve activity to reduce pain as this targets all five mechanisms with one intervention. This hypothesis is supported by experimental studies on animals and preliminary intervention trials on humans.

The vagus nerve has been attributed experimentally to influence pain in a variety of ways; deep breathing will augment vagal activity and has been shown to reduce pain. In all cases, it appears that vagal stimulation influences central pain processing, rather than peripheral nociceptor activity. Could it therefore be that visceral massage, as performed by trained massage therapists serve as a useful form of vagal stimulation?

Coincidentally, the training I offer in visceral massage to students includes a focus on breath transference. That is, the practitioner focuses on slowly reducing their rate of inhalation and exhalation with the client’s breath. The palpatory process accompanies this process directly over each organ influencing the vagus nerve.

There are also clear links between this research and study by neuroanatomist A.D (Bud) Craig who provides clinical evidence regarding the relationship between viscera and the area of the brain called the insular cortex. Craig spent nine years studying the neural pathways from viscera to the anterior insular cortex. His claim is that insular function will enable deep insights into the neural basis for subjectivity, feelings, volition, individual personality, belief, and self-modulation.

I maintain that visceral massage is a metaphysical experience paralleled by biological responses. There is a running dialogue between the gut and the brain that an experienced massage therapist can facilitate by providing a positive connection between them.

While we have addressed some of the science and ancient art connected with visceral massage therapy, there are many more components to understanding how therapeutic massage techniques can address the sensitive digestive system and the emotions related to the brain-gut connection. Visceral massage is part of both functional medicine and ancient traditional therapy. It is an emerging therapeutic area for us in clinical practice, addressing conditions such as IBS, lower back pain and a range of both gut issues and emotional concerns.

Please visit massagetherapycanada.com/visceralmassage for references.
I've been working in healthcare for a long while now and over the decades, I've come to the realization that the one good habit that keeps me focused on the bigger picture, the simple thing that facilitates good case management and increases the chances of success is the written report of findings.

This report is something that can and should be a part of every day practice – I believe this single piece of paper in a patient’s file is the most useful document of all.

In its most basic sense, the “report of findings” is simply what you say to a patient before you start treating them – and, it’s not optional.

Along with a discussion about the risks of care, “truly informed consent” requires that a practitioner share their findings with the patient, laying out a clear explanation of what they understand the problem to be and how the proposed treatment is expected to help.

Delivered orally, your report of findings is a chance to let the patient know you understand their problem and have real solutions to offer. It is also a great opportunity to reinforce the patient’s confidence that they’ve come to the right place with their complaints.

However, people often fail to hear your message correctly or completely. Human cognition is served best by repetition and reinforcement of key points. When your report is presented concretely and succinctly on a piece of paper that the patient takes home, it can have a significant impact on many aspects of your practice.

So, here are some specific guidelines to consider and some very good reasons why you will want to make use of a written report of findings (ROF).

**CONTENT**

Handwritten or prepared as a printed document, you will want to use a standardized format with specific sections.

The most useful presentation employs the SOAP method (Subjective, Objective, Assessment and Plan).

- Brief summary of the history of their complaint: Based on the details that have been gathered from their intake form, any special intake forms you use and the notes taken over the course of your new patient interview.
- Relevant physical examination findings, presented in layman’s terms. Some therapists find diagrams can be helpful here.
- Diagnosis/clinical impression: This is best expressed with the format: _____ of ______ due to ______.
  (Ex. Inflammation of lateral elbow due to overuse of forearm muscles.)
- Treatment plan: Be specific about the type of treatment to be employed as well as the frequency and expected duration of care. There should also be recommendations for self-care and, if applicable,
referral to another health-care provider.

This form should also have a space for the patient’s name and the date of the initial visit.

The header generally has all of your contact information, but don’t overlook the option to include a statement of purpose or highlight your special interests or important associations – it is a chance to advertise your services to everyone your patient chooses to share the document with.

**HOW TO USE IT**

- Give a copy to the patient at their next visit; keep a copy in their file. Take a minute or two to go over it with them and answer any questions they have.
- Share* it with your front desk staff. It is important for them to be fully on board with the plan for the patient’s care.

- Share* it with other health-care professionals who are part of the patient’s care team. The report can be used exactly as it is or serve as the basis for constructing a more detailed referral letter or an in-depth report for a third party.

  *It is imperative that you have the patient’s express consent to share their information.*

**WHAT A WRITTEN ROF IS GOOD FOR**

The ROF forces you to come to clear, well-informed decisions about the patient’s case – with enough confidence to put it in writing.

The information contained fulfills an obligation of regulatory requirements for clinical record keeping purposes.

It is the perfect marketing tool – it demonstrates to your patient and everyone who reads it that you are paying attention and you know what you are doing.

It increases the public’s understanding of how their bodies work and what hands-on health-care professionals do. Our approach – how we think, and the special skills we possess – is unique. More people need to know about it!

It increases patients’ enthusiasm – when we make good communications a priority, patients are more engaged. When expectations are clear and they receive high quality care, they are loyal to both us as individuals, and to our profession. The profession as a whole becomes a way of life for them.

If you measure your professional success in terms of good outcomes and a constant stream of referrals from patients and other caregivers – because the community understands that you know what you’re doing – producing a written ROF for all of your new patients (and even your regular patients who present with a new complaint) is a winning strategy.

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I first began to integrate John Barnes Myofascial Release into my physiotherapy practice nearly 10 years ago and it’s been an amazingly transformative journey. This work has been incredibly effective in accelerating patient’s rehabilitation beyond any other treatment modality. I am very grateful to have been able to build a thriving, successful practice in which I am able to provide compassionate one on one care.

— Sara W., Toronto, ON

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Cupping therapy has been used in massage for decades. It is a form of traditional Chinese medicine that was used for many diseases or skin conditions, and is now known for its use in western massage therapy or physiotherapy. Cupping therapy is used by a variety of sports professionals and Olympians, including swimmers, and baseball, soccer and tennis players. (Michael Phelps is oft-credited within the media for helping introduce the therapy to the masses, thanks to the visible bruising seen during the 2016 Rio Olympics.) Celebrities got on board with the treatments and gradually, cupping therapy found its way to the mainstream public. Cupping helps to activate blood vessels in the muscles, increasing blood flow to a particular location. This blood flow has a significant effect on stiffened or weakened muscles, making it a great choice for athletes. Cupping has been known to be suitable for many other issues, such as increasing circulation, body aches, aiding the respiratory system and facial paralysis (Bell’s Palsy).

In the western massage world today, the most common area treated with cupping therapy is the back, although it can also be used on the legs, knees, chest and shoulders. The back is where the central line of the nervous system is located, therefore, cupping therapy can have a huge impact on the nervous system as well. There are a few different types of cupping therapies, which have been outlined on page 24.

If used incorrectly, or too harshly on a patient, cupping can cause serious nerve pain or inflammation within the body. Clients can have adverse reactions to poorly administered cupping therapy; there is a correct approach to cupping therapy and a correct way to administer it.

FOR FIRST-TIMERS
When a patient comes into your clinic requesting a cupping therapy treatment or a “cupping massage,” there are a few steps you must take before you put your hands on your client – or a cup.

You must first be informed on whether or not this is your clients’ first cupping therapy treatment. The client must be well informed of what the treatment will entail. As a health-care provider, you are required to sit down with your client and inform them of the risks and benefits of the treatment they are about to receive. Explain to the client what is to be expected during the treatment, as well as the potential side effects may be once they leave your care. Some side effects include: bruising, light-headedness, extreme thirst, or tenderness where the cups were applied. When explaining to a client what cupping is and how it works, it may be calming for the client to be allowed to hold the cups in their hands or for you, as their therapist, to demonstrate how the cups are used by showing them on your own arm. You must also inquire about why your client may be seeking cupping therapy to ensure that this treatment is the most effective one for them.

Be aware of your language when explaining the benefits of cupping therapy – explain them without using

TECHNIQUE

Cupping your clients

What massage therapists need to know about cupping

BY DESIRAE WALKER

Desirae Walker is a registered massage therapist working in Fredericton, N.B. A newcomer to the massage therapy profession, with a passion for helping and educating others, she is trained in cupping therapy and believes it can be a huge benefit and a wonderful add-on to a massage therapy treatment.
any forcible or persuading language that would make your client believe they are required to go through with the treatment. Lastly, don’t forget that each client will have his or her own pain tolerance and what may be perfectly fine for one client could be extremely painful to another.

Once you have explained all of this to your client and received their consent to go through with the cupping treatment, they may get on the massage table. Before applying the cups, gently massage the area using lotion or oil. This helps to decrease nervous system firing to any clients feeling anxious about the treatment and it helps to warm up the tissues before the cups are applied. As a therapist who practices cupping, you should make it a rule that every cupping treatment must first begin with a massage to the area being treated.

ASSESSMENT AND TREATMENT
The next step is to palpate the area and find where it is the client is experiencing their pain, discomfort or weakness. Once found, a cup can be applied to this area. Begin the cupping with light-medium suction. Always follow up by asking your client how they are feeling and if the suction strength is OK, or enough for them. If it is enough for your client, do not continue to a strong suction. You must only add more suction to the cup once the client has given you their consent to do so.

While the cups are in place, you may leave them there for the desired and safe amount of time, or you can choose to move the cups to create extra movement within the fascia and a more intense stretch of the affected muscles. Moving cupping is one of the most painful cupping techniques, and if your client has never experienced it before make sure they are aware of that fact. It is also a very draining technique; if your client has come in complaining of exhaustion and lethargy, moving cupping should not be administered.

Warming up the tissues should have already been done at this point, and oil should be applied to the area being treated. When you begin moving the cup it should move freely and without any great deal of effort. If the suction is too strong and it is difficult to move the cups, do not force it. Forcing the cups to move will cause extreme pain to your client. However, if you feel moving cupping will benefit your client, the cup can be removed and placed on the same area with less suction before you try to move it again. A client’s first treatment with a moving cupping massage should not exceed more than five minutes, and it should only build up to a maximum of 15 minutes per treatment.

FUTURE OF CUPPING
Despite not being as thoroughly studied as other techniques, the body of evidence continues to grow for cupping therapy.

Cupping therapy has shown many benefits and proven to be very helpful to clients and therapists over the years.

As therapists, it is our duty to make sure our clients are well informed of the treatments they are being provided, and that they leave their treatment feeling better or more hopeful that their presenting ailments are being looked after in a professional manner.

REFERENCE
- For more on massage techniques, visit massagetherapycanada.com/practice/technique
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t’s easy to forget that something as simple and restorative as a massage can be an intimidating experience. For clients new to massage therapy as a modality, the unknowns can be walked through and discussed during informed consent. For some clients, previous negative outcomes from massage treatments, chronic pain, muscle guarding and unexpected triggers can be the root of anxiety. Here is how we can professionally and delicately treat a weary client.

SCENARIO ONE:
In the first (admittedly naïve) year that I opened my massage clinic, I had a regular client who simply dropped off. I didn’t follow-up, assuming life had become busy for her, and she would dutifully book again when feasible. What I didn’t know then (and what I would learn a full year later) was that during her last treatment with me, her father died. He died at home while she was on my massage table, enjoying a 90-minute treatment and had to self-talk and sweat my way to the end. I have never counted the minutes to the end of a massage, but I couldn’t wait. I couldn’t even entertain the thought of another massage for nearly two years because I wasn’t fair to end the treatment (even though clients have that right), and I didn’t communicate my struggle to get comfortable. Sound familiar?

So, we must better accommodate clients in a similar situation. For clients who have had a painful outcome from a previous massage, we need to ensure that they communicate their discomfort. For those who may have finally booked a massage in hopes of relieving migraine tension, but walk away with amplified symptoms, we should suggest that this is not the norm.

What can a massage therapist do for clients with pre-existing conditions that can make a session intolerable? What are some temporary alternatives when hands-on care is contraindicated? Or, simply uncomfortable?

Sure, there are shelves of self-help books on mindfulness. There are apps like Woebot that have been designed to nurture anxiousness. (These artificial intelligence therapy chatbots use cognitive behavioral therapy techniques to understand your thoughts and reactions.) The Headspace app helps track your meditation minutes, while calm.com monitors mindfulness, meditation and sleep patterns. But, there’s no app for massage therapists who find themselves in these scenarios.

Michelle Simian’s Lemon Water podcast, her “auditory journal of inspiration, empowerment and wellness” confirms that “it all starts with a glass of water.” For instant, accessible lessons on intentional therapeutic vibration, Chinese medicine, intuitive eating and the power of manifestation, the podcast is a wealth of intel for therapists and clients alike.

Maybe there are no definitive answers or tidy solutions for these (and other) scenarios. Clients will never present themselves in tidy, uniform packages. Creating even tidier, successful fool-proof treatments, individual alternatives and follow-up is our greatest challenge. While a client may be afraid to seek treatment, it’s easy for therapists to be afraid to step outside of textbook suggestions, too. Just like the ever-changing approach to diet and fitness, adapting and evolving in step with new trends and modalities is paramount. Consider exploring resources that were once foreign to you, like podcasts. Better yet, gather your favourite crew of colleagues, host a meeting and chat about this scenario for continuing education units, and let us know what you come up with.
More and more we are hearing practitioners say that they want to have their patient appointments imported or synced with their personal calendar (such as Google calendar, iCal or Microsoft Outlook) so that they can better manage their time. Clearly the technology to accomplish this exists, and the reality is that many complimentary health-care providers do in fact sync their professional and personal calendars. Given that the popular personal calendars mentioned above are all foreign-owned, it is very important that if you are planning to or are already syncing your treatment calendar with one of them, that you do it using technology that does not expose your patients’ personal health information (PHI). As a health-care professional you are obligated to keep your patient PHI private. This privacy requirement extends to appointment data because it associates your patient’s name with you as the health-care provider.

Many Canadian professionals mistakenly believe that it is fine if a U.S./foreign owned server provider stores your patient data on a server located in Canada. What they may not realize is that the USA Patriot Act applies to this situation. The Patriot Act, among other things, allows United States law enforcement agencies to examine, remove, and copy any U.S.-owned company’s databases (including their clients’ stored data), business records, financial records, and more, without a warrant, — no matter where the server is located.

This immediately puts you on the wrong side of Canadian health care privacy laws. There is an argument that says it might be OK to do this if your patients have given you written permission to store their patient data on a foreign server (or on a foreign-owned server located in Canada) thereby exposing it to foreign privacy laws. However, it is unlikely your patients will agree due to obvious privacy concerns.

So, it’s not a good idea for you to blindly sync your treatment calendar with a foreign-owned cloud-based calendar service. Fortunately, for those wanting to sync calendars, there are methods to do so safely and still remain compliant with the relevant Canadian privacy regulations.

Some practice management systems that offer third-party calendar synchronization allow you to define the appointment information that is synced with your personal calendar. This will give you the control necessary to sync your data without violating applicable privacy laws. For example, you can choose to sync the date and time only so that patient personal information is not included. This option is extremely safe. Date and time plus patient first name and last initial. This option could also be considered “safe,” but not as safe as the first option.

Other calendar sync options that should be considered are the features that allow you to control the amount of appointment data that is shared with your personal calendar each time you sync (i.e. how many days worth of information back and forward in time are being pulled). You want to define the date window just wide enough so that you can plan your personal time efficiently for the near future. By minimizing the amount of appointment information that is shared on your personal calendar at any one time, you also minimize your risk.

Some tips for being compliant when syncing your treatment calendar:
• Ensure your professional calendar is on a Canadian located server and that the calendar/practice management system you use is wholly-owned by Canadians. It would be a good idea to seek this assurance in writing. If your data is taken by a foreign government agency you can then prove in writing that you did what was required of you.
• Avoid using a patient’s complete name on the personal calendar you are syncing with. Your practice management service should allow you to exclude or de-identify the patient information.
• Do not put any personal health information (PHI) on your personal calendar. This includes a patient location, name, etc.
• Assume the worst – that any foreign-owned or operated server data will be appropriated by a foreign law enforcement agency and keep yourself compliant with your privacy obligations.

You can research PHI and the Personal Information Protection and Electronic Documents Act (PIPEDA) legislation to ensure you are not violating any Canadian privacy laws. In Canada there are two main sets of regulations you must comply with: The personal privacy legislation is found in the federal PIPIDA. The federal PIPEDA applies in all provinces except those that have substantially similar legislation. The PHI legislation varies by province and have names like PHIPA (Ontario), HIA (Alberta), PHIPPA and PIIA (B.C.) to name a few.

How compliant is your treatment calendar with Canadian PIPEDA and the provincial personal health information legislations?
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— Elise Garnier, RMT

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Edmonton, AB  Sep 13-16, 2018
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Winnipeg, MB  Oct 11-14, 2018
Vancouver, BC  Dec 13-16, 2018

CRANIOSACRAL THERAPY 2 (CS2)
Montreal, QB  Oct 11-14, 2018
Calgary, AB  Oct 18-21, 2018

SOMATOEMOTIONAL RELEASE 1 (SER1)
Calgary, AB  Feb 28-Mar 3, 2019

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