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Holistic mindfulness

Jon Kabat-Zin popularized mindfulness in the West during the 1970s and defined it as: paying attention on purpose, to something in the present, non-judgmentally. In other words, to be deeply aware of ourselves and our surroundings.

I suppose that means the term “holistic mindfulness” is a little redundant – after all, a holistic lifestyle encompasses your mind, body and soul, so being mindful obviously fits right in. I’d like to point out that mindfulness doesn’t necessarily mean taking part in meditation, though. (Or even yoga.)

Some find they are most mindful when colouring, doing crossword puzzles, picture puzzles, or simply just reading. Some find themselves at peace and clear their minds most when moving – maybe that’s going for a three kilometre run every morning, like my neighbour. Besides relaxing during my massage therapy treatments, my mindful moments also involve moving (albeit slower), and that’s walking. Most days I’ll walk for at least 60 minutes. When living in Toronto, it was 90 plus minutes of daily walking (despite living directly on the Bloor-Danforth subway line and a straight shot to work). But I never feel as clear-headed as I do when I take the time to live in the moment. And research is increasingly backing this up.

For example, in their review of empirical studies, Keng et al (Clinical Psychology Review, August 2011) found that “mindfulness is positively associated with psychological health, and that training in mindfulness may bring about positive psychological effects. These effects ranged from increased subjective well-being, reduced psychological symptoms and emotional reactivity, to improved regulation of behaviour.”

While putting this Fall issue together, I realized that a lot of things in our lives require awareness. Take our cover story for example (page 12). We showcase how RMTs can do their part to take care of the environment, both at home and in the office. We can also be mindful specifically to ourselves as massage therapists. Colin Fenton shows this by taking us through a refresher on the “power of assessment” (page 20), while I took a turn at dealing with a concerning topic – but ultimately the advice given was very empowering. (Page 14.) Being mindful of your role as a massage therapist and establishing yourself as a therapeutic health-care professional gives you power, and I think that’s something you should never forget.

Hope there are some happy Autumn days ahead for you,
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.

The Contemporary Medical Acupuncture course at McMaster University was fantastic; it is an educational course that I will never forget. It forced me to open up my mind to new possibilities and has transformed the way that I approach my treatments. Dr. Elorriaga is an excellent educator and lecturer. His team of administrators and colleagues were extremely knowledgeable and imperative in the learning process.

Jessica Moore, RMT, Oshawa, 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, Samia, 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

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TOUCH POINTS

WELLNESS

Post-workout muscle building and repair blunted in obese adults, study finds

Obesity is associated with a host of health problems, including heart disease, Type 2 diabetes and high blood pressure. According to a new study reported in the Journal of Physiology, obesity also diminishes a person’s ability to build muscle after engaging in resistance exercise.

“Previous studies, including some from our lab, have shown reductions in muscle protein synthesis after food ingestion in obese adults compared with normal-weight adults,” said University of Illinois kinesiology and community health professor Nicholas Burd, who led the new research with division of nutritional sciences graduate student Joseph Beals. “Our new study goes further, showing there is an obesity-related impairment in building new muscle proteins in the fed state after a weightlifting session.”

Beals and his colleagues recruited nine obese and nine normal-weight 20- to 23-year-old adults for the new study.

After assessing participants’ body composition, glucose tolerance and ability to engage in a weighted leg extension exercise, the researchers began infusions of stable-isotope-labeled phenylalanine in all study subjects. This allowed the team to monitor amino acid levels in participants’ blood and muscles throughout the experiment.

The team took muscle biopsies from one leg of each of the study subjects, who then performed four sets of 10-12 repetitions of the resistance exercise with the opposite leg.

This weightlifting protocol is more demanding than most current exercise recommendations, Burd said.

Immediately after the exercise, subjects consumed 170 grams of lean ground pork, which amounted to 36 grams of protein and 4 grams of fat. Researchers then collected additional muscle biopsies from the exercised and inactive legs at 120 and 300 minutes after pork ingestion.

“The obese adults had plasma insulin concentrations that were approximately 3.2 times higher at baseline, which highlights some level of whole-body insulin resistance,” he said. “Given that obesity is associated with increased muscle mass, but of poorer metabolic quality, the amount of work they could perform per unit of lean muscle mass also was lower than that of their normal-weight peers.”

Further differences between the normal-weight and obese adults appeared after the exercise and ingestion of protein-dense food. The most important of these involved rates of protein synthesis in myofibrillar proteins, the muscle proteins that generate force and allow muscles to grow bigger in response to exercise.

Rates of myofibrillar protein synthesis increased in both legs in all participants after pork ingestion, the researchers found. But the expected boost in protein synthesis in the exercised legs was more robust in the normal-weight adults than in their obese peers.

“We show that post-workout muscle building and repair is blunted in young adults with obesity,” Burd said. “This is significant because muscle building and repair after exercise has long-term implications for metabolic health and overall physical performance.”

The American College of Sports Medicine Foundation supported this research. — Diana Yates, Illinois News Bureau

HUMAN FACTOR

Social media tips for RMTs

Are you using images in your twitter posts? Adding a video, colourful image, or funny GIF to your tweets can add personality to your profile, as well as encourage your followers to engage with you. If you have multiple images, don’t fret: You can attach up to four images in a single tweet.

Texting patients can be a valuable tool for RMTs. Use text messaging as a reminder for the day prior to an appointment, which can help avoid costly no-shows and streamline the time the front desk staff is occupied so they can spend more time with patients in the clinic.

THIS MONTH’S TOP STORY ONLINE

4 tips to avoid costly no-shows: Read it now at https://bit.ly/2OkP3a7

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CONCUSSION

Head and neck positioning affects concussion risk

IF YOU’RE ABOUT to run headfirst into something, your reflex might be to tense your neck and stabilize your noggin. But according to new research from Stanford University, that may not be the best way to stave off a concussion. Instead, the findings suggest that your head’s position is more important than whether you are tensing your neck.

It all comes down to how your head accelerates backward after impact, which some think is the major factor controlling concussion risk. The work was published Aug. 20 in IEEE Transactions on Biomedical Engineering.

“We found it really interesting that your soft tissue – muscles, ligaments and tendons – isn’t doing much to dictate how your head is rotating immediately after an impact,” said Michael Fanton, lead author on the paper and graduate student in the lab of David Camarillo, assistant professor of bioengineering. “Whereas even a few degrees of change in your head-neck angle can really alter how much your head is rotated and therefore, probably, your risk of concussion.”

The researchers made their discovery in a model of the human head and neck, but confirmed what they found in a similar model of a woodpecker. Researchers made their discovery in a model of the human head and neck, but confirmed what they found in a similar model of a woodpecker.

In a previous study led by Calvin Kuo, who is a co-author on the new paper and graduated with his PhD this spring, the group tied miniature weights to people’s heads to tilt them backward. They then monitored how the head moved after participants either relaxed or tensed their necks. From this, the group constructed a simple computer model that recreated the way the head tilt forward and backward.

Researchers ran simulations with this model that replicated low-impact forces and found tense neck muscles slightly reduced head acceleration. But they also extended those simulations to include higher-force impacts – the kinds that could lead to concussion, such as what someone might experience falling off a bike – with much different results. When looking at fast, hard impacts, it does not seem to matter whether the neck muscles are tensed or relaxed.

“Originally, we thought your neck muscles could affect head acceleration and we wanted to figure out if that offered another strategy for reducing brain injury,” Fanton said. “It was surprising that in these shorter-duration impacts, the neck muscles are not doing a whole lot.”

The researchers were also curious whether head and neck positioning could alter front-to-back acceleration after a hard, fast hit. They ran their simulations with the head positioned at a wide variety of angles and found that small variations in position could mean the difference between high and low concussion risk. Their results showed that both the angle of the head and where it is hit affect the subsequent rotation of the head.

All this raised the question of how woodpeckers are able to withstand so much pounding – thought to produce head-on accelerations 10 times greater than those that cause severe concussions in athletes. So, the researchers created a simplified head and neck model of a woodpecker and ran it through the same positioning tests they had run in the human simulations. What they found is that small changes in position could substantially change the head acceleration the bird experienced. When the researchers aligned their model in the way real woodpeckers hold themselves as they peck, they noticed very low rotational acceleration.

However, the group cautioned that position alone likely doesn’t explain the woodpecker’s ability to withstand these forces. Scientists have suggested the size of their brains and features of their beak may be mitigating factors.

Although the Camarillo lab and others in the field are finding that the neck muscles and ligaments might not prevent the kinds of head movement that lead to concussions, neck positioning is not a simple solution. Positions that could prevent concussions might make people more susceptible to other injuries, such as paralysis, and what protects one person could potentially raise the injury risk of another person involved in the same impact.

“Discovering how sensitive the head is to slight changes in positioning has implications on design of helmets and other protective equipment,” Camarillo said. “For example, could the facemask in football be offering a lever arm that adds to the rotation of the head and therefore risk of concussion? Are downhill mountain bike helmets protecting the chin at the cost of the brain? We hope to use this model we have developed to determine better design geometry of helmets and potentially for input to coaching on how to brace for impact.”

Ultimately, Camarillo is hoping this kind of modeling work can aid in developing better ways of preventing head injuries. — Taylor Kubota, Stanford News
Healthy diet, healthy aging for women

EATING A DIET that is rich in fruits, vegetables and whole grains and low in added sugar, sodium and processed meats could help promote healthy cellular aging in women, according to a new study published in the American Journal of Epidemiology.

“The key takeaway is that following a healthy diet can help us maintain healthy cells and avoid certain chronic diseases,” said lead author Cindy Leung, assistant professor of nutritional sciences at the University of Michigan School of Public Health. “Emphasis should be placed on improving the overall quality of your diet rather than emphasizing individual foods or nutrients.”

In the study, researchers used telomere length to measure cellular aging. Telomeres are DNA-protein structures located on the ends of chromosomes that promote stability and protect DNA. Age is the strongest predictor of telomere length – telomeres shorten in length during each cell cycle.

However, recent studies have shown that telomeres can also be shortened due to behavioural, environmental and psychological factors. Shorter telomeres have been associated with an increased risk for heart disease, Type 2 diabetes and some cancers.

Leung and colleagues examined the diets of a nationally representative sample of nearly 5,000 healthy adults and how well they scored on four evidence-based diet quality indices, including the Mediterranean diet, the DASH diet and two commonly used measures of diet quality developed by the U.S. Department of Agriculture and the Harvard T.H. Chan School of Public Health.

For women, higher scores on each of the indices were significantly associated with longer telomere length.

“We were surprised that the findings were consistent regardless of the diet quality index we used,” Leung said. “All four diets emphasize eating plenty of fruits, vegetables, whole grains and plant-based protein and limiting consumption of sugar, sodium and red and processed meat.

“Overall, the findings suggest that following these guidelines is associated with longer telomere length and reduces the risk of major chronic disease.”

In men, the findings were in the same direction, but not statistically significant.

“We have seen some gender differences in previous nutrition and telomere studies,” Leung said. “In our study, as well as in previous studies, men tended to have lower diet quality scores than women. Men also had higher intakes of sugary beverages and processed meats, both of which have been associated with shorter telomeres in prior studies.

“It’s possible that not all foods affect telomere length equally and you need higher amounts of protective foods in order to negate the harmful effects of others. However, more research is needed to explore this further.” — Andrea LaFerle, Michigan State University.

Intense, recent physical activity linked to healthy metabolic profiles in teens

More time spent intensely active, to a greater extent than less time spent sedentary, correlates with a healthier metabolic profile in adolescence, according to a study published this week in PLOS Medicine. The study, conducted by Joshua Bell and colleagues from the University of Bristol, United Kingdom, also suggests that the metabolic effects of physical activity, if causal, largely depend on such recent activity.

While links between physical activity and metabolic traits are known, most prior studies have lacked longitudinal data on objectively measured activity to examine dynamic nature of these links. In their study of 1,826 participants of the Avon Longitudinal Study of Parents and Children (ALSPAC) cohort, Bell and colleagues used accelerometry to examine physical activity on three separate occasions across adolescence – when aged 12y, 14y, and 15y, in relation to over 200 detailed metabolic traits at age 15y.

This allowed the researchers to examine whether potential benefits of current activity depend on previous activity. The metabolic traits included blood pressure, blood lipids, glycaemic factors and inflammatory markers. Study limitations included modest sample sizes and relatively short durations of accelerometry measurement on each occasion (three to seven days).

Current and longer-term sedentary time were less consistently associated with glycoprotein acetyls among others. Professor Bell notes that the available causal evidence is much stronger for BMI.

Current and longer-term sedentary time were less consistently associated with unfavourable levels of metabolic traits including lipids and appeared more prone to confounding. Increased moderate-to-vigorous activity and increased sedentary time over several years were weakly associated with most metabolic traits.

Professor Bell explains: “This suggests that it’s never too late to benefit from physical activity, but also that we need to remove barriers that make activity hard to maintain. Keeping it up is key. This includes making weight loss via diet a priority, since higher weight is itself a barrier to moving.”
A new theory for phantom limb pain

Dr. Max Ortiz Catalan at Chalmers University of Technology has developed a new theory for the origin of “phantom limb pain.” Published in the journal Frontiers in Neurology, his hypothesis builds upon his previous work on a revolutionary treatment for the condition that uses machine learning and augmented reality.

Phantom limb pain is a poorly understood phenomenon, in which people who have lost a limb can experience severe pain, seemingly located in that missing part of the body. The condition can be seriously debilitating and can drastically reduce the sufferer’s quality of life. But current ideas on its origins cannot explain clinical findings, nor provide a comprehensive theoretical framework for its study and treatment.

He proposes that after an amputation, neural circuitry related to the missing limb loses its role and becomes susceptible to entanglement with other neural networks – in this case, the network responsible for pain perception.

“Imagine you lose your hand. That leaves a big chunk of ‘real estate’ in your brain, and in your nervous system as a whole, without a job. It stops processing any sensory input, it stops producing any motor output to move the hand. It goes idle – but not silent,” explains Dr. Ortiz Catalan.

Neurons are never completely silent. When not processing a particular job, they might fire at random. This may result in coincidental firing of neurons in that part of the sensorimotor network, at the same time as from the network of pain perception. When they fire together, that will create the experience of pain in that part of the body.

“Normally, sporadic synchronous firing wouldn’t be a big deal, because it’s just part of the background noise, and it won’t stand out,” Dr. Ortiz Catalan says. “But in patients with a missing limb, such event could stand out when little else is going on at the same time. This can result in a surprising, emotionally charged experience – to feel pain in a part of the body you don’t have. Such a remarkable sensation could reinforce a neural connection, make it stick out, and help establish an undesirable link.”

Through a principle known as Hebb’s Law (“neurons that fire together, wire together”) neurons in the sensorimotor and pain perception networks become entangled, resulting in phantom limb pain. The new theory also explains why not all amputees suffer from the condition – the randomness, or stochasticity, means that simultaneous firing may not occur, and become linked, in all patients.

In the new paper, Dr. Ortiz Catalan goes on to examine how this theory can explain the effectiveness of Phantom Motor Execution (PME), the novel treatment method he previously developed. During PME treatment, electrodes attached to the patient’s residual limb pick up electrical signals intended for the missing limb, which are then translated through AI algorithms, into movements of a virtual limb in real time. The patients see themselves on a screen, with a digitally rendered limb in place of their missing one, and can then control it just as if it were their own biological limb. This allows the patient to stimulate and reactivate those dormant areas of the brain.

“The patients can start reusing those areas of brain that had gone idle. Making use of that circuitry helps to weaken and disconnect the entanglement to the pain network. It’s a kind of ‘inverse Hebb’s law’ – the more those neurons fire apart, the weaker their connection. Or, it can be used preventatively, to protect against the formation of those links in the first place,” he says.

The PME treatment method has been previously shown to help patients for whom other therapies have failed. Understanding exactly how and why it can help is crucial to ensuring it is administered correctly and in the most effective manner. Dr. Ortiz Catalan’s new theory could help unravel some of the mysteries surrounding phantom limb pain, and offer relief for some of the most affected sufferers. — Joshua Worth, Chalmers University of Technology
### HOT + COLD THERAPY

Patients can be confused about when to use these specific self-care applications – here’s a handy reference guide

#### WHAT DOES IT DO?

- Temperature can vary (36.5–45°C)
- (Locally) causes an increase in the temperature of skin and muscle tissue – can last up to an hour
- Local blood vessels dilate and blood flow is increased to the tissue below the heat source; circulation to the skin is increased distally. Increase in local metabolism and sweat production
- Pain perception diminishes because the heat decreases the speed of nerve conduction
- Muscle tone and spasm are reduced
- Connective tissue becomes more flexible
- Blood flow increases in the opposite limb due to a reflex reaction
- Sense of relaxation and sedation with heat applications

- Temperature can vary (0–1.8°C)
- Reduces temperature of the skin, followed by muscles and joints
- Muscle tissue may remain cold up to 45 minutes after source is removed
- Local blood vessels constrict, reducing the blood flow
- Cold = decreased inflammation, swelling and muscle spasm
- Pain is decreased by the cold either blocking pain transmission or acting as a counter-irritant
- Connective tissue becomes less flexible when cold
- There is a temporary stimulating effect
- When using cold, a person experiences the following stages over several minutes: sensation of cold -> tingling or itching -> aching or burning -> numbness (Hooper, 1996)

#### WHEN TO USE

- Use with chronic conditions such as injuries two weeks or more after the injury
- Fibromyalgia
- Osteoarthritis
- Muscle tension headaches
- With a cold, sinusitis or respiratory tract infection (use steam inhalations)
- Relaxation
- Before a therapist uses connective (fascial) tissue techniques or stretching
- After a therapist treats trigger points

- Acute injuries such as sprains, strains and bruises (from the moment of injury up to three days after; with severe injuries continue to use cold if pain, heat and swelling are present for longer)
- Flare-up of overuse conditions such as tendinitis (ice massage cup)
- Carpal tunnel syndrome (arm bath to reduce swelling)
- Migraine headaches (to head once headache has happened)
- After a therapist uses cross-fibre friction technique (gel pack)

**Cold applications should not be used for longer than 30 minutes at a time.**

#### DON’T USE IF

- An acute injury is present (heat increases bleeding and swelling)
- Circulatory pathologies such as hypertension are present (especially with prolonged or large applications)
- Decreased skin sensitivity to temperature is present
- Acutely inflamed joints, skin burns or infection present
- Person has hypersensitivity to heat
- Those with multiple sclerosis

- Raynaud’s disease or circulatory insufficiency is present
- Decreased skin sensitivity to temperature is present
- The person has cold sensitivity (“cold allergy”)
- The person feels chilled

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EVERY BIT HELPS

Taking steps towards a greener massage therapy practice

BY HELEN LAMMERS-HELPS

Massage therapists strive to help their clients live healthy lives. So it’s only natural that this concern extends to creating a healthy environment, too.

Although massage therapy clinics are not big waste generators, there are still many simple things therapists can do to make their practices more eco-friendly, says Kent Waddington, co-founder and communications director at the Canadian Coalition for Green Health Care, an organization with the aim of supporting a more sustainable health delivery system.

Many of these are things people are already doing at home and that knowledge can be transferred to their offices, says Waddington. While there may be some financial investment involved in implementing these changes upfront, many of these environmentally friendly practices will actually save money in time, he adds.

PERFORM A WASTE AUDIT

As a starting place, you can perform a waste audit to determine the types and amounts of waste produced in your office. For a day or two, collect all of the waste produced in your practice. This could include paper towels, food waste, disposable coffee cups, single-use water bottles, massage oil containers, etc.

Once you know the volumes of various waste products generated, you can look for ways to reduce, re-use and recycle. Waddington has several suggestions: use reusable water bottles and coffee cups; bring a waste-free lunch to work; don’t print emails unnecessarily (and put a message on the bottom of emails asking recipients to only print emails if needed); buy printer paper that uses post-consumer content; ensure recycling waste is properly sorted by placing bins in convenient locations and posting pictures on the bins of what can be recycled.

Considering the environmental impact of the products and services you purchase is another way to make your office greener. Implementing an “environmentally preferred purchasing policy” means purchases are evaluated for their environmental impact, says Waddington, who offers some suggestions for what to look for when making purchasing decisions: Is it possible to buy massage lotions in bulk or with reusable packaging to reduce waste? What are the distances travelled by products and are more local products available? Is it possible to bundle your orders with other massage therapists to reduce packaging and transportation impacts? Are more environmentally-friendly cleaning products available? [See the link under the “Resources” heading (page 24) for a list of toxic chemicals to avoid.]

ENERGY

By examining all of the ways in which your practice uses energy, you can find ways to reduce your energy use, shrink your carbon footprint, and save money. With the quantity
Natural Resources Canada offers these tips for optimum clothes dryer operation and energy efficiency: To increase airflow, clean out the lint trap after every load, clean out the dryer vents, and avoid overfilling. Avoid over-drying sheets by using the sensor setting or, if using the timer feature, experiment with the timing until you minimize the drying time needed.

Other ways to save energy include replacing light bulbs with more efficient LEDs, using energy-efficient appliances in the kitchen, using motion sensors to turn off lights in rooms when not in use such as the washrooms, and lowering blinds on windows to keep out the heat. Switching to a green energy provider such as Bull Frog Power will also make your practice more sustainable.

WATER, WATER EVERYWHERE
In addition to waste and energy, water use is the third audit you can perform on your practice in your quest to become more environmentally friendly. In addition to a water-efficient clothes washer, check the water use for other appliances used in your practice such as water softeners, and if you don’t already have one, consider installing a dual flush toilet, says Waddington.

If you share office space with other tenants, you can approach the others to work together. “Try to get something going with the whole office,” suggests Waddington. “You can do the research and share it.” Waddington also suggests creating a “green bulletin board” or newsletter to share information with other tenants and your clients.

DOING THEIR PART
Massage therapists across the country are quietly doing their part to minimize their impact on the environment. Stephanie Mosselman, a Kitchener, Ont.-based RMT, has been slowly making changes to make her practice greener. “I believe in doing my part and making small changes that hopefully join up with other people making small changes to effect a larger change,” she explains.

Mosselman’s office has substituted hand towels in place of paper in the washrooms and switched to castile or other eco-friendly hand soaps. Mosselman purchases her oils and lotions from a local company in recyclable four litre jugs that she picks up at the store to eliminate unnecessary packaging during shipping.

Glass bottles are washed, disinfected and reused to store lotions. “The glass bottles don’t break down the way plastic bottles do,” says Mosselman, who also uses a reusable glass drinking water bottle for herself.

For cleaning her massage therapy room and table, she makes her own cleaning spray with water, vinegar, and essential oils, and uses cloth instead of paper towels.

When it comes to laundry, RMTs are laundry experts, says Mosselman. She switched to cold water and eco-friendly detergents and uses dryer balls in the dryer.

Cutting down on the amount of paper used in her practice for record keeping is one area Mosselman still hopes to tackle. “Someday I hope to do all my intake forms, charting and record keeping in a paperless way,” she says.

**Top tip:** Create a “green bulletin board” or newsletter to share information with other tenants and clients.
You can be a new graduate of a massage therapy program, or a seasoned veteran in the industry – but unfortunately, inappropriate behaviour from clients can be an inevitable reality for massage therapists. Crude remarks, inappropriate touching, or sexually explicit jokes are only a few examples of what can happen in a treatment room between a therapist and their patient.

The first step in protecting yourself as an RMT is to ensure you’re never completely alone. Therapists working in clinical settings will often be located across or down the hall from other employees, while those who work from home or therapists who visit others’ homes should take heed.

Giving massages in hotel rooms are another situation where therapists are taking risks, says Pamela Fitch, RMT and faculty member at Algonquin College in Ontario. Many mobile massage services serve to protect therapists by requesting photo identification from clients booking through them, and a credit card so therapists never carry any cash. But ultimately many veterans in the industry feel uncomfortable suggesting it as a way to work.

“There are a number of mobile massage companies that suggest that it is safe to send therapists to client hotel rooms. This situation carries serious risk for therapists, particularly women who don’t have the same upper body strength as a man in the event of an assault. I’m concerned about therapists accepting these working conditions frankly,” Fitch says.

Dr. Cidalia Paiva, executive director of the West Coast College of Massage Therapy, agrees. “Your opportunities to set boundaries are extremely poor [when you’re alone]. You don’t have the ability to remove yourself from a situation in a hotel room or in somebody else’s home in the same way you do in a clinical setting where other people are present.”

If a client is predating, they will continue to take advantage of therapists – they seek out vulnerability.

In general, those most at-risk of being targeted are more likely to be younger, newer therapists, according to Paiva. She also says it’s “mostly men targeting women, versus women targeting men. But again, that’s a generalization.”

What exactly is inappropriate?

First, it’s important to determine what an “inappropriate situation” is, and where to draw the boundary. Paiva says there are some scenarios that appear to be inappropriate, but may actually not be.

For example, she says sometimes therapists get uncomfortable when a male client has an involuntary erection on the table. “This may simply be a physiological response with no sexual intent.” Being uncomfortable is totally normal, and it’s likely both parties are uncomfortable here.

Another example of a perfectly appropriate situation that may be taken in the wrong context involves draping.

“Sometimes therapists do not provide appropriate instruction with regards to draping,” Paiva says. “This can result in some clients removing too much or all clothing when all they really needed to do was undrape a particular area and maintain appropriate draping protocols for the rest of the body. Because the therapist did not provide clear instructions regarding draping, a client may be draped in a way that could be [interpreted as] suggestive, but there is no sexual intent here – it’s simply a lack of clear direction with regard to draping protocols.”

[Fitch would like to note that draping is entirely the responsibility of therapists and those who do not drape properly (in Ontario) would have broken a standard of practice.]

Along with intent comes the realization that sexual massage still exists, so some people don’t look at regulated massage therapy treatments as a healthcare or well-being
Fitch says communication is the first essential skill many students need to learn (and what therapists need to continue to practice).

“Therapists need to know how talk to people first,” she says. “They need to know how to give commands – ‘please turn over, put your leg here’ – or ask questions clearly. These communication skills take confidence in order to master.”

Fitch has open discussions within her classes at Algonquin College for students to share stories, helping them realize that certain situations are unacceptable.

“It is common for clients to attend the student clinic with the idea of baiting students or seeking a ‘happy ending’ (being masturbated to climax). We deliberately prepare students for these scenarios because we want them to be able to respond professionally, while at the same time ensuring their safety,” she says.

While therapists will have different reactions and scripts for dealing with inappropriate behaviour depending on their experience and confidence level, a good rule of thumb is to use the three-strike rule. At the first sign, let the client know their line of questioning, remarks or behaviour is making you uncomfortable. Or, the therapist may also choose to ignore them and change the subject – again establishing the medical/therapeutic components of massage.

The second time, remind them that their behaviour is inappropriate and if it continues you will have to discontinue treatment. By the third time, it’s time to leave the treatment room and file a report. Don’t make hollow threats.

**Untangling emotions**

When a client is abhorrently inappropriate (ex. grabs a therapist on the breast(s) without warning), it can trigger a couple of emotional responses: Mainly shock, followed by shame. Therapists may find themselves asking: “How did it happen and what did I do wrong?”

Finding the right words, communicating and establishing the therapeutic relationship are the first steps, but only self-awareness and self-confidence can get you there.

“Sometimes young women don’t have the confidence to respond to a male client who may say something inappropriate to them, or they’re not able to articulate their own responses. I suggest starting with a prospective script and then over time they can make that script their own as they build their experience and confidence.”

Menzies agrees, citing fear prevents success.

“Although therapists have extensive health-care training, when they first start in the field they are often on contract and there may not be a whole lot of collaboration that happens,” she says. “For a month or so after they first graduate, they may start out being fearful of making a ‘wrong’ assessment. If they don’t tackle this fear and then never practice the orthopedic skills they’ve obtained, laziness often sets in and they continue their career providing a relaxation massage instead of orthopedic treatment.”

Ultimately, keeping your therapeutic skills at the forefront of each treatment and remembering your purpose as an RMT can help keep you safe. Taking the opportunity to build up your self-development and working your own “psychological emotional muscles” can help inside and outside of the treatment room, too.
It’s no small feat to build a stable practice over time. A successful practitioner eventually develops enough professional relationships to serve a small practice population. But sole practice has its drawbacks – isolation can contribute to limited engagement, learning from others and professional self-reflection, suppressing a practitioner’s growth. The learning curve for developing a practice is large, and many mistakes are made. Fortunately for practitioners lacking capital, connections and business competence, some bright stars press beyond sole practice to broker opportunity for others.

With a large lease, commitments to utility companies, inflated marketing budgets and operating costs, massage business management is not for the faint of heart. Yet, for those massage therapists that do expand their business and invite others in, such a business contributes to the development and maturity of successive generations of massage therapists.

Stephanie Vandenbussche, RMT, seemed almost destined to take the leap. With some funding from Starter Company Plus, offered by the Ontario Ministry of Economic Development and Growth, as well as support from advisors and family, Stephanie expanded her operation. Her business supports four practitioners sharing three treatment rooms, serving the needs of a larger practice population. Her story is testament that it can be done.

Stephanie, who is in her 14th year of practice, lives with her husband and two children in Exeter – a town northeast of London, Ontario, with a population of 5,600 people. Initially, Stephanie split time between working from a home office and a second location. As her family grew, working from home was no longer possible. She leased space in a chiropractic office for six years before she launched her own business.

Besides practice aspirations, Stephanie had financial objectives as well. Being self-employed “with no pension to fall back on,” Stephanie realized she needed to work more, increase prices or expand. Faced with balancing time between a young family and work, she chose to raise prices and expand. She was motivated by a growing uneasiness she felt in turning people away. “It’s hard when someone in pain calls you for an appointment, and you admit you can’t see them for several weeks.”

With the demand, she saw potential for growth. “I knew that if I opened a larger practice, it would be successful.” Stephanie researched and applied for a Starter Company Plus grant to provide necessary capital to expand her physical business space and welcome more practitioners. While providing 40 plus hours of hands-on care per week and raising a young family, finding time to file the application was difficult. Stephanie spent many late nights preparing her application. Even after submission, there were updates to forward and emails to reply to, “to make sure I wasn’t at the bottom of the pile.”

The process of selection took over a year. Stephanie made the decision to proceed before the assurance of the grant. “I needed to believe in myself and believe I had a great business plan. I committed to following through whether or not I received the grant.”

Stephanie confesses she didn’t do this alone. She consulted several advisors along the way. “I believe hard work pays off, but I also know it’s important to surround yourself with people that have other strengths. You don’t need to do it on your own.”
Geoff Douglas, an advisor with Sunlife Financial, “is amazing with numbers and advice.” Douglas helped Stephanie set up essential insurance policies and a retirement plan. “I talked with Geoff a lot over the years. He encouraged me (to expand) and gave me the confidence I needed to put my plan into action.”

The second advisor was Don Dillon, a practitioner and coach in the field. “I love Don’s point of view and passion for our profession, and I liked the ideas he presented.” She continued, “Don encouraged me to clarify [the business model] I wanted to create. He helped me understand the value I could offer practitioners working in my office. [Don reminded me] my time in managing the business is worth something. When I take time after providing massage to make calls, procure advertising, create opportunities for associates, and manage all related bookwork…I should be paid for that time.”

Stephanie confirms she gained a lot of confidence from the process. “I began this process to create a better financial future for my family, something that will generate revenue when I can’t work as much. My business offers practitioners more than simply a room to work in. My ownership and experience create the difference…create a place practitioners want to work in.”

Stephanie’s motto is “hands-on and heart-to-heart.” From her business’s mission statement: “The goal of Exeter Massage Therapy is to use therapeutic massage therapy modalities to improve the wellbeing of individuals coming to us for health and wellness issues…to maximize quality of life.

We believe in developing and maintaining a collaborative relationship between client and professional massage therapist…having the client as a partner in the process ensures that the treatment, each time, addresses specific issues and concerns as they change and evolve.”

So far, Stephanie has received $3,700 of the $5,000 award, and has put it toward costs incurred while awaiting the award decision. “I needed to believe in myself and that I had a great business plan. [I was prepared to] follow my plan through, with or without the award.” She continues, “If you’re not willing to do this, you shouldn’t consider expanding your business. The business plan really is the easy part.”
Lyme Disease was first discovered in 1970 when a number of men at a submarine base in Grotton, Connecticut presented with bull’s-eye rashes. In 1975, when several families in Old Lyme, CT, experienced similar symptoms, it was diagnosed as a condition and “Lyme” disease was coined due to geography.

In the health-care industry Lyme disease is often misdiagnosed, as the symptoms can be confusing with no correlation between neurological patterns, visual disturbances, joint pain and anxiety. The cardinal signs (bull’s-eye rash, fever, flu-like malaise) can be elusive. Increasing awareness is evident in education campaigns at provincial parks where black-legged ticks are endemic. Zach Klein, the co-founder and designer behind Vimeo and co-author of Cabin Porn: Inspiration for your quiet place somewhere, told a National Post reporter in 2015 about how his “so-journs in the woods have also left him with Lyme disease.” He said it’s a reminder “that nature isn’t move-in ready. It’s not sterilized. It’s very much a force that has to be reckoned with.”

For Ashley Short, a certified holistic nutritionist and clinical herbalist, exposure to ticks took her life in an unexpected direction. She was diagnosed with Lyme disease and put her energy into creating positive change for others. At Earth Kisses Sky, a massage and acupuncture clinic located in Stoney Creek, Ont., co-founder Short and founder, Tijen Yalchin (R. Ac., RMT), decided to put Lyme disease at the forefront, with 50 per cent of Short’s clientele seeking treatment for Lyme-related symptoms.

Short advises everyone to take serious precautions and be aware at all times – not just when travelling in areas infected by ticks. If a client has expressed concern about a myriad of strange symptoms, be sure to provide proper resources. It takes 48 hours for infection to enter the system but early treatments (holistic or via oral antibiotic therapy) can be successful and potentially eliminate chronic issues associated with Lyme.

**JT:** How did you discover that you had Lyme disease? Did you present with the cardinal signs and symptoms?

**AS:** Not everyone has a bull’s-eye rash or experiences flu-like symptoms. I feel that doctors and other health-care practitioners who are not Lyme literate have a difficult time understanding Lyme and how to treat it individually. I didn’t have a bull’s-eye rash. I experienced random joint pain in my hands and wrists in 2011. They would be perfectly fine one day and the next, extremely swollen and so painful I was unable to pick up a pen. As the months progressed new symptoms would arise, jumping from one joint to the next.

**JT:** Where do you think you were exposed to the infected tick?

**AS:** I worked as a dog groomer where I routinely bathed, cut hair and removed ticks from animals. I never thought anything of it at the time, but it was the only place where I could have contracted it. I wasn’t into hiking or camping, and didn’t travel at the time.

**JT:** Did you turn to western medicine first?

**AS:** Pharmaceuticals have never been my first choice of treatment as I’ve always had a strong belief and connection to plant medicine. I have lived a very holistic lifestyle in my adult years, working with nutrition and herbs (through consumption or implementing them into my skincare regime). I treat my pets holistically, too.

I graduated from The Institute of Holistic Nutrition in 2012, and at this point my symptoms were increasing and were becoming noticeable to friends and family. I was misdiagnosed with chronic rheumatoid arthritis (RA). With a lot of research, an amazing holistic community and family support, I was able to figure out I had Lyme disease. I tested positive in 2012 twice, with the western blot assay test. My doctor was ecstatic that there could be a correlation between RA and Lyme disease and said that he was going to present his findings to the board of doctors. The very next day he told me that I didn’t have Lyme disease and said, “I would suggest that you take the RA medications or else you will be crippled in a wheelchair for the rest of your life.”

**JT:** I read on your website that you treated yourself 100 per cent naturally with herbal medicine and holistic nutrition?

**AS:** My partner, Tijen Yalchin and I developed symptom-specific herbal formulas and I created a lifestyle and meal plan. My energy increased, my inflammation and pain decreased and...
Ashley Short contracted Lyme disease while working as a groomer.

my body started absorbing nutrients. I was able to gain back the weight I’d lost (nearly 25 pounds) and started to feel hope. Seeing how powerful plant medicine was, I decided to become a clinical herbalist and graduated from The Institute of Traditional Medicine in 2016. I received massage and acupuncture from Tijen. Both were some of my main forms of treatment to help manage symptoms. I experienced a lot of pain throughout my body, as well as severe swelling, neurological symptoms and difficulty sleeping. The approach helped move my lymphatic system and realign my body, in addition to pain and emotional management.

**JT: On your website you outline of your “eight-week Lyme disease treatment plan.” What herbal formula and supplements do you suggest?**

**AS:** Everybody is different. There are different symptoms, co-infectors, lifestyle habits, emotional disconnects, environmental exposures and genes to consider. Every lifestyle plan that I formulate is 100 per cent specific to the individual, including nutritional meal plans, herbal formulas, supplement and lifestyle recommendations.

For someone who has been recently bitten and/or has been diagnosed with Lyme disease, I would suggest removing all forms of sugar (including fruit), gluten, dairy and alcohol. All of these food sources feed the Lyme-borrelia and co-infectors, allowing them to thrive, suppressing the immune system, disturbing the digestive system and making it difficult for the body to absorb vitamins and nutrients. Increased inflammation provides a safe haven for bacteria to live and multiply rapidly causing damage to organs, tissues, joints and nerves.

**JT: What percentage of your clientele is Lyme treatment specific? Do you know of other Canadian practitioners who cater to this niche market?**

**AS:** I would say 50 per cent of my clientele comes to me for Lyme treatment (the other percentage would be for cancers, autoimmune conditions, weight loss and other concerns). A lot of practitioners keep their names quiet when it comes to treating Lyme disease, as many have lost their licenses or were forced to resign.

Two notables in the industry would be New York-based Dr. Maureen McShane, and Dr. Ernie Murakami at the Dr. E Murakami Centre for Lyme Research, Education & Assistance Society (located in B.C.). Dr. Murakami doesn’t treat patients, but he offers exceptional education and advice to those seeking it. He can also be found on Facebook.

**JT: You’ve also created a pain-relieving cannabis salve. Are clients able to purchase this, or do you use it in treatments only?**

**AS:** I was constantly being prescribed pharmaceutical medications, from the highest strength of RA pain medications, cortisol shots, steroid creams and more pills for depression. As a holistic nutritionist and clinical herbalist, I decided to disregard the pharmaceuticals altogether and go with what I personally believed in, which was plant medicine. I started using cannabis oils internally and eventually developed a topical cannabis application which helped me tremendously. I implemented all that I knew from my herbal background and formulated it with not only cannabis sativa (full spectrum), but additional herbs that I knew would have a huge impact on inflammation and pain. All ingredients are derived from true, natural sources and contain no artificial color, fragrance, chemicals, parabens, artificial preservatives, petroleum-based products or silicone. Our products are available for retail but can only be purchased through local dispensaries across Canada at this time.

**Resources:**

- Ontario’s Ministry of Health Lyme Page
- Government of Canada’s Guide to Lyme for Health Professionals
- Dr. Ernie Murakami, on Facebook: @lymediseaseepidemicnow
- Dr. Maureen McShane, Plattsburg, NY
- Earthkissesky.com
Assessment, often only practised on initial treatments, is a powerful tool to have, as RMTs answer not only our own questions, but the client’s as well. Assessment and orthopedic testing reinforce that we are professionals and informs the public and other health-care professions that we have knowledge and understanding of human anatomy and are able to differentiate conditions from serious pathologies.1

Assessment gives you the power to determine the best course of treatment, while staying focused on the client’s goals. If a client’s goal is different than a therapist’s, then assessment is a tool used to show the client why we think treatment goals should be changed.

Biomechanics change as we begin to adapt and manipulate soft tissue – we can make changes to how a joint is moved in its plane and change how strong a muscle activates. But how do we determine these changes if we don’t have a way to measure before and after the treatment? If we are busy chasing localized symptoms, we generally forget to chase the problem that can only be discovered through a thorough assessment.

Assessment can be broken down in several ways to help us determine the cause of the symptoms the client is dealing with:

- Questions
- Observations/Palpations
- Gait analysis (if necessary)
- Range of motion testing (active, passive, resisted, assisted)
- Joint play (not covered here)
- Orthopedic tests

**Line of questioning**

Asking simple questions like “where is the area of concern?” sets a solid foundation of why clients are being treated in the first place.

(Side note: We have all had a client that has given us a bucket list of problems, and almost expects you to treat everything in one session. My suggestion for responding is to simply say: “There’s plenty to cover in this treatment, however, if you could choose the area of greater concern, we can focus on that for today.”)

In some practices, the area of concern is treated generally in hopes the client feels better. The amount of times we have a high-risk client, where massage is completely contraindicated is very rare, that much is true, but a generalized treatment affects the representation of the profession. Thoroughness in questioning alone may give your client a high level of trust and respect for your objective approach towards their concerns and subsequent treatment.

Questions can also reveal a completely different condition. For example, carpal tunnel syndrome could also be symptoms from a neurological or vascular impingement issue found in the neck and shoulders, like thoracic outlet syndrome. Even more local to the forearm can be cubital tunnel syndrome or ronator tere’s syndrome. One symptom, four possible conditions.

**CALEB FENTON, RMT, SMT (CC)** has been a massage therapist for nine years and graduated from the Professional Institute of Massage Therapy with honors. He currently practices in a busy multiple disciplinary clinic with other RMTs, physiotherapists and chiropractors in Steinbach, Man., where he lives with his wife and two kids. He has mentored and tutored several massage therapists, and helps with local sports teams to assess and treat athletes. Fenton is currently developing his own seminars to teach massage therapists to find confidence in clinical understanding and practice.
As we start out with investigative questioning, we move towards a final goal that the client may not yet understand. These questions aren’t definitive in a diagnosis, but point us in the direction we may need to go. They help determine what kind of issue we may be dealing with and gives us a greater understanding of how the injury happened, when it started and when it bothers them most. We can get very specific with questions as some other professionals have documented in what they call the “magnificent seven”

• Location: Where is the pain now? Where was the pain at onset? Does it radiate or go anywhere else?
• Onset: How did the pain start? Over what period of time? Was onset sudden or gradual?
• Duration: How long has the pain been present? Has it been intermittent or constant? Have there been similar episodes in the past?
• Severity: How bad is the pain now? How bad was it at onset? What was the maximum level of pain? (Use a pain scale.)
• Quality: What type of pain is it? How would you describe the pain? What does the pain feel like? (Burning, achy, throbbing, pinching, sharp, etc.)
• Associated symptoms: Are there any other symptoms besides pain? (Ask questions specific to the chief signs and complaint as listed on the documentation templates. For example, ask if the patient has abdominal pain; if so, ask about symptoms: nausea, vomiting, diarrhea, etc.)
• Modifying factors: Does anything make the pain better? Does anything make the pain worse?

Thoroughness may cost time with the actual “hands-on,” but it will make up for how effective the treatment will be.

Posture observations and palpations
Posture observations can be paired very well with palpations. Observations and palpations are a great way to initiate contact with the client, and with proper consent of assessment, we can begin to see the effects of pain and how the body begins to adapt and compensate its injuries, whether reoccurring or acute. As massage therapists, I believe we often skip palpations because we are “hands-on” with the client for the remainder of the treatment time. But going back to not trusting symptoms, we could simply palpate the area of discomfort, and if minimal discomfort is felt, it further reinforces that the problem may be elsewhere. In addition, muscle tone feels different when a client is standing or sitting opposed to a rested prone position.

With observations, there are plenty of ways we can observe. They can be postural like looking at symmetries,
muscle mass differences and the client’s antalgic expression. Or, it can be posture along with other generalized effects like redness, swelling and bruising. We can explain to our client what we see, maintaining professionalism involving the client in treatment.

With palpations, we begin the more objective clinical approach as we feel muscle tone differences. It’s important to check the muscles in different postures. For example, if they sit for prolonged periods, check the muscles sitting and palpate the differences when they stand. It’s always important to palpate both sides — to feel the differences from one muscle to its twin on the other. While you’re palpating, you can ask your client if they feel “pressure differences.” Gentle pressure is key to dermatome testing, and you can clear neurological conditions while your palpating.

Once practiced often enough, observations and palpations can take 30 seconds to a minute to complete, depending on the complexity, and establishes a very strong objective foundation.

Gait analysis
Gait analysis involves simple observations. If a client’s posture demands the observation of gait, do so, as it can only take a few seconds. You can simply watch the client walk into your room – because even though it’s third on the list, you can start with this. See how client steps, and you should also observe their ability or inability to stand from a seated position. Watch how muscles contract and the mechanics of the hips. By consistently analyzing gait, you may be able to assume the symptoms a client is currently experiencing before they tell you, surely surprising them. By utilizing gait analysis, you are now not only observing the mechanics of the body, but also examining a local problem and how it affects the body systemically.

Range of motion
Range of motion testing is the beginning of dividing the subjective from the objective. We begin to view the plane of movement of the joints, how the functional tissue begins to contract and elongate as the movement is accomplished. We are also applying several other assessment principles, observing movement and the client’s facial cues for any discomfort. We can also apply palpations, by simply placing our hands over the tissue that is contracting, the folds of the skin begins to buckle under the superficial fascial pull. An important practice is to “do the most painful movement last.” When we perform a movement that is uncomfortable first, we potentially compromise the rest of the movements. Also, cue the client: While completing active range of motion, ask them to stop when there is discomfort and to explain what they feel and where it is located.

Sometimes the location of discomfort is completely different to where the client’s original concern was when we have the client move. What do we do? Generally, we no longer attempt the movement and move forward with the rest of the motion testing. However, we can continue with that same movement by applying two other types of motion: active assisted and active resisted. We are taught (at least I was) to apply range of motion through an active state, through the passive, then to a resisted state to check strength. But, what we can do is add all motion principles to one plane of movement.

As an example, if a client is requested to preform horizontal extension (or abduction) and they experience tension in the anterior deltoid, that is opposite to the muscles we are contracting. We can assume that possibly the attachments of the subscapularis, latissimus dorsi or teres major are causing discomfort. (Also, muscles like the coracobrachialis, pectoralis major and short head tendon of the biceps.) But how can you come to this quick conclusion with little evidence?

If we assist the client through the range, does that remove strain off those muscles, helping the muscles of extension or does having the client resist horizontal flexion (or adduction) create a different symptom? Or what about resisting horizontal extension? Do we notice how the client’s arm is angled during the movement? Does it feel better if we rotate the thumb down or up or palm up or palm down?

To further the foundation of understanding anatomy and the actions of muscles and the nerves that innervate them,
if a muscle is unable to fully contract, doesn’t that mean the neurological innervation has been compromised (little to no resistance) or a potential tear in the muscle tissue (pain with resistance)?

There are so many different variables for us to use and different specific muscles to focus on.

We begin to measure changes and re-test at the end of the treatment. Yes, the client may still have discomfort, but they went from moving their arm from 45 degrees to 90 degrees. Are we as massage therapists only to help fix the subjectiveness of pain? The lack of movement is the cause of pain, it’s called “disuse pain.” Even though you are assessing your client’s range of motion, you’re treating them.

**Orthopedic tests**

Orthopedic tests are on the far side of objective information and should be performed last, as it can be invasive to the client and is the final nail in the coffin of the problem we believe the client has. A protocol we should follow is to never assume a correct diagnosis from one positive test. We should do three to four special orthopedic tests to rule other underlying pathologies targeting different structures:
- Musculoskeletal
- Ligamentous and capsular
- Neurovascular

We should note specifically which test is positive, as well as the research differentials to further pinpoint the problem, assuring the best outcomes in future treatments for our client’s. Testing also helps separate the line between indicated and contraindicated, and when referring your client out to another health-care professional, you’ve established a foundation that a referral is the best option for your client.

Another protocol to note is **not** to inform the client where the area of discomfort may be located. You may establish a physiological barrier which can include the physical. As you are performing the test, communicate with your client to tell you when they feel discomfort and inform you where it’s located to further dilute false positives.

Your practice involves **how** you practice, and as you do your due diligence in pre-treatment assessment, you will begin to have more clients respect your knowledge and allow you to work the way you do.

**Resources:**
1. See Dr. Nakita Vizniak’s Academic Charts, https://pro-healthsys.com/blog/medical-education/what-everyone-ought-to-know-about-doctors/
2. The Sullivan Group, sullivangroup.com and UT Health Science Center: San Antonio, som.uthscsa.edu/studentaffairs/MSIVLabSession.asp
For Sophi Robertson, learning that hundreds of thousands of disposable coffee cups are thrown away every day in Toronto got her thinking about how she could reduce waste. “It was like a switch,” says the Toronto-based RMT, who now strives for a zero-waste lifestyle at home and aims to reduce waste where she can in her massage practice.

When Robertson brings food in a reusable container for a waste-free lunch — she even brings her own container if she goes to a local restaurant for take-out. Although Robertson thinks she may have been the first person to ask for this option, the restaurant now gives a discount for supplying your own container, she says.

Other ways that Robertson reduces waste at the office include taking compostable and recyclable waste home from the office since these services are not available in her building, making her own “wet wipes” for cleaning by cutting up old T-shirts and a DIY cleaning solution, and emailing receipts unless a client requests a printed copy.

Take an audit of your practice today — you may be surprised where you can cut the waste out of your life.

RESOURCES
• The Green Office Toolkit from the Canadian Coalition for Green Health Care is filled with practical and affordable ideas to make eco-friendly office improvements: greenhealthcare.ca/green-office-toolkit/
• You can find a list of toxic chemicals on the Environment Canada website at ec.gc.ca/toxiques-toxics/?lang=En&n=98E80CC6-1

CLEAN + GREEN

Here are some great products to “green” up your (or your clients’) life

In May, Vancouver became the first major Canadian city to ban plastic straws, which will take effect next fall. Certain restaurants in Canadian cities have also decided to take the stand against straws and choose not to keep them in stock for patrons. You too can help lead the way in getting rid of single-use plastics. For a tiny investment, you can find reusable sets that come with their own carrying case, making it easier (and cleaner) to take on the go.

Yoga has long been a form of self-care for both therapists and their client’s alike. And yes, even your downward dog can be environmentally friendly. Yoga Design Lab makes these eye-catching mats made from natural tree rubber and recycled plastic bottle microfibers. (Combo Mat, $84) yogadesignlab.com

Yes, we need to drink 8-10 glasses of water everyday, but let’s cut out the plastic. Over 1 billion plastic bottles are not recycled in Ontario and end up in landfills or the environment every year. Fill up a metal or BPA-free plastic bottle instead. After all, you can save upwards of $1,800 a year by ditching the single-use plastics.

Estimates suggest that Canadians use between 1.6 and 2 billion disposable coffee cups a year. Grab a reusable, insulated tea/coffee cup instead. You can also skip the lines (and save money) by bringing in a coffee maker to the office and and drinking out of your favourite old-fashioned mug.
Postural Correction presents 30 of the most commonly occurring postural conditions in a comprehensive format, providing hands-on therapists and body workers the knowledge and resources to help clients address their malalignments.

Focusing on treatment rather than assessment, it takes a direct approach and applies specific techniques to improve posture from an anatomical rather than aesthetic perspective.

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We often hear about clients receiving threatening correspondence from legal entities about misusing copyrighted material on their website or social media platforms. These letters typically demand that they immediately stop using the copyrighted material and pay the owner a hefty fine amounting to hundreds and even thousands of dollars. Practitioners have even received letters for using copyrighted material in their printed intake forms.

In most cases, the practitioner has no idea they did anything wrong, but they are obligated to stop using the material and pay the fine. The most common mistake occurs when a practitioner finds an image while searching the web, then assumes, because it is displayed publicly, that it is free to use on their website or social media — not realizing that someone owns the rights to the image and it is not “free” for others to reproduce and use.

We’ll explore the basics of copyright laws and how to legally use images and other material within your practice. This information is not intended as legal advice but rather as guidelines on the subject matter.

The first rule of thumb: When you find an image or other content you would like to use on your website, never assume it is free to use — instead, assume it is owned by someone and cannot be used without their permission.

Copyright laws vary by country and are intended to protect creative properties (i.e. images, written content, videos, etc.), and define the ownership of those properties and their uses. In short, if you take a photograph or create some original written content, you own it and have exclusive rights to use it. No one else can legally reproduce or publish it without your permission. Conversely, if you use a photo taken by someone else, without their permission, you will be infringing their copyright.

It is not difficult to legally acquire the rights to use copyright material within your practice, including on your website and social media. In the case of images, there are many commercial stock image sites out there, with relevant images, where you can economically purchase a license giving you the right to use them.

Keep in mind there are different types of licences available depending upon your needs. The most common and cost-effective license is a “royalty free” license. Royalty free does not mean that it comes at no cost — they provide you with the rights to use the image for a flat one-time fee. This means you pay for the license once and you can use it forever, within the scope of the license, without any further payment obligations. Often the cost of the license will be tiered, based on how the image will be used, (online or printed) or by the size/resolution of the image. Depending on the license you purchase, your use of the image may be limited to a certain medium. (i.e. you can post it to your website, but you cannot use it in a printed brochure.)

Royalty-free licenses provide you with the rights to use the image, but they do not transfer the copyright or ownership of the images to you. Which means that you cannot share the image with someone else for their use.

Be aware that there are “free” stock photo sites that grant you rights to use their images at no cost without purchasing a license. However, in most cases these are free for personal use only and you will be fined if you use them commercially (this applies even if you use them strictly for promotional purposes).

Another way to avoid copyright issues on your website and social media is to use original material. While this can be costlier (but doesn’t have to be), it will provide you with a more personable online presence. By publishing images of your clinic’s storefront, reception area, treatment rooms, practitioners, etc., you give your site a friendlier and more inviting feel. It’s important to get anyone appearing in your photos (even friends, family, or staff members) to sign a model release form.

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Go to the website of the practice management software you use and see if they have an image gallery that can be used in your practice. In most cases this is restricted to use on their platform only.

At the end of the day, be sure that you are properly licensed to use whatever content you are publishing on your website and social media platforms. In the long term, it will save you time, money and heartache.
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- Vancouver, BC: Dec 13-16, 2018
- Montreal, QC: Feb 14-17, 2019
- Calgary, AB: Mar 21-24, 2019
- Halifax, NS: May 2-5, 2019
- Toronto, ON: May 23-26, 2019
- Vancouver, BC: May 23-26, 2019

**CRANIOSACRAL THERAPY 2 (CS2)**
- Vancouver, BC: Feb 21-24, 2019
- Edmonton, AB: May 23-26, 2019
- Toronto, ON: May 23-26, 2019

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

**ADV 1 CRANIOSACRAL THERAPY (ADV1)**
- Nanaimo, BC: Feb 25-Mar 1, 2019

**CST TOUCHING THE BRAIN 1: Stimulating Self-Correction Through the Glial Interface (CTTB1)**
- Vancouver, BC: Nov 29-Dec 2, 2018

**CST & WORKING WITH CHRONIC DEPLETION (CSWCD)**
- Calgary, AB: Jan 4-6, 2019

**SER TECHNIQUE: Mastering the Inner Physician (SERTIP)**
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