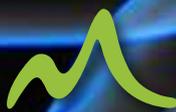


# MNZ MAGAZINE

2ND QUARTER 2018

  
massage  
new zealand

## CHALLENGING OUR PRACTISE

TRIGGER  
POINTS?

TOXINS?

POSTURAL  
DYSFUNCTION?

FASCIAL  
ADHESIONS?

INCREASED  
BLOOD  
FLOW?

WEAK  
CORE?

MAKING SENSE OF TRIGGER POINTS • DEATH AND REBIRTH AS A MASSAGE THERAPIST  
• THE SCIENCE BEHIND WHY ASSESSING AND BLAMING POSTURE ON PAIN IS BS  
• CHOOSING CONTINUING EDUCATION PROVIDERS AND COURSES • REVIEW OF THE  
2018 SAN DIEGO PAIN SUMMIT • GOVERNMENT REGULATION OR SELF-REGULATION



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Professional Therapists*





## EDITORIAL

Our theme this issue is “Challenging our Practise”. Just as all practitioners in the field of health and medicine have a responsibility to keep up to date with current knowledge, so do we as massage therapists. We have to understand the “what” and “why” of what we do, question our long standing beliefs and approaches. Be willing to adapt and challenge our own practise, rather than accept what we may have been told in the past, then pass on inaccurate information to clients. Our guest contributors do just that in their articles, bringing us plenty to reflect on. John Quintner and Melanie Galbraith challenge our long held beliefs about “trigger points”. Thought provocateur Alice Sanvito shares her personal experience “unlearning” in “Death and Rebirth of a Massage Therapist”. Ben Cormack discusses the pitfalls of blaming posture without really considering the science (popular in the media at present with the focus on teens and their digital devices). Jason Erickson shares some excellent tips on what to look for when choosing continuing education courses – an article relevant to practitioners and course facilitators, and Rachel Ah Kit reviews the San Diego Pain Summit. Looking nationally, MNZ President Helen Smith opens up the discussion on government and self-regulation of the New Zealand massage profession. An important read for all massage therapists.

We also announce an exciting new initiative for us - the launch of the inaugural MNZ Case Report Contest. MNZ Magazine is all about exposing therapists to new thinking, new ideas and approaches. We envisioned this contest to encourage therapists to become more evidence-informed, think critically and feel confident integrating research into clinical work with clients. Case reports can contribute to growing the range of scientific literature in the field of massage therapy by providing data which may be the foundation for higher level research. An important part in helping our profession gain greater recognition and value by other health professions and the wider health sector. The contest is a big step for us and we have some wonderful sponsors on board (Bizcover, Performance Linen and Tui Balms) providing great prizes!

We encourage you to read, print and leave around for other professionals, we have even heard of therapists who take the magazine to be printed professionally so they can have a few in their clinics.

Look forward to catching up in Tauranga – thanks to the team up there for making it happen.

*Carol Wilson & Dalette Wood*

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# ADVERTISING RATES AND INFORMATION

## ADVERTISING RATES

Valid from Feb 2017. All rates are GST inclusive.

### MNZ Magazine: Now ONLINE only

RMT and Affiliate members receive a 15% discount on magazine advertising.

All adverts are in full colour

#### Casual advertising rates:

Full page	\$290
Half page	\$160
Quarter page	\$90

#### Package deals (in 4 publications over 12 months):

Full page	\$840
Half page	\$450
Quarter page	\$240
Magazine inserts (per insert)	\$0.75c

### MNZ Website:

RMT and Affiliate members receive a 15% discount on magazine advertising.

All website advertising is placed for 2 months, unless otherwise stated when booking.

Advertising blocks (6 adverts)	\$280
Events/adverts page (one off)	\$50

### MNZ Magazine and Website Annual Bulk Advertising Packages:

Packages provide magazine and website coverage. A discount is already included in these prices.

#### Package 1 includes:

Magazine full page advert (x4)	
Website advertising block (6 ads)	\$1120

#### Package 2 includes:

Half page advert (x4)	
Website advertising block (6 ads)	\$760

### Email Advert to MNZ Members:

Provides a one-off mass email blast to membership.

Members (RMTs & Students)	\$25
Non-members + Affiliates	\$80

## SUBMISSION DEADLINES

The MNZ Magazine will be published:

- Q1 2018 (deadline end Jan 2018)
- Q2 2018 (deadline May 1st 2018)
- Q3 2018 (deadline Aug 1st 2018)
- Q4 2018 (deadline Dec 1st 2018)

Note: submission dates may be changed or delayed as deemed necessary by the Editor.

The MNZ Magazine link will be emailed out to all members and placed in the members' only area on the website.

### Requirements of advertisements:

Advertisements must have good taste, accuracy and truthful information. It is an offence to publish untruthful, misleading or deceptive advertisements. Advertisements for therapeutic goods and devices must conform to New Zealand therapeutic goods law.

Only a limited number of advertisements can be accepted. Advertising availability closes once the quota has been filled.

## ADVERTISING BOOKING AND SPECIFICATIONS

Advertising for magazine, website and email blasts to members should be booked via our online booking form and can be paid online with credit card at [www.massagenewzealand.org.nz/about/advertise/advertising-opportunities.aspx](http://www.massagenewzealand.org.nz/about/advertise/advertising-opportunities.aspx)

Emailed advertising forms are no longer accepted.

### Magazine Page Sizes

- Full page is 180mm wide x 250mm high
- Half page is 180mm wide x 124mm high
- Quarter page is 88mm wide x 120mm high

For any enquiries about advertising with MNZ, please contact [advertise@massagenewzealand.org.nz](mailto:advertise@massagenewzealand.org.nz)

## PAYMENT

### FULL PAYMENT MUST ACCOMPANY EACH ADVERTISEMENT

#### Methods of Payment:

- Credit via our online payment gateway when booking the advertisement online
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Please include your business name in the 'reference' field when making an internet transfer.

### ARTICLES, CONTRIBUTIONS, RESEARCH, COMMENTS AND IDEAS...

#### ARTICLE SUBMISSION GUIDELINES

- Word count - Max 1800 words include references
- Font - Arial size 12
- Pictures - Maximum 4 photos per article, send photo originals separate from article, each photo must be at least 1.0MB
- Please use one tab to set indents and avoid using double spacing after fullstops. The magazine team will take care of all formatting
- We prefer APA referencing (see <http://owl.massey.ac.nz/referencing/apa-interactive.php>)

#### Editor - Carol Wilson

[magazine@massagenewzealand.org.nz](mailto:magazine@massagenewzealand.org.nz)

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### Publicity Sub-Committee

Nikky Wright, Tess Peek

### Research Sub-Committee

Joanna Tennent, Deborah Harris, Rachel Ah-Kit

MNZ

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# PRESIDENT & EXECUTIVE REPORTS



magazine. I will inform the membership via "The President's Email" when I know more.

I would like to take this opportunity to thank our current Executive Committee team, who are all working hard on your behalf and our staff members Nicole, Melissa and Sarah - without whom we wouldn't be able to function.

*Helen Smith*

## PRESIDENT

It's been a very busy time since the last magazine. There have been a lot of discussions between myself and various organisations around how to increase MNZ's profile amongst allied health professionals and with Government agencies with regard to putting us on an equal footing as a professional body, with the emphasis that we have all the systems in place already to function well as a professional organisation in New Zealand. There is an article later in this edition of the magazine about the pros and cons of government regulation and self-regulation.

At their recent AGM, AHAZ (Allied Health Aotearoa NZ) voted to eliminate their Associate Membership category (which we currently hold). This is an important organisation to belong to as it gives us a chance to network and talk to representatives from Accident Compensation Corporation (ACC), Ministry of Health (MOH), as well as other health professionals and to discuss matters of concern to us all. We have been in consultation with AHAZ and there appears to be no impediment to us joining as full members, so we will be pursuing this avenue.

The MOH are also undertaking a project which is looking at safe practice in the Appearance Industry and is widening this to include Massage Therapy. I am meeting with them to discuss what this might entail, but unfortunately too late for the deadline of this



## VICE PRESIDENT

Hi everyone, it's exciting times in our industry with more awareness on regulation and therapists being professionally qualified. Not only is this great for us, but as a clinic owner I'm finding the public are getting a lot more savvy about who they book in with. They are asking more questions about the diplomas we have all done in terms of content and where we studied etc. This definitely gives us therapists much more credibility and our clients therefore feel reassured confident in our abilities.

There are a lot more student members now too which is fantastic! That way our graduates understand all of the above early on.

Lastly, it's also exciting to see that we now have a conference/AGM going ahead this year in the gorgeous Bay of Plenty (my home!). We have a great line up of speakers so I look forward to seeing many of you there.

Take care

*Teresa Karam*



## TREASURER

Hello dear MNZ members, it looks like Massage New Zealand is going from strength to strength with increased membership and a motivated and driven Executive who are held accountable to their roles by providing monthly reports to the monthly meetings. It is a great structure to be working from. The second year of renewals via the website is running smoother this time as far as I can tell. Great work Melissa, Nicole, Rosie and the remaining Exec and sub committees! My role as Treasurer has been so much easier especially with Sarah Duckworth doing the day to day administration.

I will be preparing the financial accounts for the auditors shortly and hope to have the audited accounts back by the end of June. They can then be included in the AGM booklet.

I hope you will enjoy this quarter's magazine.

*Reina Reilly*



## PUBLICITY OFFICER

The Publicity Committee has been working on creating a structured plan moving into the new financial year. From this we are looking at new and inventive ways Massage Awareness Week 2018 can be used to create more awareness to members of the public, massage therapists and other allied health professionals. Massage Awareness Week 2018 (dates TBC) will follow the theme of "Are You In Safe Hands". We see this a great topic that we can leverage off to help build awareness for both the public and therapists alike.

We have also set up a new Instagram channel, the aim of this is to have another social media platform that we can share content to a new audience that we haven't previously reached. If you or your business is on Instagram, go and follow @massagenewzealand and don't forget to tag us in your photos to let us know what you're up to.

If you have any ideas or suggestions that you would like to see being implemented into Massage Awareness Week, please email [publicity@massagenewzealand.org.nz](mailto:publicity@massagenewzealand.org.nz)

Kind Regards,

*Luke McCallum*



## EDUCATION OFFICER

One of our goals last year was to increase the student membership levels as the students coming through are the future of our profession. We have made student membership very attractive - it's free and there is also a discounted rate for new graduates, in their first year of practice after finishing study.

Students often ask why they should become members and what are the benefits to them? I think this needs be looked at from a different angle. When enrolling to study massage you are undertaking a course that allows you to become part of the health profession. As part of the health profession it is vital to be a member of the only massage-specific membership body for professional Massage Therapists. It also honours the cost, hours of study and effort that have gone into gaining a recognised qualification. The same of course could be said for therapists who are already in the workforce - being a member honours the skill, dedication and work ethic it takes to gain an NZAQ approved qualification.

The good news is that our drive is working and our student membership levels are up and indeed we have 100% student membership from one of our newest providers - fantastic.

Massage is a skilled profession in its own right and works alongside other professions in the health sector. Honour this.

*Rosie Greene*



## REGIONAL LIAISON CO-ORDINATOR

Tena Koutou,

Is it just me or does this year seem to be flying? It has been a 'changing' last few months for our regional team. We are on the lookout for a new South Island MNZ member who would be interested in taking over the South Island Regional Coordinator role. If you would like to know more about the ins and outs of this position, please get in touch with me: [liaisoncoord@massagenewzealand.org.nz](mailto:liaisoncoord@massagenewzealand.org.nz). Perhaps you are looking at stepping up and immersing yourself a little bit more into MNZ. Or perhaps you would like to get to know more about how MNZ works, or you would like to network a little bit more with those in your rohe (area).

It is exciting to see all of the MNZ meetings well underway for 2018. I often look at the guest speakers that are presenting at the various regions and think to myself, 'gosh I would love to attend'. On that note, if you happen to be in another region, head along to an MNZ meeting, it is a great way to meet fellow colleagues in another region and hear various speakers of course.

Until next time .

*Tania Kahika-Foote*



## ADMINISTRATION REPORT

Wow, what a busy time it has been for everyone, it is so hard to believe we are so far into the year already! Daylight saving has come to an end and we are replenishing our fire wood stacks in preparation for the cooler months ahead.

A couple of updates from the MNZ admin team:

Find A Therapist Tool – The issues with the Find A Therapist tool searching for clinic details under the therapist’s personal details instead of clinic address has now been rectified. Therapists can update their clinic address details at: [www.massagenewzealand.org.nz/Site/members/my-membership/](http://www.massagenewzealand.org.nz/Site/members/my-membership/)

The search tool is only as good as the information that has been entered, so the more address details you enter, the better the search results.

MNZ Magazine - Many thanks to Odette Wood who has completed a 2016/2017 comparison costing analysis for the hard copy magazine vs electronic version. This analysis showed a fantastic saving to MNZ of \$8,229.92 in the move to digital. Furthermore, we have been receiving some great feedback about the electronic version of the magazine and the magazine is definitely making waves further than NZ. Many thanks to our two wonderful Co-Editors, Carol and Odette for all the hard work they consistently put into delivering such a professional magazine.

Southern Cross Easy Claim - Remember to contact Southern Cross directly if you wish to be on their Southern Cross Health Society Easy-claim register. Southern Cross Health Insurance clients who have the “Wellbeing” policy with the “Bodycare” module as part of their policy are eligible to claim up to \$500 per annum with an MNZ RMT. RMTs registered as an Easy-claim provider can submit a claim on behalf of the client through the Easy-claim portal, at the time of the visit, making the claiming process very quick and simple for the client. The RMT is reimbursed directly by Southern Cross Health Society.

To find out more contact Southern Cross Easy-claim on 0800 700 053 or email them at [easy-claim@southerncross.co.nz](mailto:easy-claim@southerncross.co.nz)

Membership renewals - It has been a very very hectic couple of months and it is wonderful to see so many of you have been

on the ball and renewed your membership, we are higher in numbers than this time last year! Please remember to keep your first aid certificates updated, St John offer a 5% discount to MNZ members. Go to St John under Preferred Suppliers (you will need to be logged in as a member) and click on the link ‘To book a St John First Aid Course’, you will be taken to the St John booking system for MNZ, book a training course with the code MAS01161. Also, be sure to log your CPD hours. It is a lot easier now to log your CPD as you go, rather than having to remember once renewal rolls around.

A request please from the admin team, if you know of a massage student or a massage therapist that is not currently a member, please talk to them about MNZ and encourage them to become a member. The more members we have on board the bigger and stronger our massage presence and massage community gets.

We are looking forward to another great membership year and aim to have even more members than our record year of last year.

Enjoy reading your magazine!!

*Nicole Hedges & Melissa Orchard*

**Executive Administrator & General Administrator**

# REGIONAL ROUNDUP

## UPPER NORTH ISLAND

The year seems to be flying by however I hope you are all taking a little time for yourselves and a little time to connect with other therapists in your area. It can be as simple as cup of tea and a chat or a massage swap. Please make the effort to attend a local meeting or get in contact with me to help you try and organise something in your area. The reward for connecting with others is worth it!

The Northland MNZ group had a small turn out at March’s meeting as the bad weather had closed some roads. Niki Barker provided them with an excellent demonstration on Pilates and how useful it is for checking in with body asymmetries and rehabilitation principles. Her trained eye had everyone able to think of things that can help their own body mechanics whilst working. Northland’s April meeting fell on Easter Monday so the next one will be in May.

What a great turnout to the February meeting of both new, old and potential members together with students, establishing therapists and old hat therapists in the Hamilton region. Stephen Burden from Wintec talked about the new Diploma in Wellness and Relaxation Massage (Level 5) plus the Diploma in Remedial Massage (Level 6). Everyone had a lovely time introducing themselves, telling everyone about their experience and work in the industry. Many took the time to hand out business cards for future massage swaps and networking etc.



In April guest speaker Dr Sakkie Fourie from SkinScanningNZ attended. He mentioned that very few occupations get so see as much of a person's skin as massage therapists do, and for that we are privileged. Sakkie explained a little about Melanoma and Non-melanoma skin cancers, who is most susceptible and where. He gave us an explanation of the ABCDE guide to checking moles and showed us examples. Such a relevant topic both personally and professionally.

The Auckland meeting in March was on the small side however it was good to meet a couple of new faces. Caroline Gray from Deedy Studio did a fantastic job explaining how she uses some of the machines for Pilates Movement training. Her focus is on creating self-awareness and allowing a better understanding of your body, she believes movement changes lives. The next meeting is scheduled for Tuesday 15th of May with speaker Lynne McKay.

Last year we had a meeting in the Thames/ Coromandel region and we are hoping to have another one soon. If you are interested in attending, supporting or have any ideas then please get in touch.

Tauranga have started meeting again with their first meeting on the 21st of February. They had a small but lovely meeting giving each other a 30 min massage each and enjoying a nice cup of evening detox tea. Such a great way to get to know each other and build a massage community. The April

meeting was postponed, however they will be looking to meet again in May. If you are interested in joining please get in contact.

We have a couple of therapists in the Whakatane region who would love to start up a wee networking group. Please let me know if this is something of interest to you.

Reaching out to each other for support, learning, self care and guidance is so important - let's make the time for each other and help to make not just ourselves but MNZ, great!

*Annika Bishell*

## LOWER NORTH ISLAND

Winds of change have arrived in Wellington. We have a simple four workshop plan for the region this year while we shuffle our roles and adjust to changing lives.

After several years of holding the role of Lower North Island representative, I will be handing the role over to someone else. I will continue to work with Trevor Hamilton to organise Wellington MNZ Group events and Trevor will focus on making sure there are some workshops out on the Kapiti Coast as well. Between myself, the new Lower North Island Rep and Trevor, this should lighten the load and be quite an effective arrangement going forward.

I've enjoyed connecting with all the therapists I've spoken to and met during my time in this role and look forward to growing into my role as the MNZ representative at the Allied Health Aotearoa New Zealand (AHANZ) meetings. I find these meetings stimulating and interesting and would happily chat to anyone who's interested on what goes on there. I really get the sense that massage, as a profession, is equal with the other health professions.

As for activity in the region this quarter, Wellington members had a fantastic first workshop of the year on April 18th with Bridie Munro taking a class of 12 of us, through yoga for home care, lower back or neck pain. We gathered at Body of Work in Petone and Bridie talked us through her yoga journey and shared her passion and experience for an hour.

Our next workshop is due to be held Thursday June 14th at Functional Bodyworks in Kapiti with a presentation on Headaches by Carol Wilson. I hope to add another workshop to the line later in the year but for now I'll focus on the hand over.

I look forward to continued engagement with fellow MNZ members.

*Iselde de Boam*

# MEMBERSHIP UPDATE

Our most recent membership tally shows that we currently have a total of 357 members.

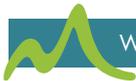
This is made up of 291 RMTs (22 of these are New Graduate members taking advantage of the New Grad fee this year), 37 Student members and 12 Affiliates.

It is pleasing to see a good increase on last year's figures, showing that the concerted effort of the membership drive is paying off. RMT numbers are up by 13, Student numbers increased by 24, and Affiliates by 5, giving a total increase of 79 when compared to April 2017.

Some members do still leave it late to renew, and there can be a steady stream of new members and renewals through the year. If you work with or know other therapists who are yet to join or renew, please do encourage them to come on board soon. A larger membership helps to support the work MNZ is doing on behalf of members.

*Melissa Orchard*

General Administrator



## WHAT'S ON...

DATE	WHAT/WHERE/HOW TO REGISTER
Northland MNZ Networking Group July 2nd at 6.30pm Meetings held on the first Monday of every month (except public holidays).	<b>Contact:</b> Tania Kahika-Foote <a href="mailto:liaisoncoord@massagenewzealand.org.nz">liaisoncoord@massagenewzealand.org.nz</a>
Coromandel MNZ Networking Group	<b>Contact:</b> Lisa Stent <a href="mailto:stentfamily@xtra.co.nz">stentfamily@xtra.co.nz</a>
Whakatane MNZ Networking Group	<b>Contact:</b> Annika Leadley <a href="mailto:uppernirep@massagenewzealand.org.nz">uppernirep@massagenewzealand.org.nz</a>
Auckland MNZ Networking Meeting	<b>Contact:</b> Mark Fewtrell <a href="mailto:mark3massage@gmail.com">mark3massage@gmail.com</a>
Hamilton & Surrounds MNZ Networking Meeting Tue 19th June at 7.00 pm Thu 16 Aug Tue 16 Oct Thu 6 Dec	<b>Contact:</b> Annika Leadley <a href="mailto:uppernirep@massagenewzealand.org.nz">uppernirep@massagenewzealand.org.nz</a>
Tauranga MNZ Massage Group	<b>Contact:</b> Georgia Meichtry <a href="mailto:georgia@willowtherapeutic.co.nz">georgia@willowtherapeutic.co.nz</a>
Wellington MNZ Networking Meeting Thursday June 14th at 6pm Held at Functional Bodyworks in Kapiti October December	Carol Wilson will share headache successes. Please bring your own technique/implement for headaches that you have success with and share with the group. <b>Contact:</b> Iselde de Boam 021 044 8552 <a href="mailto:lowernirep@massagenewzealand.org.nz">lowernirep@massagenewzealand.org.nz</a>
Christchurch MNZ Massage Group	<b>Contact:</b> Volunteer required
Dunedin MNZ Massage Group	<b>Contact:</b> Volunteer required
Visceral Manipulation I, June 16-19 Visceral Manipulation II, June 21-24 Christchurch	<b>Contact:</b> Upledger and Barral Institutes NZ Rosie Greene <a href="http://www.upledger.co.nz/courses">www.upledger.co.nz/courses</a>
MFR Workshops	<b>Contact:</b> Beth Beauchamp <a href="http://www.mfrworkshops.com">www.mfrworkshops.com</a>
2018 Massage and Myotherapy Conference "The Competitive Edge" Australia, Gold Coast, June 15-17	<a href="http://www.massagemyotherapy.com.au">www.massagemyotherapy.com.au</a>
Myofascial Cupping Technique™ Auckland, August 4/5	<b>Register:</b> <a href="http://www.comphs.com.au">www.comphs.com.au</a> See advert
Dry Needling Auckland August 3-5	<b>Register:</b> <a href="http://www.cpdhealthcourses.com/">www.cpdhealthcourses.com/</a> See advert
Well Mother: UK Pregnancy Massage Course Wellington, September 6-9	<b>Contact:</b> <a href="mailto:jane@radianthealth.co.nz">jane@radianthealth.co.nz</a> 04 473 8788

If you have organised or been involved in a MNZ event in your area we would love to hear from you! Please email your Regional Roundup or What's On dates to: [magazine@massagenewzealand.org.nz](mailto:magazine@massagenewzealand.org.nz)



# GRADUATE ILLUMINATE



Welcome to our column where we put the focus on new graduates from our education provider partners across the country. Being one of our featured graduates in this column can be a great way of connecting with other therapists throughout New Zealand, getting some publicity for yourself and it's a fantastic way to promote the benefits of undertaking formal training in Massage Therapy and what it can lead to.

If you are a new graduate we would love to hear from you! We aim to feature 1-2 graduates in each issue of MNZ Magazine. Please note that in order to be featured in this section, you must be a member of MNZ, either as new graduate or in the process of upgrading from student to new graduate member.

## BECKY LITTLEWOOD, RMT

**Dip. HSc (Massage & Sports Therapy)**

### About Becky

My name is Becky Littlewood and I am the owner and massage therapist at Rejuvenate Therapy: Massage & Bodywork. I run my practice out of my house in Crofton Downs in Wellington. My website is work in progress, but you can find me on Facebook - <https://www.facebook.com/Rejuvenate-Therapy-Massage-Bodywork-1073749215970095/>

Although I grew up in New Zealand, I lived in London for 25 years. My partner and I moved to Wellington four years ago with our young family and we all love it here. We even enjoy the wind! The size of Wellington is wonderful after living in such a huge city.



The people are friendly and the waterfront is fabulous. I feel really lucky to be living here.

As well as having my own practice, I also work at City Osteopaths ([www.cityosteopaths.co.nz](http://www.cityosteopaths.co.nz)) in Featherston Street where I'm part of a great team of massage therapists. I enjoy working at such a busy clinic and value the opportunity to work alongside therapists using different modalities.

### Training

I studied through NZCM and graduated in 2017, with a Diploma in Health Sciences (Massage & Sports Therapy) and a Diploma in Health Sciences (Therapeutic Massage) for which I received an Academic Excellence Award. In 2015 I completed the Certificate in Relaxation.

I recently completed a Level One Prenatal Massage Therapy certificate, training with Lauryn Johnston, in collaboration with NZCM. I highly recommend this course.

I am currently training to become a Postpartum Corrective Exercise Specialist, training with US-based Sarah Ellis Duvall, who has a Doctorate in Physical Therapy. I am particularly interested in preventing

pelvic organ prolapse by helping to correct movement patterns that can contribute to this.

### When did you join MNZ?

I joined MNZ at the end of 2016 as a student and upgraded to a new graduate member pretty much straightaway as we had a six-month gap before starting the Sports Diploma.

### What do you feel that you get out of being a MNZ member?

I enjoy being part of an organisation that represents my profession. I have gained clients through my membership, as they have found me through a search of MNZ. I enjoy reading the magazine and receiving job vacancies to my inbox.

Personally, I think it's important to have regulation of an industry and I am glad that MNZ exists. It can provide reassurance to the public of our professional status, raising our profile and providing a means by which people can choose a qualified massage therapist for their treatments.

### What motivated you to decide to train in Massage Therapy?

I have always had massage as a part of my life and had often considered training in this field. However, I also had the impression that it would be very hard work so never acted on those thoughts. What finally motivated me to start was the stress we experienced moving countries. A lot of massage was needed to get us through the initial stages of our move, and I decided to officially train in this area, to have a better idea of what I was doing. I have never looked back, and it's not nearly as hard on my body as I had anticipated.

### What do you enjoy and what you are finding challenging about working as a

**massage therapist?**

I really enjoy working with people. I love the fact that I am constantly learning; about the body, my clients, new techniques, movement patterns, what works, what doesn't work. I worked in offices for many years and I really enjoy being away from that office environment. I like working on my feet and with my hands. I get a lot of personal satisfaction from helping people to feel better.

**Where do you see yourself going in the profession?**

Growing my own business and educating people about the benefits of massage.

**What advice would you give to someone starting study in the field?**

Don't worry, it will all make sense eventually!

## NICOLE HEDGES

### Diploma Advanced Therapeutic Massage, Otago Polytechnic, Dunedin Therapy)

**About Nicole**

Hi, my name is Nicole Hedges and I live in Dunedin. I am married with two teenage children. I have my own clinic - My Time Massage, which I operate from within a local gym in Dunedin (Flex Fitness, Green Island). You can find out more about my clinic via my website, [www.mytimemassage.co.nz](http://www.mytimemassage.co.nz)

**What motivated you to decide to train in Massage Therapy?**

Three years ago, having worked in administration for over 25 years and raised children, I decided I needed to do something for myself that I was interested in and I needed a career change so I enrolled in a weekend relaxation massage introduction course in Christchurch. At the back of my mind I had always had an interest in massage which was possibly sparked by the benefits I saw when my children received massage as babies and a desire to do physical work instead of the admin roles I've had.

**Training**

After completing the weekend course, the following year I enrolled at Otago Polytechnic to do a Certificate in Stress Management and Spa Therapies, which lead on to the Diploma in Advanced Therapeutic Massage. I had not studied since school and would be fair to say hadn't done much there either. So, this was a scary prospect of: A) going down to one wage (my husband's) and B) trying to learn, retain and process a whole new language.

I thoroughly enjoyed the next two years training and exposure to all things massage and realise that after two years I've only just begun to understand the early stages of what is a vast topic.

It came as a complete surprise and honour to be awarded the Otago Polytechnic Massage Therapy Excellence & Leadership Award and the Ambassador Award.

**When did you join MNZ and what benefits do you see?**

I joined MNZ as a student and find the network, support and sharing of information very valuable. Being part of a professional organisation is important, it presents massage in a professional united light to the public and related professions. Personally it helps with not becoming isolated when your training has finished, what is often a sole trader role. You can keep up to date with industry standards, national and international topics, policy changes and modality methods. It keeps you broad in thinking and approach and I believe that's important as a therapist.

What do you enjoy and what you are finding challenging about working as a massage therapist?

The rewards I feel personally from helping someone overcome pain or stress relief using my own hands is what motivates me to keep finding out more about massage therapy. It is wonderfully rewarding.

My three biggest challenges were a lack of confidence, a lack of time and reduced income. The fabulous support from my Otago Polytech tutors, my family and a local Green Island business owner assisted in not overcoming these challenges but helping me to manage them.

**Where do you see yourself going in the profession?**

I opened my own clinic while still studying. Over time I will build up my massage clinic and client base. Within the last year I have been learning to market my own business, do tax and everything that comes with running a small business. I have had to learn things like: Timely (on-line booking system), Facebook, VistaPrint, Canva, spreadsheet template for finances, ANZ mobile eftpos clip etc. The learning never stops.

**What advice would you give to someone starting study in the field?**

My advice to someone starting in this field is that it will be hard, you will have to make sacrifices and it takes time (several years) but it is so worth it in the end. I love it!

A couple of study tips I would suggest would be to: visually record practical class sessions, create a sole purpose study space and do massage swaps with class mates. Massage swaps are invaluable as they put into practice what you have just learnt.

*Editor's Note*

Many of you will recognise Nicole. She is in fact MNZ's Executive Administrator. So not only has Nicole completed her studies, been awarded Otago Polytechnic's Top Student Award in Massage Therapy, and set up her own business, she also took on the EA role in 2017. We would like to commend her on her achievements to date and acknowledge her commitment to our profession.



# MASSAGE NEW ZEALAND 2018 CONFERENCE – TAURANGA

**M**ASSAGE NEW ZEALAND is very pleased to announce that a conference and AGM will be held in Tauranga this year from September 21st – 23rd.

Pip Charlton and Roger Gooch have put together a conference in Tauranga to fill the void by the withdrawal of Dunedin. There will be a pre-conference on the Friday, full conference on Saturday and Sunday with the AGM on the Saturday afternoon. There will be one stream for the two-day conference with plenty to entice everyone.

## COSTS

**Pre-conference** - Friday 21st September –  
**Members \$210**

**2-day conference** - Saturday 22nd and Sunday 23rd –  
**Members \$300**

**AGM - Free**

## VENUE

The conference will be held at the ASB Baypark Stadium, 81 Truman Lane, Mount Maunganui, Tauranga (same venue as 2015 Tauranga

conference). Put the dates in your diary and book your airfares and accommodation now!

## TICKETS

Online registration will be available from the end of May at [www.massagenewzealand.org.nz](http://www.massagenewzealand.org.nz)

As there is limited time between now and the conference, and with fewer spaces available, there will be no early bird registrations.

## CPD HOURS

All workshops will be open to all members.

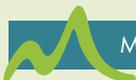
Pre-conference 7 hrs, Conference 14 hrs, AGM 2 hrs.

See [www.massagenewzealand.org.nz](http://www.massagenewzealand.org.nz) for more information as it becomes available.

## SESSIONS

### Friday Preconference

**Roger Gooch** - Common Pathologies of the Hip Region (including



post-operative labrum repair surgery treatment especially looking at the female population and hands on techniques for treatment of proximal hamstring injuries).

**Joe Rowley** - Analysing functional movement: learning the principles of applied biomechanics and motor control theory and how to utilise them to analyse functional movement in a clinical setting.

**SATURDAY**

**Dr Deb Robinson** - Sports Medicine Update for Massage Therapists.

**Shaun McCann** - Foot Mobilisation Therapy

**Roger Gooch** - Post-Operative Frozen Shoulder Treatment (including soft tissue treatment for this condition, mobilisation techniques for the scapula and common trigger point referrals involving the shoulder).

**SUNDAY**

**John Fletcher** - Mindfulness for Massage Therapists.

**Dr Melanie Johns** - Is Professional Supervision relevant to the Massage profession?

**Joe Rowley** - Enhancing functional movement (emphasis on how assessment findings can be utilised to improve client function and how movement variables can be manipulated to individualise therapeutic exercise and manual therapy techniques).

## CONFERENCE PROGRAMME

FRIDAY 21ST SEPTEMBER (PRE-CONFERENCE)	
9.00-10.30	Roger Gooch, Common Pathologies of the Hip Region
10.30-11.00	MORNING TEA
11.00-12.30	Roger Gooch, continued
12.30-1.30	LUNCH
1.30-3.00	Joe Rowley, Analysing functional movement
3.00-3.30	AFTERNOON TEA
3.30-5.00	Joe Rowley, continued
SATURDAY 22ND SEPTEMBER (CONFERENCE)	
8.00-8.30	<b>CONFERENCE REGISTRATION</b>
8.30-10.00	Deb Robinson, Sports Medicine Updates for Massage Therapists
10.00-10.30	MORNING TEA
10.30-11.30	Shaun McCann, Foot mobilisation Therapy
11.30-12.30	LUNCH
12.30-3.30	Roger Gooch, Post-Operative Frozen Shoulder Treatment
3.30-4.00	AFTERNOON TEA
4.00-6.00	<b>MNZ AGM</b>
SUNDAY 23RD SEPTEMBER (CONFERENCE)	
9.00-1.00	John Fletcher, Mindfulness for Massage Therapists
11.00-11.30	MORNING TEA
11.30-12.30	Dr Melanie Johns, Is Professional Supervision relevant to the Massage profession?
12.30-1.30	LUNCH
1.30-3.00	Joe Rowley, Enhancing functional movement
3.00-3.30	AFTERNOON TEA
3.30-5.00	Joe Rowley, continued
5.00	<b>FAREWELL AND CLOSE</b>

# TAURANGA CONFERENCE PRESENTER BIOS

## ROGER GOOCH

Roger has been a clinical sports therapist for more than 20 years after graduating from the New Zealand College of Massage (NZCM) with Diplomas in Therapeutic Massage and Body Therapies in 1996. Roger was instrumental in developing the Sports Massage components of the previous diplomas at NZCM from 2002 - 2006. He has been a New Zealand Academy of Sports accredited sports massage therapist since 1999 and is Massage Director of New Zealand Ironman. Roger attended both the 2004 Athens Olympics and the 2000 Sydney Paralympics as a member of New Zealand's medical team. He has worked with several high-profile sports teams and individual athletes including the Auckland Blues, Ironwoman Joanna Lawn and Olympic silver medallist kayaker Ben Fouhy.

Roger combines musculoskeletal assessment with hands-on soft tissue therapy to address pain and enhance performance. He uses progressive corrective exercises to encourage client self-responsibility. Roger is passionate about providing his clients with the best possible care.

## JOE ROWLEY

Joe is a physiotherapist and performance coach. His combined experience across multiple health related professions have led to a diversity of experiences ranging from training professional athletes to assisting individuals with severe disabilities.

Joe's philosophy is centred around key principles drawn from the physical, biological and behavioural sciences. His approach to physiotherapy encompasses thorough and functionally relevant assessments and the application of individualised manual therapy and movement-based rehabilitation strategies. As a performance coach he takes pride in

assisting athletes to become more resilient and robust and in maximising the transfer of training related adaptations to athletic performance.

Joe attained his physiotherapy degree from AUT in 2014. Since then he has completed a Fellowship in Applied Functional Science under Gary Grey and Dr. David Tiberio in Michigan, U.S.A (2015), a performance specialisation certification with EXOS (2016) and is currently undergoing further training through the Australian Strength and Conditioning Association. Prior to becoming a physiotherapist and performance coach, Joe trained and worked as a clinical massage therapist completing a Diploma in Clinical Sports Therapy under the tutelage of Roger Gooch in 2007.

## DR DEB ROBINSON

Deb was born and bred in Gisborne, and completed her medical studies at Otago University, and after travelling overseas, settled in Christchurch, working at SportsMed, a large multi-disciplinary sports medicine practice. Deb played hockey to provincial level and began her team associations with local hockey and netball teams, before being appointed to the Health Team at the Sydney Olympics. In 2001 she was appointed to the Canterbury NPC Rugby team, and the Crusaders in 2002, and continued to be involved in rugby until 2016, finishing with the Crusaders at the end of the Super Rugby season. She worked with the All Blacks from 2006-2012, attending two World Cups and being part of the successful RWC2011 team on home soil. Deb also looked after the Silver Ferns from 2004-2006 and the Black Ferns at the World Cup in 2017.

Deb moved to Tauranga in late 2016, to set up her own Sports Medicine practice and enjoys all aspects of sports medicine. She continues to have a special interest in rugby

medicine including concussion management, and the adolescent athlete. Deb will give some sports medicine updates relevant to our work as massage therapists.

## SHAUN MCCANN

Shaun McCann is a musculoskeletal podiatrist who believes in questioning the standard treatment options for foot and leg problems in order to achieve better clinical outcomes.

After 5 years of practising in Sydney, where he focused his skills in foot mobilisation techniques, Shaun moved back to Tauranga where he opened the only "Foot Mobilisation Therapy" (FMT) clinic in New Zealand called Corrective Foot Solutions. He decided to specialise in FMT because it opened up solutions to common foot conditions that traditional treatments didn't.

Presentation outline: Introduction, Foot Mobilisation Therapy, FMT vs Orthotics, Corrective Foot Solutions approach, Treatment tips for common foot conditions.

## JOHN FLETCHER

John has 15 years' experience working with mindfulness in a variety of settings. He first experienced the effectiveness of mindfulness when he attended a Breathworks mindfulness-based pain management programme in Manchester (UK) for his chronic back pain. He went on to become accredited as a trainer in the Breathworks mindfulness programme in 2006.

John lives in Tauranga and is an Educator for the Pause, Breathe, Smile Programme - teaching mindfulness in primary and intermediate schools. He also provides bespoke mindfulness training for groups and individuals with particular focus on health and wellbeing, chronic pain, children and families.



John is an experienced clinical supervisor and works with a variety of organisations around the Bay of Plenty region. His previous work experience includes senior roles in NGOs in the disability sector, community development and children's services development in the UK and NZ. He enjoys being in the wilderness, reading science fiction and practising Taoist Tai Chi – a moving meditation. John is an Instructor for the Taoist Tai Chi Society of New Zealand.

This presentation aims to be informative, interactive and experiential. Over the course of the session participants will learn: What Mindfulness is, the benefits of mindfulness, experience a range of mindfulness practices, learn about the science of mindfulness – don't believe (all of) the hype(!), and how mindfulness can help your clients and yourself.

#### DR MELANIE JOHNS

Melanie has worked in general practice since 2004 and is a fellow of RNZCGP. She is an accredited medical sexual assault clinician for adolescents and adults, having worked for the Bay of Plenty Sexual Assault Support Service as a forensic examiner since 2011 and clinic doctor since 2013. Melanie lives in Tauranga with her partner and enjoys tramping and the Bay of Plenty beaches. She has a real interest in how doctors care for themselves and completed her Postgraduate Certificate in Professional Supervision in order to be able to provide a quality supervision service.

About Professional Supervision - Medical professionals are regularly faced with trauma, tragedy and workplace stressors. We excel at caring for patients but we don't always care for ourselves. We could maintain our well-being in the same way that we maintain our clinical knowledge, as an ongoing professional development activity throughout our careers. By enabling structured contemplation of the challenges of our work, supervision provides a deeper awareness into the way we work. It links professional practice and professional well-being. Supervision is complementary to clinical training, mentoring and counselling. Supervision is a regular, planned, hour long meeting with defined goals based on professional issues identified by the supervisee. These issues may relate to specific clinical cases, or encompass broader aspects of our work including professional relationships, workplace challenges and work-life balance.

# 2018 MNZ ANNUAL GENERAL MEETING

**We are pleased to announce preliminary details of the AGM to be held in Tauranga.**

**Please mark your calendars!**

**Date and Time: Saturday 22nd September at 4.00pm**

#### VENUE AND LOCATION:

**ASB Baypark Stadium, Mt Maunganui, Tauranga**

**For any enquiries, please contact:**

**Nicole Hedges, Executive Administrator**

[admin@massagenewzealand.org.nz](mailto:admin@massagenewzealand.org.nz)

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## CALL FOR REMITS

Massage New Zealand is now calling for remits to be tabled at the Annual General Meeting to be held in Tauranga on Saturday 22nd September 2018.

If you would like to request a change to the constitution please submit your request as outlined below, including your rationale.

**REMIT:** That Clause (give clause number) of the Constitution be amended to read as follows:

**"GIVE YOUR SUGGESTED NEW WORDING FOR THE CLAUSE".**

**RATIONALE:** Give the reason you feel the existing clause needs changing and the reason your suggested new clause will be an improvement.

**DUE DATE:** All remits must be received by 30th June 2018.

**CONSTITUTION:** The current Constitution can be found on the MNZ website [here](#)

**SENDING REMITS:** Remits must be sent to the Executive Administrator at: [admin@massagenewzealand.org.nz](mailto:admin@massagenewzealand.org.nz)



# MAKING SENSE OF “TRIGGER POINTS”

By Melanie Galbraith & John Quintner

## CASE STUDY

You are an experienced massage therapist who is treating a young woman (JB) complaining of severe pain in the right upper back, right shoulder and upper arm that came on three months ago when the car she had been driving was involved in a rear-end collision.

She reports intermittent feelings of pins and needles in her right (dominant) hand and weakness in that arm.

Her pain is eased by rest but worsened by activities involving use of the right arm, especially those that are performed at or above shoulder height. She describes it as a “constant ache” but at times it can be “sharp” and “shooting”.

You are able to reproduce her pain (and pins and needles) by gently pressing on the skin over this area.

JB believes her pain arises from an injured muscle and points to an area of skin overlying the upper trapezius.

According to your training and belief system, you have identified a “myofascial trigger point” residing in the upper third of the trapezius muscle.

You proceed to gently massage the tender area. Her pain quickly worsens and she asks you to press more firmly over “the spot”. Your pressure relieves her pain and you continue to gently massage this area.

When JB returns for review, she reports that relief was only temporary and that your treatment had made her much worse for a few days. She tells you that this response was similar to that which she experienced following “dry needling” of the same muscle by a physiotherapist.



JB then asks you whether there could be other explanations for her pain.

You explain that when they are injured, deep structures within the neck can refer pain into the upper back and shoulder regions. The complaint of “pins and needles” (known as paraesthesiae) and arm weakness suggest that nerve tissues may be playing a prominent part in her presentation.

## POINTS FOR FURTHER DISCUSSION

### (i) The current status of the “myofascial pain/trigger point” construct

The theory originally proposed by Drs Travell & Simons [1983] and carried forward by its proponents was that the “trigger point” (usually located in voluntary muscle) was a site of injury (i.e. of primary tissue damage). This theory has been critically reviewed and because there is no evidence of muscle injury it has been refuted and exposed as speculation [Quintner et al., 2015]. We now know that there are more scientifically credible explanations for the clinical phenomena observed in the case of JB.

### (ii) The finding of tissue tenderness

The application of excessive manual pressure to a tissue or tissues is likely to lead to a complaint of pain from the recipient, as such forces are potentially damaging. When the complaint of pain is far greater than that which an observer expects to be the case, this phenomenon is referred to as hyperalgesia.

When gentle manual pressure applied to a tissue produces a painful response, it is important to look for underlying inflammation, the cardinal signs of which are increased heat, redness, swelling, tenderness and loss of function. In this case, the term used for the phenomenon of tenderness is primary hyperalgesia. However, when deep structures (such as those in the cervical spine) might be inflamed (e.g. following injury) these clinical signs are not detectable.

But there is another explanation for muscle pain and associated tenderness. It has long been known that, for example, pain arising from an arthritic hip may be referred to (i.e. felt in) the knee, and that cardiac pain can be referred to the left elbow region. In these examples, the knee and the elbow are both undamaged.

Kellgren [1938], a British rheumatologist, reported the critical observation that in addition to pain, tenderness could be felt in nearby or remote tissues by carefully targeted injections of hypertonic saline into interspinous ligaments, periosteum, cancellous bone, as well as voluntary muscle.

This research explains the observation in the clinic that when pain is referred into deeply situated tissues from nearby or remote deep structures (where the primary pathology resides), the tissues into which pain is referred can themselves be tender. The phenomenon is known as secondary



hyperalgesia, and is likely to result from sensitization of dorsal horn neurons in the spinal cord. In such cases, the tender tissues are in their usual (i.e. undamaged) state [Truini et al. 2013].

When musculoskeletal pain is poorly localised and unaccompanied by tissue tenderness, its source may be within the central nervous system, perhaps associated with a disease process such as multiple sclerosis or primary Parkinson's disease.

If gentle mechanical pressure evokes pain in this situation, the phenomenon is referred to as allodynia (defined as the "other pain" or "a painful response to a non-tissue damaging stimulus").

When peripheral nerve trunks are injured, they can be painful and tender at the site of damage, as well as along their course through a limb, for example. If sensory fibres contained within a nerve are damaged, pins and needles and other sensory phenomena (known as paraesthesiae) will be felt in the skin innervated by that nerve.

It is important to know that nerve pain can be present when conventional neurological examination reveals normal muscle bulk and power and preserved tendon reflexes. Furthermore, electrical studies ("EMG") of an injured nerve may be entirely normal, as such tests do not reflect the state of the tissues lining the nerve (i.e. epineurium, perineurium), nor of the small nerve fibres that conduct noxious (tissue-damaging) stimuli.

### (iii) Why might ineffective treatment of trigger points appear to work?

Both "dry needling" and "deep tissue massage" are in themselves potentially tissue-damaging stimuli and therefore potentially painful. The effect known as "counter-irritation analgesia" can account for temporary pain relief. It involves activation of higher centres within the brain to shut down the upward transmission of noxious stimuli [Willer et al. 1999; Sprenger et al. 2011], as originally postulated in the gate control theory [Melzack & Wall 1965].

Other explanations, known as placebo or contextual effects [Rossettini et al. 2018; Testa & Rossettini, 2016], include different

types of bias, including "expectation" bias and "confirmation" bias [Reichert et al, 2016]. The former is often present when the therapist and patient are both confident a treatment will work. The latter is used to explain benefit that may have occurred for reasons other than the treatment you administered. Finally, it is worth remembering that at the same time as you were administering treatment the painful condition might have been settling down spontaneously due to its natural history.

### (iv) The importance of language

The language used by the clinician can itself have an important influence on the outcome of treatment [Street et al, 2009]. For example, suggesting to a person experiencing pain that the cause of their problem is "in their mind" is likely to be stigmatizing [Quintner & Cohen, 2016]. Furthermore, some of the other metaphors we might use when explaining reasons for their pain, such as a "squashed nerve" or a "degenerating spine", can invoke unwarranted fear in patients.

On the positive side, the clinician is afforded the unique and valuable role of being able to validate the patient's experience of pain [Quintner & Cohen, 2016]. When used in this context, the word "validate" means "to strengthen" the patient.

## CONCLUSION

A basic knowledge of neurophysiology can help to explain many of the phenomena you observe in your clinic. Your skill in imparting such knowledge to your patients, using non-threatening language, will greatly enhance both your reputation and treatment outcomes. Finally, it is time that the discredited "trigger point" theory is put to rest.

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**BIOS**

**Ms Melanie Galbraith MSc Med (Pain Mgt), BSc (Physio).**

Melanie is a physiotherapist with over 20 years' experience in Australia and the UK treating people with a broad range of musculoskeletal conditions. She was attached to the Fremantle Hospital Pain Medicine Unit for several years where she was involved in the development of the STEPS (Self-Training Educative Pain Sessions) programme and in the management of patients with chronic pain. Melanie completed a MSc Med (Pain Mgt) through the University of Sydney and is currently working for Biosymm (an Occupational Physiotherapy company) as an Injury Management Consultant. Melanie has a passion for both pain research and travel and is able to combine the two by regularly attending national and international conferences.



**Dr John Quintner FFPMANZCA: Consultant Physician in Pain Medicine & Rheumatology (retired).**

John has spent many years in private consulting practice in Rheumatology and latterly as a Physician in Pain Medicine, Pain Medicine Unit, Fremantle Hospital. Co-author of a significant number of clinical and research publications in the area of chronic pain. John helped pioneer the STEPS (Self-Training Educative Pain Sessions) program at Fremantle Hospital, as well as gPEP (GP Education Programme) and Rural Road Show. Now works as a volunteer with AOWA in the area of pain education.



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# DEATH AND REBIRTH AS A MASSAGE THERAPIST

By Alice Sanvito, LMT

If you are a massage therapist (MT) who is facing the realization that a lot of what you were taught probably isn't true, this is for you. If you are feeling angry, confused, or pained because some of your most dearly held beliefs have been challenged, this is for you. If you are a newly graduated MT who suddenly feels betrayed by your school, wondering if it was a waste of time and money, this is for you. If you are a seasoned therapist with years or even decades of experience and education under your belt who is feeling offended that someone has had the audacity to question your assumptions, or that someone has suggested that your explanations are flawed - don't your results with clients validate them - this is for you.

Please believe me when I say I've been through this and I know what you're experiencing. You are not alone. A lot of us have been through this. I also want to assure you: there is professional life on the other side of this crisis and, believe it or not, it's better. Seriously. There are a lot of massage therapists, physical therapists, occupational therapists, chiropractors and other professionals who are going through this too. You don't have to take my word for it, listen to Jason Silvernail, DPT, talk about "Crossing the Chasm"<sup>1</sup> at the first San Diego Pain Summit. He's a really smart guy and he's been through it too.

I'll tell you my own story so you know I survived. Better than survived. Believe it or not, life is much better on the other side.

I began massage school in 1991, long before the internet and 10 years before my state of Missouri (and most other states in the U.S.) had licensing. There was a lot of magical thinking taught in my school but we also got a firm foundation in anatomy and physiology. From the very beginning I



had a desire to be science-based and also had an interest in pain rehabilitation. I took my very first continuing education class, a sports massage class with a nationally known instructor, three weeks after I finished school. I have a passion for learning and went on to study neuromuscular therapy (NMT), which seemed the most science-based continuing education available at the time, and Russian clinical and sports massage, which was used in hospitals and clinics in the former Soviet Union and was said to be supported by research. I became an assistant for NMT seminars in 1994 and assisted with some of the finest instructors in the U.S. five or six times a year. Outside of that I also averaged 100 hours of continuing education every year for the first seven years. I studied gross anatomy with the Professor of Anatomy at St. Louis University Medical School (not at the med school but at an outside facility) and took the class four times. I assisted at NMT seminars for 10 years and I may be one of the few massage therapists who have actually read Travell & Simons' big red books. I've lost count on how many hours of continuing education I've had but it's well over 1,500 hours of actual

classroom instruction. In other words, I was passionate about learning, sought out the best instructors I could find, and endeavored to be as well-informed as I could be.

In those days as we didn't have the internet and gaining access to research was difficult. Engaging in conversation with other well-informed MTs and related professionals was a rare treat.

And then came the internet.

Suddenly I found online discussions and two things happened: 1) I found out how unbelievably vicious MTs can become when even simple, obvious, polite questions are asked such as "Where did that information come from?" and 2) I met people online who knew a whole lot more than I did and they questioned my assumptions in ways that no one had ever questioned them before. Whoa!

I was no stranger to critical thinking and examining assumptions. My NMT instructors had set very good examples and in my personal life I had a lot of scientists as friends, but these folks set the bar much higher than I had been accustomed to in



my professional discussions. It was a bit unnerving at first but I liked these folks, they seemed to know a lot, and I wanted to learn from them. However, at a point it seemed they questioned everything I said and I complained, "Wow, you can't say anything to you guys!" I mean, they wanted me to support everything I said. Everything!

They were really nice and good natured about it and tried to explain why it's important to be able to support what we say. I didn't understand at first but I didn't take it personally, either. And then one day I hit bottom.

I'd discovered the SomaSimple forums, which are online forums for health professionals, physical therapy, physiotherapists, pain management and research<sup>2</sup>. The conversations were way over my head but I sensed these folks knew some things I wanted to know. Little by little, I was starting to understand some of the discussions but they seemed obsessed with the nervous system. Still, they seemed to know some good stuff and I wanted to know it too. A few people caught my attention – Jason Silvernail, Diane Jacobs, and Barret Dorko in particular. I was starting to understand what they were saying, I was learning a lot from them, I was starting to catch on. And then Diane Jacobs, a Canadian physiotherapist who I had come to respect, wrote, "Why I don't buy the idea that 'trigger points' are in muscles."<sup>3</sup>

## WHAT?

I'd been steeped in trigger points for almost 20 years. Trigger points were science, weren't they? Was she saying people didn't have sore places that referred pain? How could she say they didn't exist when it was easily demonstrated that these were common? I'd become friendly with Paul Ingraham, author of the website Painscience.com, (one of those smart, pleasant, but annoying people who wanted me to support my claims) and wrote to him in a panic. I knew that he knew Jacobs and he knew about trigger points and I could speak freely to him. What is she saying?

Paul reassured me that she did not deny that people have tender points that may refer pain or other sensations when we press on them, she was challenging the explanation, the etiology. That calmed me a bit. But

suddenly I felt as if everything I thought I knew was wrong. Everything. And that is not a comfortable place to be.

Giving up our ideas can be like death.

I felt lost, empty, confused. Suddenly I had nothing. I mean that literally - nothing. I thought I can't do anything for anyone, I should quit being a massage therapist.

Paul was kind and encouraging. Don't give up, he told me. Well, I knew I was good at making clients feel good. Even if what I thought I was doing was inaccurate, my clients still felt good, there was no denying that, and that seemed like a good thing. The experience remained the same even if the explanation was flawed. It seemed that I was able to help some people who had pain, to have less pain. Those were two things I could say with a high degree of confidence. I decided that if those were the only two things I could say for the rest of my professional life, that really wasn't too bad. I endeavored to give up all my assumptions as best as I could and start from scratch, examining everything I thought I knew under the lens of what do we know for sure, really? Is this fact? Is this hypothesis? Speculation? How much evidence is there to support it? A lot? A little?

We have to be able to admit we don't know, to recognise what we don't know, and to accept it.

Living with ambiguity can be very difficult in the beginning but once you commit to being really honest and you see that sometimes "We don't really know" is the only honest answer, it becomes easier. In fact, it becomes liberating because you don't have to stay wedded to ideas that you come to realise are unsupportable. It becomes easier to change your thinking when you realise the evidence suggests your thinking needs to change. Suddenly the requirement to support our ideas with evidence, or at least sound reasoning, doesn't seem like an annoying burden any more. In fact, you realise that this should always be a requirement.

Learning new things also keeps it interesting. A few years ago, a young therapist said to me, "I've been doing this for 6 years and I'm starting to get bored." I responded, honestly, "I've been doing this for 23 years and it keeps getting more and more interesting to

where I stay up too late at night because I'm excited about what I'm reading."

It's not just about the pleasure of learning for the sake of learning, which is reward enough. It's about the client. The thing we should never forget is that it's always about the client. It's not about our pet theory or our favorite modality or our ego. If we are to serve our clients well, we need to be well-informed. We're professionals, not amateur hobbyists. It doesn't matter if our Aunt Sophie or cousin Artie thinks their chakras are spinning wildly out of orbit or that they are full of toxins or they think their pain is due to tight fascia. They are not professionals. We are, and we have a responsibility to understand how the body works, not cling to fantasies about how it works, no matter how cool or popular those fantasies may be.

Our first principle is to Do No Harm and the only way we can ensure that, is to understand how the body works. Our clients deserve accurate information from us so they can make an informed consent.

One of the most important ideas I learned from the SomaSimple forums is that you are not your ideas. When we realise that who we are as a person is distinct from the thoughts and assumptions we hold at this moment in time, we no longer feel threatened when someone challenges them. When we identify too strongly with our ideas, giving them up feels like death. In fact, something is dying - our outdated thinking. It can be painful. It can feel very very threatening.

However, what we do with our hands and what we think we are doing may not be the same thing. When someone challenges our explanation, they aren't saying, "Everything you are doing with your hands is wrong." What they are probably saying is something like, "Your explanation is not making sense based on what we know about how the body works." What you're doing with your hands may be great and if it's working for your clients, it probably doesn't need to change. It's how you think about what you're doing that may need to change and that's not nearly so difficult as it may seem.

As I explained I was heavily invested in trigger points. I came to realise (and it was there in front of me all along,

I just overlooked it) that a lot of what I thought to be fact turned out to be hypothesis. I came to realise that there were holes in the hypothesis, something I'd actually noticed years ago but ignored because I didn't have a good alternative at the time and everyone around me accepted it. Like my instructors, I did the best I could with the information I had at the time. Now I've got more information. I found an alternative hypothesis in Quintner and Cohen's paper "Referred pain of peripheral nerve origin: an alternative to the 'myofascial pain' construct"<sup>4</sup> that filled in some of the holes in Travell and Simons' hypothesis. It may not be completely right but it seems, as we say, "less wrong." I don't worry about it too much any more. I've gotten comfortable with the idea that we don't really know what "trigger points" are.

Sometimes when MTs come to these realisations they feel betrayed or angry at their schools and instructors, that they've wasted a lot of time and money. The highest compliment we can pay to our teachers is to continue to learn and adapt and move our profession forward and that means leaving some of our ideas behind. That's not disrespectful to our teachers. However, it is now 2018. We have the internet. It's a lot easier to get information and MTs are no longer taught outdated or disproven material. Students pay a lot of money for their education and trust that it's going to be worth it.

Perhaps we should be telling our massage therapy students on their first day of school - "All knowledge is provisional, be prepared to adapt your thinking to new evidence". That doesn't mean that there's no point in learning anything because our understanding is going to change. Some things have a lot of evidence behind them and our understanding isn't likely to change dramatically tomorrow. We have to learn to put things in their proper context, to distinguish between fact and hypothesis, to understand when there's a lot of evidence and when the evidence is weak or scanty or nonexistent. This takes thinking and thinking is work, but it's well worth it.

For those of you in the midst of struggling with these difficult realisations, I hope you will hang in there. Do it for your clients' sake. Strive for excellence. Be the best you can be for them. You and your clients will reap the benefit. By continuing to learn and adapt, I've been able to serve my clients even better than before. I've been able to stay challenged in a good way so that my work stays interesting and never grows stale. After almost 27 years, I am not bored and I'm able to work with clients that I would not have known how to work with before.

I am heartened by the young therapists who are becoming exposed to more updated science early in their careers because they will continue to move the profession forward. Take heart - you have much less to unlearn! And for you old-timers (like me) - old dogs really can learn new tricks. Our years of experience will continue to enhance our understanding as we update our thinking. We don't need to be dinosaurs!

I will leave you with the words of Dr. Christopher Moyer<sup>5</sup>, one of my early mentors from whom I have learned so much and who continues to inspire me.

"Massage therapy is terrific. It requires no magical thinking to make sense of how it works. It is safe. It feels good. People love it. It works. And it is time for massage therapy to believe in itself."

Hang in there. Believe in yourself. Massage therapy is awesome on its own merits. Learning about how the body works is fun. Thinking clearly about what we are doing does not take the wonder out of it, it broadens and deepens our practice. We have nothing to fear from giving up our illusions and everything to gain by embracing reality.

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## AUTHOR BIO

Alice Sanvito is a licensed massage therapist in St. Louis, MO, U.S.A. Grateful to be in practice since 1991, she can't imagine a better job. In her own words, Alice has been getting into trouble by bringing up actual science since the first hour of her first day of massage school when she corrected her teacher who claimed that water reverted to separate hydrogen and oxygen molecules when it evaporated. Notorious for her collection of quotations, 'Shit Massage Therapists Say,' in real life she's actually much nicer than people expect. You can read more by Alice where she blogs about massage therapy, pain science, and related topics at <http://www.message-stlouis.com/ask-the-massage-therapist>.

# THE SCIENCE BEHIND WHY ASSESSING AND BLAMING POSTURE FOR PAIN IS BS

By Ben Cormack

This article is reprinted from Ben Cormack's blog at Cor-Kinetic, with his kind permission.

If I had a £ for everybody that mentioned posture on social media or when they had a pain problem...well let's just say I would be a pretty rich guy.

POSTURE has literally become engrained in peoples thoughts when talking about back, shoulder or neck pain even though we have a ton of studies that compare the postures of pain free people with those with back, shoulder or neck pain and find no real differences, this information gets regularly IGNORED.

NEVER let science get in the way of a good story, especially if it's on the interwebs!

In fact I have written about posture a few times before 😊

[The definitive guide to posture and pain 3 minutes flat](#)

[Do you really need your joints to be centred?](#)

But just to kick off with a bit of science, this paper [HERE](#) from 2016 found NO significant difference in lumbar lordosis (spinal curve) between people with back pain and those without.

This is super important. HOW can we blame something that we see in people WITHOUT pain as a cause of pain for those that do?

I will just let that sink in.....

## WHAT ARE YOU MEASURING?

So in this blog we are going to explore a few questions related to how we assess posture and if they are actually scientifically VALID, because if you don't have a good measure to begin with then it is pretty tough to blame something for the problem.

The first piece of ACTUAL EVIDENCE, something often missing in the posture debate, looks at the measurement of STANDING LUMBAR LORDOSIS (the curve in the back often blamed for back pain) and this assessment is something that is performed in treatment rooms and gyms the world over.

The idea is that an increase (and sometimes decrease) in lumbar curve increases back pain and is often coupled with the idea that the tilt of the pelvis has an influence on the size of the lumbar curve, even though lumbar curves do not seem to be much of a factor in lower back pain anyway (see the SCIENCE above : )

Way back in 1990 this was explored by Heino et al [HERE](#) and they found that the angle of someone's pelvic tilt and their lumbar curve do not simply correlate! So looking at the position of the pelvis tells us very little about what is occurring at the lumbar spine, which is much harder to measure. A very similar study [HERE](#) from before this in 1987 also threw up the same result but this BS is still being taught today.

Anyway, back to the standing measurement paper [HERE](#). The authors explored the variability in standing posture of 400 people, 332 without pain and 83 with low back pain, and they found that each time we stand we do it in a slightly different way.

The authors in their words state "standing is highly individual and poorly reproducible".

## SO WHY DOES THIS MATTER?

Well simply put, which posture are you ACTUALLY measuring with your postural assessment. One may show an increase in lordosis, another less so.

I have some questions related to how we interpret postural assessments in light of this information.

- Which of these postures is related to the problem?

- How many times do you measure and do you average?
- What are you comparing against to determine if the curve is too much or not enough?

The authors highlight a good point that the lack of consistency in standing posture may actually lead to the "wrong diagnosis and possibly unnecessary treatment".

If you focus on something that is not an issue you do not focus on something else that might be or be blinded to the fact that it is not working or only works transiently (potentially why so much back pain is persistent).

What people actually use in their everyday lives might also be different to what is measured in the clinic or gym. A clinic or gym measure could be described as a 'snapshot' and this study [HERE](#) compared this 'snapshot' to what was actually used on a daily basis by the study participants.

The authors found that on average whilst standing, as most postural assessments are, there was a 33.3° lumbar lordosis but the average used over a 24hr period was only 8°, a huge difference!

So the 'snapshot' postural assessment would not really inform us very well about how much lordosis was REALLY being used and we could overestimate the extent of the imaginary problem.

We also have to remember these were radiological measurements and this is the clinical 'gold standard'. Often a lordosis is measured in a much more rudimentary fashion by looking at the relationship of landmarks at the pelvis indicating a pelvic tilt and therefore change in lumbar curve, which we have already discussed as not being well related to lumbar curve! This in itself is a problem as demonstrated by Preece in 2008 [HERE](#) as pelvic morphology is also VARIABLE leading to incorrect measures.

"These results suggest that variations



in pelvic morphology may significantly influence measures of pelvic tilt and innominate rotational asymmetry”

Here is the distribution of side to side difference of the ASIS-PSIS relationship (used to assess pelvic tilt), we can see it is skewed to the right side meaning it is more anteriorly tilted at a BONY level.

So it might be that we are really bad at measuring something that doesn't matter that much. OUCH.

### ARE YOU BIASED?

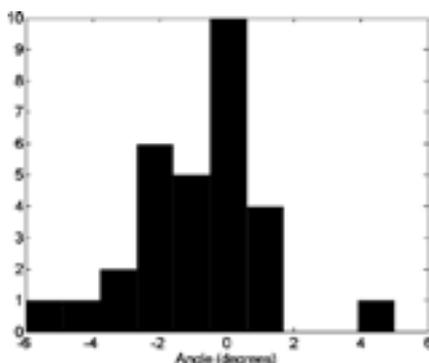
Another important question for those that assess posture is.....are you MORE inclined to see an 'abnormality' in posture when you know pain is present?

This paper [HERE](#) would suggest so. Here the authors looked at scapular dyskinesis or abnormal posture and movement of the shoulder blade, which is often proposed as a CAUSE of shoulder pain.

They compared 67 people with shoulder pain and 68 without and firstly found that there was no difference in shoulder posture or motion between those with pain and those without.

Fascinatingly though when the assessors were aware that they were assessing someone IN PAIN, they reported a greater prevalence of a postural or movement problem. This shows a bias towards finding an 'abnormality' to blame when there is pain, even though there was NO MORE 'abnormality' in those with pain than without.

The authors also suggest that scapular dyskinesis actually represents normal variability between humans! Perhaps if they assessed it multiple times it would throw up different measures each time?! It is important to remember we have no scientifically defined 'good posture' to base deviations from in the first place.



### HOW DO HEALTHY PEOPLE SIT?

Another question is how do people without back pain actually behave? They must have great daily posture right? Well actually NO.

This paper [HERE](#) shows that asymptomatic folk, 50 of them, when sitting actually SLUMP. In 10-min sitting, spinal angles flexed 24° at lumbar and 12° at thoracolumbar regions relative to standing posture. But this slumping does not seem to cause them problems.

So changes in our spinal curves seem to be fairly unrelated to pain as we can see below.

So if posture does not really correlate with pain, what does it correlate with?

Well this paper [HERE](#) shows that cervical spine alignment changes actually correlate with age. This study split the participants into 4 groups determined by age. They found that the measures of the angles of the neck all correlated with the increasing age range of the 4 groups.

Key point to remember here is that all the participants, 120 of them, had no pain. In fact the exclusion criteria here was pretty rigorous and the authors actually excluded 64 people, so 1/3 of the original sample, for having current or previous pain.

So simply put, as we get older our posture becomes 'worse' or perhaps better put our posture increases....BUT and this a big BUT, this does not seem to cause MORE pain.

To sum up it does not seem as simple as 'bad' posture = pain whatever you read or are told in a bar, gym or clinic room.

### KEY TAKE HOMES

- People IN pain DON'T have different postures to those that don't have pain
- Posture displays variability just like movement

- This means your assessment may not tell you what you think it does
- Your assessment could be biased to finding a postural 'problem'
- Postures used throughout the day are probably different to those being assessed
- As we get older our posture change and this happens to people NOT in pain too

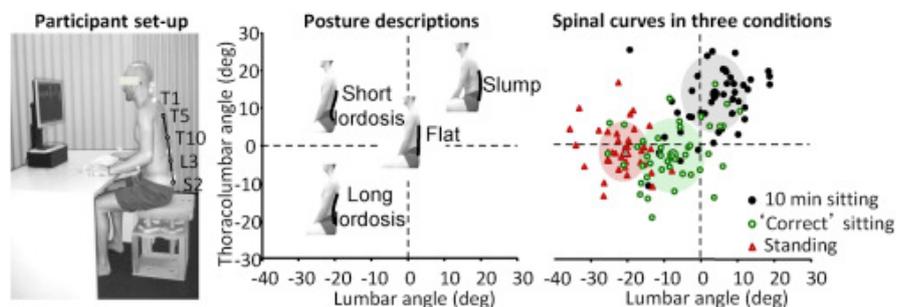
### BIO

Ben Cormack is a UK-based musculoskeletal therapist with a clinical background in sports therapy, rehabilitation, pain science



& exercise stretching back 15 years. He specialises in a movement and exercise based approach with a strong education component and patient centred focus. Ben is a popular international presenter who has delivered conferences presentations and courses all over the world. He owns and runs Cor-Kinetic who design and deliver cutting edge education, rehabilitation and physical training to the health care and exercise communities and have been involved in teaching their approach at the highest level with medical and training staff from top sports clubs in the UK and Europe. This is along with healthcare professionals from the NHS and private practice.

You can find out more about Ben and Cor-Kinetic at <https://cor-kinetic.com/>





# ON CHOOSING CONTINUING EDUCATION (CE) PROVIDERS AND COURSES

By Jason Erickson, BCTMB, CPT, BBA, BA, etc.

How you choose continuing education providers and classes can have a big impact on your practice. A single class may become a life-changing experience. Many massage therapists are becoming more careful about which courses they attend, and this article was inspired by a question:

**“How does a massage therapist choose CE courses (and instructors) that are relevant, evidence based, etc.?”**

Full Disclosure: In addition to being a “CE junkie”, I am a CE provider and I have also volunteered to help at CE events hosted by various organisations in North America (AMTA, AFMTE, San Diego Pain Summit, etc.).

To the question, I think it’s extremely important that we start by seeking instructors that do NOT emphasize nor promote their claim(s) to a special title (i.e. “guru”, “master”, “shaman”, etc.). Instead, look for instructors that treat every person in the class as their equal. They give respect rather than demanding it. Look for instructors that give credit to others and who share their sources of information with everyone, preferably in writing (i.e. in their handouts, on their web sites, etc.).

Look for instructors that admit when they are wrong, admit when they don’t know something, and who are happy to be questioned, even in class. Seek the instructors who are constantly trying to learn and constantly updating their classes to reflect what they learned. You will always get their newest understanding of what they have studied, and they will be excited to tell you how to find something that might enhance your knowledge beyond what they have time to present in class.

**Make this your goal:** To connect with instructors and courses that think and teach material that is ethical, compatible with reality, subject to scientific debate/testing, rationally adaptive to changing evidence, and which contributes to the development of professional art.

Let’s break this down a bit:

**Ethical:** The presenter and course content emphasize ethical best practices, including following all regulations relevant to legal practice. This includes staying within one’s scope of practice, referring out for medical evaluation and diagnosis, setting and respecting boundaries, establishing a therapeutic alliance with the patient, getting informed consent before treatment, and avoiding making unsupported claims. How can patients give informed consent if we don’t give them accurate information?

**Compatible with reality:** The hypothetical foundation for the course must be plausible under the known laws of physics, and compatible with well-documented human anatomy and physiology. This rules out things like “energy work”, homeopathy, anything that mentions “detoxing”, etc. If the foundation for the course is based on things that reference quantum physics, and/or if it violates well-documented human anatomy and physiology, there is no point to studying it. It will not meet the ethical standards recommended above.

**Subject to scientific debate/testing:** The theoretical models, hypotheses, methods, and protocols presented are all open to examination and testing, and debate about their scientific merits/flaws is expected. If the course material is a closely guarded secret, and/or those teaching it refuse to have open discussions about the content and its validity, don’t take the class. Look for classes that cite recent research and disclose lists

of cited sources, and instructors that invite critical discussion. Ideally, they will openly discuss the limitations of what they teach, some reasons why it might be open to question, and encourage participants to keep questioning it in their own practices and studies of source materials.

**Rationally adaptive to changing evidence:** As the body of scientific knowledge available changes over time, the course content adapts to reflect changes in that knowledge in a rational way. Now and then, a new research study may appear to radically change something critical to the hypothetical foundations of a course. At first, good instructors may present the new information as something interesting to watch, while also presenting the course as if that new information didn’t exist. This is important because further scientific research may reverse things to support the class foundations. Rational adaptation to changing evidence lags behind the sensational headlines that published research can inspire in the press and in social media. It waits for the excitement to pass and follows the best evidence about what is true.

**Contributes to the development of professional art:** The definition of “art” is “skill as a result of learning or practice”<sup>1</sup>. Whether hands-on or lecture, the course content should improve some of your skills. This includes being more aware of certain contraindications or indications of certain pathologies, better ways to communicate with your patients, improved clinical reasoning, better draping and/or body mechanics, etc. You should not leave a class wondering how to use what you have learned. It should not be necessary to take “the next level” before you understand how it can be used. Choose classes in which the content is immediately practical and adaptable to your practice.

If we are truly honest with ourselves and each other, there are many things taught and practiced within massage therapy that fail to meet the recommendations proposed above. It does not have to be so.

For a profession to advance, it must be willing to leave some things behind. Let's ask questions, study source materials, practice ethically, and see what sorts of interesting things happen along the way to wherever the evidence leads us. Choosing instructors and courses that reflect the recommendations listed above will help you enjoy the journey.

1. Definition from [www.etymonline.com](http://www.etymonline.com), 11/13/2014.



#### BIO

Jason Erickson teaches and hosts CE classes. His web site is [www.HealthArtes.com](http://www.HealthArtes.com), and he can be reached via [JasonEseminars@gmail.com](mailto:JasonEseminars@gmail.com). He is a Board Certified massage therapist and certified personal trainer who also holds a variety of other certifications and several university degrees. Jason co-owns and sees massage patients at Eagan Massage Center ([EaganMassage.com](http://EaganMassage.com)) and trains clients at Burn Personal Training ([Burnpt.com](http://Burnpt.com)). He works with elite athletes at Grandma's Marathon, the Twin Cities Marathon, and other events. His work with athletes complements his primary focus on the management and resolution of pain and dysfunction. Jason also volunteers with the Alliance for Massage Therapy Education (AFMTE) and other organisations. He has been part of the San Diego Pain Summit (SDPS), the International Massage Therapy Research Conference (IMTRC), and the AMTA National Conference, and he has served as AMTA Minnesota Chapter President.

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# REVIEW OF THE 2018 SAN DIEGO PAIN SUMMIT

By Rachel Ah Kit, MNZ RMT

There has been quite a bit of information disseminated by Massage New Zealand about pain recently. The Q1 issue of the magazine featured several articles about the biopsychosocial model or framework as it relates to pain, from both a clinician perspective as well as the patient, some of the research that supports it, as well as book reviews and a review of Explain Pain Supercharged workshop presented by highly-regarded David Butler & Lorimer Moseley.

The science behind pain is a big part of my life now too – I wrote a piece in the last issue about the post-grad study I’m undertaking which specialises in pain management. So, when I first heard about the San Diego Pain Summit early last year, I was intrigued to learn more. I also discovered my University of Otago post-grad lecturer Bronnie Thompson (who wrote an article on the biopsychosocial aspects of pain the last issue of the MNZ mag) was a speaker last year too.

The event is promoted as a “Pain research and education conference for clinicians” and a “Multidisciplinary conference to help bridge the gap between pain research and clinical practice.” This sounded like a place for me to be, so I registered and booked my flights.

In early February this year, I arrived in San Diego a couple of days early, so I could recover from the long flight from New Zealand. San Diego is a lovely city, and despite February being “winter” over there, it was a mild average of 24° most days. It’s also right on the Mexico border, so there’s a strong Mexican influence in the cuisine, and a margarita for breakfast was an acceptable thing to do.

Over the course of the four days I attended the Pain Summit, I was able to meet, in real life, a number of people I had “met” via



*Where sh\*t got real – drinks around the fire-pit to reflect on the day’s learnings.*

social media on the Exploring Pain Science group (search this name on Facebook) as well as readers of, and contributors to Massage and Fitness Magazine (<https://www.massagesfitnessmag.com/>). I don’t know how many of you have attended multi-disciplinary conferences before, but the last one I attended I did feel a little “looked down upon” by those degree-qualified professions. Not so at the San Diego Pain Summit. Name badges do not show designations, job titles or qualification letters. All attendees at this event are treated as equals and all anyone cares about is that you’re here to learn about pain and how to apply it in clinic to help your clients.

I had some very deep and philosophical discussions with many attendees during the breaks, over drinks and in the spa pool. The spa pool, at the hotel where the conference was held, was a great place to relax, unwind and spend time mulling over new knowledge, past experiences and debate ideas.

So, what did I learn? A lot of new stuff and had some existing knowledge reconfirmed – which is always reassuring. Science changes a lot and what was once correct, can be disproven and you can get left behind quite quickly!

Here’s some of the nuggets from my four days at the 2018 San Diego Pain Summit.

Firstly, I spent two days with the incredibly knowledgeable and quick-witted Greg Lehman (<http://www.greglehman.ca/>) on his Reconciling Biomechanics with Pain Science workshop.

- As therapists/clinicians we need to learn to help our clients, as Greg so eloquently phrases it, “Calm shit down – Build shit back up” – we need to help them change their beliefs about pain to calm them, and their nervous system, down. Then we need to help them find meaningful activities they can do, to restore movement and function.

- “Pain is better explained by sensitivity than damage”
- Pain 101 says that pain does not correlate with tissue damage and can be explained by many contributing factors, such as new activities, stress from kids/work/money, different diagnoses from different practitioners, poor quality sleep, lack of support.
- Orthopaedic testing can be a useful tool to demonstrate a client is strong and stable, rather than pointing out their deficiencies.
- Spine flexion is OK – it’s safe to flex your spine to lift light loads, tie up your shoelaces. There’s no evidence to link spine flexion with injury or pain. You might want to reduce or avoid flexion for some sports performance (although cyclists and rowers flex just fine), or for short periods if there’s sensitization.
- “Flexion is normal, unavoidable and probably optimal for function sometimes”
- Loading up is a good catalyst for adaptation – so, load up to reduce pain especially after injury!
- Scapular dyskinesia (“abnormal” scapula movement) is inconsistently linked to shoulder pain. He showed a video of a doc testing a young guy’s shoulder. Much to his embarrassment, the clearly “wonky” and dysfunctional scapula was NOT the shoulder that hurt.
- Posture doesn’t cause pain (there is a lack of evidence to conclusively support that) – so why does it hurt when you sit? It could be stress, it could be the same position for longer than your body wants, it could be lack of movement, it could be trying to sit “correctly” which can be quite hard work on muscles. Solution: change position regularly to be comfortable – slouch (yes, slouch!), lean, sit back, sit forward, stand up, move around. Whatever feels good. And think about the other stressors affecting you.

The final two days were full-on, from start to finish, with 11 speakers and a moderated panel of “Pain: The Patient’s Perspective” which you can access for free: <https://sandiegopainsummit.com/living-with-pain/> - it’s well worth watching as these people have all dealt with chronic pain in various ways, and they talk frankly about how they’ve been treated and what helped them. Two key points were – they rarely felt



*A room full of pain nerds, sponging up all the new knowledge.*

“heard” as a person, and practitioners who tried to “fix” them, never succeeded.

Here’s a few more gems from some of the speakers:

- Neil O’Connell (<https://www.brunel.ac.uk/people/neil-oconnell>) implored us to learn how to read research, especially the methods and results sections (not just the abstract and conclusions like I currently do!) and that we should be “delightfully surprised when any treatment at all is effective, and always assume that a treatment is ineffective unless there is evidence to the contrary”;
- As therapists, Mark Milligan (<https://twitter.com/MarkMilliganDPT>) suggests we ask our client the question “What would you do if you had no pain right now?” Then we could work towards helping them achieve that, rather than trying to fix them;
- Contrary to popular belief, pain during pregnancy is not normal – but it is common. Why? Sarah Haag (<http://entropy-physio.com/sarah-haag/>) says women can be worried about recovery, their finances or their babies’ health, have work conflicts, or receive unhelpful, unsolicited advice and all this can contribute especially if they had pain prior to pregnancy;
- Laura Simons (<https://med.stanford.edu/profiles/laura-simons>) says that pain-related fear can create a downward spiral of activity avoidance – “it might hurt so I won’t do it”. By understanding pain and searching for those valuable activities, clients can learn to accept the things that are difficult to do and live well anyway. They can have a more meaningful life, despite pain!
- According to Mike Stewart (<http://knowpain.co.uk/about-2/>) the words we use with our clients can have a massive impact on their beliefs and their pain. “Degenerative changes” vs “age-related changes”. “You’re unstable” vs “You would benefit from a bit more control”. “Everything is locked up and needs releasing” vs “Let’s get you moving with more freedom”;
- Vania Apkarian (<http://apkarianlab.northwestern.edu/aboutUs/vapkarian.php>) blew my mind at 8am on Sunday morning when he declared there are anatomical and functional changes in the brain when someone has chronic pain, as seen in the large scale fMRI studies he has been involved in. He has even developed a model that can predict who will develop chronic pain within just days of pain first occurring. Maybe in the future we will be able to test for this and treat people according to their chronicity risk!
- “Shut up and listen – get to know the story of the human in front of you - it maybe the best treatment you can offer” advised



Mark Kargela (<https://twitter.com/mkargeladpt>), because so often clients have never had a chance to be heard;

- Let your client set their own treatment goals and this will help reduce their pain, says Bahram Jam (<http://www.aptei.ca/about-aptei/dr-bahram-jam/>). Find out what's important to them and work towards that, rather than imposing your own goals;
- Finally, Chris Caldwell (<https://www.providence.org/doctors/profile.aspx?name=christopher+t+caldwell&id=202574&region=mt>) told us that, as therapists, we must have the courage to change. We need to become more self-aware, more empathetic, become better listeners, stay true to our core values, and stop trying to rescue people.

You'll notice a few recurring themes, related to listening, goals and "fixing" - maybe those are things that you might need to look at in your own practice? Since I attended the Pain Summit, I've started allowing my clients more time to tell their story.

I plan to head back to San Diego next year, for the 2019 San Diego Pain Summit. Will you join me?

More information, including access to videos of all the sessions from the previous three events, and booking details are available at: <https://sandiegopainsummit.com/>



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- **Advanced Upper Body** - Delves deeper into treating conditions for head, neck, shoulders, arms & hands
- **Advanced Lower Body** - Delves deeper into treating conditions for back, hips, diaphragm, legs & feet

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Tauranga | Wellington

### BIO

Rachel Ah Kit is Clinic Director and Massage Therapist at Bodyworks Massage Therapy in Christchurch, a practice in which she contracts a number of therapists. Bodyworks Massage Therapy is located at 24 Nairn St, Spreydon, PO Box 7129, Sydenham, Christchurch 8240. Rachel is a MNZ member with a Diploma in Massage Therapy (Level 6) from the Canterbury College of Natural Medicine. Rachel can be contacted via email at [rachel@bodyworksmassage.co.nz](mailto:rachel@bodyworksmassage.co.nz).

“The course is really well balanced between theory, demonstrations & practical hands on experience. It is one of the best courses I have ever been on. Beth's teaching style is very engaging. She presents in a way that is fun, interesting and easy to understand. I learned so much and have come away with a whole new way of thinking about the body and how to treat it. Thank you.”



Videos Available



# GOVERNMENT REGULATION OR SELF-REGULATION?

By Helen Smith (President MNZ)

This article is my own personal perspective and is merely a starting point for discussion, as there are a number of factors to take into account. It has come about due to feedback from members about the lack of regulation of the profession and the push from the Executive Committee to gain ACC registration. It includes details on the structure and character of the Government Regulation option versus staying with Self Regulation. The intention is to encourage thought and debate on this issue and argues no decisive preference either way.

As President of Massage New Zealand, discussions with the following have been useful:

- Janis Freegard, (Acting Manager, Strategy and Policy - Health Workforce NZ, Ministry of Health (MOH)) about the process of government regulation. Janis provided me with the figures below regarding costs involved in government regulation and stated that we are still at a low threshold, with regard to harm to the public, which is their main criterion for government regulation.
- Angie Harding, (President, Acupuncture NZ) about their process of getting government regulation. They have paid roles within the Acupuncture Council which has allowed them to progress with the government regulation protocols, which as stated below, have been lengthy.
- Anthony McFelin, (Executive Officer, Counselling Association) about their experience as a self-regulated body. Although self-regulated they adhere quite closely to the criteria for the Health Practitioners Competence Assurance Act (HPCAA).
- Georgia Wakefield, (Executive Director, Allied Health Aotearoa New Zealand

(AHANZ)) about joining as full members. Their criteria for membership also adheres to the HPCAA criteria which we also follow very closely. This can be found here <http://www.alliedhealth.org.nz/members.html>

The MOH has a project underway "Ensuring Safe Practice". We are not sure what this involves yet, but it may be a good interim measure which would eliminate the costs of full regulation yet give MOH "standards of practice" for the profession.

In order for MNZ to become "Government Regulated," this would require having a "Board" which is appointed by the MOH. This would be made up of members of the industry, training providers and would have to include at least two lay people. We could also become regulated under the umbrella of another organisation already regulated, such as Acupuncture NZ has done by going under the umbrella of the Medical Council of New Zealand (MCNZ).

After these discussions it is clear that MNZ has very robust processes and procedures. Included in these are our public complaints procedure, code of ethics (required to be displayed in clinics), continuing education requirements and our APC (annual practising certificate). These are on a par with other health providing organisations, such as Acupuncture NZ and the Counselling Association of NZ.

Rather than outlining pros and cons, below is a list of outcomes, some of which could be either seen as positive or negative, depending on perspective.

## GOVERNMENT REGULATION

- Protection of the term "massage therapist". Anyone could still set up calling themselves a "soft tissue" therapist or "manual therapist";
- Bound by the provisions of the Health

Practitioners Competence Assurance Act 2003;

- Public perception of MNZ as a professional health provider;
- Equal footing with other health providers;
- Access to hospitals for massage therapists;
- ACC registration for registered practitioners (not assured);
- Increased costs;
  - In addition to existing membership fees there is a disciplinary levy and an APC (Annual Practising Certificate) levy as this now comes from MOH. Acupuncture NZ has 650 members who currently pay \$642/year. Their costs will increase to cover the levies. For Chiropractors (582 members) the APC/Disciplinary Levy is \$1,124, Osteopathy (432 members) \$1,135, and Physiotherapy (4,703 members) \$447;
  - Membership fees would have to rise to cover work involved in the regulation process;
  - Compulsory Indemnity Insurance;
- Stricter conditions for continuing professional development (CPD). CPD would have to have a substantial "hands-on" component;
- Lengthy process. Acupuncture NZ started in 2010 and is near completion, possibly this year;
- Time commitment from MNZ to implement process;
- Complaints against members increase substantially;
- Increased rigour for Recognition of Prior Learning (RPL) process.

## SELF-REGULATION

- Autonomy;
- Manageable costs for members;
- Ability to provide for a diverse membership - from wellness and relaxation therapists to degree qualified



- evidence-informed treatment protocols;
  - Manageable workload for volunteers and part-time workers;
  - Potential for ACC registration for MNZ practitioners (ongoing project);
  - Ability to set own CPD requirements;
  - Increased profile amongst other health providers when granted full membership of AHANZ;
- Their criteria for membership are based on the criteria for the HPCA Act (link provided below);
- Ability to include a wide range of modalities under the umbrella of massage;
  - Robust public complaints procedure against members;
  - No jurisdiction over non-members for complaints procedure – referral to Health and Disabilities Commission or Police where appropriate. (Referral

- to HDC and Police also occurs under Government Regulation);
- More difficult to get wider recognition by wider health sector (GP's, hospitals, Government Departments etc).

As stated in a recent President's email to members, it is the intention of the Executive Committee to conduct a survey to assess what future direction MNZ should take. This will be coming out in July. Please take the time to follow the links below to be as fully informed as possible. Further discussion will take place at the AGM in September after we have assembled the information gathered from the survey.

MNZ continues to lobby ACC for inclusion of its members and we are currently going through the process of applying for full membership of AHANZ. We are also involved in ongoing discussions with the

Ministry of Health around the new "Ensuring Safe Practice" regulatory framework and will be receiving consultation documents shortly. We will continue to keep members informed as this work progresses.

In the HPCA Act Clauses 11 and 12 are the most relevant standards to achieve.

<http://www.legislation.govt.nz/act/public/2003/0048/latest/whole.html#DLM203312>

<https://www.health.govt.nz/our-work/regulation-health-and-disability-system/health-practitioners-competence-assurance-act/regulating-new-profession>

<http://www.alliedhealth.org.nz/membership.html>



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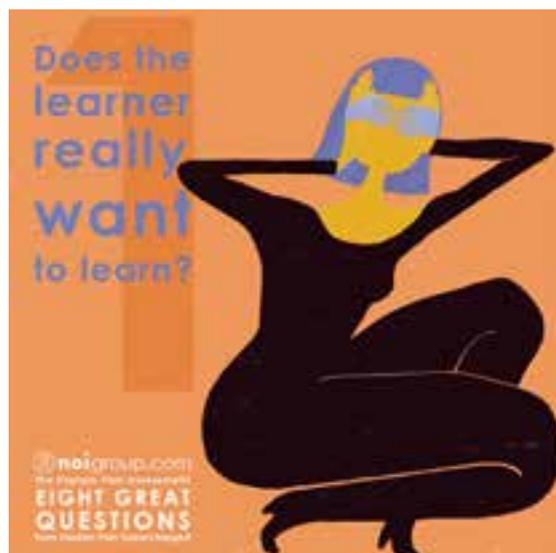
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<https://noijamdotcom.files.wordpress.com/2018/04/infographic-1-does-the-learner-really-want-to-learn.jpg>



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### Upcoming Christchurch Courses

#### Visceral Manipulation 1: Abdomen 1 (VM1) – Prerequisite - open to health professionals

June 16<sup>th</sup> – 19<sup>th</sup> 2018, Christchurch

In this four-day course, participants will learn an integrative approach to evaluation and treatment of the structural relationships between the viscera, and their fascial or ligamentous attachments to the musculoskeletal system.

#### Visceral Manipulation 2: Abdomen 2 (VM2) – Prerequisite – VM1

June 21<sup>st</sup> – 24<sup>th</sup> 2018, Christchurch

In this four-day course, Visceral Manipulation: Abdomen 2, participants will expand on the functional anatomy, hand placements and techniques learned in VM1. You will explore the deeper structures within the abdominal cavity, focusing on the kidneys, pancreas, spleen, greater omentum, peritoneum, and their connective or suspensory tissues.

#### Listening Techniques 1: (LT1) – Prerequisite - VM1

October 29<sup>th</sup> – 31<sup>st</sup> 2018, Christchurch

Expanding on the evaluation tools taught in Barral Visceral Manipulation: Abdomen 1, as well as in Barral Neural Manipulation 1, LT1 is designed to reinforce powerful evaluation techniques known as “listening” skills. Listening Techniques’ are palpation tools developed by Jean-Pierre Barral, DO, which enable the practitioner to fine-tune assessment skills. The evaluation phase of a patient’s treatment session is key to long-lasting results.

#### Visceral Manipulation 4: Thorax (VM4) – Prerequisite - VM2

November 2<sup>nd</sup> – 5<sup>th</sup> 2018, Christchurch

After taking Visceral Manipulation: Abdomen 1 and 2, you’ve become acquainted with the feel of the different abdominal organs and local restrictions. In the Thorax workshop, you’ll take an expanded look at the functional biomechanics of the thoracic cavity. You’ll also explore the relationship between the hard frame and soft frame with its countless articulations for respiration, circulatory requirements and upper body movement patterns.

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[www.upledger.co.nz/courses](http://www.upledger.co.nz/courses)

Discover Visceral Manipulation or “organ specific fascial mobilisation”, the work of renowned French osteopath JP Barral, who has suggested that “over 90% of musculoskeletal issues have a visceral component”.

Instructor for VM1 and VM2  
– Rosie Greene

Following on from the workshops at the MNZ conference as reviewed in the MNZ magazine 4<sup>th</sup> Quarter 2017, join Rosie in Auckland or Christchurch for these 4-day intensive workshops where you will learn skills you can use in the clinic immediately.

Instructor for LT1 and VM4  
– Annabel Mackenzie

Join Annabel, a highly skilled, Canadian instructor, who teaches the breadth of the Barral Curriculum worldwide in 3 languages.

# TOP GRADUATES FROM NZQA ACCREDITED PROVIDERS OF MASSAGE THERAPY TRAINING 2017

There are a range of NZQA accredited training providers and courses available in New Zealand. Courses are available through polytechnics and private training institutions.

We have contacted these providers to ensure these top students with the highest qualification from each education facility get the recognition they deserve.

All top students are eligible for an MNZ RMT membership provided their institution is an affiliate member.



## EASTERN INSTITUTE OF TECHNOLOGY

**Top Student: Emma Coleman**  
Diploma in Therapeutic & Sport Massage



## NEW ZEALAND COLLEGE OF MASSAGE (AUCKLAND)

**Top Student: Catherine Chu**  
Bachelor of Health Studies (Massage & Neuromuscular Therapy)

## NEW ZEALAND COLLEGE OF MASSAGE (CHRISTCHURCH)

**Top Student: Shannon Bills**  
Diploma in Health Sciences (Therapeutic Massage)



Clockwise from top left: Emma Coleman, Catherine Chu, Maree Sandbrook, Nicole Hedges

## NEW ZEALAND COLLEGE OF MASSAGE (WELLINGTON)

**Top Student: Maree Sandbrook**  
Bachelor of Health Studies (Massage & Neuromuscular Therapy)



## OTAGO POLYTECHNIC

**Top Student: Nicole Hedges**  
Diploma in Advanced Therapeutic Massage

## SOUTHERN INSTITUTE OF TECHNOLOGY

**Top Student: Kieran Caldwell**  
Bachelor of Therapeutic and Sports Massage



## WINTEC

**Top Student: (shared) Felicity Leydon-Davis and Ellen Burmester**  
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- THE CONTEST IS OPEN TO:
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  - NON-MNZ MEMBER MASSAGE THERAPISTS
  - NON-MNZ STUDENT MEMBERS STUDYING MASSAGE AT NZQA ACCREDITED PROVIDERS

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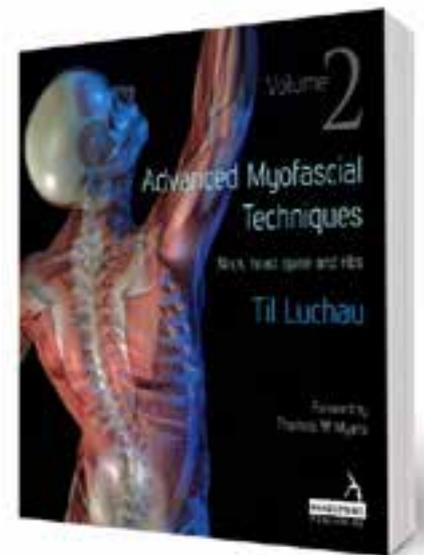


# MNZ CASE REPORT CONTEST

# ENTRIES CLOSE NOV 30 2018



# BOOK REVIEWS



## ADVANCED MYOFASCIAL TECHNIQUES VOL 2

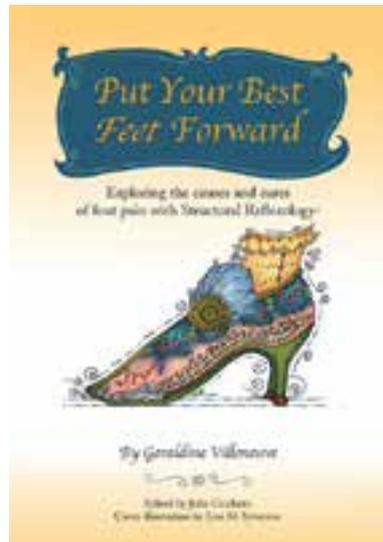
**Til Luchau**

Paperback: 223 pages  
Publisher: Handspring Pub Ltd (May 2016)  
ISBN-10: 1909141178  
\$48.00 USD Amazon

Although providing a huge amount of techniques, this manual is so much more than protocols. This text offers a deep understanding of the anatomy and philosophy for effective treatment of the neck, head, spine and ribs.

The areas covered would be of deep interest to those wanting to work in gentle ways to calm the nervous system. In particular some of the sequencing and integration strategies cover unusual areas such as: rib restrictions and diaphragm, scalenes, temporo mandibular joint (TMJ), pterygoids and masseter, plus whiplash and types of headaches. It really is a great visual book, with the added extra of a barcode at the side of the page that directs you to a video of the application being described.

Til Luchau is a Certified Advanced Rolfer®



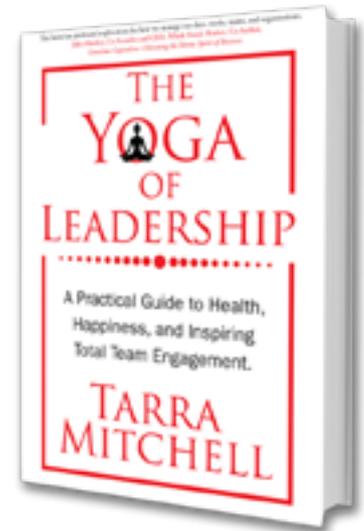
## PUT YOUR BEST FEET FORWARD

**Geraldine Villeneuve**

Paperback: 180 pages  
Publisher: Balboa Press (Jan 2017)  
\$19.38 NZD Book Depository

This book is a must have in your library of interesting texts to link the many aspects of foot anatomy, symptoms and possible treatments, for those therapists who do not feel they understand the foot well enough.

The goal of the Structural Reflexologist® is to detect why and where compensation sets into the body based on foot alignment and function, and correlates this with their knowledge of the feet as a microcosm of the body. The Structural Reflexologist® seeks to correct foot problems by seeking the cause of painful symptoms. First by assessing foot structure, alignment, and joint and muscle tension, and then with intent, purpose, and precision, utilizing reflexology, massage techniques, and gentle traction, to bring the feet back to a stage that is comfortable and functional, thus relieving symptoms presenting in other parts of the body caused by compensation.



## THE YOGA OF LEADERSHIP

**Tarra Mitchell**

Paperback: 318 pages  
Publisher: BookBaby (December 2017)  
ISBN-10: 0999508210  
\$26.70 NZD Book Depository

This comprehensive guide to health, wellbeing and principled leadership shows you how to clear your mind, engage your team, and find greater satisfaction in your work and life. Tarra Mitchell shares exercises to help individuals and groups create an organisational culture that works for everyone – especially Millennials.

The Yoga of Leadership does not teach you yoga movements. Instead, it tells readers about how to use relaxation, like yoga, to be more in control of your stress and emotions and lead better. If you are looking for a book to help you be a much better leader, The Yoga of Leadership is exactly what you want.

The Yoga of Leadership gives the reader a way to become a better leader by becoming a better person overall. You will learn about becoming a better listener and a better hearer.



# USEFUL SITES AND LINKS

The purpose of this column is to provide readers with a list of useful websites, facebook groups and other forums, podcasts, youtube videos and webinars that are of interest to massage therapists. We aim to cast the net wider than just massage therapy - to other manual therapy disciplines, other fields of health and wellbeing from neuroscience and psychology to nutrition and movement, and other areas such as business, marketing and more. Anything we find that we believe will be of relevance to massage therapists can be found here, with a brief description. We invite readers to send us links to useful sites they come across, so that other members can access a wider range of information and tools.

## WEBSITES

### CaseRe3

<http://www.casere3.org/>

CaseRe3 is the Case Report Research Repository, an educational project developed through a public-private partnership between the Registered Massage Therapists' Association of British Columbia (RMTBC) and the Crocker Institute, initiated Martha Brown Menard PhD, LMT (Research Director, Crocker Institute) and Bodhi Haraldsson RMT (Director of Research, Registered Massage Therapists' Association of British Columbia). It is a resource for practitioners, educators, and researchers in the integrative healthcare disciplines. As an open access repository, it provides a digital online publication venue and permanent archive for student and practitioner case reports. People can publish their case reports, practitioners, educators and researchers can search for case reports, all for free. It was started in 2008 and is an excellent concept, however it appears that no new report have been added since 2011, which is somewhat disappointing. However it is still worth checking out.





## BLOGS

### Cor-Kinetic

<https://cor-kinetic.com/blog/>

The site run by Ben Cormack of Cor-Kinetic (as featured in one of this issue's featured articles on page 21). As well as information about the functional movement courses and online mentorship programme Ben runs, the site also includes Ben's blog which has loads of information of interest to massage therapists, including articles, webinars and free downloadable pain resources. Ben presents information in an easy to understand way, with loads of evidence to refer to. Well worth checking out.

## FACEBOOK GROUPS

### Massage Classifieds New Zealand

<https://www.facebook.com/groups/2002045576736832/>

A group set up by massage therapists, for massage therapists. Created by kiwis Amy-Jane Ward (Australia-based) and Fiona Sullivan (Auckland-based) from Back to Balance - Professional Massage. These ladies are passionate about massage therapy and connecting massage therapists. The Facebook group page is a place for New Zealand massage therapists to advertise, recommend

and discuss massage therapy related items, services and courses, share information within scope of practice, and chat about massage therapy. The forum is public and anyone can join, whether MNZ member or non-member. The group is not an official MNZ page but does support and promote MNZ membership. The vibe of the forum is friendly and positive. It is well worth checking out.

## ONLINE LEARNING

### FutureLearn

<https://www.futurelearn.com/>

Ever thought about joining an online study group? It can count towards CPD hours. FutureLearn is an online learning site with a huge range of courses, from anatomy to psychology or business. It's aim is to help everyone fulfil their potential in a changing world, by transforming access to education. You can learn new skills, pursue your interests and advance your career. Meet educators from top universities and cultural institutions from around the world who'll share their experience through videos, articles, quizzes and discussions. A comment from Carol Wilson about their courses, "I have tried FutureLearn courses and they are great and can all be done from your home when you want."



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*"Good practice backed by sound knowledge base. Excellent focus on safe practice."* Amanda

*"They are the best on the market - superior teaching."* Lee D

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# MASSAGE THERAPY RESEARCH UPDATE: SHIFTING THE PARADIGM—ALWAYS

May 2018

This edition of *Massage New Zealand* is dedicated to shifting paradigms in the practice of massage therapy, and the editors encouraged me to bring a discussion of some research findings that would fit with that theme.

Assumptions have been toppled since I entered the profession, including “massage flushes toxins”, “massage boosts circulation”, “massage spreads cancer”, and others are brilliantly and elegantly addressed in the invaluable (and also free) eBook, *5 Myths and Truths About Massage Therapy: Letting Go Without Losing Heart* by my friend and colleague Tracy Walton, MS, LMT, available [here](#).

It is important to point out that the job of research in general is to test our paradigms—our way of understanding how the world works. Anyone involved in this part of our profession lives with the possibility that our understanding of massage therapy may—and must—continue to evolve: that is the healthy state.

I occasionally have conversations with massage therapists about the role of research in our profession. Sometimes people get excited because they see research as a way to “prove that massage works.” Now I don’t want to rain on

anyone’s research parade—I am all in favor of being excited about and interested in research! But the purpose of asking research questions is emphatically NOT to “prove” a predetermined point of view. In fact, the opposite is true: the best purpose of research is to *challenge* a hypothesis, not to confirm it.

Here’s what that might look like: we make an observation— *people who get massage seem to have better performance, and less muscle soreness after exercise*. Then we make a hypothesis— *massage therapy improves performance and lessens muscle soreness after exercise*. The ideal experimental model then would try to create a circumstance that challenges the hypothesis. In this way, if there is a clear finding in favour of massage, it is made stronger by good research design.

I chose the example of athletic performance on purpose: while it seems like an elemental and obvious truth, this is a question that is often debated. The role of massage therapy in this context would seem to be clear—of course our work has a positive impact on muscle performance and recovery! - but the findings are less than consistent. What kind of positive impact? Less pain? Better function? More strength? On which muscles? How long after the exercise? Compared to what? It turns out all of these variables lead to different outcomes.

To examine some of these questions I pulled several articles (provided in the resource list). I chose all free-full-text articles because I want for you to be able to access these without paying a fee, but that necessarily filters out a lot of data that is published in journals with subscription costs. So this is a very brief and non-comprehensive fly-by of the research on this topic.

Here are some synopses:

## STAIR CLIMBING<sup>1</sup>

**Question:** Is massage effective for pain and gait in participants with DOMS after excessive exercise?

**Methods:** A research team at K University in Gyungsangnam-do, Korea, recruited 12 volunteers who were randomized into control and experimental groups. All of the participants climbed and descended a 5-story building 20 times, with a 3-minute break after every fifth repetition. Later on the same day, the massage group received 15 minutes of gentle massage to the gastrocnemius of their dominant leg, while the control group attached a TENS unit—however, the machine was not actually functional.

Pain sensitivity of the gastrocnemius was measured with an algometer that tracked kg/cm of pressure when pain was reported. Gait was analyzed with a machine that



measured ambulation, step time, cycle time, and many other variables.

**Findings:** The control group reported significantly higher sensitivity in the gastrocnemius compared to the massage group, and their post-exercise gait was closer to normal than the control group.

## CYCLING<sup>2</sup>

**Question:** What are the effects of leg massage compared with passive recovery on lactate clearance, muscular power output, and fatigue characteristics after repeated high intensity cycling exercise?

**Methods:** Nine volunteers at a college in Scotland engaged in a prescribed warm up and stretching activity, followed by a 30-second high intensity bout of exercise on a cycle ergometer, with 30 seconds of active recovery. Then they received 20 minutes of intervention: passive supine rest, or leg massage. After the intervention the athletes repeated their warm up and performance on the cycling machines. This was repeated six times.

Heart rate and muscle force were measured on the cycles; blood tests for lactate were administered before and after each performance.

**Findings:** There was no discernable difference in blood lactate between the massage and control groups. Peak power between the two groups was also practically the same. The only significant difference was in the fatigue index: the massage group showed less fatigue than the control group.

## BOXING<sup>3</sup>

**Question:** What is the effect of massage on perceived recovery, blood lactate removal, performance, and psychological recovery after exercise?

**Methods:** Eight amateur boxers participated in this study. Each "bout" included 2 minutes of punching using an instrument that measured the force of each blow, followed by 1 minute of rest, and repeated 5 times. Then four of the boxers received 20 minutes of massage to the legs, torso, arms, and shoulders, while the other four rested. An hour later, this process was repeated. Two weeks later the test was conducted again, but the boxers who were in the

control group received massage, and the ones who had been in the massage group rested between bouts. Blood tests for lactate were taken before, between, and after the bouts, and the athletes filled out surveys about mood and perception.

**Findings:** There were no significant differences in blood lactate removal or muscle force between the two groups. Both groups had decreased power in their second bouts, and the decrease was not substantially different. However, the massage group reported a perception of better recovery. This suggests that massage therapy might have a role to play in the psychology of sport, although at least in this context it did not appear to have an influence on function.

## ECCENTRIC EXERCISE<sup>4</sup>

**Question:** What are the physiological and psychological effects of massage on delayed onset muscle soreness (DOMS)?

**Methods:** Eighteen male and female volunteers around age 20 were recruited for this test of eccentric exercise of the hamstrings. Before the trial began they took surveys to set baselines for mood state and ROM of the hamstrings. They went through a process to measure hamstring strength ("peak torque") and then performed submaximal and maximal eccentric contractions designed to induce muscle soreness. Then they took another survey about perceived intensity and unpleasantness of muscle soreness, as well as taking a blood test for neutrophil counts.

Two hours later the volunteers returned to measure peak torque, and then half of them received a 20-minute "classic Swedish massage", while the other half had lotion applied to their legs.

The mood questionnaires were filled in again along with blood samples given at intervals following the exercise.

**Findings:** The massage group had no differences from the control group for peak torque, range of motion, or neutrophil counts (which were thought to reflect inflammatory activity). However, the massage group had lower pain intensity at 48 hours after the exercise compared with the control group, suggesting that as time passed it was easier to track some differences: muscle function

did not change, but the perception of pain intensity did.

## LASTLY: A SYSTEMATIC REVIEW AND META-ANALYSIS ON MASSAGE AND DOMS<sup>5</sup>

**Question:** What can be derived from a systematic review and meta-analysis of studies that examined the effects of massage on alleviating delayed muscle soreness and muscle performance after strenuous exercise?

**Methods:** The authors conducted a wide search of randomized controlled trials from 1980 through 2016 that examined massage therapy in the context of DOMS. Every study must report on humans, have a control group, report on pain as a primary outcome, and have a secondary outcome that could include some version of muscle strength, and/or levels of creatine kinase.

They ended with 11 studies that met these criteria, with a total of 504 participants. Two reviewers compiled data, and a well-accepted process (the Cochrane tool) was used to identify biases. Eight of the studies used western or Swedish massage, and 3 used traditional Chinese massage.

**Findings:** For muscle soreness (tracked in 504 participants), it seems clear that massage is more effective at 48 and 72 hours after exercise than it is at 24 hours later. Muscle maximal isometric force (tracked in 72 participants) was not changed by massage. Results on peak torque, however, were mixed with some studies showing significant improvement among the massage groups, and others showing no differences between the massage and control groups. And for serum creatine kinase (a marker for muscle soreness), changes were seen in some studies, depending on when the readings were taken.

## WHAT'S THE TAKEAWAY FROM ALL THIS?

There's a lot of conflicting information here!

Our knowledge base about massage therapy is in constant flux, and research doesn't change anything in a hurry. What might feel like a sudden paradigm shift today took years to filter from the open question to the lab, to the session room, and the classroom. But that shouldn't stop us from following the



research, participating in it when we can, and communicating with researchers who need to know what we do so they can form valuable questions and design studies that will reveal the most useful information.

Anyone who thinks they have it all figured out is wrong. Anyone who says, "this is proven, settled science" about massage therapy may be in for a big surprise. We have chosen a field that is evolving rapidly, and we get to be part of that growth: it's a very exciting time!

**BIO**

Ruth Werner, BCTMB is an educator, writer, and retired massage therapist with a passionate interest in massage therapy research and the role of bodywork for people who struggle with health. Her groundbreaking textbook, *A Massage Therapist's Guide to Pathology* was first published in 1998, and is now in its 6th edition and used all over the globe. She writes a column for *Massage and Bodywork* magazine, serves on several national and international volunteer committees, and teaches national and international continuing education workshops in research and pathology. Ruth was honored with the AMTA Council of Schools Teacher of the Year Award for 2005. She was also proud to serve as a Massage Therapy Foundation Trustee from 2007-2018, and she was the President of the Massage Therapy Foundation from 2010-2014.

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## Well Mother, UK

### Pregnancy Massage Course

support pregnant women and their babies in their pregnancy journey; physically, emotionally and spiritually

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“Nāku te  
rourou,  
nāu te  
rourou  
ka ora ai  
te iwi”

“With your basket  
and my basket the  
people will live!”

## WHAKATAUĀKĪ - MĀORI PROVERB

by Stanley Williams (Iwi Officer)

**T**his proverb refers to co-operation and the combination of resources to get ahead.

Now, I don't know about you, but I am obsessed with working on things I am passionate about. Some of us are born to be musicians - to communicate heart wrenching and intricate thoughts and rousing feelings with the strings of a guitar. Some of us are born to be poets - to touch others minds with exquisite literary prose. Some of us are born to be entrepreneurs - to create growth and opportunity where others see rubbish.

Our proverb this quarter is about working **WITH** others. Rather than competing

against others, work **with** them on a common goal. Use your combined insights and talents to achieve what none of you can alone. Real personal growth and learning occurs through relationships, when the competitive spirit is replaced with a collaborative one.

Make an extra effort today to reach out to people who you know have an overlapping interest. If you happen to meet someone at work, at school or in the street who has an interest overlap with you, don't hesitate, jump on board with that connection. It can provide a great opportunity for you to build a friendship in an unexpected place. When you make a positive impact in someone else's life, you also make a positive impact in your own life.



# MYOFASCIAL CUPPING TECHNIQUE™

## What is the Myofascial Cupping Technique™?

The Myofascial Cupping Technique™ was developed by David Sheehan in 2002. It involves the gliding of negatively pressurised cups over the body with the assistance of massage cream and can be accompanied by joint mobilisation. It is a very different technique to traditional cupping and importantly, marking the skin is NOT part of the desired treatment outcome. It also should be performed at a pressure level that is almost painless to the client.

## How is it different to other massage techniques?

Unlike all other massage techniques that use compression, the Myofascial Cupping Technique™ is unique in that it 'lifts and separates' soft tissue, known as negative or tensional pressure. This in turn can increase nutrient-rich blood supply to the tissue, while giving a gentle passive stretch to the underlying soft tissue.

## Benefits from the Myofascial Cupping Technique™

The Myofascial Cupping Technique™ can provide profound benefits, particularly with assisting the body in maintaining Range Of Motion, eliminating Myofascial Trigger Points and reducing restrictive and sometimes painful fascial adhesions commonly found from repetitive movement originating from sports and the workplace. By reducing fascial adhesions, while encouraging optimal hydration levels of soft tissue, the Myofascial Cupping Technique™ can assist in reducing the incidence of injury and maintaining functional soft tissue.

## About the founder of the Myofascial Cupping Technique™

David Sheehan has a Bachelor of Applied Science (Human Movement), Diploma of Health Science (Remedial Massage) and Diploma of Education. His career highlights include working as a lead sports trainer with various football clubs, which included the use of vacuum cupping for both prevention of and treatment for injuries.

Over time, David has developed these skills and now teaches his own energy efficient and effective cupping techniques to massage therapists and physiotherapists in Australia, New Zealand, Canada and the United States, including physiotherapists and remedial therapists at the Australian Institute of Sport (AIS).

### WORKSHOP DATES

Melbourne - Saturday 17 & Sunday 18 March 2018  
 Gold Coast - Saturday 24 March & Sunday 25 March 2018  
 Sydney - Saturday 14 April & Sunday 15 April 2018  
 Adelaide - Saturday 2 & Sunday 3 June 2018  
 Perth - Saturday 19 & Sunday 20 May 2018  
 Auckland (New Zealand) - Saturday 4 August & Sunday 5 August 2018

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