

A M T A FLORIDA

Journal

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**AMTA National
Convention 2009**

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P R E S I D E N T ' S

Message

CANDY MORRIS

It has been a busy summer for the AMTA Florida Chapter. Educational workshops around the state have presented continuing education for license renewal. Proceeds from a joint sponsored educational workshop with FSMTA benefited the Massage Therapy Foundation. The Florida Chapter was present at a medical conference in Orlando promoting the benefits of massage to Osteopaths. Board members attended the AMTA Chapter Volunteer Orientation Program in Evanston, IL. Delegates have been meeting and planning so that you would have a voice in our organization. Many hours have gone into National Convention Host Chapter events. None of this could have been possible without our volunteers.

Volunteering elevates the massage profession. Promoting massage “pays it forward” for another therapist. What are your talents? Where can you help? Are you a seasoned therapist who can mentor new therapists? A new therapist who can tutor students? Great with organizational skills? Do you feel your area of Florida is not involved? Can you organize a Unit in your area for massage therapists to come together for a common cause? There are many areas where you can help. Commitments range from an afternoon of your time to a 2 year commitment as a board member.

Check the website, www.amtaflorida.org for the calendar of events. Contact a board member with your ideas. Get involved. We love to hear from our members.

Offer your hands and your heart for a great cause. We are looking for volunteers for the Susan G Komen 3 Day/60 mile Walk for the Cure. Therapists will provide massage in the “Live it Up” lounge at the end of each day. It is my pleasure to provide massage for someone who is willing to walk 60 miles for a cure. Can you join me?

Yours in service,
Candy Morris



“All of the certificates of recognition we receive in life will fade. The monuments we build will crumble. The trophies will corrode. But what we do for others will make a lasting impact on our world. True success comes only when every generation continues to develop the next generation, teaching them the value and the method of developing the next group of leaders.”

JOHN MAXWELL

Breast Cancer 3 Day benefiting Susan G. Komen for the Cure®

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Energizer is the presenting sponsor for the Breast Cancer 3-Day Walk benefiting Susan G. Komen for the Cure®. Walkers cover 60 miles in 3 days and camp for 2 nights. Each walk averages approximately 3,000 participants and crew members.

At camp, Energizer will have a “Live It Up! Lounge” offering walk participants a place to learn, laugh and relax. This is where AMTA volunteers will offer 10-min chair massages as the relax component of the lounge on both Friday and Saturday nights from 4PM to 8PM

Contact Candy Morris
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AMTA FLORIDA Journal



Mission:

"To serve AMTA members while advancing the art, science and practice of massage therapy."

Managing Editor

Karen Roth

Publisher

AMTA Florida Chapter

AMTA Florida Journal is published quarterly by the Florida Chapter of the American Massage Therapy Association, a non-profit professional massage therapy association. This journal welcomes contributions from the readers. Contributions must be submitted on disk. Include the author's name, address, phone number, and photo.

Mail contributions to:

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The Florida Chapter reserves the right to edit all materials where appropriate for space and clarification; accept or reject materials and assumes no responsibility for errors, omissions, corrections, or modifications in publications. The opinions contained in this publication do not necessarily reflect those of the staff or of this publication and/or the AMTA Florida Chapter.

Per Issue Advertising Rates

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Postmaster

If your address has changed, please notify the organizations below. Prompt notification will ensure your continued receipt of AMTA and State Board mailings. Mail changes to the following organizations:

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Board of Massage Therapy

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Winter Advertisement Deadline

November 10, 2009

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If you are not an AMTA member and have received this Journal please accept it with the compliments of the AMTA FL Board and Membership as a "Welcome to the Profession in Florida." We hope you will join AMTA and get involved.

AMTA 2009 Session Topics and Speakers

- Pre-convention Workshop - Clinical Assessment & Treatment for the Forearm - David Kent
- Pre-convention Workshop - Advanced Myofacial Techniques: TMJ - Til Luchau
- Building & Preserving Wealth - Michael Gaeta
- Ethics as Right Use of Power - Kathy Ginn
- ABCs of meeting with Physicians - David Kent
- The Energetics of Food for Health & Healing - Susan Krieger
- Learning Through Clinical Research - Douglas Nelson & James Ivaska
- Supervising Massage Therapists Is Like Herding Cats - Matt Michaud
- Just Say NO to the Thumb & Awkward Postures - Barbara Frye
- Career Opportunities in the Spa Industry - Jamie Huffman
- Evaluation & Treatment of Nerve Injuries Part A - Whitney Lowe
- Soft Tissue Techniques for Piriformis Syndrome - Robert McAtee
- Research Rocks! - Angie Palmier & Christopher Alvarado
- Unlocking Computer Shoulder - Eric Stephenson
- Teaching Research Literacy - Pete Whitridge
- Case Reports: Transforming an Interesting Case into an Informative Publication - Karen Boulanger
- Incorporating Effective Injury Prevention & Ergonomics Into Your Massage Curriculum - Lauriann Greene
- Trio-Trades for Assessment of Body Mechanics & Applied Movement for Massage - Mary Ellen Hendrickson
- Flawless Guest Experiences - Eric Stephenson & Debra Koerner
- Pathology, Pharmacology, and Massage: An Introduction to Key Concepts - Ruth Werner
- Trust This, Doubt That: Evaluating the Good, the Bad, and the Ugly in Published Research - Karen Boulanger & Glenn Hymel
- Myoskeletal Alignment of Scoliosis, Sciatic & Sacroiliac Pain - Erik Dalton
- Introduction to Cranio-Sacral Therapy - Ursula Popp
- Neuromuscular Evaluation and Treatment Plans - Dennis Price
- Teaching Business Ethics Can Be Fun! - Cherie Sohnen-Moe
- The Ethics of Client Communication: Talking to Clients About Their Health - Ruth Werner
- Managing Physical Stress with Therapeutic Massage - Jeff Forman
- Visceral Manipulation Applications for Whiplash - Ali Korosy
- Relief: The Rossiter System for Massage Therapists - Richard Rossiter
- Current Research on Cancer and Massage Therapy Foundation Case Report Winner Presentations
- Post-convention Workshop - CORE Myofascial Therapy: Structural Improvement for the Head, Neck, Back and Feet - George Kousaleos

Convention Exhibitors

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Dev Direction

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Human Touch
iMassage, Inc.
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Klose Training
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Massage Magazine
Massage Therapy Foundation
Massage Today
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Somanautics Workshops, Inc.
Sombra Professional Therapy Products
Soothing Touch
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Talus, Inc.
The Barral Institute
The BioMat Company
The Essential Massage Companion
The Jojoba Company
Thumper Massager, Inc.
UltraSports Massage Therapy
Upledger Institute
USchedule
VerVita Products, Inc.
Wellness Mat, Inc.
Z-Coil Pain Relief Footwear



Welcome NEW FLORIDA MEMBERS

May New Members		June New Members		Diana Fedrigon	Pompano Beach
Joanne Edwards	Bradenton	Lisa Kay Burke	Crestview	Nicolas Corominas	Milton
Michael W. Armbruster	Orange Park	Kristy N. Sears	Deland	Susanna Newkirk	Pensacola
Magdalena J Conant	Boynton Beach	Nicole Ricciardi	Fort Lauderdale	Yajaira Rodriguez	Miami
Jarred R. Pittman	Rotonda West	Lisa Etheridge	Lake Wales	Kellie V. Sloan	Jacksonville
Kathleen Tanner	Palatka	Gary Lobdill	Panama City	John S. Aaron Jr.	Pinellas Park
Paula Mandalski	Spring Hill	Tracey A. Norton	Morriston	Amanda Biss	Live Oak
Katherine M. Scatko	Largo	Francis L. Burroughs	Hallandale Beach	Tyler V. Deal	Sarasota
Renae Pinter	Naples	Dionne H. Adams	Pensacola	Dustin Scott Goransson	Seffner
Andrew S. Chmielewski	Leesburg	Julie Haldeman	Manheim	Abigail F. Smith	Jacksonville
Adam Bishop	Gainesville	Patty Kemple	West Palm Beach	Lord-Ahli Omega	Miami
Cynthia Kusha	North Fort Myers	Michael Hinkle	Roaring River	Deborah Jeanne Neff	Navarre
Liza M. Valladares	Miami	Jessica Grieco-Hoffman	Pace	Kathleen M. Barkley	Bradenton
Kelli Eady	Winter Park	Erin Brackett	Tallahassee	Gloria Moriya	Gainesville
Angela Dawn Cullen	Apopka	Derek Wesley Brown	Pensacola	Biennemise Destra	Port Charlotte
Valarie Fannin	Tallahassee	Atabeira Ramos	Orlando	Lauren Littlefield	Saint Petersburg
Matthew Howe	Apopka	Nathaniel Jennings	Pinellas Park	Sofya Mayorova	Hallandale Beach
Jackie C. Roberts	Brooksville	Mica Suzette Mardis	Gulf Breeze	Linh Nguyen	Pensacola
Nataliya Aitken	Palm Coast	Penelope Hether	Port Orange	Steve Preddie	Lauderdale Lakes
Ronald Pratt	Wilton Manors	Eric Dean Maciejewski	Tallahassee	Paige Griffis	Lauderhill
Jessica J. Lukas	Gainesville	Susan K. Schinstine	Navarre	Nicole Barton	Orlando
Jeff Conlon	Lake Mary	Tim Washburn	Claiborne	Joe Riska	Satellite Beach
Andrea S. Smith	Orlando	Pablo L. Garcia	Miami	Michael Ster	Ft. Lauderdale
Rony Farkas	Sarasota	Ashley Marie Naylor	Apoka		
Dianelys Mazaret	Miami	Dean Hall	Lakeland		
Hallie Webb	Lake Wales	Astor M. Forbes	Winter Garden	July New Members	
Charlotte Haney	Milton	Aaron J. Richter	Homosassa	Jill Yip Choy	Davie
Dalia Wynn	Coral Gables	Elysa Granados	Key Biscayne	Laura Reyes-Tejeiro	Miami
Kristin Bergeron Paris	Maitland	Marizza Contreras	Miami Beach	Angelica Carlozzi	Ocala
Sarah Lord	Merritt Island	Denise D. Williams	Ft. Walton Beach	Tracy Acuna	Winter Haven
Amy K. Parratt	Deerfield Beach	Thomas Bauch	North Miami Beach	Esther Withem	Palatka
		Christina Knighten	Miami	Clara Christensen	Fruitland Park
		Laura Robles	Largo	Vanessa Marques	Valrico
		Cindy Ann Van Lindt	Fort Walton Beach	Maximo R. Lopez	Miami Beach

Calendar OF EVENTS

Susan M. Cook	Okeechobee	Kathleen Perry	Leesburg
Bertha Dann	Clearwater	Jonathan D. Wright	Gainesville
Rosa Estelles	Miami	Debra A. Scott	Port St Lucie
Tiffany Crespo	Zephyrhills	Frank Stapleton	Sarasota
Chonya Alvarez	Wesley Chapel	Andrey Cherkasov	Fort Walton Beach
Shannon Mihlfeld	Valrico	Robi Boney	Zolfo Springs
Agatha Delpozo	Plantation	Charlynn J. Richards	New Port Richey
Veronica L. Barrios	Orlando	Courtney Kentucky Costellow	Gainesville
Sharon Vickers	Sarasota	Jaclyn Saide	Ocala
Brittany Talmadge	Lake Wales	Daniel James Martin	Winter Park
David S. Forrest	Palmetto	Uwe Niebergall	Tampa
Jennifer A. Greenwood	Gainesville	David Ryniewicz	Fort Meyers
Kathryn Castronovo	Gainesville	Debra Wiesner	Boca Raton
Gregory Limb	Bonita Springs	Raven Lamoreux-Dodd	Naples
Koral Bloch	Denedin	Yvette Aguilar	Cooper City
Susan Bullard	Seminole	Nancy Rembert	Melrose
Tina Stoufer	Orlando	Julie Ashlock	Valrico
Lessie M. Ashmore	Brandon	Angela M. Mages	Venice
Denise Kennedy	North Port	Kathleen Ann Rancourt	Lake Worth
Jolanta Czeladko	Palm Beach		
Jorge Francisco Diaz Perez	Miami		
Dustin Sheyenne LeMaster	Ocala		
Mayumi Artiles	Riverview	Nicole Laureyssens	Deland
Joseph A. Orama	Riverview	Dylan Ward	Miami Shores
Jennifer Ramos	Fort Lauderdale	Hendrika Ram McDowell	Sarasota
Heloise Wu	Palm City	William F. Kraus	Port Richey
John Fullgraf	St Petersburg	Corrie Wickland	Kissimmee
Erica Diaz	Kissimmee		
Jenifer Funk	Sarasota		
Katherine Harrod	Gainesville		
Caroline C. Anderson	Palm Coast		
Port Charlotte School of Massage Therapy Inc	Port Charlotte		
Irina Ivkina	Miami		

July Transfers

September			
1	Meeting Time: 6:00pm-8:30pm Continuing Education Topic: “Business Networking 101” 2 Hour CEU Presented by Betty Kolar LMT Meeting Location: Withlacoochee Technical Institute Room 301		
10-13	FOMA (Florida Osteopathic Medical Convention) @ Tampa Hyatt		
20	Board Call		
23-26	AMTA National Convention		
October			
6	Meeting Time: 6:00pm-8:30pm Continuing Education Topic: “Event Massage Marketing” 2 Hour CEU Presented by Jeffery B. Wood LMT Meeting Location: Withlacoochee Technical Institute Room 301		
25-31	National Massage Therapy Awareness Week Meeting Time: TBA Continuing Education Topic: “Event Massage” 4 Hour CEU Presented by Jeffery B. Wood LMT Meeting Location: TBA Board Call		
25			
November			
3	Meeting Time: 6:00pm-8:30pm Continuing Education Topic: “Baby’s First Massage” 2 Hour CEU Presented by Eileen Newsome LMT Meeting Location: Withlacoochee Technical Institute Room 301		
22	Board Call		
January			
5	Meeting Time: 6:00pm-8:30pm Continuing Education Topic: TBA Meeting Location: Withlacoochee Technical Institute Room 301		
31	Annual Meeting and Elections in Tampa hotel TBA		

Unit News

THERAPISTS IN ACTION!

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Pinellas Suncoast Unit

Vacant

Southwest Unit

Vacant

West Palm Unit

Vacant

First Coast Jacksonville

Vacant

Sarasota Unit

Vacant

Miami and Monroe Units

Multiple Sclerosis Society Bike Ride 2009

Volunteers from the Miami and Monroe Units participated. The ride started at the Bank United Center in the University of Miami (Coral Gables) and went to Key Largo then back the following day. AMTA volunteers were present at both locations.



**What's
the news
from your
Unit?**

Miami Unit

AMTA Miami Picnic

On June 7, 2009, AMTA Miami invited its members and families to their second 2009 meeting to celebrate their volunteers. It was an afternoon full of activities, raffles and food.



Volunteer recognition was presented to Miguel Castro



Carlo Di Mount, AMTA Monroe Unit Chair (standing left) and Nina Ramos, Southeast Unit Liaison (standing right)



Hazel Balcaceres received recognition for her work as a volunteer



Joseph Louis Jeune was also the recipient of volunteer recognition at the AMTA MIA picnic



Everyone brought a dish from their country and a banquet was served



Last, but not least, massage products were raffled off to those attending



We would like to thank the following Miami unit volunteers that are coming to the 2009 Convention in Orlando!!

Hazel Balcaceres
Miguel Castro
Victor Garcia
Carlos Di Mount
Jiovannina Ramos (Nina)
Luis Obregon
Angela Rodriguez
Yngrid Ortiz
Rene Scoville
Sara Garcia
Luis Tapia

We would also like to thank the following Miami students for volunteering at the 2009 Convention in Orlando!

Brian Vilar
Jessica Tigera
Jorge Machin
Cesar Hernandez
Alexandra Chacon
Cindy Pow-Seng
Dianelys Mazaret
Reiniel Roque
Ana Cordoba
Mara Ventura
Eliza Lacayo
Dante Bini
Patricia Chavarria
Jessica Chapelin
Jacqueline Leon
Gerardo Rios

Meditation

by Nina Ramos, LMT

Meditation for a few minutes a day can help you reduce stress and can broaden your attitude in life. There are many methods of meditation. All you need is a basic and universal method to start.

Meditation can be very useful if you have trouble sleeping. It can help to remove anxiety related to not being able to sleep. Before you know it, you will be resting!

Meditation is the best way to develop your psychic abilities. Pay attention to how you can enhance your intuition, because this is the basic principle for developing your meditation skills.

Advice on how to do it

Ideally you want to reach a state free of thoughts, but this is only achieved through practice. When a thought or idea appears, do not try to block or remove it. Instead be an impartial observer, allow it to develop in its own way. If you are not involved in that thought, it will go away slowly and will not generate more thoughts.

You can meditate any time you have a free moment. Try it at work for a rapid stress reduction.

Most people feel good by closing their eyes, but some prefer to look at a candle. Also, you can let your eyes rest naturally with your head resting in a soft and comfortable angle when you are meditating.

Try not to think of anything. Avoid talking. This may be more difficult than what it looks.

When you are walking thru your mind pay attention to what surrounds you. This helps to calm the mind and helps to stop the internal chatter of the mind.

Meditation = Total Relaxation + Alert State

Children can meditate with an extreme ease, but only if they understand what they are doing.

Once you have learned how to meditate, you can fall into a state of meditation within a few second.

Take the time to meditate for a few days. Once you feel that you're meditating, you will understand much better how this can be applied to your everyday life.

Steps

Create a calm and relaxing surrounding. Turn off the TV and any device that can make noise. Soft music may be good, but not necessary. Make sure you've turned off your cell phone.

Things you will need

- A Room free of distractions.
- A Place to sit.

- 1) Sit on a chair or on a pillow on the floor. You do not have to bend your legs or get in the lotus position. Sit comfortably.
- 2) Sit properly; straighten your back so that your position will allow you to breathe easily. This will happen naturally if your knees are below your waist. It is not advisable to lie down completely you may fall asleep in this position.
- 3) Close your eyes or find an object to look at. You may want to use a small candle for this.
- 4) Pay attention to your breathing. Just let your attention be focused on the air as it flows in and out of your body. The aim of this step is to calm your mind gradually.
- 5) Relax every muscle in your body. Do not rush in doing this, take your time to completely relax and do it little by little. Start by relaxing the tip of your feet and go up until you get to the top of your head.
- 6) Concentrate mentally on words that you like or make you feel good. If you are a visual person, concentrate in words that evoke images. If you are a hearing person concentrate in words that evoke sounds. If you are a Kinesthetic (movement) person use words that evoke feelings.
- 7) Repeat these words so that they encourage you to achieve what you want. For example, repeat how relaxed you are by saying "I am completely relaxed."
- 8) Visualize a peaceful place for you. This may be real or imaginary.

Meditation becomes easier as you practice.

Warnings

Do not try to do long sessions of meditation when you're starting it can be overwhelming. A few minutes are enough at the beginning.

Do not expect immediate results. The purpose of a good meditation is not to become a Zen master overnight.

Meditation is a way of being, not a technique.

Como Meditar

Meditar por unos minutos al día puede ayudar a reducir el estrés y además puede ampliar tu visión de la vida. Existen tantos métodos de meditación como instructores en el mundo. Si lo que necesitas es un manual básico y universal, aquí hay un método para empezar.

La meditación puede ser muy útil si tienes problemas para dormir. Mientras estés echado en tu cama, sigue estos pasos y elimina toda ansiedad relacionada a quedarte dormido. Antes que te des cuenta, ¡ya será de mañana!

La meditación es el mejor método para desarrollar tus habilidades psíquicas. Pon atención en como puedes desarrollar tu intuición primero pues este es el principio básico para desarrollar tus habilidades.

Consejos

Idealmente, se desea alcanzar un estado libre de pensamientos que puedan distraernos, pero esto se alcanza con la práctica. Cuando un pensamiento o idea aparece repentinamente, no trates de bloquearla o eliminarla. Sólo observa imparcialmente y deja que se desarrolle a su modo. Si no te involucras en ese pensamiento, verás como desaparece poco a poco sin generar más pensamientos.

Puedes meditar en cualquier momento que tengas libre. Intentalo en el trabajo para una rápida reducción de estrés.

La mayor parte de las personas se sienten bien cerrando los ojos, pero algunas prefieren mirar a una vela o algo similar. También puedes dejar que tus ojos descansen naturalmente con tu cabeza apoyada en algún lugar suave y a un ángulo confortable.

Cuando medites, intenta no pensar en que no estás diciendo nada. Evita hablar contigo. Esto puede ser más difícil de lo que aparenta.

Cuando camines pon atención en lo que te rodea. Esto ayuda a calmar la mente y ayuda a detener la charla interna de la mente.

Meditación = Relajación total + Estado de alerta

Los niños pueden meditar con una facilidad extrema, pero solamente si entienden lo que están haciendo.

Una vez que hayas aprendido a meditar, puedes caer en estado de meditación en pocos segundos, lo cual es muy útil.

Toma un retiro para meditar por algunos pocos días. Una vez que sientas que estás meditando, entenderás mucho mejor como esto puede aplicarse a tu vida.

Pasos

Crea un ambiente tranquilo y relajante. Apaga la televisión y cualquier otro aparato que pueda hacer ruido. La música suave puede venir bien, pero no es necesaria. Asegúrate que hayas apagado tu teléfono celular.

- 1) Siéntate en una silla o sobre un almohadón. No tienes que doblar las piernas para ponerte en la posición de loto o en alguna posición inusual, pero puedes hacerlo si es confortable para ti.
- 2) Cierra tus ojos o encuentra algo tranquilo que puedas mirar. Es posible que deseas usar una pequeña vela para esto.
- 3) Cuida de estar bien sentado, de modo que tu posición te permita respirar con facilidad. Esto ocurrirá naturalmente si tus rodillas están debajo del nivel de tu cintura. No es recomendable tenderse completamente, es posible que te quedes dormido al meditar en esta posición.
- 4) Cuida tu respiración. No intentes cambiar la forma en la que lo estás haciendo. Sólo deja que tu atención se centre en como fluye el aire por tu cuerpo. El objetivo de este paso es lograr que tu mente se ponga en blanco gradualmente.
- 5) Relaja cada músculo de tu cuerpo. No te apresures al hacerlo, toma tiempo relajarse completamente y uno debe hacerlo poco a poco. Empieza por la punta de tus pies y ve subiendo hasta que llegues a tu cabeza.
- 6) Mentalmente concéntrate en palabras que te agraden y vayan contigo. Si eres una persona visual, en palabras que evoquen imágenes. Si eres una persona auditiva, en palabras que evoquen sonidos. Si eres una persona kinestésica (movimiento), usa palabras que evoquen sentimientos.



- 7) Repite estas palabras de modo que te animen a lograr lo que deseas. Por ejemplo, repite lo relajado que estás diciendo "Estoy completamente relajado"
- 8) Visualiza un lugar tranquilo para tí. Este puede ser real o imaginario. Este paso puede reemplazar la repetición de palabras, trabajar juntas o ser omitida si deseas.

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by Cindy Ballis

There is no limit as to how many can be helped utilizing this unique device invented by my Father. Little did I know 20 years ago where this journey would take me and my family. What started as an idea to help his athletes, my Father would hold the sacrum with his hand for 20 minutes as taught to him by a friend who was an osteopath. He commented how the sacrum felt like a war zone until for some reason around the 20 minute mark all of that subsided. After success for many years he decided there had to be an easier way and thus began his determination to create the Sacro Wedgy®. After I witnessed so many people with back problems ranging from sciatica, hip pain, lower back pain and more get relief with his simple idea, I would not let "marketing" people take this family business.

We started with sports venues and quickly ran into massage therapists that encouraged us to attend conferences which as you know is what we've been doing for many years. In fact, working with massage therapists is how we've come to learn so much about the muscle structure surrounding the pelvic girdle.

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We tend to concentrate on three major muscles that when out of balance can create a variety of symptoms. The psoas, piriformis and sartorius muscles can jam the sacrum and hips and completely throw off our fragile balance system. That's why we like working with massage therapist so much. Each person is different with their own unique imbalances. Now, more than ever, a massage therapist is armed with a myriad of modalities so as to know what to do to help their clients. The Sacro Wedgy® is another important part of their arsenal of solutions. My favorite muscle to address while on the Sacro Wedgy® is the "gentle" approach to releasing the psoas, which is done by slight pressure at the insertion point at the top of the thigh. While relaxing on the Sacro Wedgy® and with some gentle coaxing by a therapist you are getting a much deeper stretch with very little effort.

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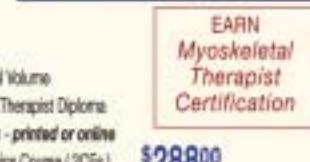
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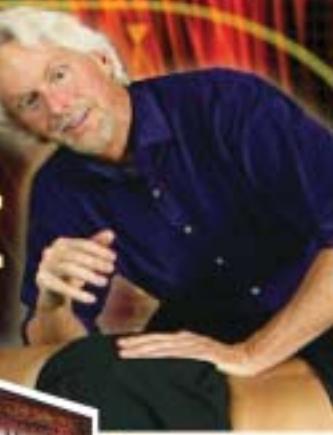
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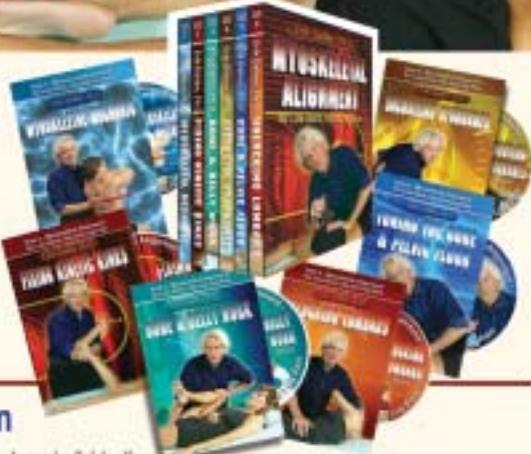
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Common Shoulder Pathologies: The 4 X 4 Approach

by Jeffery B. Wood LMT, COTA/L, B.S.

Part I:

Movement Impairments of the Scapulothoracic Region: Scapular Downward Rotation Syndrome

The shoulder is truly an amazing structure. The longer you study the biomechanical components of the upper extremity, the more fascinating it becomes. Truly the most interesting aspect of the shoulder is the simple fact that is; what this structure lacks in stability it makes up in mobility. According to Robert A. Donatelli Ph.D., P.T., “the shoulder is capable of moving in over 16,000 positions, which can be differentiated by 1 degree in the normal person.”¹

This sounds great in theory, but those 16,000 positions of movement are constantly compromised by our tedious activities of daily living that lead to numerous *movement impairment syndromes*. For the context of this text, *movement impairment syndromes* are defined as “localized painful conditions arising from irritation of myofascial, periarticular, or articular tissues. Their origin and perpetuation are the result of mechanical trauma, most often micro trauma.”² It is this constant bombardment of micro trauma that leads to some of our most common soft tissue shoulder pathologies.

In this topic of discussion we will look at two major categories of *movement impairment syndromes* of the upper extremity. The first category focuses on movement impairments of the scapulothoracic region and the second category focusing on the movement impairments of the glenohumeral region. In Figure 1-1 you will see a breakdown of the two major categories with its corresponding *movement impairment syndromes*.

Figure 1-1

Movement Impairments of the Scapulothoracic Region	Movement Impairments of the Glenohumeral Region
Scapular Downward Rotation Syndrome	Humeral Anterior Glide
Scapular Depression Syndrome	Humeral Superior Glide (Abduction)
Scapular Abduction Syndrome	Shoulder Medial Rotation
Scapular Winging Syndrome	Glenohumeral hypomobility

In this series we will look at the first of eight series of conversations, in regards to *movement impairment syndromes* of the upper extremity: *Scapular Downward Rotation Syndrome*. *Scapular Downward Rotation Syndrome* is a terminology used to name multiple shoulder pathologies of the upper extremity. Viewing this syndrome as a whole will help you to categorize the following pathologies: *supraspinatus or rotator cuff tendinopathy and impingement, rotator cuff tears, thoracic outlet and neural entrainment, humeral subluxation, humeral instabilities, Neck Pain (including or not including radiating pain into the upper extremity), Pain in the levator scapula and upper trapezius muscle, and sternoclavicular joint pain*.³

Truly the most interesting aspect of the shoulder is the simple fact that is; what this structure lacks in stability it makes up in mobility.

Let us first dissect the terminology of Scapular Downward Rotation Syndrome. The name of this syndrome tells you that there is a problem with the downward rotation of the scapula. Figure 1-2 shows the muscles that fire/contract creating downward rotation of the scapula.

Figure 1-2

Downward Rotation of the Scapula:

Levator Scapula

Rhomboids Major/Minor

Pectoralis Minor

This is only the beginning. Many times as therapists we forget how our body works as a complete system. If we look at one movement pattern that is impaired we should also look at the opposing force, in this case it would be upward rotation of the scapula. Figure 1-3 shows the muscles involved in upward rotation of the scapula.

Common Shoulder Pathologies *continued*

Figure 1-3

Upward Rotation of the Scapula:

Upper Trapezius
Lower Trapezius
Serratus Anterior

Many therapists recognize the two movements of upward and downward rotation as agonist/antagonist, and any time we treat muscles using manual therapies we should remember that the musculoskeletal system works in this agonist/antagonist fashion. We should always remember when one muscle or groups of muscles are working there is an opposing muscle or group of muscles that should not be working. With that said, if there is dysfunction or shortening of muscles that create downward rotation they will also affect upward rotation of the scapula creating an imbalanced scapulohumeral rhythm.

Using the basic concepts of the agonist/antagonist theory we must look at the term *force couple*. A *force couple* is defined as

Many times as therapists we forget how our body works as a complete system. If we look at one movement pattern that is impaired we should also look at the opposing force...

two forces of equal magnitude but in opposite direction that produce rotation on a body.⁴ In a nutshell, all six of the previous muscles mentioned must fire in a specific order and against an opposing force, equally. If one of those six muscles fire incorrectly neither upward nor downward rotation of the scapula will occur correctly, creating *movement impairments* that can lead to the shoulders most common pathology; *Impingement*.

Now that we have viewed *Scapular Downward Rotation Syndrome* from a global perspective, now let us look at the most common pathology related to this syndrome; *Supraspinatus or Rotator Cuff Tendinopathy and Impingement*.

The pinching of any structure between the head of the humerus and the acromion is referred as impingement of the shoulder. This may include the bursa, the rotator cuff tendons, or the tendon of the long head of the biceps brachii muscle.⁵ Which came first the chicken or the egg, does tendinopathy supersede impingement or vice versa. It is not our job to determine which occurred first, other than for clinical findings, but rather focus on treating both the tendonitis and the impingement syndrome. Do understand that tendonitis and impingement go hand in hand, but are two distinct creatures. The tendon that is inflamed, *tendonitis/tendinopathy*, is treated much different than the impingement which is a more global response to the insufficient upward rotation of the scapula causing the humerus to impinge against the coracoacromial ligament.³

When treating many times the doctors referral/ prescription may state “*shoulder pain*” or “*shoulder tendonitis*”. As a therapist it will be our job to make clinical decisions, using valid testing methods, to determine what the exact root cause of the *pain, inflammation or movement impairment syndrome*. These clinical findings will allow the therapist to develop and implement a detailed treatment plan. For example, if a patient was referred, from a medical doctor, with a diagnosis of shoulder tendonitis the therapist needs to know whether it is the long head of the biceps brachii tendon, the Supraspinatus tendon, or both. This is achieved by performing some basic orthopedic assessments (Figure 1-4) such as the following.

Figure 1-4

Orthopedic Assessment: Shoulder Impingement

Biceps Tendon (long head)	Yergason's Test or Speeds Test
Supraspinatus Tendon	Hawkins Kennedy Impingement Test
Both Biceps & Supraspinatus Tendon	Neer & Welsh Impingement Test

⁶(These orthopedic assessments are referenced in this footnote)

Once the therapist has established what muscles, of the six identified, that they believe are affected they can begin to develop

and implement treatment strategies. We still must think globally, because it may be the muscle imbalance of upward and downward rotation that is creating the *impingement*, which creates the *tendinopathy*. At this point the therapist may have pin pointed which *tendinopathy* is present, but must determine which muscle or groups of muscles are impaired in upward and downward rotation of the scapula. This is where our traditional visual and palpation skills come into play. We must assess the six muscles of upward and downward rotation through a standard visual examine, along with a palpation exam assessing for muscle tightness. Performing Range Of Motion (ROM) assessments using a goniometer may also be beneficial in determining movement impairments and functional deficits.

By understanding the complex nature of the *movement impairments of the scapulothoracic region*, in this case *Scapular Downward Rotation Syndrome*, the therapist will be able to assess and treat these six muscles; levator scapula, rhomboids major/minor, & pectoralis minor for downward rotation of the scapula and upper trapezius, lower trapezius & serratus anterior for upward rotation of the scapula, providing a therapeutic balance to this *movement impairment syndrome*.

*Please note, that this information is informative in nature. Massage Smart, nor any of its counterparts, intend to use this educational information to diagnose or perform soft tissue techniques outside the scope of practice of massage therapy.

¹ Donatelli, Robert A.: *Physical Therapy of the Shoulder*. 3rd Edition. Churchill Livingstone, Inc, Philadelphia, 1997.

² Sahrmann, Shirley A.: *Diagnosis and Treatment of Movement Impairment Syndromes*. Mosby, St. Louis, 2002.

³ Sahrmann, Shirley A.: *Diagnosis and Treatment of Movement Impairment Syndromes*. Mosby, St. Louis, 2002.

⁴ Frankel, VH, Nordin M: *Basic Biomechanics of the Skeletal System*. Lea & Febiger, Philadelphia, 1980.

⁵ Sahrmann, Shirley A.: *Diagnosis and Treatment of Movement Impairment Syndromes*. Mosby, St. Louis, 2002.

⁶ Donatelli, Robert A.: *Physical Therapy of the Shoulder*. 3rd Edition. Churchill Livingstone, Inc, Philadelphia, 1997.

Jeffery B. Wood LMT, COTA/L, B.S. has 13 years experience as a Licensed Massage Therapist and 11 years experience as a Certified Occupational Therapist Assistant. Jeffery also graduated from the *University Of Central Florida* with a Bachelor of Science Degree in *Technical Education and Industry Training*. He is also the founder and CEO of *Therapeutic Touch & Bodywork, Inc.* that has provided clinical massage therapy services for the last 9 years in Citrus County. Jeffery also owns and operates *Massage Smart: Education in Action* which provides high quality continuing education for Licensed Massage Therapists, allowing the therapist to improve their overall knowledge and skill level. Jeffery also served as the *AMTA Heart of Florida Unit Chairman* from 2006-2009 and was recently elected as an *AMTA Florida Delegate* for 2010. Jeffery is also the Lead Instructor and Massage Therapy Program Director at *Withlacoochee Technical Institute*. If you are interested in contacting Jeffery visit www.massagesmart.com or e-mail Jeffery with your questions to jwood@massagesmart.com .



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The New Old: The Future of Geriatric Massage

by Sharon Puszko, Ph.D.

Like the steady sound of waves crashing on a shore, we've heard the information over and over for the past several years; our senior population is growing and getting older. The baby boomers are fast approaching senior-hood. In 2014, which is only five years away, the youngest of the estimated 78.2 million baby boomers will turn 50¹. Because of technology and medicine, not only has the life expectancy expanded, but also the quality of life of our elders.

How will these changes effect the massage therapy profession?

The Changing Portrait of Our Elders

Our increasingly large, population of seniors can provide a steady, specialized client base for therapists just beginning their careers as well as a new market for experienced therapists interested in adding a new specialty to their practice.

While there may be typical 20 year-olds, today there really are no typical 60 or 70 year olds. Gone are the days of "the old"; we can no longer use that term to apply to everyone over 65. We now have seniors, elders, robust seniors, robust elders, etc. The 65+ have become an amalgam of personalities and activity levels that rival those of Generation X.

This has created a new clientele for therapists and caregivers alike- stronger, more active elders, as well as older elders. Therapists interested in working with this population must learn to accommodate clients who have undergone surgery, have accumulated a lifetime of injuries, can't maneuver themselves onto a massage table and who might be yearning for human touch.

The 65+ have become an amalgam of personalities and activity levels that rival those of Generation X.

Senior massage is simply not a lighter form of Swedish massage. It is necessary for massage therapists who are working with the elderly to learn techniques for working with aging skin and muscles. It is crucial for therapists interested in working with the elderly to learn the basics of geriatric massage before practicing their craft with this diverse group of people.

What are The Benefits of Geriatric Massage?

Recent scientific research on aging and disease has included geriatric massage as a way to help aging patients. For example, the Alzheimer's Association recommends using massage to soothe an Alzheimer's patient who has become irritated and aggressive². The New England Journal of Medicine described a study aimed to decrease the onset of an episode in patients with dementia³. A control group received standard care, and the study group received a multidisciplinary team of specialists, including massage therapists. The results of the study found that the multidisciplinary team was able to prevent more episodes of delirium than the control group. One of the successful protocols used on the study group was massage.

Clients of geriatric massage report sleeping better, a reduction in stress, relief from arthritis and chronic pain, increased recovery time from surgeries, better circulation, lower blood pressure and relief from some symptoms of Alzheimer's disease.

In a 2004 article, researchers found changes in blood pressure, heart rate, hemoglobin values and respiratory rate in patients simply as a result of being touched by a nurse⁴. Another benefit touch offers to senior clientele is its effect on memory. Repetitive touch can help the elderly, especially those with Alzheimer's, retain some body memory, which in turn might trigger the recall of other memories.

*Recent scientific research on aging and disease
has included geriatric massage as a
way to help aging patients*

Our Healing Hands

As massage therapists, it is important not to lose sight of the power our hands can have over clients. When working with the older generation, this is all the more true. In fact, this can be one of the greatest rewards of working with older clients. We can feed the souls of our elders who may be starved for caring, friendly touch. Touch helps us to organize information, understand the world around us and is essential to human happiness. Sometimes a reassuring touch is all one needs to feel better.

¹ Facts for Figures, "Special Edition: Oldest Baby Boomers Turn 60!", January 2, 2006. U.S. Census Bureau

² *Steps to Understanding Challenging Behaviors: Responding to Persons with Alzheimer's Disease* Alzheimer's Association, 1998

³ New England Journal of Medicine, March 4, 1999

⁴ Zur, O. & Nordmarken, N. (2004). To Touch or Not to Touch: Rethinking the prohibition on Touch in Psychotherapy and Counseling.

Sharon Puszko, PhD, CMT is the owner/director of Day-Break Geriatric Massage Institute. Day-Break conducts over 40 workshops a year throughout the United States and Internationally. The Level 1 course introduces students to the physiology and psychology of aging and specific massage techniques for the robust to age-appropriate senior. The Level 2 Advanced course works with the primary conditions of the frail elderly. One afternoon of this class will be working with residents at a long-term care facility. Another afternoon will be at an Alzheimer's unit. Each course offers 17 CE's approved by NCBTMB.

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Plantar Fasciitis – Prevention & Protocol

by Karen Ball

“Flip-flop disease” is a big problem in Florida. As in other sub-tropical and tropical locales, Floridians love to go bare-foot and/or wear those cute flip-flops, often times on unforgiving concrete sidewalks and parking lots. One of the most common contributing factors to plantar fasciitis is a chronic lack of arch support. Plantar fasciitis is thus a big problem in our state.

Plantar fasciitis is the most common cause of foot pain for which professional care is sought. Although plantar fasciitis typically afflicts people over 40 years of age, those who are very active physically or stand for many hours on their feet may experience symptoms as early as 20.

The condition is both simple and challenging to correct. Difficult in that absolute rest or immobilization for the time required to fully heal the fascia is improbable (and actually undesirable for other reasons); simple in that the condition responds favorably to conservative interventions; and difficult because many people living with plantar fasciitis are non-compliant with their “homework”.

Plantar fasciitis is the most common cause of foot pain for which professional care is sought.

Without treatment, resolution may extend beyond a year, and may suggest surgery, an invasive approach that risks nerve injury, infection, fascial rupture and sometimes no improvement at all. On the other end, this author, from a weekly protocol of manual therapies centered on reflexology, and diligent adherence to a self-care program, recovered fully within three months of onset. (Seventy-five percent of people suffering from plantar fasciitis require approximately six months to recover). Encouraged by my own success four years ago, I applied the same protocol to the increasing numbers of people who came to me with identical complaints.

What is Plantar Fasciitis?

The plantar fascia is a thick, broad, inelastic band of longitudinally oriented connective tissue situated along the plantar surface of the foot. It originates on the medial tubercle of the calcaneus and inserts into the proximal phalanges and the flexor sheathes. The plantar fascia helps to support the arches of the foot, along

with ligaments, intrinsic foot muscles, the bones that form the arches (navicular, calcaneus, the cuneiforms, cuboid and metatarsals 2, 3 and 4) and the deep tibialis posterior muscle.

Plantar fasciitis is a painful, inflammatory condition of this fascia. It results from overuse and stress, biomechanical faults that cause excessive pronation or supination of the feet’s subtalar joints and/or excessive external rotation of the hip joint when walking. What results is tissue fatigue and micro-tearing of the fascial attachments at the calcaneus. And that hurts!

During long periods of non-weight-bearing (either sitting or in bed), the foot begins the process of laying down new tissue. Intense burning pain is typically experienced with initial weight-bearing, when the body’s weight causes the fascia to extend and rips the newly formed tissue from its attachment. The client who complains of intense pain when getting out of bed in the morning is a likely candidate for plantar fasciitis. The cycle of non-weight-bearing/repair and weight-bearing/tear begins. Acute inflammation turns chronic; adhesions and fibrosing ensue.

Treatment Protocol

Prior to initial treatment, a therapist should conduct a comprehensive health history and perform easy-to-learn palpatory, observatory and testing procedures to rule out other causes of heel pain and to distinguish between an acute and chronic condition.

Remember that 95% of those with plantar fasciitis respond favorably to conservative manual therapies, making surgery a last resort and a trained bodyworker the first. The author’s success with this condition includes a combination of reflexology (either the conventional western style or the foot portion of Thai reflexology), stretching, myofascial release of impingement along the S1 peripheral nerve pathway, scar tissue breakdown, hydrotherapy and custom-formulated essential oil applications.

Remember that 95% of those with plantar fasciitis respond favorably to conservative manual therapies, making surgery a last resort and a trained bodyworker the first.

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Prevention

A critical component to the recovery of plantar fasciitis is the individual's compliance with a home program that includes one or more of the following: staying off the feet as much as possible, weight loss, arch support, heel lifts, icing, night splints, stretching, strengthening and a change in footwear. Prevention and avoidance of re-occurrence is accomplished by adherence to a very simple foot care regimen.

Training

The ability to provide relief for the many people who suffer daily from plantar fasciitis requires specific training and guarantees a busy, successful practice. In the day-long training Plantar Fasciitis: Prevention and Protocol, participants explore the predisposing factors and causes of plantar fasciitis; learn assessment skills necessary to rule out contusions, stress fractures and tarsal tunnel syndrome; determine a successful course of action based on individual client history and symptoms; practice a 60-minute hands-on session based in foot reflexology; develop a self-care program to repair and prevent further occurrences; and weigh the advantages and disadvantages of medical interventions such as NSAIDs, corticosteroid injections, ultrasound, prolotherapy, extracorporeal shockwave therapy (ESWT) and surgical fasciotomy.

*The ability to provide relief for the many people
who suffer daily from plantar fasciitis requires specific
training and guarantees a busy, successful practice.*

Initially, the number of people who sought out my services for this condition surprised me. I admit to having been ignorant of how many people suffer with the pain of plantar fasciitis until, propelled by my own affliction, I developed a strategy that worked. Word spread and people showed up. Fortunately, I know how to help.

For further information, please visit "Reflexology in Costa Rica" at www.academyofancientreflexology.com or contact the author at 904/553.4067 or karen@academyofancientreflexology.com

The Rossiter System: Changing The Way Massage Therapists Work

by Sue MacDonald

Use your feet instead of your hands?

Insist that clients keep their clothes on....?

**...and then ask them to move throughout
the workout?**

What's going on here?

**Richard Rossiter Has a Few Ideas
for Massage Therapists**

"I use the Rossiter System techniques on almost 90% of my clients now because I've gotten such incredible results"

As a former chronic pain patient, Richard H. Rossiter knows firsthand that the way out of pain sometimes requires hard work and sheer determination.

And as a certified advanced Rolfer and small businessman, he knows the importance of operating a business efficiently — doing the most amount of work with the fewest amount of resources, all with a goal of success and longevity.

So it's probably no surprise that massage therapists who attend his four-day Rossiter system workshops leave with powerful techniques to help their clients overcome pain quickly and a whole new way of providing massage therapy that is easier on their own bodies and gives them hope of long, pain-free careers as therapists.

"I use the Rossiter System techniques on almost 90% of my clients now because I've gotten such incredible results," says Terri Dahmer, a Durango, CO., massage therapist who studied with Rossiter in the summer of 2003. "Within two to three sessions, the results are just amazing. My clients' pain is gone. Their stiffness is gone. They want to come back. I thought I was going to have to go to part-time work this year because of my own shoulders, which I hurt in the spring."

But now, she trades regular Rossiter workouts with another massage therapist. And her shoulder pain?

"It's all gone," she says. "It's so exciting to see something that works so well so quickly."

Just what exactly is The Rossiter System, and how does it work?

For traditionally trained massage therapists, the two-person stretching techniques that Richard Rossiter developed more than 15 years ago introduce completely new concepts into the massage therapy practice. They incorporate some traditional modalities — Shiatsu, acupressure and myofascial release, for example — but they do so in ways that vary considerably from traditional hands-on massage.

For one, Rossiter's techniques require therapists to use their feet — not their hands — for most of the stretching and tissue-changing techniques. Secondly, clients stay clothed and lie on a mat on the floor, not undressed or on a table. And lastly, the client's active participation — defined movements and directional stretches — is required during each technique.

A session is called a "workout," and during a typical workout, the therapist uses his or her foot to add weight to predetermined areas of the client's body. The therapist then coaches the client through a series of specific stretches that elongate the body's network of connective tissue. Instead of the massage therapist "providing" a massage, the therapist and client work together to create looser, freer, pain-free tissue from head to toe or in specific trouble spots — knees, feet, shoulders, necks, elbows, wrists, low backs, etc.

The Rossiter System features more than 200 techniques for all areas of the body. The techniques are arranged in 10 levels, each built on the knowledge and skill of the previous level, and each level is a bit more powerful and targeted. Each technique has a name, a set of written instructions and, on Rossiter's web site, accompanying streaming videos. The stretches have names such as Hole in the Shoulder (for opening the shoulder girdle), Palm Hula, Feet to Feet, and Elbow Torque. Typically, techniques are performed three times each for about 10 seconds. Level One

Instead of the massage therapist "providing" a massage, the therapist and client work together to create looser, freer, pain-free tissue from head to toe or in specific trouble spots...

techniques are chronicled in Rossiter's 1990 book, *Overcoming Repetitive Motion Injuries the Rossiter Way* (New Harbinger Publications).

"For massage therapists who are focused on rubbing clients with oil and providing a relaxing massage, this probably isn't for you," explains Rossiter, a former military and commercial helicopter pilot who began looking for non-surgical, non-drug approaches to chronic pain when his shoulders became so stiff and sore that he nearly ended his flying career prematurely in the 1970s.

"But if you enjoy the challenge of 'fixing' people who come to you in pain, these techniques are the quickest ways to provide effective relief in a way that's least draining on your own body," says Rossiter, who eventually discovered Rolfing for his own pain relief and became a certified advanced Rolfer in the mid-1980s. "If someone comes in with low back pain, you've got the tools to fix that back in about 10 minutes. If it's a knee that's bothering your client, or lingering migraines, you've got some techniques that can intervene quickly to alleviate, reverse and eliminate that pain in 30 minutes - sometimes short-term, sometimes for good."

"But if you enjoy the challenge of 'fixing' people who come to you in pain, these techniques are the quickest ways to provide effective relief in a way that's least draining on your own body."

Because of his background in Rolfing and structural integration, Rossiter's techniques strictly target the body's connective tissue. The goal of each workout is to use weight and warmth (provided by the therapist's foot) to anchor connective tissue while the client actively pulls and stretches it out, lengthening and loosening volumes of it in each technique and workout. Always, clients are urged to locate the sources of pain in their bodies and stretch into and through the pain for long-term results, Rossiter says.

"Pain is more than just a physical symptom," explains Rossiter, who focused his practice primarily on corporate settings until 2001, when he began offering workshops to the bodywork community. "Pain is information, and when bodies are stressed, pain overloads in a particular area and branches outward from there. Wherever it branches is the way out of pain. If you're serious about pain relief, you follow the pain and all its links. You call for movement by your client through those areas and branches,

and when you've followed all the links with good, clean movement, the pain will be gone. I often tell my clients and students — you come in through a door of pain, and the only way out of pain is back through that same door."

That, of course, means not all clients are interested in Rossiter workouts. They involve hard work, active participation, concentration and a dedication to feeling better that some clients simply don't have or want. And that's fine, he says.

Massage therapists who've learned and incorporate Rossiter's stretching techniques into their practices say they can't imagine how they ever got along with them — and can't fathom going "back" to the way they used to practice massage therapy.

Diana Racklin, a massage therapist at the multi-disciplinary A.V. Spine clinic in Lancaster, CA., has undergone two units of Rossiter System training, and the techniques have altered the way she practices massage in her multidisciplinary clinic setting.

"I have orthopedic and neurology specialists referring patients to me," she says. "There are a few lawyers out here recommending personal injury clients to me, and they tend to be clients for whom long-term occupational therapy or physical therapy hasn't worked. When you add the Rossiter techniques, it works."

Racklin, in fact, now devotes two afternoons a week to nothing but Rossiter workouts with her clients — because she gets results, and because clients are now asking for them.

One client, she recalls, arrived at her office unable to walk because of a hip injury and had to be helped into the office by his elderly mother. "By the time he left, he was walking on his own, and after three more sessions, he went back to work," she says.

Rossiter workouts are also now part of the clinic's back rehabilitation program — after patients undergo treatment on an ERX spinal decompression/traction machine, followed by light stretching and physical therapy.

"What I like about (the Rossiter System) is that it's quick. Instead of having to do a half-hour appointment, I can do three people an hour — 20-minute appointments each," she says.

Jean Loose, a massage therapist and nurse in Grand Junction, CO., considers herself a well-trained, experienced and highly competent massage therapist, but until she began using the

Rossiter techniques, she never had a long-lasting solution for clients who got “stuck.” Every massage therapist is familiar with the phenomenon — a client who returns with the same nagging problem in the same old place. For some, it is a sore shoulder that never fully loosens up or stays free of pain. For others, it’s a chronic bad back pain, achy knees, or disabling plantar fasciitis. A traditional massage session can usually provide several days of relief, but the symptoms frequently recur in the same places, and no amount of massage eliminates them.

“Any time people have ‘a spot’ now that is gnawing at them, I do the Rossiter System stretches,” says Loose, a 20-year massage therapy veteran who maintains a private practice and also teaches various bodywork modalities in Grand Junction. “It’s so effective, and people are so surprised to get immediate results that last.”

Loose says she can accomplish in five minutes of Rossiter work what typically takes 30-60 minutes to accomplish with Structural Integration work - and the Rossiter techniques are far kinder on her body.

“My clients can see it’s easier for me. Yes, it’s different to have someone on the floor and to have them fully dressed,” she adds, “but that appeals to a certain group of clients as well. Some people will never do massage (because they have to get undressed). For people who are tactile-defensive, this is much more appealing to them. And what I love about it is that anybody can learn to do it.”

Rossiter says the stretching techniques can appeal to a potentially new client base for therapists. For one, people interested in “fix-it” work might be drawn to the shorter sessions and results-oriented Rossiter work, he says. Busy clients who have only 30 minutes in a day for some kind of intervention might also be interested in a Rossiter workout. Not the kind to sign up for weekly massage or a series of 10 sessions, they would be interested in quickie workouts that relieve aches and pains quickly and in a timeframe that fits their lifestyles. In addition, some clients actively want to be part of their own healing process, and the Rossiter System’s insistence on client participation appeals to them.

“The whole concept presents some new possibilities to massage therapists,” Rossiter says. “Do you want a practice that is made up of 20 clients who are “fixed” in one session each, or one client who requires 20 sessions to achieve the same results? Which approach would increase your practice load faster and boost the kind of positive referrals you’ll get from satisfied clients?”

“I like working with injury clients, but I physically haven’t been able to do it because it’s too hard on me,” says Bucher, whose knee continued to bother her 20 years after knee surgery. “But now I can.”

Loose says her client base has increased since offering Rossiter workouts in 2003. “It’s all been through word-of-mouth referrals, and there are plenty of people in pain out there,” she says. “For first-time clients, I’ll ask, ‘Is it OK if I try something I just learned?’ And if they’re open to it, we’ll try some Rossiter techniques, and they’re usually blown away by the results.”

She’s been able to use Rossiter techniques to reverse carpal tunnel syndrome in clients, ease chronic low back pain and loosen the arms and shoulders of computer users who develop upper-body pain and tightness.

At the Holistic Empowerment Center in Aurora, CO., owner Janet Stanfield has added Rossiter workouts to other modalities, including energy balancing, kinetic muscle testing, Reiki and more.

“I realized I needed some sort of technique or tool for connective tissue problems,” she says. “What I love is that Richard has figured out the fastest way to do it in the shortest amount of steps, and if you just follow the system, it works. I’m having phenomenal results with people.”

Clients, she says, are finally getting permanent relief from chronic back pain, hip and pelvis pain, knee pain and the like.

And Catie Bucher, also of Colorado, hopes to refocus her practice away from mostly relaxation massages to clients who are seeking relief from chronic pain and injuries.

“I like working with injury clients, but I physically haven’t been able to do it because it’s too hard on me,” says Bucher, whose knee continued to bother her 20 years after knee surgery. “But now I can.” When Richard worked on my leg during the workshop, I almost burst into tears and couldn’t quit smiling...it felt so good. I hadn’t realized how much pain I was carrying around in that knee. I’ve had more results from Rossiter, personally, in a short time than I’ve had from any other bodywork.”

The Rossiter System is taught over the course of a four-day workshops that offers more than 25 specific techniques for the upper body, low back, knees, hips, feet, hands, fingers and wrist. It currently is taught in four Units (I-IV).

Rossiter & Associates is an approved CEU provider by the National Certification Board for Therapeutic Massage and Bodywork, National Athletic Trainers' Association, the Rolf Institute, Dental Assistants National Board, and state affiliates of the American Physical Therapy Association in Ohio, New York, Texas, Arizona, Georgia and Illinois.

Information, www.rossiter.com or 1-513-541-3559.

When most of his work was factory-based, Rossiter constantly encountered workers whose own bodies felt worn out, literally, from the repetitive or demanding nature of factory work, or whose injuries had been medically over-treated by drugs, injections and surgeries that they were no longer able to work or function normally.

In the bodywork profession, he also encounters massage therapists, Rolfers and other professionals whose own bodies are wearing out or constantly aching after years of kneading, pressing, rubbing and standing in awkward body positions required to massage and manipulate clients' bodies. Some, he says, have to change careers or drastically cut back their full-time practices because their own bodies can no longer handle the physical exertion that massage therapy requires.

Deb Musick, a massage therapist in Durango CO., knows first-hand the effects of disabling injuries. When her right hand was seriously injured in an automobile accident in 2001, she had to suspend her 11-year massage therapy practice and undergo four hand surgeries, none of which provided relief or restored function to her hand. In 2003, she attended a Rossiter System workshop in Boulder, where she regained some of the mobility and movement in her hand and also learned how to use a different appendage to provide massage therapy.

"If you can't use your hands, this is perfect," says Musick. "Use your feet. My clients have responded to it very well. It's brought back a lot of people who hadn't been in my door in two years. I see the Rossiter System as standard equipment for massage therapists in the future — something that could revolutionize how a massage therapist would set up a practice."

In the meantime, the Rossiter techniques are providing relief for Musick's injured hand. "Just what it did in my own wrist is amazing," she says. "I went to my hand surgeon the day after the Rossiter workshop was over, and he was so impressed with the range of motion difference — he couldn't get over it." In her practice, she finds the foot-based Rossiter techniques are particularly helpful when working with large, obese clients or clients who are bulky from weight lifting or other physical activities.

"I always wondered if I was getting deep into the tissue when I was working on really big clients with my hands," she says. "Now, when I'm adding weight with my foot and their eyeballs roll back and they say, 'that's enough,' you *know* you're in the right place and you *know* it's working."

As massage therapists increasingly are expected to produce better and more specific results, Rossiter foresees a developing appreciation for his techniques, by therapists, clients and providers of health-care services.

"Eventually, results will be measured only by the level or amount of improvement," he says. "And clients who are actively involved in their own recovery almost always improve faster."

Moreover, using the foot provides therapists with an alternative that's powerful enough to change a client's tissue but less physically demanding for the therapist to administer than using one's hands, shoulders, arms, and elbows, he said. Except for a handful of techniques, most of a Rossiter workout can be done with the therapist standing upright in a comfortable position.

"Many therapists are drawn to massage because of the good they can accomplish," he says. "Therapists who are serious about long careers need alternatives and ideas that can help them pursue their art for as long as they want to, not just as long as their bodies will hold out."

...using the foot provides therapists with an alternative that's powerful enough to change a client's tissue but less physically demanding for the therapist to administer than using one's hands, shoulders, arms, and elbows...

Sue MacDonald is an award-winning freelance health writer who works as a marketing communications manager for a technology company in Cincinnati. With Rossiter, she is coauthor of "Overcoming Repetitive Motion Injuries the Rossiter Way" (1999; New Harbinger).

The Art of Massage Cupping™ Therapy

by Anita J. Shannon, LMT

A wonderful ancient technique has found its place in the modern world of healing. Massage Cupping™ bodywork is based on the common practice of cupping therapy, and the incredible results that this simple treatment produces have truly impressed those who experience its subtle power. By creating suction and negative pressure, Massage Cupping™ therapy is used to soften tight muscles and tone attachments, loosen adhesions and lift connective tissue, bring hydration and blood flow to body tissues, and drain excess fluids and toxins by opening lymphatic pathways. Massage Cupping™ bodywork is versatile and can easily be modified to accomplish a range of techniques, from lymphatic drainage to deep tissue release. This complements many health modalities ranging from spa treatments to medical massage.

Massage Cupping™ bodywork is fun and result-oriented ... and the treatment FEELS GREAT!

How is Massage Cupping™ therapy accomplished? The cup is positioned over the area of the body to be treated and suction is created using a vacuum gun or bulb. The more traditional method involves inserting a flame into a glass cup to create the vacuum. The suction level can range from light to heavy, and the movements performed by the therapist can be stimulating or sedating.

What is the difference between Massage Cupping™ bodywork and traditional Chinese cupping therapy? In Traditional Chinese Medicine, stationary cups are placed on the skin and left for a period of five to fifteen minutes, and the cups may also be moved over the area to raise "sha". The goal of Chinese cupping therapy is to move stagnation of blood and chi, disperse internal heat, and other applications based on Traditional Chinese Medical diagnostics. Traditional cupping therapies are also generally used in many cultures on both adults and children for respiratory conditions, pain relief, and multiple other uses in home health care.

Massage Cupping™ therapy is a more commonly used tool for massage therapists and other healthcare practitioners. The movements are specific to bodywork and stay within the boundaries of professional licensing. Before applying the cup, the therapist

will administer oil or lotion to facilitate smooth movement, since the cup is kept active and is not left stationary on the client's body. The entire back may be treated, including the neck, shoulders, middle and lower back, and sacral area. The hip and thigh areas may also be treated, and abdominal Massage Cupping™ bodywork feels just incredible. Almost every area of the body responds to this unique treatment.

How does Massage Cupping™ therapy feel? The sensation is truly indescribable, often experienced as deep warmth and a tingling sensation lasting long after the treatment has ended. The action on the nervous system is sedating, and people will often descend into a profound state of relaxation. The body comes alive, and new ease of movement can truly be felt.

What are the benefits of Massage Cupping™ bodywork?

Massage Cupping™ therapy is not an irritant to the skin or body. It draws the inflammation out, yet does not add to it. The skin will turn red with strong movements, indicating that circulation has been brought to the surface. Application of liniments, analgesics, plant hydrosols and essential oil blends immediately after Massage Cupping™ bodywork will enable absorption of the product deep into the tissue. Increased local blood supply to the muscles and skin will bring nourishment and allow for toxins to be carried away via the veins. There is evidence that the PH of the blood is affected by this procedure! Conditions of chronic and acute pain can be relieved with minimal discomfort and tense muscles softened quickly and easily. Massage Cupping™ therapy is wonderful as an addition to a massage or other therapeutic service.

Another effective application of Massage Cupping™ bodywork is in the treatment of cellulite. A very light suction provides drainage, while heavier application can be used to stimulate circulation and loosen adhesions or "dimpling." The thighs and hip region should be treated prior to a wrapping procedure to enhance the absorption of product. Massage Cupping™ therapy is also very helpful for detoxification and for those who are letting go of old habits!

The action on the nervous system is sedating, and people will often descend into a profound state of relaxation. The body comes alive, and new ease of movement can truly be felt.

Treatments using Massage Cupping™ therapy include a revolutionary face lifting and drainage treatment and magnetic micro-cup reflexology for the feet and hands. The magnetic equipment is showing great results in the treatment of injury sites, neuropathy and pain.

Why should I learn Massage Cupping™ bodywork? One of the most enjoyable aspects of experiencing this therapy is the incredibly wide range of movements. Creativity provides a variety of methods, while alteration of pressure and speed produces amazingly different sensations. The edge of the cup can be used to "scoop" in a cross fiber movement. Vigorous circles feel marvelous on the hips, thighs and shoulders. Long strokes down the sides of the spine and along the ribs provide ease to rib cage expansion and breathing. Stubborn neck tension can be released in mere minutes and scar tissue softened using a "reverse friction" technique. The ease of use and effectiveness of this tool are so beneficial to the practitioner, allowing deeper access to tissue with much less strain on the therapist and the client. Self-care for the therapist is easy and fast using this wonderful tool!

People often report that the experience stayed with them longer than most treatments, and the speed with which Massage Cupping™ bodywork effects change in the tissue is truly amazing. When used in a treatment series, the results are cumulative.

People often report that the experience stayed with them longer than most treatments, and the speed with which Massage Cupping™ bodywork effects change in the tissue is truly amazing. When used in a treatment series, the results are cumulative. Yet even in a single treatment, a long-term physical issue may be resolved! Applications for this technique include body contouring, chronic pain relief, pre-surgery prepping and post-surgery recovery (face and body), detoxification, and increased sports performance. Conditions that have responded to Massage Cupping™ therapy include colon disorders, edema, fibromyalgia, sports injuries, cellulite, nervous tension and many more!

What is the discoloration that occurs after some treatments? There is a "marked" difference between traditional Chinese

cupping therapy and Massage Cupping(tm) bodywork. The marks that are commonly left from TCM treatments are the desired result. Massage Cupping™ therapy very rarely produces this discoloration, called a "cup kiss" or "doo-hickey." If this appears during the treatment, it's just an added bonus indicating the release of intense stagnation (body fluids and toxins) in the area. This is not a bruise and will dissipate anywhere between a few hours and a few days. It is also unlikely that it will re-occur in the same area.

Is Massage Cupping™ therapy safe? This technique is used safely on children, adults and elderly persons. The most common misuse of Massage Cupping™ therapy is overuse. This is an intense therapy, and its impact on the body systems is significant. In particular, the elderly, children, and persons with diabetes and those on blood thinners should be treated gently. After any Massage Cupping™ therapy treatment, it is important to avoid exposure to excessive heat or cold, and sufficient hydration is required to facilitate elimination. A complete assessment of specific conditions at the time of treatment must be taken into consideration by the practitioner.

Massage Cupping™ bodywork seems easy to do, but it is not simple. To achieve maximum results safely, training is required. The current workshops are 22 hours to complete, and educational videos/DVDs and books are available. When looking for education, search for a Certified Massage Cupping™ Educator (CMCE).

Anita J. Shannon is a Licensed Massage Therapist and a licensed Cosmetologist since 1983, specializing in skin care, body treatments, clinical Aromatherapy and various modalities of massage therapy. She is a national educator since 1990, appearing at four national Spa and Massage conventions each year, and appeared as a co-host for four years on the television show "Health Options Today" with Dr. Mitchell Ghen.

Anita is the Director of Advanced Continuing Education, an NCBTMB CE provider established in 2001, and has presented numerous workshops on Massage Cupping™ bodywork at national locations since 2002. Anita has been published on this subject in *Massage Today* and twice in *Massage Magazine* and *Les Nouvelles Esthetiques*. She has published two educational videos on Massage Cupping™ therapy and is currently writing a book on the subject.



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Goals To Go

by Coach Cary Bayer

"Setting goals is the first step in turning the invisible into the visible."

— ANTHONY ROBBINS

If you're a massage therapist who's almost daily worrying about making your rent, scrounging up enough money to pay your mortgage and avoid a possible foreclosure, or finding some way to pay your quarterly taxes, you might think that establishing goals is a luxury you don't have time for, let alone any need to do. To that, I say *au contraire*. Unless you set up goals on a regular basis to stretch the way you market, expand your client base, and grow your income monthly you run the risk of being a casualty in this recessionary economy.

Let me explain how the use of goal setting can help your business not just survive, but thrive, as well. Tracking goals on a weekly basis makes use of the Law of Attraction, which states that energy goes where attention flows. The Law of Attraction, while millenniums-old wisdom, has recently been popularized in Rhonda Byrne's best-selling book and video, *The Secret*. Even physicists understand the role that observation plays in the phenomenon it observes: "You cannot separate the observer from the observed," said David Bohm, the quantum physicist who worked on the Manhattan Project that developed the atomic bomb. In the case of goal setting for massage therapists, the observer is the LMT and the observed is her business itself.

Here's how this powerful methodology works: Create a variety of weekly goals for different aspects of your business. These might include such categories as number of massages given; gross income; number of new clients gained; number of new prospective clients; hours spent on marketing; and so on. For those LMTs who have a therapist or more working for you, you might also include such categories as number of treatments given by each therapist; amount of passive income, etc.

Write your goals going down the page on the left margin. At the top of your paper going across, write Goal, Actual and Percentage. On Sunday night (or the first thing Monday morning) before your workweek begins fill in your goals for the week. Tally results as they develop throughout the week. Then, the following Sunday night (or Monday morning) compute your results. If your goal was to gain two new clients and you gained one your percentage was 50 percent. Do this for each category and do this each week.

There's great power in this process for, as auto legend Lee Iacocca put it, "The discipline of writing something down is the first step toward making it happen." There's another quotation that I like, the author of which is unknown, which goes, "Goals that are not written down are just wishes." And wishes, are fine for blowing out the candles on birthday cakes, but they're not of much use beyond that. As Washington Irving, the author of "The Legend of Sleepy Hollow," who was neither sleepy nor hollow, put it,

"Great minds have purposes, little minds have wishes." Have a purpose, not a wish, and write these goals down. As John Dewey, one of the nation's greatest educators ever and a founder of the philosophical school of pragmatism, said, "Without some goals and some efforts to reach it, no man can live." And make sure that you keep stretching your goals, especially if you are reaching them. For as Michael Korda, the novelist and former editor-in-chief of Simon and Schuster wrote, "One way to keep momentum going is to have constantly greater goals." Of course, if you're not reaching the goals that you set, it's wise to examine what you're doing and see what you can do about intensifying your efforts.

Consciousness is a powerful tool, and that's why your mind needs to be used properly. Don't burden it and bog it down as a storage site for little things like appointments. Let it be the powerful force it was intended to be. As physicist Fritjof Capra wrote, "In modern physics, the universe is thus experienced as a dynamic, inseparable whole which always includes the observer in an essential way." How much more could physics say about the power of consciousness.

In other words, simply *intending* certain results and looking at these intentions daily helps bring them into manifestation. That's why it's wise to display your weekly goal sheet of goals in a place where you can see them every day—remember the power of attention. "It was not possible to formulate the laws of quantum mechanics in a fully consistent way without reference to the consciousness," said the illustrious Physicist Eugene Wigner. The same can be said for the laws of quantum massage business growth.

Cary Bayer (www.carybayer.com) was keynote speaker at the 2006 American Massage Therapy Association (AMTA) national convention. A Life Coach, CE provider licensed by NCBTMB, and faculty member of Massage Business University, he writes for *Massage Today*, and for AMTA publications in 14 states. His 27 publications include 10 for LMTs. Cary has coached more than 150 massage therapists. His "Build a \$100,000 Annual Massage Business in Just 1 Hour a Day" 6-CE seminar is very popular among LMTs.

Good News from the Education Chair

On July 31st through August 2nd, your AMTA FL Chapter hosted the last of the four scheduled three day education seminars. Helmsley's Sarasota Sand Castle Hotel provided a charming venue for therapist to further their knowledge while enjoying our lovely west coast shoreline.

On Friday, LMT's participated in **Gary Petitjean's** refreshing *HIV, Law, Ethics, & Medical Errors* program. Gary's approach is in my view the best way a massage therapist can enhance and develop a better understanding of these important topics. Unlike the typical sterile text book course, Gary expertly guides participants through the details by engaging them in thought provoking discussions.

Saturday heralded **Don McCann's** "Relief from Head, Neck, and Shoulder Pain, and Quick Release Technique". McCann's two day course included the essential 12 hours of hands on instruction required for license renewal. Throughout the weekend McCann guided participants effortlessly through his well-known techniques. Comments such as "This was the best bang for the buck", and "best class ever; I learned so much" were just two of the many positive affirmations heard throughout the three day workshop. Assistants Pamela Putnam & Wendy Navas further insured that everyone received indispensable personal attention throughout the two days.

It is with much gratitude that I thank our Immediate Past President, George Schwind who worked vigorously directing our efforts to insure that the chapter delivered the best education at the best price possible. Lastly, we welcome the more than 40 LMT's who took advantage of our "Become a New AMTA Membership Drive."

Sincerely,

Eileen T. Newsome
Education Chair

*"This was the best bang for the buck", and
"best class ever; I learned so much" were just
two of the many positive affirmations heard
throughout the three day workshop.*





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Medical Liaison Report

Hello Members:

Well as you know we were in Orlando at the Champions Gate Hotel for their 29th FSACOFP annual meeting (Florida Society of The American College of Osteopathic Family Physicians)

It was a wonderful weekend meeting and talking with physicians from all over. Explaining how beneficial massage therapy is. And how easily it can be incorporated into all their protocols. The physicians were all very receptive to the importance of not only us but how educated and dedicated we are. I showed them and explained how easy it was to put an AMTA LMT in their office using the therapist locator.

We offered complimentary chair massage to all who stopped by our booth. That consisted of both physicians and exhibitors. I would like to personally thank all the students, they were phenomenal. The students were from the Orlando Everest College .

It is our own AMTA President, Candy Morris, who is their executive program director at the campus. Candy Morris and Bob Davis, along with Lynn Brooks and Matt Nogrady accompanied me to this event. They were all extremely helpful in coordinating all 45 students. Our doctors and exhibitors were incredibly spoiled by their skilled hands and eagerness to relax them after their long hours in class. I was so impressed with each and every one of them. I was also very thankful to have some of their finest instructors accompany them as well. Each one of the instructors brought with them a unique style and professionalism to which the students exemplified.

I would like to also thank Dr. William Stager 2008-2009 President of the FSACOFP. He stopped by and personally talked with all the students. He mesmerized them with his incredible energy. He spoke of how they were in a very special profession of healing and helping. How important it was for them to continue on with all kinds of continuing education in their field. How their energy and their intent can be so powerful and so healing. He showed the students first hand just how powerful energy is and how much was there in the small gathering around him. The students couldn't quit talking about how ener-



gized they felt and how the hairs on their arms were standing up when he talked. Dr. Stager was truly inspiring to me and to all my students. He is a powerful person and I recommend everyone to make his acquaintance, and to speak with him first hand and to feel his powerful energy.

All in all it was a lovely convention. I so recommend all LMT's to come out and join in on these medical conventions. You truly get so much satisfac-

It was a wonderful weekend meeting and talking with physicians from all over. Explaining how beneficial massage therapy is.



tion and a tremendous amount of contacts when you come out and volunteer. Please check the web site www.amtaflorida.org for any upcoming medical conventions. Our next one will be in September at the Tampa Hyatt. I look forward to any and all who want to make a difference 1 massage at a time.

I would like to also mention Candy, George and I had the privilege to go to the FSMTA convention. It was lovely. We felt so privileged to support them with there convention. Maureen the president of FSMTA made us feel welcome and honored to be there and be apart of there festivities. We so look forward in working together along side our sister organization. We also look forward to having them join us in our convention in September.

Sincerely,

Karen Roth
Medical /P.R. Liaison

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Professional Membership

- \$235 + _____ chapter fee = \$ _____
Please check and submit documentation for one of the following:
- Photocopy of diploma or proof of graduation from a minimum 500 in-class hour entry-level massage therapy training program.
 - Photocopy of National Certification Board for Therapeutic Massage and Bodywork (NCBTMB) certificate or confirmation of passing score.
 - Photocopy of current AMTA-accepted city, state or provincial license.

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You must be enrolled in a 500 in-class minimum entry-level massage therapy program.

- \$79 + _____ chapter fee = \$ _____
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Code of Ethics Agreement

I am familiar with the requirements of membership in the American Massage Therapy Association and agree to abide by the Bylaws and Code of Ethics upon acceptance of my membership. I understand that violation of the Bylaws or Code of Ethics can be grounds for termination of my membership. I attest that I have never had a permit or license related to massage therapy revoked, suspended or voluntarily surrendered. I am not currently under any disciplinary action on a complaint resolved or unresolved in this state or any other location.

I have read and agree to the above (signature) _____ Date _____

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Thanks for joining our family of massage therapists!

AMTA CVOP 2009

July 9-12, 2009
Evanston, Illinois

Chapter Volunteer Orientation Program was attended by AMTA Florida Chapter board members; Candy Morris, president, David Kasprzyk, 2nd Vice President, and Greg Hilbert, 3rd Vice President. Volunteers from all 50 states and Washington D.C. attended the training program sponsored by AMTA National to educate board volunteers in order to enhance the member's experience.

An event of this size requires many hours of planning, and we wish to thank Chris Voltarel, Chapter Relations Committee Chair for her hard work and dedication to this event. On Thursday, July 9, Chris Voltarel provided the opening remarks to begin our session. We received a special welcome from the National Board representative President-Elect, Kathleen Miller-Reed. Recognition was given to the Florida Chapter as the Host Chapter for National Convention. The Florida Chapter provided items for the tables to promote our host events. *Revive Your Passion* was the keynote by Jill McCrory of Leadership Outfitters. A welcome reception followed giving the volunteers the opportunity to network.

Friday, July 10, was a full day of training sessions provided by speakers Jill McCrory and Steve Swafford of Leadership Outfitters. Topics included *Association Basics, Risk Management, Trends in Volunteerism, and Addressing Strategic Issues*.



Volunteers from all 50 states and Washington D.C. attended the training program sponsored by AMTA National to educate board volunteers in order to enhance the member's experience.

Lunchtime office tours were provided of the AMTA National offices, followed by a Program Fair in the afternoon. This gave us the opportunity to meet representatives from AMTA National who provide services to the Chapters and their members. It was great

to put faces with those voices over the phone and the many e-mails we receive and we came away with a better understanding of each department.

The theme for the event was sports teams and we were encouraged to dress in the gear of our favorite sports team representing our state.

Breakout sessions based on group assignments were on the Saturday, July 11 agenda. Breakout groups were assigned according to Chapter size. The Florida Chapter is the 2nd largest Chapter, and we were assigned to the extra large chapter group called the Bears. Each breakout group was named after a Chicago sports team in honor of our host city. Presenters and topics for the day included, *Conflict Management*, Steve Swafford, *Creating Outstanding Educational Events*, Jill McCrory, *Running Business and Board Meetings*, Chris Voltarel, and *The Chapter Experience in Changing Times*, Monica Love and Mark Tyle, from the National office. Sessions were held in



round robin style and gave us the opportunity to discuss challenges unique to extra large chapters with volunteers from California, Colorado, Connecticut, Massachusetts, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Washington and Wisconsin. The end of the day found us gathering together once again for a group photo, wrap up/ closing remarks by Chris Voltarel and saying our goodbyes to new AMTA friends. We look forward to seeing everyone again as we gather in Orlando for the AMTA National Convention.

We appreciate the opportunity to attend CVOP 2009 and we are excited about the information we were able to come away with.

Yours in service,

Candy Morris

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Performance Health Inc. and the Kinesio® Taping Association Launch Workshops to Benefit the Massage Therapy Foundation

by Lynda Solien-Wolfe

On Saturday, August 8, 2009, over 180 massage therapists attended the first of 20 workshops designed to teach the basic principles of the Kinesio® Taping Method, Prossage® Heat and Biofreeze® Pain Reliever and to raise funds for the Massage Therapy Foundation. The *Elevate Your Practice* workshop was held at the USF Embassy Suites in Tampa, Florida and was hosted by the FSMTA Tampa Bay and AMTA Florida Chapters.

Sponsored by Performance Health, Inc. and the Kinesio® Taping Association, the six-hour workshop demonstrated how soft tissue treatments can enhance the therapist's therapeutic effectiveness. The course provided hands-on experience with taping and soft tissue techniques for treating arms, the neck and lower back. This method of taping uses a uniquely designed and patented tape for treatment of muscular disorders and lymphedema reduction.

...over 180 massage therapists attended the first of 20 workshops designed to teach the basic principles of the Kinesio® Taping Method, Prossage® Heat and Biofreeze® Pain Reliever and to raise funds for the Massage Therapy Foundation.

Performance Health, Inc. and the Kinesio® Taping Association are underwriting the costs of this program so that 100% of the attendee's \$20 registration fee can be donated to the Massage Therapy Foundation.

"Our goal is to conduct a total of 20 CE workshops throughout the United States and to raise \$40,000 for the Massage Therapy Foundation through this CE program," stated Lynda Solien-Wolfe, Director of Education for Performance Health, Inc. "We are very pleased to be able to support the Foundation through this educational initiative. Their mission to promote research, community service and education in the field of therapeutic massage and bodywork aligns well with our organization's philosophy."

The inaugural session was taught by sports massage therapists and Certified Kinesio Taping Instructors Pete Pfannerstill, Ph.D., LMT, NCTMB, CKTI and Michael McGillicuddy, LMT, NCTMB, CKTI,

Michael is president of USA Pro-Sports, a continuing education company, which conducts workshops throughout the world. Michael is also the owner and administrator of the Central Florida School of Massage Therapy in Winter Park, Florida, where he teaches and practices massage therapy. Michael is an international educator and has conducted sports massage and pain management massage trainings at top spas throughout the United States.

Pete is the owner of UltraSports Massage Therapy Inc. His focus is in clinical sports massage therapy and soft tissue injury rehabilitation using Myofascial Therapy, Structural Integration, Neuromuscular Therapy, Kinesio® Taping and Active Isolated Stretching techniques. Pete has served as the FSMTA State Director of Sports Massage and since 1999, has served the FSMTA Tampa Bay Chapter as the Sports Massage Team Coordinator. He teaches sports massage and the Kinesio Taping Method nationally and internationally as a NCBTMB and Florida continuing education provider.

"We could not have been more pleased with the success of the first *Elevate Your Practice* workshop. The FSMTA and AMTA-FL, in partnership with Performance Health and Kinesio® Taping, demonstrated their strong commitment to advancing the knowledge and skills of massage practitioners and to raising funds for our Foundation. We raised over \$4,000 on Saturday," commented Diana Thompson, President of the Massage

"Our goal is to conduct a total of 20 CE workshops throughout the United States and to raise \$40,000 for the Massage Therapy Foundation through this CE program."

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Left to right - Candy Morris, president of the Florida Chapter AMTA; Lynda Solien-Wolfe, director of Education, PHI; Pete Pfannerstill, CKTI; Michael McGillicuddy, CKTI; Manfred Hoheneggerlmt, president of the Tampa Bay Chapter of the FSMTA; Diana Thompson, president of the Massage Therapy Foundation; Bob Poirier, vice president, PHI; John Jarvis, director, Kinesio.

Therapy Foundation. "This is truly an innovative approach to skill development and raising funds for a meaningful cause."

In addition to receiving Kinesio® Tex Tape, Biofreeze Spray and Prossage Heat samples, all participants were entered into a raffle to win a massage table donated by Massage Warehouse.

Attendees earn six NCBTMB CE's through their participation. The goal is to conduct 20 workshops around the country and over 12 have been scheduled or confirmed. Contact Lynda Solien-Wolfe at lwolf@phi.us to learn more about hosting or attending a workshop.

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The Massage Therapy Foundation is a 501(c)(3) tax-exempt, public charity that advances the knowledge and practice of massage therapy by supporting scientific research, education, and community service. For more information on the Foundation, please visit www.massagetherapyfoundation.org

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