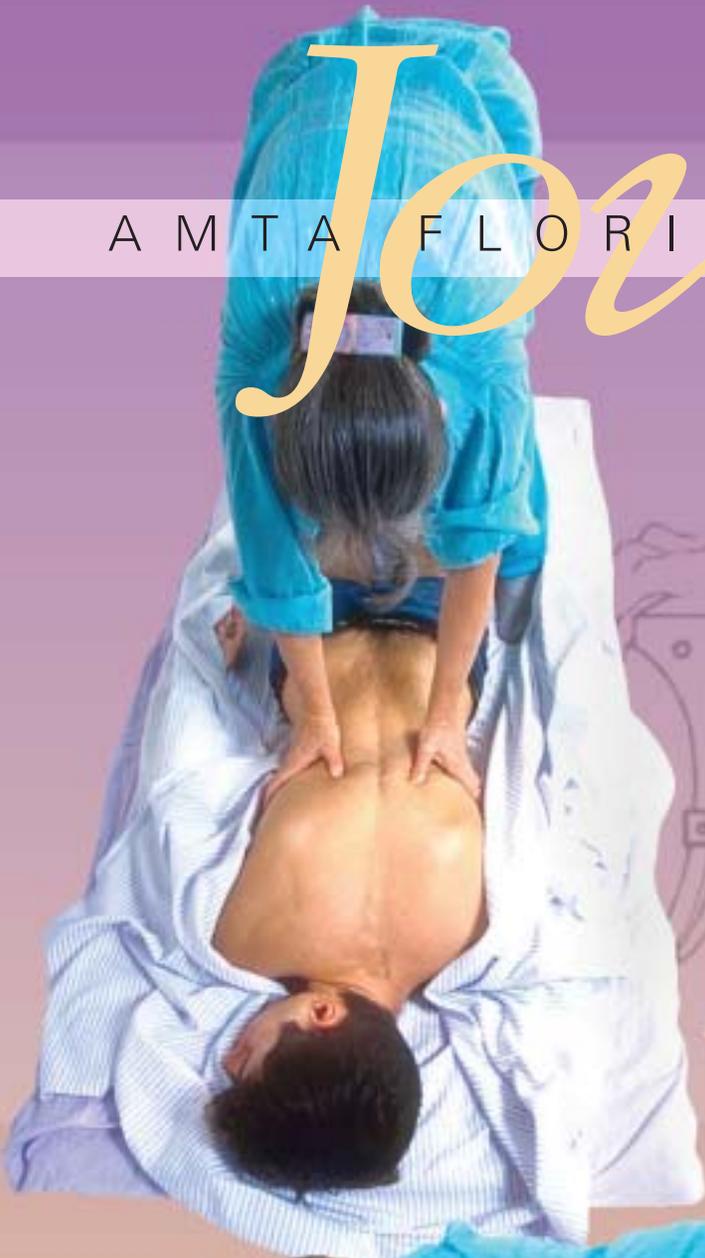


A M T A F L O R I D A

Journal

A Brief History
of Massage



Summer 2008 #46 • \$4.00 • Then and Now • Injury Prevention • Avoiding Unintended Consequence

Mission:

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

Acting Managing Editor

Pat Donohue

Publisher

AMTA Florida Chapter

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Per Issue Advertising Rates

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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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Fall Advertisement Deadline

August 10, 2008



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Volunteers Needed!

To fill Committee positions call Pat Donohue if interested.

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Message

PAT DONOHUE



Dear Colleagues,

As my second term as President begins, our Board of Directors have been very busy doing many necessary changes for the chapter. Policies are being developed for finances as well standards of operation to follow. Our goal is to create a manual to guide officers and new volunteer in the standards and procedures of the chapter. This has been a much needed document for our chapter and we hope to have it completed this year.

As you know, the Board's first priority is to serve the members. In order to do that simple, but overwhelming task, we need your help. You have been asked to respond to our first survey on education and the manner in which we host our annual meetings. Planning takes time as you all know. Change takes even longer... but before we do anything, we must hear from YOU in order to give you what you want.

Here is some of the feedback the Board has received from you:

"Because I work weekends, weekday classes would be cool."

"If classes could be made available evenings on Monday, Tuesday or Wednesday more therapists could receive the benefits of having hands on by an instructors."

"With the economy the way that it is...massage is usually a luxury and the first to be dropped. I try to keep my practice affordable for my clients and appreciate that AMTA usually tries to do the same."

"Personally, it has been difficult for me to travel long distances (financial and time considerations). I would like more local education, 1 day or half day events."

"I only wish I had more time to do projects, traveling is difficult after a full day/week of work. I see 23-25 clients per week."

"I would like to see kenisio taping added to education list as well as the performance/thera-band self help class."

"There were no comments based on current economics find that most all of the workshops of any interest are so far out of price of my price range. Economy as it is I do not have the capacity to attend."

"Please can we get real making things affordable? Some place like a Holiday Inn where we can afford, with affordable eateries like Wendy's, Applebee's, etc. Consider options that allow all our membership to possible attend."

"Try different location which might make it easier for LMT's to attend during the week as many LMT make their money on the weekends"

The Board is in the process of selecting a site for 2009's Annual Meeting & Conference. Our intentions were to go south. We had 2007 in Orlando, 2008 in Jacksonville and Miami was schedules for 2009. I have checked into about 7 sites and the prices are well

over \$200 a day for expenses in the winter. The extreme cost for rental space for the educational workshops plus the Trade Show space is too expensive for us to pick Miami. We are moving up a little north of Miami into the West Palm Beach area. At the June 2nd Board of Directors meetin g, the site of "Hilton Palm Beach Airport Hotel" has been chosen. The AMTA Florida Conference will be held Sunday thru Tuesday, starting January 11 -13, 2009. Keep your calendar open for your AMTA FL Conference... Details will follow in the Fall Issue of the Journal and will be posted on the amtaflorida.org website.

Presently, local opportunities for education have become a reality. The Units have been offering "free" CE's at their meetings. If the unit members want a specialize workshop to come there are, the Units are able to do so. (A nominal fee would be charged to cover speakers' expenses.) Units were set up for education and networking in local areas, but they need your support. Attend your Unit Meetings, or start a Unit in your area for this to happen. The Board is here to serve its members, just let us know and we'll be there.

The Pinellas Unit is moving forward with local education for its members, see in their posted calendar in this issue. The Board hopes more Units will follow Pinellas lead, bringing workshops to their members as well. Don't forget to support your local Units, be part of the future.

I do not know how many of you are planning to attend the 2009 AMTA National Convention in Orlando. The Florida Chapter is proud to be hosting this event. Many of you may ask if the chapter needs help. Well the answer is YES! At the next Board of Directors Meeting I will ask for the creation of a Workgroup for the 2009 AMTA National Convention Hospitality. I will need volunteers to help with this project. If you've never volunteered before, now is a great opportunity to do so. It will be fun and exciting to meet AMTA members from all over the nation as well as international guests who arrive. Contacting me at my email address pdjf46@bellsouth.net or call me at 321 501 9652.

Our delegates have been busy this year; look for the article from Karen & Tracy inside this issue. Additionally, The House of Delegates Position Statements will be presented as well on the floor at the 2008 AMTA National Convention in Phoenix, AZ. Watch for the Position Statements which you will receive via email within the next few weeks.

As you know the Florida Board of Massage has been reviewing the tests for candidates going for licensing. Look for the announcement in this issue from the State Board of Massage which addresses that issue.

Enjoying summer,

Pat Donohue



Welcome NEW FLORIDA MEMBERS

Calendar OF EVENTS

New Members

Aubrey Bahr
 Stephanie Barredo
 Jeanie Bell
 Tara Beynon
 Dianne Boulay
 Kimberly Bowe
 Terry Brightwell
 Rachael Brown
 Corey Burgh
 Carolyn Byers
 Christy Carlin
 Adriana Castaldo
 Pamela Chiavetta
 JoEtta Conderman
 Candida Coonley
 Stephanie Crews
 Ezequiel Cuello
 Jessica Cuppy
 Jennifer Davis
 Susan Farkas
 Henry Gallo
 Stacy Glover

Peter Goldstein
 Heather Goss
 Lisa Henderson
 Jennifer Hernandez
 Jenny Jernandez
 Jessica Hollingsworth
 Amanda Inman
 John Jacobs
 Paul Johnson
 Debra Kelly
 Cheryl Kepsel
 Haley Krey
 Sophia Loper
 Camile Lyons
 Paulette Maccione
 Jose Martinez
 Michele McClain
 Sarah Meyer
 Delfi Monteagudo
 Jason Montoya
 Daniel Noiles
 Gloria Pico
 Shawn Quackenbush

Brittany Reader
 Kenia Reyes
 Sunshine Ritter
 Joshua Rivero
 Xenia Robillard
 George Ruhlman
 Orlando Santiago
 Anna Schreiber
 Johnavia Scott
 Shannon Shipp
 Grace Stevens
 Richard Sweeney
 Vanessa Talcott
 Selena Taylor
 Sharisse Trainor
 Ette Walters

Transfer Members

Michelle Freeze
 Joseph Garcia
 Martha Harrison
 Shelley McLean
 Louisa Tomaio

July

- 2-6** FSMTA Convention Boca Rotan, FL
- 10-13** CVOP, Evanston, IL. (Leadership Training)
- 12-13** Pinellas Sun Coast Unit
- 21** AMTA Florida Chapter Board conference call
- 24-25** BOMT, TBA
- 30** FSACOPP, Grand Cypress, Orlando

August

- 12** First Coast Unit 2 CEU "TBA" Location "LifeZones Center"
- 18** Pinellas Sun Coast Unit
- 18** AMTA Florida Chapter Board conference call

September

- 12-14** FOMA, Grand Hyatt, Tampa
- 16** AMTA National BOD Meeting, Phoenix, AZ
- 17-20** AMTA National Convention, Phoenix, Az.

October

- 7** First Coast Unit 2 CEU "TBA" Location "LifeZones Center"
- 19-25** National Massage Awareness Week
- 20** Pinellas Sun Coast Unit
- 20** AMTA Florida Chapter Board conference call
- 30-31** BOMT , TBA
- 31** Pin Contest Deadline

November

- 17** AMTA Florida Chapter Board conference call

December

- 9** AMTA Florida Chapter BOD Conference Call 7pm-10pm call in number
- 15** Pinellas Sun Coast Unit
- 15** AMTA Florida Chapter Board conference call

February 2009

- 16** Pinellas Sun Coast Unit

Join
AMTA

Check our web site at www.amtaflorida.org
 for more information

Unit News

T H E R A P I S T S I N A C T I O N !

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First Coast Jacksonville

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Sarasota Unit

Chair: David Kasprzyk
dreamaker2005@verizon.net

Pinellas SunCoast Unit

The Pinellas SunCoast Unit continues on its journey towards success; and, "It's gonna be a piece of cake the second time around".

After a wonderful first year, it is with pride and enthusiasm the Pinellas chairpersons venture into the next phase of the unit's development. Karen Godfrey (Unit Chair), Maureen Benoist (Vice Chair), Marilyn Martinez (Secretary/Treasurer) & Cheryl Back Steinke (Membership Subcommittee Chair) are this year's unit leaders; for most it is our second year in office, for one it is the first year as an AMTA unit leader. We all have one goal for the unit, to make this year's activities bigger and brighter, bringing members to meetings and special events. Some highlights for the year are our December Awards Ceremony & Volunteer Celebration, Hospice National Massage Therapy Awareness Week Seated Massage Event, & fun Unit Meetings filled with door prizes and raffles. For those members interested in CEU's, we have some amazing speakers lined up, including: Paul St. John of Neurosomatic Educators, Judith Walker Delany (possibly), Dwight Byers of the Institute of Reflexology, & Raymond Blaylock of the Touch Resource Institute.

Our plans to educate the community, reach out to our members and give back to the profession come from the heart and

we carry them out with a little hard work and determination. We want the Pinellas members to know we care and we are here to listen and support them as best we can. In order to continue in such a steady progression forward we need to know you're out there, we need to know you care; therefore, we ask you to get involved, join us at our meetings & CEU workshops, and participate in our volunteer opportunities. As massage therapists it is important to have a support system, colleagues you can turn to with important questions or concerns, people to share stories with, etc. Your AMTA FL Chapter Pinellas SunCoast Unit leaders are determined to create that kind of welcoming environment for you, our Pinellas members. With one great year behind us, we are well on our way to this vision of togetherness. Thank you again for all your support and encouragement, we look forward to seeing you soon.

Look for further Unit announcements via email blast, phone call, website postings, &/or newsletter articles. Feel free to call Karen Godfrey (Unit Chair), she would be happy to talk to you about the unit's plans for the future and your important role as a Pinellas Member! 727-422-7289 or classicalmassage@tampabay.rr.com

Respectfully submitted,
AMTA FL Chapter Pinellas SunCoast Unit Chairpersons
Karen, Maureen, Marilyn & Cheryl

Come join us at a meeting near you!

Pinellas SunCoast Unit Calendar 2008-2009

Saturday & Sunday, July 12 & 13, 2008

16 Hour CEU

Location: Hospice of the Florida
Suncoast North County

Time: 10am-6pm

Date: Saturday & Sunday

Program: Seated Massage Experience
Phase II w/ Raymond
Blaylock

Pre-requisite: Seated Massage Experience I

Monday, August 18, 2008

Unit Meeting & 2 Hour CEU

Location: Cortiva Institute-Humanities
Center School of Massage

Time & Date: 8-18-08, 6:45-9pm

Program: Paul St. John Neurosomatic
Educators- Intro to
Posturology I

Monday, October 20, 2008

Unit Meeting & 2 Hr CEU

Location: Cortiva Institute Humanities
Center School of Massage

Time & Date: 6:15-9pm

Meeting Agenda: National Massage
Therapy Awareness
Week Volunteer
Organization Session

Program: Introduction to Reflexology-
Dwight Byers

Wednesday, October 22, 2008

National Massage Therapy
Awareness Week Event

Location: Hospice of the Florida
Suncoast North County

Time: 10am-2pm (Volunteers
please arrive @ 9:15am)

Monday, December 15, 2008

Volunteer Award Presentation
& Member Celebration

Location: The Woods Community
Center
39650 US Hwy 19 North
Tarpon Springs, FL 34689

Time: 6-9pm

Program: Door Prizes, Refreshments,
Music, Great Food and
Friends!

Monday, February 16, 2009

Unit Meeting & 2 Hour CEU

Location: Cortiva Institute-Humanities
Center School of Massage

Time: 6:45pm-9pm

Program: Judith Walker Delany- Intro
to Neuromuscular Therapy
(to be announced)



Monroe Unit

The Monroe Unit met forming a large group of students from the Florida Career College in Miami, (Beginner, Intermediate, Advanced) and Licensed Massage Therapists enjoyed a full day of learning, mentoring and massage.

The students not only experienced different types of massage techniques, from future colleagues but were also introduced to the benefits of being a member of AMTA. A spectacular day was had by all from 9am to 10 pm at the AMTA Florida Chapter Monroe Unit Massage Marathon.

Carlos Di Mount

AMTA Monroe Chairperson

Correction

There was an error in the budget listed last issue. The correct figures are:

#55 10 Units at \$15,000

#56 Unit Development \$2,000

Total is still \$17,000.

AMTA FL Chapter Editor Wanted

Qualifications:

- Member in Good Standing
- Knowledge of the Computer & Internet, & Email
- Desire to communicate with others

Job Responsibilities:

- Establish a committee, no less than 2 people to assist the editor
- Canvas Educators for articles
- Canvas and create invoices for Advertisers for the Journal
- Send checks to the treasurer for depositing
- Relay messages to the Board of Directors from our members
- Remind Unit Chair of their report on activities and meeting notices

- Remind Board members of their deadline
- Remind Author of deadlines for articles
- Remind Advertisers of their deadline
- Prepare draft of Journal with the designer
- Send out first draft Journal to Board of Director to edit, for grammar and mistakes
- Send corrections to designer
- Send Board corrected Journal for second proofing
- Send final proof to designer
- Send all bills to the Treasurer
- Get ready for next issue

Time Commitment:

- 20-30 hours per Issue
- 4 Issues a year

Unit News CONTINUED

Monroe & Miami Units

On May 4 2008 we have our first meeting for this year. The meeting was held from 9am to 12noon. We elected the new chair person for Miami.

The new chair person for Miami is Miguel Armando Fuentes.

His phone number is 305-525-5930 home: 305-893 7910. e-mail: fteutonic@aol.com

He is an employee for the Carpenter Union Regional Council as a financial secretary it is an organization with 1000 members. His experience is in business representative / organizing campaigns / political campaigns / community coalitions / service negotiation agreements with companies and enforce / represent members.

Miguel Armando Fuentes truly is an asset for our association.

Thank you for Volunteer Service

After the meeting, the AMTA Unit volunteers went to the 2008 Zimmerman MS Bike Ride presented by Wachovia. This is a two days ride which started on Saturday May 3 from Miami ending on May 4, in Key Largo to Miami. The AMTA Volunteer waited for the cyclist to end their ride with post event techniques in massage. It was an enjoyable evening full of enjoyment, food, and friendship.

Here the some of the comments from MS to our AMTA volunteers.

“Your commitment to the 2008 Zimmerman MS Bike Ride presented by Wachovia was greatly appreciated by our cyclists an the thousands of South Floridians living with multiple sclerosis. MS stops people from moving, volunteers like you exist to make sure it doesn’t.”

Thank you for your Volunteer Service.



A letter from your Florida Board of Massage...

Dear Interested Parties:

At their April 24-25, 2008 meeting, the Board of Massage Therapy voted to begin the process of changing rule 64B7- 25.001 . The change would require that applicants for Florida licensure pass the exam offered by the Federation of State Massage Therapy Boards (called the MBLEx) and no longer accept the exam given by the National Certification Board for Therapeutic Massage and Bodywork after a specific date.

Please be advised that this change must go through the entire rule making process before it will go into effect. This process can take several months, if not challenged and no workshops are requested. If the rule is challenged or workshops are requested, the process can take over a year.

At this time, the only exam that is being accepted for licensure is the National Certification Exam for Therapeutic Massage and Bodywork (NCETMB). Upon adoption of the new language, we will notify all interested parties and stake holders of the change. Anyone that takes an exam other than the NCETMB prior to changes to the Board’s rule becoming effective will not be eligible for licensure.

If you have questions pertaining to this process or the licensure requirements, please do not hesitate to contact the Board of Massage Therapy office. Thank you for your attention to this matter.

Christy Robinson

Email: MQA_MassageTherapy@doh.state.fl.us

Phone: 850-245-4161

Website:

www.doh.state.fl.us/mqa/massage/index.html

Board of Massage Therapy Report: April 2008

by Linda Wilson, LMT

The 346th General Business Meeting of the Florida Board of Massage Therapy held on April 24-25, 2008 at the Orlando Airport Marriott in Orlando Florida.

Board members present included Chair - David Quiring, Vice Chair - LMT, Lynda Solien-Wolfe, LMT, Lorena Haynes, LMT, Andrea Vala, LMT, Jacqueline Kelly, LMT, Consumer Member - Irene Andriole.

Representing the board staff was Ronda Bryan, Program Operations Administrator, with Christy Robinson available through telephone communication. Also present was Board counsel Daniel Biggins, Esq. and representing the Department of Health as the prosecuting attorney was Sam DiConcilio, Esq.

The Board of Massage agenda included:

New disciplinary Cases - Informal Hearings; Settlement Agreements; Determinations of Waivers; Voluntary Relinquishments, A review of Licensure applications, Establishment History Applications; Rule Hearing on 64b7-25.001; and General Business/Correspondence.

- There were thirty four history applicants on the agenda for this meeting. Of the thirty four applicants there was one no-show, four that were scheduled for the July meeting.
- Twenty four of those applicants were granted a license, one denied, four granted providing they comply with PRN evaluation.
- Note: An applicant for licensure that has to appear before the board under History Applicant- is one in which the board feels there is something in their history that needs either more information or clarification in order for the board to grant a license.
- There were four informal hearing scheduled with one being withdrawn. One was failure to comply with PRN contract as per board rule, one consisting of hostile and verbal abuse whom the board requested a psychological evaluation, and one resulting in a reprimand.

- Twenty-one settlement agreements were presented, one being dismissed and two being rejected. Again, one of the most common reasons that LMTs are disciplined is violating 480.046 (1) (n) that states:
 - *The following acts constitutes grounds for denial of a license or disciplinary action, as specified in s.456.072 (2): practicing massage at a site, location, or place which is not duly licensed as a massage establishment, except that a massage therapist, as provided by rules adopted by the board, may provide massage services, excluding colonic irrigation, at the resident of a client, at the office of a client, at a sports event, a convention, or a trade show.*
- Determination of Waiver consists of fourteen cases ranging from sexual activity, prostitution, failure to respond on a continuing audit and or short fall of units, no establishment number on flyer or business cards, no license number in advertisement, to numerous counts of health care fraud.
- There were eight cases for voluntary relinquishment of license in which the board moved to accept all.

General Business of the Board consists of approval of:

Laser Ball in the practice of massage with of course proper training.

The new exam is coming! The Florida Board of Massage has adopted the MBLEx, from the Federation of State Massage Therapy Boards as its exam for licensure. Effective - August 1, 2008. The board will accept the National Certification Examination until May 10th, 2009. Beginning June 1st, 2009 only the FSMTB exam will be accepted for licensure.

A rules workshop is scheduled for the July meeting in regards to student massage requirements.

Please take time to attend a board meeting.

Know your laws and rules, practice with care and safety always.

Linda Wilson, LMT

Then and Now A Comparison of the History and Future Trends in Massage Therapy

by Sandy Fritz



Throughout history, many different systems and supporting theories have come and gone regarding the mechanisms of action for the benefits of massage. The scientific thinking of the day provided the validation for massage. The endurance of massage through the centuries has been amazing. Current trends suggest an increase in the popularity of massage and body-related therapies used to reduce stress and to treat chronic musculoskeletal problems. Over the years, scientific research has changed the philosophy of massage theory. Current research continues to define the physical effects of therapeutic massage.

Knowledge of massage and its applications already was well established in Chinese medicine at the time of the Sui Dynasty (A.D. 589-617). The Japanese came to know massage through the writings of the Chinese. Massage has been a part of life in India for almost 3,000 years. The Chinese introduced the methods in India during trading forays. Like Chinese acupuncture, hatha yoga, which was developed in India, has reappeared in modern forms of body therapy, with its energy concepts of prana, chakras, and energy balance. The ancient Egyptians left artwork showing foot massage. Before Greek athletes took part in the Olympic games they underwent friction treatment, anointing, and rubbing with sand. The use of touch as a mode of healing is recorded in the writings of the Hebrew and Christian traditions. The “laying on of hands” was particularly prominent in first-century Christianity. Massage with oils (anointing) goes back

even farther in Jewish practices. The ancient Mayan people of Central America, the Incas of South America, and other native people of the American continent also used methods of joint manipulation and massage.

Per Henrik Ling and others who practiced the Swedish movement cure deserve credit for reviving massage after the Middle Ages. Initially, nonprofessionals spoke to physicians in a language they did not share, making communication difficult. Dr. Johann Mezger of Holland (1839-1909) is credited with bringing massage to the scientific community. He presented massage to fellow physicians as a form of medical treatment. The French terms *effleurage*, *pétrissage*, and *tapotement* did not come from Ling. Mezger’s followers in Holland began to use these names, although historical references do not explain why French terms were chosen. So often history is confusing, and the issue of who deserves credit for what becomes clouded. This issue continues today and the issue of standardized terminology must be addressed for massage to move forward into the future. We simply cannot talk with each other. As I write textbooks often I have to include a list on terms used to describe a single method. It is very confusion and extremely inefficient.

In the past as physicians talked to one another about massage, its popularity began to grow. The physicians sought common ground between their methods and massage, both to justify their current view of massage and to expand it. Lay magazines and medical journals published manuscripts on massage. The successful experience and testimony of distinguished people, especially monarchs and diplomats, further bolstered the image of massage and increased public and medical acceptance. Many physicians were drawn to study massage because they had a strong scientific interest in its effects. They conducted animal studies and well-designed clinical trials, which further persuaded physicians of the value of the method and increased the interest of the medical community. The same situation has held true for massage in this century; it currently is bolstered by the work of Dr. Tiffany Field at the Touch Research Institute and by studies conducted under grants from the National Institutes of Health (NIH). The recent international conference on fascia held at Harvard (October 2007) was ground breaking in determining the understanding of methods that influence connective tissue.

Then and now in a very real sense, massage have been victim of its own success. In 1886 Dr. Charles K. Mills, a prominent

neurologist and advocate of massage in Philadelphia, sharply criticized the uneven quality of lay practitioners of massage and their often unsubstantiated and unethical claims. In 1889 British physicians, who were just beginning to view massage favorably because Queen Victoria supported the methods, became increasingly aware of patterns of abuse, including false claims about lay practitioners' education or skills, client stealing, and the charging of high fees. The massage scandals of 1894, revealed by a British Medical Association commission of inquiry in the *British Medical Journal*, eroded the public's and the medical profession's confidence in massage as a legitimate medical art.

An inconsistent system of education, which encompassed private trade schools, hospitals, and physicians who took private students, appeared to be a major contributor to the loss of confidence in massage. Courses in technique, anatomy, physiology, and pathology varied immensely, as did the teachers' experience and capability. Some held that they could teach with minimal training in massage or directly after graduation from programs of questionable quality. Students often were encouraged to have grand expectations of career opportunities, only to find a difficult job market in which many of them were inadequately trained to compete.

Another notorious abuse involved "certification," which some physicians who supported massage considered merely a receipt for money paid. Still another problem concerned advertising. The medical profession and the well-trained, classical lay practitioners of massage and medical gymnastics did not make false claims in their advertisements. Conversely, many entrepreneurs and poor massage practitioners, seeking publicity to increase enrollment at their schools and attendance at their clinics, did make such claims, which often flew in the face of the principles of anatomy, physiology, and pathology. Even though this describes event in the late 1800's unfortunately you might think the topic concerned practices today.

In 1894, the same year that the massage scandals were revealed in Britain, eight women who envisioned massage professionals as "well-trained, properly equipped masseuses serving those in need" formed the Society of Trained Masseuses. Before this time, the quality of lay practitioners of massage was inconsistent. Recognizing the need for rigorous standards, the founders modeled their standards after those used in the medical profession. They set academic prerequisites for the study of massage. Training could be given only in recognized schools, which were

to be inspected regularly to ensure that standards were maintained. Only qualified instructors could teach classes. Examinations for teachers and graduates of basic massage training were conducted by a board, which included a physician. Examinations were to include both written tests and a demonstration of clinical achievement. Problems arose within the Society of Trained Masseuses during a period of sustained growth, and another, competing association was established. This weakened both organizations. In 1920 the society assembled an advisory committee to aid reorganization and to reconcile with the opposing association. The two groups joined as the Chartered Society of Massage and Medical Gymnastics.

In 1909, before the reorganization, the society had 600 members; by 1939 the membership had grown to 12,000. Certificates of competence were granted to individuals who had passed a rigorous examination. To be admitted to the Chartered Society of Massage and Medical Gymnastics, prospective members had to pledge not to accept clients unless they had been referred by a physician. Members were forbidden to advertise in the lay press. The organization worked to provide a central registry of well-trained massage practitioners and to provide referrals for inquiries from the medical profession or the public, based on location and any special needs. However, membership in the association was voluntary, and many ill-trained, unscrupulous practitioners continued to thrive. Fortunately the massage profession today continues to address these very same issues. Will the profession actually resolve these concerns as the future unfolds?

A textbook published in 1900 by Albert Hoffa and revised in 1913 by Max Bohm describes the more classic massage techniques, such as effleurage, pétrissage, tapotement, and vibration. Most therapists still learn these methods as standard massage techniques in entry level programs. Today there are also authors writing textbooks for massage education. We also cover the classic methods even though the terminology is changing i.e. instead of effleurage, pétrissage, tapotement, and vibration the trend in standardization is to use gliding, kneading, percussion and oscillation.

Unfortunately then as well as now many massage professionals of the time disregarded this type of massage, considering it too basic to be included in the realm of advanced manual therapy. Others warned against leaving behind traditional massage techniques, believing that fundamentals could not be replaced with

more modern forms of bodywork. Again, the massage profession today faces these same concerns.

In 1916 Dr. James B. Mennell divided the effects of massage into two categories: mechanical actions and reflex actions. Mennell showed that massage exerts a mechanical effect in four ways:

- By aiding venous return of blood to the heart
- By promoting lymph movement out of the tissues
- By stretching the connective tissue (e.g., tendons, scar tissue)
- By stimulating the stomach, small intestine, and colon

Mennell also maintained that certain forms of tactile stimulation, such as stroking and light touch, stimulated reflex arcs, causing muscles to relax or contract according to the type of stroke. He theorized that both smooth and skeletal muscles were under the control of such reflexes. Experimental research now supports the theories of Ling, Mennell, and others that massage has mechanical and reflex effects. Current research continues to validate the theories of these pioneers.

The polio epidemic of 1918 sparked a more widespread interest in massage because victims and their families were desperate for any remedy that offered any promise at all. Research on the benefits of massage in preventing the complications of paralysis began at this time.

Connective tissue massage (CTM) was developed in the 1920s by German physiotherapist Elizabeth Dicke and later was expanded upon by Maria Ebner. CTM was first used because Dicke herself suffered from a prolonged illness caused by an impairment of the circulation in her right leg. As with Ling, her search for self-healing added much to the development of massage.

During this time Emil Vodder, a Danish physiologist, and his wife, Estrid, developed a technique of light massage along the course of the surface lymphatics; this technique was called *lymph drainage* or *manual lymphatic drainage*. It was and still is used to treat chronic lymphedema and other diseases of the lymphatic and peripheral vascular systems.

James H. Cyriax, the son of Edgar Cyriax, became an orthopedic surgeon at St. Thomas Hospital, a prestigious teaching institution in London. The younger Cyriax gained fame through his development of transverse friction massage. In the late 1940s and early 1950s, he published the first edition of his now classic *Textbook*

of Orthopedic Medicine. His work is especially significant in the area of massage because it recognized, categorized, and provided differential diagnoses for pathology of the body's soft tissues. The fact that pain can be caused by dysfunction of soft tissues, including periarticular connective tissue, is the foundation of soft tissue manipulation today. Cyriax also was the first to introduce the concept of *end feel* in the diagnosis of soft tissue lesions.

Dr. Herman Kabat researched neuromuscular concepts based on the work of neurophysiologists and Pavlov's conditioning of reflexes. Sherrington's law of successive induction provided the foundation for the development of rhythmic stabilization and slow reversal techniques. By 1951 research had begun on a new method, which was formalized in 1956 in the book *Proprioceptive Neuromuscular Facilitation*, written by Margaret Knott and Dorothy Voss.

Frances Tappan and Gertrude Beard also wrote important articles and books on massage techniques during the 1950s. Their texts are still available, and serious students of massage can benefit from reading these classic works. Fran Tappan influenced the profession of massage through interviews, conferences on the future of massage, and consultation with many leaders in the field. Even with all of the agreement among experts during this time and the focus on physiology as the target for outcome for massage benefits, today confusion still exists.

The American Association of Masseurs and Masseuses was formed in Chicago in 1943. It subsequently was renamed the American Massage Therapy Association. Another professional organization, the International Myomassetics Federation, was formed later through the efforts of Irene Gauthier, a notable massage instructor, and others. Today we have multiple organizations that represent some aspect of the massage community and the competition is both good and frustrating. Competition supports expansion of benefits and increased services. The frustrating aspect is that these organizations find it difficult to work together. Recent events indicate that the groups are beginning to meet together but do to criteria for eligibility to attend the meetings some important organization are not included.

The most recent revival of massage began around 1960 and has continued to this day. Recognition of chronic diseases that are resistant to surgical or drug treatment has increased. Neither the acute care concept nor a single solution approach seems to work

with these cases. A more complex way of envisioning and treating these diseases has had to be developed, and massage is one approach that has proven effective over time.

The humanistic movement that began during the 1960s spilled over into medicine and allied health. Concerns about “bedside manner,” “genuineness,” and the benefits of touch again raised the issue of the legitimacy and value of massage for its nurturing effect alone. Later, the Esalen movement and Gestalt psychology inspired psychologists and psychotherapists to explore massage and other movement therapies. Many controlled clinical studies in medicine, nursing, physical therapy, and psychology inspired more academic and clinical interest in massage.

In 1960 increased medical awareness that lack of exercise contributed to cardiovascular disease and other disorders prompted President John F. Kennedy to emphasize physical fitness, especially for children. This new interest grew into the physical fitness movement of the late 1960s and led the health sciences into a movement toward preventive medicine. The benefits of sports were rediscovered, and as a result, historic literature in the field of massage was brought to light, such as Albert Baumgartner’s book, *Massage in Athletics*, which discussed the relationship between massage and exercise and the value of massage in conditioning and stress control.

Acupressure received more attention than any other bodywork method during the 1970s and 1980s. The medical, physical therapy, and nursing literature examined it closely on the basis of controlled clinical trials. In writings on nursing and rehabilitation medicine, a body of knowledge arose concerning the benefits of massage in preventing and treating decubitus ulcers and in the overall management of heart rate and blood pressure in people suffering from acute and chronic manifestations of cardiovascular disease.⁶

Ronald Melzack, a professor of psychology in the anesthesiology department of McGill University Medical School and one of the initial proponents of the gate control theory of pain, published the results of several controlled clinical trials on the value of ice massage and manual massage for the relief of dental pain and low back pain. Melzack not only found these techniques effective in preventing or reducing pain, he also proposed the neural mechanisms by which they operated. Other researchers picked up on this theme and began to examine the role of massage in

the liberation of endorphins, pain-killing chemicals more potent than morphine that are produced by the brain in response to certain stimuli, including massage.

In the late 1980s, in the prestigious journal *Clinics in Anesthesiology*, Melzack proposed a theory to explain endorphin release. His theory of hyperstimulation analgesia was the first in recent decades inspired by findings concerning massage. It argued that certain intense sensory stimuli, such as puncture with a needle or exposure to extreme cold or pressure, when applied near the site of an injury, sent a signal to the brain by a faster channel than that used by the pain signal it was attempting to treat, thereby disrupting the pain.

The trend toward state licensure of massage continues. Educational requirements set through state licensure average 500 to 1,000 hours and show signs of increasing in the future. European and Canadian standards range from little or no training to extensive educational requirements (2,200 to 3,500 hours).

The University of Westminster in England offers bachelor’s and master’s degrees in massage and bodywork. This program was developed by Dr. Patrick Peitroni, Dr. Leon Chaitow, and others. Schools of massage therapy have begun to work with colleges and universities to develop articulation agreements that allow graduates of their program to complete degrees in massage. The first of these articulation agreements was reached in 1995 between the Health Enrichment Center in Lapeer, Michigan, and Siena Heights University in Adrian, Michigan, to grant both associate’s and bachelor’s degrees in applied science in massage therapy.

Some private massage schools have increased their educational requirements to enable them to grant associate’s degrees. More community colleges are developing certificate programs in therapeutic massage, and some of these programs can lead to an associate’s degree in applied or general science.

Those who have experienced the revival of massage from 1960 to the present may wonder if this success carries with it mixed blessings. Before 1985 massage professionals worked primarily in independent settings with little or no supervision. The very best of this situation was the freedom to serve clients’ needs without the constraints of regulation. The worst was the lack of consistent training and the confusion among other professionals and the public about what constituted therapeutic massage.

Frustration with massage parlor regulations enacted to control prostitution and the desire of many massage professionals to enter the mainstream of public awareness pushed the massage therapy profession to begin seeking an alliance with the existing health care structure to justify the validity of massage. In some instances this movement into the existing health care world created turf battles over which profession would provide massage therapy. Questions and concerns, both legitimate and reactionary, were expressed by the physical therapy and nursing professions.

The public's desire for physical fitness had reached its peak during this time, and the concept of "sports massage" provided an avenue for mainstreaming massage therapy. During the 1990s the mainstream approach shifted from sports to corporate America. David Palmer can be given credit for formalizing the concepts of on site and chair massage. These two trends allowed the public to see massage in a way much different from the preconceived notions of a "feel good" luxury of the wealthy or a front for prostitution.

As research continues to validate massage therapy and as massage evolves into a distinct professional course requiring a credible, standardized education, the turf battles in the health care system seem to be quieting down. Health care is moving in the direction of using multidisciplinary teams in which many different professionals work together. As this process continues, nurses and physical therapists probably will find themselves supervising massage paraprofessionals and working as partners with more comprehensively trained massage therapists who have earned a degree.

In 1991 the Touch Research Institute at the University of Miami opened under the direction of Dr. Tiffany Field. More than any other single development in the 1990s, the research produced by the institute has moved massage into the mainstream and into accepted health care practice.

Also in 1991 the NIH established the Office of Alternative Medicine. Two years later, the *New England Journal of Medicine* reported on a national survey on the use of alternative and complementary forms of health care. Massage was the third most used treatment. In line with this trend, *Alternative Medicine: Expanding Medical Horizons: A Report to the National Institutes of Health on Alternative Medical Systems and Practices in the United States* was published in 1994.

The credibility and acceptance of natural approaches to health and illness are developing, and knowledge bases are beginning to overlap. Three areas in osteopathic medicine that currently are applicable to massage are muscle energy techniques, positional release and strain/counterstrain techniques, and neuromuscular techniques. The most noteworthy educator and author in these methods is Dr. Leon Chaitow, who, like Ling, is a master synthesizer of the best of many concepts. Dr. Chaitow developed a strong foundation in manual medicine working as an assistant to his uncle, Dr. Boris Chaitow, the codeveloper of neuromuscular technique along with his cousin, the legendary Dr. Stanley Lief.⁹ Dr. Leon Chaitow has written many books that have enriched the body of knowledge for soft tissue methods, including therapeutic massage.

Other authors worthy of mention include Ida Rolf, developer of the Roling system; Dr. Milton Trager, developer of Trager; and Dr. Janet Travell, coauthor with David Simons of the most comprehensive texts written on the subject of trigger points.* Since 1995 the amount of information available on therapeutic massage has increased dramatically. Many new and exciting books are on the market, and Web sites for therapeutic massage have been created on the Internet. All forms of media, including television, magazines, and newspapers, carry supportive stories about the benefits of massage.

Research continued to validate the benefits of massage through the 1990s. After years of struggle for acceptance and validation, massage in the mid-1990s moved into the mainstream, and as the new millennium progresses, the next century of massage will evolve. What the future will bring depends on our commitment to the ideals of massage.

The role of massage and related bodywork methods is expanding at an accelerated rate. Massage now has enough validation to justify its use by the public as well as health care professionals. An explosion of information and awareness has occurred. The future will determine the way the profession responds to the needs created by this success.

The massage therapy profession is changing. It is becoming more sophisticated, requiring education not only in technical skill development but also in pathology, medications, record keeping, and communications skills, as well as in the important area of professional ethics. The more massage professionals

work with other health care professionals, the more they need to know to be able to understand the world of health care. As we blend our world of professional touch with theirs, it will be interesting to watch the exchange of information. We hope that the best of both worlds will emerge and that the lessons of the past will temper and soften the process.

More and more employment opportunities are becoming available in the area of health care. Mental health interventions that use massage are becoming commonplace. Some health care insurance plans and managed care systems are beginning to look at ways to include massage therapy among their covered services. Sports massage for amateur and professional athletes is becoming the norm, with massage therapists working side by side with athletic trainers and coaches.

In the wellness and personal service areas, day spas are bringing the art of pampering to the general public. No longer does a person have to travel to some far-off place and spend thousands of dollars to experience the pleasure of a day of luxury. The spa industry is one of the fastest growing employers of massage professionals. Massage clinics and franchises that focus on wellness massage are becoming commonplace, as are massage professionals in the corporate setting.

Research into genetics, stress responses, neuroendocrine influences, and environmental hazards, as well as support for the whole person in coping with a world that seems to be moving too fast, encourages the development of massage as a counterbalance to a stressful lifestyle, stressful world events, and a persistent state of ambiguity that promotes anxiety states. The current trends supported by research seem to indicate that manual therapies are gaining recognition. The **THE MESSAGE THERAPY FOUNDATION** is perhaps the most important organization to the success of the future of massage. All massage therapy professional need to stay connected with the work of the Foundation. Check out their web site info@massagetherapy-foundation.org

As the world becomes a global community, the ever-increasing exchange of information will enrich the knowledge base of therapeutic massage. Exploration of ancient healing methods will reveal the wisdom and scientific validity of a body/mind/spirit approach to well-being.

Hopefully, the abundant massage and bodywork methods will combine into a consolidated system of therapeutic massage without losing the rich diversity of professional expression. Terminology and education will standardize, although the integrity of the individual applications of massage and bodywork will be maintained.

The future is very bright and promising, especially if we pay attention to our past and remember the words and wisdom of an old Russian physician (one of my best teachers) who said, "massage is massage." We ourselves constitute one of the biggest threats to the future of massage. All bodywork professions must come together to work for the common good. As the massage profession moves forward and reclaims its heritage as an important health service, it is important to look back. In retrospect, we can see the strengths and weaknesses of the professional journey. It also is important to honor those who have dedicated so much of their lives to developing the body of knowledge of therapeutic massage. Many today are dedicating a significant portion of their lives to the professional advancement of therapeutic massage. When the history of massage is written in the future, these names will appear with the information they have organized and contributed. We are all contributors to the future of massage, and we all will become part of its history.

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Thanks for joining our family of massage therapists!

A Brief History of Massage

*by Robert Noah Calvert
with Introduction by Joe Ferguson*

I hope the members of the AMTA Florida Chapter enjoy my effort to bring a little sense of history about the profession in Florida. I also invite you to help me in this effort, by sharing your knowledge and experiences of people, places and events that helped to shape AMTA-FL Chapter and the Practice of Massage.

The AMTA-FL Chapter was established March 1st 1988; this is our 20th Anniversary year. So I thought this would be a good time for all of us to participate in bringing the past to help us in the future. There were many Floridian members of AMTA before it became a chapter. The AMTA was established as a National organization in Chicago, IL 1943

Florida is very fortunate because we have some Massage Therapist practicing for a very long time and maintaining their AMTA membership. The following is a list of those members.

Name	AMTA Membership	
Albert E. Dahlgren	Fort Myers, FL	55 years
Frank L. Bastek	N. Miami Beach	36 years
Joe Ferguson	Melbourne, FL	34 years
Bernard S. Cytryn	Pompano Beach, FL	32 years
Agustin Araquistain	Lomgwood, FL	32 years
Thomas W. Coker	Stuart, FL	31 years
Patricia M. Donohue	Melbourne, FL	31 years
Helen A. Crespo	Palm Bay, FL	31 years
Kathryn Hansman-Spice	Flagler Beach, FL	27 years
Raul Izquierdo Sr.	Frostproof, FL	27 years
Mary A. Lange	Flagler Beach, FL	26 years

* Note some members on this list may have been practicing massage many years before they became a member of AMTA.

In the next issue of the AMTA Florida Chapter Journal. I will write about the history of the Florida Licensing. I am at this time asking you to contribute to this effort. Also please let me know if you find this subject interesting to you. You can contact me at 670 Kristy Circle, Melbourne, FL 32940 or email at jfpd39@bell-south.net. Photographs and testimonies are great for our history.

I have obtained from Judi Calvert an article that her husband Robert Calvert wrote a few years ago, prior to his death.

A brief history of massage

“Massage...is a very ancient form of treatment, so ancient that one may consider its history to be as old as that of mankind, and its beginnings prehistoric.”

-Dr. Emil A.G. Kleen

Massage and Medical Gymnastics 1921

The history of massage and the evolution of human touch are intertwined with human history. Since prehistoric time, touch has been an integral part of the primate social system, initially as an element of grooming behavior. During the long transition from primate grooming behavior to human contact systems, touch took on other social characteristics. As human beings evolved to develop organized civilizations, touch was transformed into a variety of behavioral modes and touch methods. Touch became more complex, eventually becoming structured manual art therapies. But before touch was formalized it was first a part of social interactions-between friends, mother and child-as well as simply basic healing of one's self and others.

Massage has been a part of a larger human context in nearly every culture on earth. It has been an integral part of a number of aspects of human activity, including religious and healing rituals; healing arts such as midwifery, medicine, nursing and hydrotherapy; athletics, exercise and movement therapy; barbering, bone setting, spas and the pleasurable pursuits of sensuality; and in many cultures, daily family life.

Massage was not advocated nor practiced as a singular therapeutic tool until modern times. The shaman rubbing evil spirits out of the body, the deaconess applying her hands to inspire the healing power of the Holy Spirit, the midwife soothing a mother from the pains of childbirth, the mother rubbing her child to bond and pamper, the trainer in preparation of an athlete before and after sporting pursuits, the nurse applying a healing balm in battle at the bath or the spa, the doctor treating an injury with a liniment or mechanical remedy, the woman applying healing and soothing creams to her skin for beauty and health, a couple stroking each other as part of the rituals of sexual behavior, and any person touching another simply for feeling good and getting relaxed-massage was a part of the repertoire of each of these



Shamanic/Priestly Origins of Massage



Greek Anatripsis



Side lying technique utilized in 1810 by blind Japanese masseur working on a pregnant woman.



German massage and exercise

activities before it broke free in the late 19th century. It remains a complement to them all even though it is now recognized as a stand-alone therapeutic tool.

One author in the massage trade asserts that the period from 1880 to 1910 was the Golden Age of Massage in America. It is my contention that the Golden Age of Massage in America and around the world was the last thirty years of the twentieth century. Although massage is as old as humankind, massage began to emerge as an independent and widely used therapeutic modality in the 1950s and 1960s, fully coming into its own in the 1980s and 1990s. During those decades massage was more widely accepted, recognized, utilized, developed, marketed, and organized than at any other period in its long history. And, it continues to develop into the new millennium.

As technological society advances, the need for human contact also grows, and massage continues to respond to that need. Massage is increasingly applied in more and diverse venues. Introduction of the massage chair in the 1980s gave new meaning to the phrase, "have table, will travel." The publicity surrounding the use of massage in sports had a dramatic impact on the popularity of massage. Massage also became further integrated into other forms of therapy, education, and spiritual endeavors. Massage schools dramatically increased in quality and numbers. Professional associations and publications proliferated, generating exciting and meaningful avenues of networking, information dissemination, and political and cultural involvement never before seen in the field. Regulation of the massage field increased, helping the business and ethics of massage to become more evident. All of these factors helped to significantly alter the public perception of massage, and the image of massage often connected to prostitution is fading into the background. The field of massage has moved from the fringes of many other human activities to become a world unto its own over the course of a few decades-The Golden Age of Massage.

Perhaps the most significant change during this period has been the places where massage can now be found and the applications of its healing techniques to a growing variety of human conditions. Through most of the twentieth century the most prevalent place

in which massage was offered was from the home setting. However, in the last few decades the venues for massage have expanded rapidly. Innovative and often bold entrepreneurial ventures, aided by portable massage tables and chairs, moved massage from closed rooms to the office place of corporate America, sports arenas everywhere, hospitals, birthing rooms, spas, hospices, hotels, airports, health clubs, shopping malls and even out onto the streets of American cities. Massage has been an official emergency relief effort in most of the great natural and manmade catastrophe's for nearly two decades now. In the 1970s massage provided in one's home constituted nearly 70 percent of all massage being done, whereas at the end of the century in-home massage practice constituted only about 45 percent of all types of practices with that figure continuing to decline as more opportunity is opened up by massage entrepreneurs and an accepting public and private sector.

This is not to say that massage has emerged into a Golden Age completely on its own. The human potential movement of the 1960s and 1970s brought more awareness to the use of massage as a tool for relaxation and human connection. Alternative and complimentary medical practice was revived during this same time, particularly during the 1980s and early 1990s with the release of studies showing Americans are spending billions of dollars on these types of therapies and massage is number three on the list. This revelation primed the complimentary and alternative medical pump that continues to bring more and more attention to massage as primary health care modality that cannot be overlooked. Unprecedented attention is now being given to massage research and its efficacy in relation to other therapies.

Massage has survived and continues to evolve because it is the most fundamental means of giving care, affection and aid between human beings. Its healing qualities differ from those of other modalities because massage confers its benefits through the character and healing intention of those who give and receive it. The true value of massage comes from the intrinsic, inherent need of humans to have contact with one another.



Massage in Barbering



Reconstruction Department



1878 Massage Couch



1895 Victorian Doctors Exam Table

Significant things to remember:

1. The history of massage is much more than its association with medical practice. Its history is richly connected with many other human activities and spans the entire globe as well as all of the human historic record.
2. Western massage is not new, it did not begin with the Swede Peter Ling, and it did not replace the ancient ways. Western massage began about 480 B.C.E. when Hippocrates of Cos changed the ancient shamanic ways of rubbing down and out the body to one of rubbing up and toward the alimentary tract. Since, both have survived, often alongside one another in practice.
3. Prior to the late 19th and early 20th century massage was commingled with a variety of other healing methods. Only then did it finally emerge as a single stand-alone therapeutic tool.
4. The history of massage is not something you can easily learn about from other texts, it has been largely obscured from the annals of medicine, sports, nursing, midwifery, barbering, shamanism, anthropology, archaeology and other specialized areas of study. Finding evidence of massage in human history has been and continues to be the challenge.
5. Finally, and perhaps most important, is that the history, study and practice of massage is not all about technique. Its past, unraveling its entanglement with other human activities and doing massage clearly reveals that the application of caring human touch is an inherently innate behavior for giving and receiving love, which all humankind want and need. The real purpose of giving massage is to foster more depth of feeling for one another in order to bring out the love that often lies buried beneath the pain of everyday suffering.

Robert Noah Calvert was the author of *The History of Massage: An Illustrated Survey from Around the World*. (Healing Arts Press, Rochester, Vermont, 2002.) He founded *Massage Magazine* in 1985, where he served as its president until 2005, and he and his wife founded the World of Massage Museum in 2000. With more than 25 years experience as a massage therapist, publisher, researcher and educator, his work has appeared in numerous publications, including *Body, Mind & Spirit Magazine*, *Massage & Bodywork*, and the *Journal of Higher Education*.

Robert passed away April 19, 2006.



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Healing & Touch

by Donna Cerio



Question:

I am a massage therapist and I thought that the whole value of massage therapy is as an alternative to conventional western medicine. I was surprised that you would suggest discussing a client with their physician. Please explain your position.

Win from FL

Answer:

This is a very astute question. The face of health care is changing and massage therapy has taken its place as a viable and important form of health care in the public eye. With this position comes responsibility. Traditionally, health professionals have been the custodians of society's ethics and values regarding health care. Massage therapists now have a share in this responsibility to uphold the core elements of professionalism¹ which are devotion to service, profession of values, and negotiation with society.

In order to uphold these core elements the massage therapist must choose the course that is the most beneficial to the client. In many cases, this would include an intelligent partnering of allopathic medicine and holistic modalities. Many clients with significant health conditions are vague and unsure about their prognosis, diagnosis and or prescribed medications. In order to work effectively and safely with a client who has serious illness or injury it is imperative to have clear and accurate information about these things.

The following case is one of many that illustrate this point: Ellen* is 78 years old and taking six different prescription medications that have been prescribed by a variety of specialists. She presents with many symptoms that are common side effects of the various medications and some symptoms that are common side effects of medication interaction. Understanding the side effects of medications and regulating a client's medications is not in the scope of practice of the massage therapist. Observation, however, is. When Ellen is asked if her primary physician has a list of all of the medications she is taking, she doesn't know. The massage therapist asks her to give her doctor this current list and request a medication review. Ellen says she will when she has her next appointment scheduled 4 months from now. This is a time when it would be in the interest of the client and wise for the massage therapist to ask for permission to call her primary physician to ask for medical guidance and consultation regarding the symptoms that may be medication related. This could save time, money

and suffering for the client and protect the massage therapist from the consequences if massage is contraindicated with this combination of medicines.

The partnership between the client, the massage therapist and a physician would create a well rounded team for the benefit of the client who has serious health conditions. The idea is to form the connection in such a way that the dialogue between massage therapist and doctor results in offering the client the best of both worlds.

Not all clients are comfortable with this partnership. I would never suggest going against a client's wishes. If a client does not want to have the massage therapist discuss their case with their physician, it is necessary to respect the client's decision. Not all massage therapists are comfortable with this partnering. However, if the client has serious physical and or mental conditions, this leaves the massage therapist in the precarious position of continuing to work with the client without the necessary knowledge to insure safety. A decision has to be made by the massage therapist that is in the best interest of the client as well as congruent with the moral and legal perimeters of the massage profession.

Until recently, it would be practically unheard of to ask a client to sign an authorization to discuss their case with a physician. There was a time when doctors of medicine and massage therapists were in opposition to each other. This is fast becoming less and less true. The 2007 Annual Consumer Survey of the AMTA found that 55% of doctors recommend massage therapy.² My experience is that a significant number of physicians in our country are accepting massage therapists as partners in health care and that doctors are also valuing the client's participation.

To conclude, my position is that if a client's condition warrants pursuit of further information to insure safety, the massage therapist has the unequivocal obligation to find a way to obtain the information. Making the decision not to partner with medical health professionals is an option for massage therapists. I encourage partnering because it opens the door for the client to take advantage of the best of massage therapy and allopathic medicine to treat and manage their health challenges. And it is a step in negotiating with society for the highest quality health care available.

*All names are changed to protect privacy.

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Please send your questions to Donna C. Cerio through the US mail or e-mail. No handwritten questions; please type. Ms. Cerio will publish at least one question per issue. She will do her best to answer all other questions. Please include your name, mailing address, and phone number if you would like her to answer you directly.

Donna C. Cerio, The Cerio Institute, P.O. Box 65, Soquel, CA. 95073
health@thecerioinstitute.com and dccerio@thecerioinstitute.com.
(Put AMTA FL in subject line)

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1 Freidson, *Professionalism Reborn: Theory, Prophecy, and Policy*.

2 Birr, Rebecca, MSLIS, AHIP & Zeblisky, Kathy, MLS, AHIP, *Care with Confidence*, an article in *Massage Therapy Journal*, Winter 2008 issue, pp. 96.

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The Massage Coach

Raising Fees by Raising Self-Esteem

by Coach Cary Bayer

By far, the easiest way to raise your income as a licensed massage therapist is to raise your fee. Most LMTs think the only way they can increase their revenues is to get new clients. But by raising your fees, you can increase your income without having to gain a single new client. You don't need to sell existing clients any new packages or new products. And the easiest way to raise your fee is to raise your self-esteem. But I'm getting a little ahead of myself.

The whole issue of raising your fee is a charged topic for many self-employed people, especially LMTs. Virtually every massage therapist, even those who are self-employed, has some history of being an employee at one time in her career. As a result, most of us have had a history of asking for a raise. For those who are more timid than not, that hasn't been a great history; asking for a raise was fraught with lots of butterflies. That's a nice way of saying they were scared *#\$X.

What those experiences taught were probably two things:

- 1) Asking for a raise (in other words, increasing your income) was filled with anxiety,
- 2) If you were often unsuccessful in your attempts to procure that raise, it's hard to get a raise.

Your emotional traumas incurred from asking for raises, from your days as an employee, are stored in your body and mind, even if you're now self-employed. If you're a massage therapist, these old scars will likely surface whenever it comes time to raise your fees. If you're a timid massage therapist, they might not. That's not because you've healed more quickly than more confident LMTs, but because *you're less likely to attempt to raise your fees in the first place.*

Let's assume, for the purpose of this article, that it's time to raise the fees you charge for your massages. The good news is that you no longer have to convince a boss or a committee if you deserve such a raise or not. Now that you're self-employed, all you have to do is make the decision for yourself. That's part of the freedom that comes with self-employment. Your existing clients will either accept the raise or they won't. (New clients won't have anything to compare your new fees with, so they don't really count in the equation.) Having raised my fees many times in the 24 years that I've been self-employed, I'll give you one simple but highly effective shortcut to successfully raising your fees: convince yourself first that you deserve the newer

rates. If you succeed in doing this, you'll likely receive little or no resistance from your clients. But if you don't take the time to persuade yourself, if you don't do the inner work that's necessary to make such a transformation, I can guarantee that *you will* receive resistance from your clients. I don't say this to be negative. I say it because it's true. We are such mirrors for each other. I've seen this play out countless times in countless self-employed professionals from all walks of life and across different industries over the past couple of decades. Taking the time to accomplish the inner transformation is somewhat analogous to a piece of advice I've received countless times from massage therapists throughout the country. Namely, that as an avid and active tennis player, who's on the courts three or four times per week, it's vital to stretch before and after matches. When I take the time to follow this wise counsel, my body recovers faster and with less strain from the intense workout. When I arrive late and other players are waiting to get started, I'll sometimes forego the stretches. Or if, after finishing play, I'll be late for a meeting, I'll often take a pass on post-play stretches. You're always right: my body suffers as a result. As the wise maxim goes, "An ounce of prevention is worth a pound of cure." It's as true for a tennis player stretching his muscles as it is for a massage therapist stretching her self-esteem.

Let's say that you propose to raise your fee from \$60 per session to \$70. One good affirmation that you can use to help convince yourself is: "I'm so talented and experienced as a massage therapist that my clients are getting a bargain to pay only \$70 for my massages." It's worth a few minutes a day to transform your belief system. As the old Johnny Mercer song goes,

*"You've got to accentuate the positive
Eliminate the negative
Latch on to the affirmative
Don't mess with Mister In-between."*

Cary Bayer (www.carybayer.com) was keynote speaker at the 2006 AMTA national convention. A Life Coach; CE provider licensed by NCBTMB and Florida Dept. of Health's Board of Massage Therapy; and faculty member of Massage Business University, he writes for *Massage Today*, and AMTA publications in 12 states. His 27 publications include seven specifically for massage therapists. He's coached some 125 LMTs. His 6-CE seminar, "Build a \$100,000 a Year Massage Business in Just 1 Hour a Day" is very popular among therapists.

Avoiding the “Unintended Consequence”

by Carolyn Pardue



The drop of the handkerchief (sine die) signaled the end of Florida's 2008 Legislative session. It was a long 60 days (the number of days, constitutionally, the Legislature is required to meet). There was not enough money, a lot of need, the politics of an election year, too much regulation, not enough regulation, baggy pants to be pulled up, railroads to be purchased....many, many issues brought forward by many persons and organizations.

Of the approximately 2500 legislative proposals filed, only about 300 will actually become law.

The immediately visible impact of the 2008 session on the profession of massage therapy is very little. There were no threats to the professional practice act this year. PIP was not an issue during this session. The Home and Community based waiver cuts have already been approved by (a very short-sighted) Medicaid.

A bill with positive impact that passed deals with HIV continuing education requirements for health care professionals who become employed by nursing homes, hospitals, etc. This bill will impact very few LMTs and for those LMTs it does impact, the impact will be positive. The bill that passed states that if a licensed health care professional takes HIV/AIDS CE as a condition of their license renewal — which LMT do — then if that health professional is hired by a nursing home, hospital or other facility that requires HIV/AIDS continuing education, the health care professional does NOT have to take additional HIV/AIDS courses. The facility's requirements will be superceded by the practice act which requires HIV/AIDS continuing education.

Sometimes a proposal (bill) will be brought up for discussion and someone will report that “while well-meaning, this bill will have ‘unintended’ negative consequences”. Sometimes, the members may feel that the issue is important enough to justify those negative unintended consequences and pass the legislation anyway.

The consequences of some of the 2008 Legislature's actions, and some of their inactions, will seriously impact many Florida citizens. The business of the LMT could also be impacted by some of these issues:

...Governor Crist and the Legislature, passed a bare-bones health insurance bill that will be affordable by more people. This bill will have none of the state mandated benefits, nor will the offering of it include an option to add benefits (ie massage therapy). *A consequence could be that if people drop current policies that*

include massage therapy, those persons will no longer be LMT clients, unless they can afford to pay the fee themselves.

...The Legislature, responding to citizens' voices to continue to cut property and other taxes, **made the choice** to make cuts in Florida's budget rather than to fund programs to meet the needs of a population that continues to grow at the rate of approximately 800 persons per day (down from 1200 per day a few years ago). The impact of fewer dollars to local governments is resulting in eliminating and cutting back services. In some cases, cities and counties are beginning to charge fees for things like garbage collection and recreation programs. *A consequence to not dealing with Florida's real cost of being a state could be fewer discretionary dollars for Florida citizens who are now finding it beneficial to their health to spend the dollars on the services of a massage professional.*

...Tuition at all Florida schools (colleges, junior colleges, vocational schools) will be raised and student financial assistance will be lowered. *A consequence could be that fewer people will choose to become Licensed Massage Therapists.*

...State agencies have, this year, already cut their budgets by at least 4%. They will be required to cut them again. This could translate into fewer employees, including inspectors and investigators. *A consequence is that Boards could choose to raise license fees OR the Boards can do their very best to not raise fees and to still try and meet the needs of the licensees. The second option would result in delays in licensing delays in inspection for establishment licenses, delays in getting persons who are not licensed, stopped.*

As LMTs look ahead to the summer and toward the elections in the fall, it is imperative that each LMT get to know those who are running for office in their area and talk to every candidate. Discuss with each candidate not only the value of professional massage therapy for a person's continued well-being but also about the business of massage therapy and the importance of elected officials looking ‘down the road’ on each issue to determine the farther reaching consequences. Then, pick the candidate you believe will best serve the profession and work to get them elected. This is how you will lessen any negative consequence on your profession.

The ‘unintended consequence’ for non-involvement is electing persons who do not understand or, in some cases do not care to understand, the complexities of this Great State and her people. Be involved ...

Effective Injury Prevention for Massage Therapists

by Lauriann Greene, CEAS

Anyone who has done massage or bodywork for any amount of time knows how physically demanding this kind of work can be. Massage practitioners often use repetitive movements combined with hand force in their work; they may hold pressure or stay in one position for a long time, causing static loading to their tissues; fatigue may cause them to end up working in awkward postures that stress vulnerable parts of their bodies. Repetitive movements, hand force, static loading and awkward postures are all recognized risk factors for developing musculoskeletal disorders (MSDs). The therapist's age, general health, previous injuries and other personal physical and emotional factors are additional risk factors that can increase their injury risk. Given all of these risk factors, it is not surprising to learn that recent studies have shown a high rate of symptoms and MSDs among massage therapists and other manual therapists as a result of their work. A 2006 study of massage therapists and bodyworkers showed that 77 percent had experienced pain or other musculoskeletal symptoms related to their massage work, and 41 percent were diagnosed with an MSD.¹

Before you start thinking about putting your treatment table up for sale, it's important to understand that injury is NOT inevitable. Many professions have inherent risks, and many people in these professions have successful, long-term, healthy careers. There is a great deal you can do to prevent injuries from occurring in the first place, and to minimize their effects if they do occur. The key to managing your risk of injury is to reduce your exposure to risk factors as much as possible. You can do this by modifying the risk factors you can change (like repetitive movement or awkward postures), and maintaining awareness of and developing coping strategies for those you can't change (like your age or previous injuries).

Proven methods exist to lower the incidence of work-related injury. Many of them involve making simple but important changes to your activities, both at work and elsewhere; others will take more thought and practice to apply. But taking the necessary steps to prevent injury is much easier and less disruptive to your career than dealing with an injury once it has occurred.

Developing Your Multifaceted Injury Prevention Strategy

It would be wonderful to find a single solution to preventing injury. But decades of research have shown that reliance on just one tactic, like improving your body mechanics or doing strengthening exercises, is rarely effective in preventing MSDs. Since

multiple factors are involved in causing work-related injuries, a successful prevention strategy must be multifaceted, combining many of these tactics to address all of the potential causes.

There are five primary steps to injury prevention:

1. Maintaining awareness of the risk of injury in your work
2. Understanding how risk factors cause injury
3. Reducing risk factors through ergonomics
4. Developing good body mechanics and work practices
5. Taking care of your general physical and emotional health, including physical conditioning.

Because a massage therapist's work is so physically demanding, workplace risk factors play a primary role in causing MSDs among these practitioners. The science of ergonomics provides proven and remarkably effective ways of addressing these risk factors to help you prevent injury.

The main goal of ergonomics is to find ways to make the work environment better fit the worker. Designing your massage space to fit your body characteristics and the type of work you do makes it possible for you to use good body mechanics. You need enough space to move freely around your table to avoid static positioning and awkward postures. Your table needs to be adjustable so you can work comfortably and efficiently as you change techniques and move from one client to another (a power-adjustable table is ideal for this purpose). Equipment like hydroculators or massage stone heaters can be raised to waist level so you can avoid bending to reach them or having to lift their heavy contents in awkward postures. Each change adds up to make your massage space a safer place to work.

Your work schedule can also benefit from some ergonomics help. To avoid injury, you need to balance periods of exertion with periods of rest and recovery. You'll need to schedule breaks that are long enough for you to do some stretches, breathe and relax your mind and muscles. To not overload your body, you will also need to limit the number of massage sessions you do in a day and in a week. The goal is to have a consistent, manageable workload from day to day and week to week, to avoid any sudden increases in workload, a situation that can increase your injury risk.

Developing good body mechanics is an important part of any injury prevention strategy. Your goal, however, is to have "good" body mechanics, not "perfect" body mechanics. In the real work



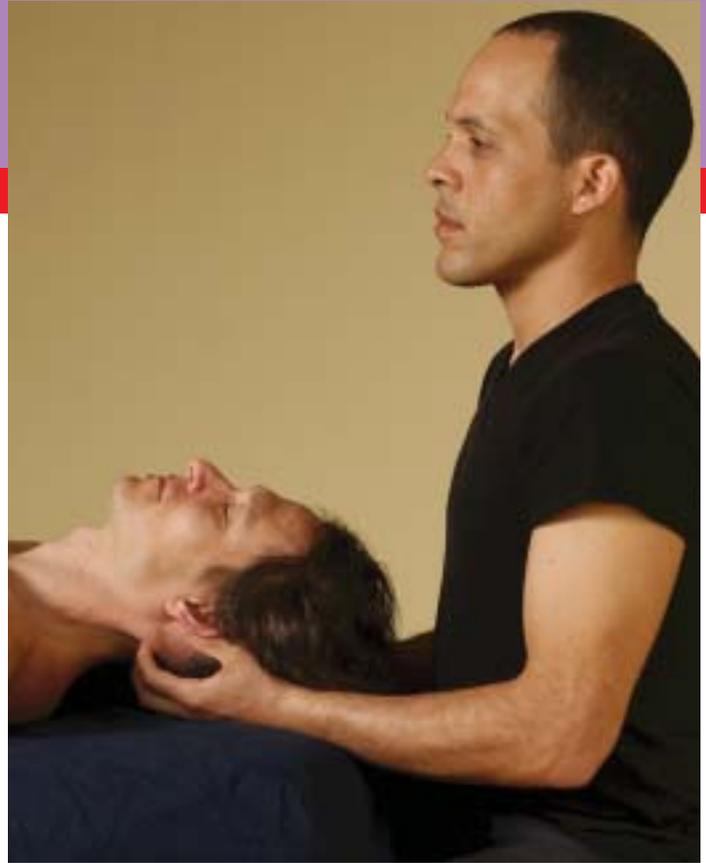
Stand up and set the table a couple of inches below elbow height to perform work that requires more pressure or larger movements. For deep work, drop the table another few inches.

world, no one uses perfect form at every moment. The idea is to continue to use your body in a natural and efficient way, while doing your best to maintain an approach that maximizes your strength and avoids overloading the most vulnerable parts of your body. You will need to modify or eliminate any technique that causes you pain or discomfort; plainly speaking, if it hurts, don't do it.

Your general health plays a major role in your ability to prevent injury. Maintaining good physical conditioning, getting enough sleep, eating well and avoiding unhealthy habits like smoking can have a direct effect on your ability to withstand the rigors of your work and heal tissue damage before it progresses to the point of injury.

Sometimes, despite your best efforts to avoid injury, you may find yourself developing symptoms. In real life, it is difficult to always avoid every risk factor and perfectly control your work environment to stay 100 percent symptom-free. If symptoms occur, recognizing them and getting appropriate treatment early is the best way to minimize interruption to your work and get you back on the road to health as quickly as possible.

Injury prevention is a concern you share with all massage therapists. Meet with your colleagues regularly, talk openly about your injury concerns, watch each other work and support each other's



For seated work, set the table height a few inches above the height of your elbows to perform precision work.

efforts to reduce injury risk. Give your own physical and emotional needs the same care and consideration that you give to your clients. Learn to be good to yourself, and a long, healthy career will be within your grasp.

1 Lauriann Greene and Richard W. Goggins, "Musculoskeletal Symptoms and Injuries among Experienced Massage and Bodywork Professionals," *Massage & Bodywork*, 2006; Dec-Jan: 48-58.

Lauriann Greene, CEAS, is co-author, with Richard W. Goggins, CPE, LMP, of the all-new 2nd Edition of *Save Your Hands! The Complete Guide to Injury Prevention and Ergonomics for Manual Therapists*. Lauriann has published numerous articles on this subject, co-authored the first comprehensive statistical study on injury among massage therapists (with Richard Goggins), and performed injury prevention workshops for manual therapists across North America. She is also a Certified Ergonomics Assessment Specialist. For more information, please visit www.SaveYourHands.com or call 877-424-0994.

Portions of this article reprinted from *Save Your Hands! The Complete Guide to Injury Prevention and Ergonomics for Manual Therapists, 2nd Edition*, Copyright © 2008 Gilded Age Press, Inc. All rights reserved.

Paula Termini's Story

by Colleen Kruse

In a west-central Florida community where many women's lives are characterized by isolation, fear and uncertainty, Paula Termini was able to bring a measure of comfort and reassurance by performing massage therapy on pregnant women and teaching mothers to massage their babies. Many gifts and talents converged that made it possible for Paula to bring massage therapy to these women and infants without having to charge them for the sessions. For her bilingual skills, she thanks the Peace Corps, where she served in Colombia and Costa Rica in the 1970s. For her knowledge and familiarity with mothers and infants, she thanks her 17 years of working as an R.N. labor/delivery nurse. For her skills as a massage therapist, she thanks the training she received at Sarasota School of Massage Therapy. And for not having to charge for her massage services, she thanks the Massage Therapy Foundation.

When Paula worked as a labor and delivery nurse, her focus was "women at risk," a description that encompasses a wide spectrum of risks. Some had been sexually abused, some physically abused, some were in the United States without immigration documentation, and almost all were without a strong female support group. Paula became more engaged with this population of women through a teen/parent program, Cyesis, through the Sarasota Public School System. Her involvement included teaching childbirth and prenatal education, breast feeding education, and giving peer-to-peer training.

"When I chose to change my career path, I wanted a profession that would give me a one-on-one connection and would let me stay involved with mothers in need," Paula says. She chose massage and a specialization in prenatal massage.

She worked with African American, Caucasian, and Latino women who could benefit from massage but lacked access due to cost or exposure. Through her involvement with Healthy Start, Paula already enjoyed an intimate knowledge of the Hispanic community. She says, "The majority of women are here without their families. They are isolated, partly because many of them are undocumented, and they live in fear of being discovered. Many are afraid to go outside their homes. They are pregnant and, at a time in their lives when they need a support system and good education, their mothers, sisters, aunts—the support system they would have at home—are not with them."

A grant from the Massage Therapy Foundation enabled Paula to rent space in a spa-like environment on an as-needed basis. She received referrals through Healthy Start, as well as from the county health department's women's outreach program, and through her contacts within the community.

"Many of the Hispanic women had never experienced massage. They had hardly experienced anyone taking care of them. It was always them taking care of others. They enjoyed the physical and stress reduction benefits of massage, but I think the greatest benefit to them was emotional, especially since they are away from their families."

The initial thinking behind the grant proposal was that Paula would provide approximately 60 massages, one each to selected moms and infants. But she found that the benefits, both to the moms and to her, of providing a series of massages paid greater dividends in terms of time spent and clients' feelings of security. She explains, "It took a lot of work initially to get women to show up for their appointments. I had quite a few no-shows at first. When you're renting a room and driving to meet someone, you have to pay for the room whether they show up or not."

She found that once the women became comfortable with the idea of massage, they wanted to come once a month, then once every two weeks, then once a week. The outcome of these massages is more anecdotal than research-based:

"One mom who came for four visits took three buses to get to me. It took her an hour and a half to arrive for each massage, and then I would take her home."

"I used lavender with one mom. She said it helped calm her. She said she bought some herself and used it with her 4-year-old son to help him 'rein in' his behavior."

"One mom had terrible carpal tunnel syndrome, and she insisted that one massage relieved her pain."

"Another mom came a week before her due date and said she hadn't slept for days. She got on the table and I had hardly put my hands on her and she was snoring. I rolled her to her side

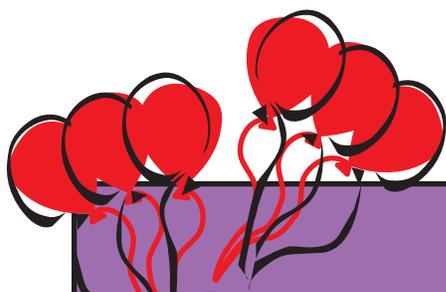
and let her sleep. She slept for 90 minutes on my massage table, and delivered a healthy baby 36 hours later. She said she was so grateful to have rested before she had the baby.”

Paula’s experience with infant massage, also part of the Massage Therapy Foundation grant, revealed that she was providing much-needed education to the moms and their babies. Working with Healthy Start moms, she asked them their first memories of being touched. Many of them related stories of being hit, being pushed, being sexually abused. “The moms responded immediately to the idea of teaching their children about loving and appropriate touch. Doing infant massage gave them permission to touch their children in a loving way.”

One mom who had lost her baby came to the infant massage group because she had been in classes with the moms who had delivered. Paula used stuffed bears for the moms to practice massage on, and she had an extra one, which she gave to the woman. “It was very meaningful for her just to be able to hold the bear,” Paula said. “Someone told me later she carries that bear with her

everywhere. Sometimes the physical benefits of massage—increased circulation, decreased swelling—don’t compare with the emotional benefits. This woman felt safe with us and knew it was okay to let go of her emotions.”

A message from the Massage Therapy Foundation: We are a 501(c) 3 public charity whose mission is to advance the knowledge and practice of massage therapy by supporting scientific research, education, and community service. Our community service granting program fosters massage therapy initiatives that serve populations in need. To read summaries of other community service projects, or to make an online donation to help fund projects like Paula’s, please visit www.massagetherapyfoundation.org.



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DAY-BREAK



The DAYBREAK Geriatric Massage Institute is an organization dedicated to enhancing quality of life in order to make living more enjoyable for the elderly by teaching health care professionals the use of skillful hands-on work and current trends in massage modalities for the aging. This type of massage takes age-related health conditions, from robust to frail seniors into focus.

The Institute was founded in 1982 and has been teaching 40 plus workshops a year from Nova Scotia to Singapore and from coast to Coast in the USA.

The Workshops are both beginning and advanced levels and each is approved as a continuing education by the NCBTMB, FSMTA and CMTBC (British Columbia) for 17 CE each.

Day-Break Geriatric Massage Institute Upcoming Workshop Dates

Level 1		Level 1 Continued		Level 2	
July 11-13	Houston, TX	Oct 3-5	Tampa, FL	July 25 -27	Austin, TX
Aug 22-26	Virginia Beach, VA	Oct 10-12	Philadelphia, PA	August 8 -10	Toledo, OH
Aug 29 -3	Mo. Jefferson, NC	Oct 17-19	Ankany, IA	Sept 12-14	Houston, TX
Sept 5-7	Tarance City, MI	Nov 7-9	Lancaster, PA	Sept 26-28	Secaucus, IL
Sept 26-28	Seattle, WA	Nov 14-16	Charlotte, NC	Oct 10 -12	Citrus Heights, CA
Sept 26-28	Sanjo Cruz, CA	Nov 14-16	Pittsburgh, PA	Oct 24-26	Virginia Beach, VA
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Continued



Sharon Puszko, PhD, LMT

DAY-BREAK GMI

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Legislative Awareness Days

by Jackie Kincaid, LMT

Once again Legislative Awareness Days were held in Tallahassee with representatives from AMTA and FSMTA in attendance. This year's event was celebrated on April 8-9, 2008 with members from both associations.

The event opened with a breakfast sponsored by FSMTA at the Core Institute, where we heard from George Kouselalous owner of the Core Institute, Paul Lambert Counsel for FSMTA, Alison & Janet, Lobbyists fro the FSMTA as well as our own lobbyist Carolyn Pardue.

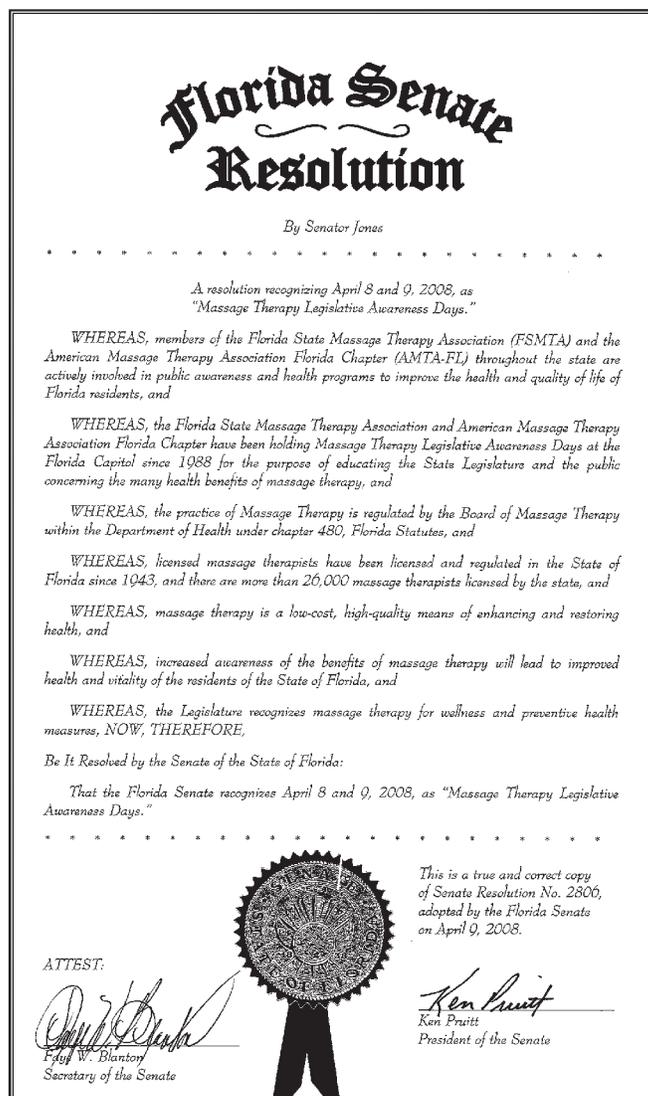
Following breakfast we all arrived at the Capitol where we set up a joint information display and information table about Massage Therapy. Once the set up was complete our board representative teams of President Pat Donohue & Joe Ferguson, 1st V.P. and Legislative Chair Jackie Kincaid and Secretary Candy Morris, and 2nd V.P. Karen Roth and 3rd V.P. Kathy Reid went about visiting Senator and Representative offices and their staff handing out information about Massage Therapy as well as making contact with these individuals so that they can again be visited once back in their home regions after session is over.

I cannot stress enough to everyone how important it is for our members to make themselves known to their local Senators and Representatives. Keep up on the local news and events that they are involved in. Many of them are up for reelection. Think about working on their campaigns, or just meet and greet them so that when an issue comes our way that they are involved in that may affect what we do for a living we are not just a faceless group name but individuals that have voting power in their districts.

Once example I used when visiting offices was to preview what bills they were working on this session. This can be found on either the Senate www.flsenate.gov or House of Representatives www.myfloridahouse.gov website, find the people in your area and the list of the bills they sponsor co sponsor or work on. There were many working on bills involving Autism and Breast Cancer to name a few. When I visited their offices I mentioned the bill and related it back to my Massage work with people with Autism and Breast Cancer.



Ron Frers, FSMTA State Legislative Committee Chair & Jackie Kincaid, AMTA FL Chapter Legislative Committee Chair.





LEFT TO RIGHT: Kathy Reid 3rd VP, Karen Roth 2nd VP, Pat Donohue President, Carolyn Pardue, our Lobbyist, Jackie Kincaid 1st VP, Candy Morris Secretary.

Many people are unaware of the benefits of massage and it creates a great talking point.

Carolyn Pardue the AMTA lobbyist made a great suggestion when she addressed the group. Her suggestion was to keep up on happenings in each of our local areas and when we find something newsworthy about massage or anything that the Senator or Representative is involved in, cut it out highlight the one or two key points attach your business card and send it to them. This will help to keep your name in front of them and their staff. Please remember to use your best business etiquette when doing so we always want to put our best foot forward.

I urge each and every one of you to get involved, make it a part of your business marketing, you will be glad you did.

If you would like other information or suggestions I can be contacted at cmti@bellsouth.net or by phone at 561-740-9272

Respectfully,

Jackie Kincaid, LMT
1st V.P. AMTA Florida Chapter
Legislative Chair



Carolyn Pardue and Pat Donohue discuss the Establishment Law at the capital.

Classifieds

Sacro Wedgy® Therapists Third Hand

Relaxing 20 minutes on the SACRO WEDGY® helps to isolate, cradle & elevate only the sacrum to mimic how the hand is used in some therapy techniques. With the sacrum stable and in a neutral position it's easier to access the piriformis, psoas & sartorius muscles using gravity to do most of the work. When combined with neck support a "natural traction" is created to help improve posture. This system works well in rehab or as self care – very important for a busy therapist! The Sacro Wedgy® retails for \$29.95. Call 1-800-737-9295 for professional volume discounts or visit www.sacrowedgy.com

Become certified to teach Baby's First Massage!

Next class in the Tampa area - August 10, 2008 Health care professionals and others can learn how to teach prenatal or newly delivered families to massage their newborns. RN's and LMT's earn 27 CEU's. Contact: www.EileenNewsome@verizon.net; 727 781 1034; www.etoouchmassage.com.

Education Report

by Eileen T. Newsome

Thank you for telling us about your education needs. The AMTA FL Chapter on line education survey officially closed on May 31st, and results have been shared with your board. This is the chapters first on line survey, and although we experienced a few bumps in the road, overall it successfully met our objective to obtain your opinion on education topics.

If you were one of the many who expressed an interest to help your chapter grow by volunteering for a unit, board or other position please contact me at www.eileennewsome@verizon.net. We have a lot of interesting activities, and we sure can use your skills. Volunteers are compensated for expenditures which typically may include transportation, communication, meetings, and other reasonable expense.

Whether it's helping run a unit, manage a committee project, being a delegate, or just help to meet and greet attendees at the Florida AMTA National convention, your support is valued.

Volunteering can also be a good way to get to know your fellow LMT's, and see firsthand how the chapter operates and monies are spent. You can volunteer for a single event or something longer term; whatever works for you will work for your chapter. Moreover, many of you took the time to comment on a specific topic, and although each comment was unique some themes jumped out. Among them is the need for better communication about meetings, and less expensive education opportunities. I want you to know that your board views these topics to be very important, and will continue to work to find the best possible way to meet your needs.

Another important education topic is the recent Florida Board of Massage Therapy vote to change the massage license exam from the current one offered by NCBTMB to the one proposed Massage Board Licensing Exam (MBLEx) by the Federation of State Massage Therapy Boards. Please be advised that this proposed change is not currently in effect. The process to change the exam can take several months meanwhile the only exam that is accepted for Florida licensure is the National Certification Exam for Therapeutic Massage and Bodywork (NCETMB). Here's the Florida Board of Massage Therapy website where you may find updated information: <http://www.doh.state.fl.us/mqa/massage>.

If you have questions or wish to discuss any education topic, please contact me at eileennewsome@verizon.net.

Sincerely,

Eileen T. Newsome
Education Chair

2009 AMTA FLorida Conference
January 11-13, 2009 Look for details on the amtaflorida.org website.

“The Grass Roots of Our Chapter”

by Tracey Samples and Karen Godfrey

On behalf of the AMTA FL Chapter Delegation, please allow us to introduce ourselves. We, Karen Godfrey and Tracey Samples, are the Co-Chairs for the 2009-2010 Delegation and current Delegates for 2008-2009. Meaning we will be representing you at this year's National Convention in Phoenix and next year's National Convention also. The duties of this important position are fairly new to us; but, what we lack in experience we make up for in commitment and perseverance. The purpose of a delegate is simple; a delegate represents her/his chapter members in the House of Delegates (HOD) and related activities, informs the chapter of timelines and facilitates the Chapter's influence in the HOD.

Exactly, what does a delegate do? Basically, we are the voice of the members, if you have a position statement and/or bylaw recommendation or amendment you would like to submit to the House of Delegate Operations Committee (HODOC), we will help you see your vision through. A position statement is AMTA's position on professional or public policy issues that relate to the mission and goals of the association. An individual member or group of members develops proposed position statements. However, they can only be submitted by an AMTA professional active member and only a delegate can submit a proposal for a position statement to the HODOC. Once a proposed position statement has gone through the review process, it is sent to delegates and made available to the membership via the AMTA website for feedback. Using this feedback to help form an opinion on the position statement, the delegate goes to the HOD meeting where the position statement is debated and then voted on. If the position statement passes the HOD, it becomes an official position of the AMTA; therefore, it is in the best interests of the maker of the position statement to submit a proposal that is in-keeping with AMTA policy and meets the criteria for a position statement. For example, a position statement passed by the HOD reads, “It is the position of the AMTA that massage therapy can be effective for stress relief”. For more information on position statements and bylaw recommendations/amendments go to the website, www.amtamassage.org- chapter center- House of Delegate, position statements and bylaw recommendations.

In order to educate AMTA members further in regards to the above mentioned process, we plan to visit every unit in the upcoming year. The presentations will include: further descriptions of the purpose of a delegate, descriptions of position statements and bylaw recommendation/amendments, current proposals before the HOD and a survey to stimulate the thoughts of the members. We will follow up with those members interested in being heard, helping them with wording, research, proposals,

and timelines. The deadline for submitting next year's proposals is February 2009; any later and they won't be considered until the 2010 National Convention. It may seem like plenty of time; but, if you want to get your proposal past the review committees you have to put a little research and development into your proposal. No worries, your AMTA Delegation is here for you; any question or concerns you might have, give us a call.

To help get everyone rolling with ideas, we have included the survey questions from our presentation. Also, please read through the attached proposals, which will be going before the HOD at this year's National Convention. Please let us know

1 - Recommendation to the 2008 House of Delegates Regarding Agendas be Distributed to Chapter Representatives *Submitted by AMTA Indiana Chapter*

Whereas, Chapters of the American Massage Therapy Association, strive to be in step with national changes and align Chapters' standing rules, strategic plan, policies, Chapter Board of Directors action and Chapter activities with the Association for the betterment of the member experience, and

Whereas, Chapters correspond to the core values and operation of the Association, and

Whereas, with increased efficiency of the National Board of Directors at their meetings and less discussion taking place on agenda items during these meeting and more being done before meetings through email among the board members and select committee/workgroups, whether it be a face to face meeting or conference call board meeting, and

Whereas, attending National board meetings can be an opportunity to learn from our National Leaders as they work at their tasks, emulate their conduct and promote a mentoring experience to future national leaders, and

Whereas, Chapters have no opportunity to participate in these meetings, finding it difficult to follow what agenda items are regarding, or understand the actions of the National Board of Directors, and

Whereas, there is no guaranteed time or opportunity on the agenda for chapter representatives to address the assembled National Board of Directors in regards to Chapter concerns or issues during meetings to which they have been invited to attend at the expense of their Chapter, and

Whereas, the American Massage Therapy Association, being a membership driven organization of ethical professionals, with Chapters volunteers being the link to members, developing a feeling of loyalty and support to and for the Association, and

Whereas, Chapters send representatives to Board meetings, acting as ambassadors for thousands of members, and

Whereas, Chapter volunteers are required to sign a Statement of Commitment to the Code of Conduct as a volunteer for the American Massage Therapy Association, and agree to abide by the AMTA Chapter Volunteer's Code of Conduct, Code of Ethics, and Standards of Practice and pledging to be faithful and honest to the association, and

Therefore, be it resolved, that the House of Delegates recommends to the National Board of Directors that the delegated Chapter representatives will be provided a summary of agenda items and be granted an opportunity to openly address concerns and issues, in the discussion process, in whatever way the National Board of Directors deem reasonable, at every open meeting of the National Board of Directors.

Approved by unanimous vote at the AMTA Indiana Chapter Business meeting November 11, 2007.

Authors: Barbara Lis (lis886@att.net/219.696.0672), Dorinda Springer and Barbara Studebaker. Submitted to the HODOC: February 29, 2008

**# 2 - Recommendation to the 2008 House of Delegates
Regarding Term of Office for Delegates**
Submitted by AMTA Indiana Chapter

Whereas, in 2006, the National Board of Directors voted to change the numbers of years a Delegate can serve the Chapter to be no more than two (2) consecutive elected years, and

Whereas, the function and voice of a Delegate is unique among Professional Massage Therapy Organizations, and

Whereas, most members have no experience in serving as a Delegate, and

Whereas, the purpose of the Chapter Delegate is to represent the Chapter members and related activities, inform the Chapter of timelines, and facilitate the Chapter's influence in the House of Delegates, and

Whereas, Delegates work to develop relationships with Chapter members, fellow Chapter Delegates, as well as Delegates from other Chapters and the House of Delegates Operations Committee, while carrying out their duties, and

Whereas, the responsibilities of a Delegate are to communicate at the Chapter Annual Meeting and through other means available, and initiate member involvement in discussion of matters that may or will come before the House of Delegates, and

Whereas, Delegates will maintain a working knowledge of materials provided prior to the House of Delegates, and

Whereas, Delegates will prepare and review all necessary materials prior to meetings, and

Whereas, Delegates will attend and participate in the House of Delegates Orientation, Meeting and cast informed votes, and

Whereas, Delegates will report the actions of the House of Delegates to the Chapter membership, and

Whereas, newer Delegates consider their first few times attending House of Delegates Meeting a time of learning and are less proactive in the process, and

Whereas, the Indiana Chapter anticipates this change in the number of consecutive terms a member is allowed to serve as a Delegate will greatly reduce the productivity, effectiveness and voice of the House of Delegates because of the lack of experienced Delegates present, and

Whereas, the Chapter membership should be allowed to elect a member qualified to be a Delegate and not be limited to who can serve additional terms and trust the elective process to eliminate those that are not meeting their purpose and responsibilities to the Chapter, and

Whereas, Chapters want their Delegate to be inspired and empowered to serve the membership with their own personal resource, which might include prior Delegate knowledge and experience.

Therefore, be it resolved, that the House of Delegates recommends to the National Board of Directors, that the language "term of office shall not exceed two (2) consecutive elected years" be dropped and not limit the time a member can serve their Chapter as a Delegate in the House of Delegates.

Approved by a vote of the Indiana Chapter Board of Directors, February 27, 2008.
Authors: Barbara Lis (lis886@att.net/219-696-0672), Dorinda Springer and Barbara Studebaker.
Submitted to the HODOC: February 29, 2008

your opinions on these topics, as we are your voice at the HOD meeting in Phoenix. By sharing your views with your Delegates, your voice will be heard.

Hopefully, this article has shed some light on the topic of position statements and a delegate's role within the chapter. To find out when we are visiting the unit in your area, contact your unit leader or call one of us. The time has come for the members to be heard; the Delegation is here and we are listening.

Committed to Excellence,
Tracey Samples & Karen Godfrey

Survey Questions:

1. After reading the examples of position statements what would you like to see the AMTA take position on?
2. Is there something in the Bylaws you would like to see amended?
3. Do you have any recommendations you would like added to the Bylaws?



**# 3 - Bylaw Amendment Recommendation to the
2008 House of Delegates Regarding Delegate's Term**
Submitted by the Connecticut Chapter

Whereas:

- While limiting a delegate to serve no more than two consecutive elected terms in the HOD might encourage someone to run for the delegate position in some chapters, it does not mean that it will serve every chapter and
- Delegates are elected by the chapter's professional members to serve for the year, so the chapter members have the means to create change, if they desire, and
- The process of being an effective delegate may take some individuals repeated attendance to fully assimilate and understand in order to participate in an effective manner and
- Fostering experience and leadership qualities are important to any organization and
- Seasoned delegates (having served more than two consecutive years) offer experienced guidance, direction, sense of stability, within their chapter and with other chapters and
- First time delegates to the House of Delegates often rely on "seasoned" delegates for guidance and support and
- The present term limitations, stating that a chapter's delegate may serve no more than two consecutive years in the House of Delegates, may serve as a hardship such as the inability to offer eligible or interested nominees.

Therefore, be it resolved that the House of Delegates recommends to the National Board of Directors to modify the present House of Delegates requirement to allow each chapter to determine whether or not to put a limitation on the number of years a delegate can serve in the House of Delegates, as stated in the suggested Bylaws change.

Section 3. House of Delegates
B. Composition

- a. The delegate shall serve a term of office from January 1 through December 31 of the year of the HOD meeting in which he is a representative.
- b. The delegate shall serve no more than two consecutive elected terms. ***The term of a delegate shall be determined by each chapter and clearly stated in the chapter's standing rules.***
- c. A vacancy in the position of delegate may be established through resignation, disqualification, disablement, or death prior to the regular end of term of office.
- d. The alternate receiving the most votes in the election of delegates shall fill a vacancy in the position of delegate.

Submitted by Maureen Stott (AMTAemail@aol.com)
Authorized by unanimous vote of the AMTA CT Chapter Board of Directors via conference call on January 29, 2008.

4 - Bylaw Recommendation - Membership

Submitted by Illinois Chapter

Author: Jane Neumann, Illinois Chapter

Subject: Modify Professional Membership Requirements Pertaining to Licensure

Whereas:

- With the substantial support and backing of AMTA and its chapters and volunteers, 39 states and the District of Columbia have statewide regulation of massage therapy (as of March 3, 2008). We celebrate with great pride each new state to join that field. AMTA funds are provided to chapters via Law and Legislation Assistance Program grants to help organize efforts to draft bills and move those bills to passage. Yet the AMTA bylaws section on membership requirements is silent about having a state-issued professional license (or certificate or registration). The current membership requirement is inherently contradictory to AMTA's Code of Ethics, Standards of Practice, Core Values, Future Vision and Strategic Goals.
- Whereas, in April 2005 the AMTA Board of Directors adopted a Strategic Goal to "proactively pursue licensure in every state."
- Whereas, the fifth principle in the AMTA Code of Ethics states that "Massage therapists shall...conduct all business and professional activities within their scope of practice, the law of the land, and project a professional image."
- Whereas, the AMTA Standards of Practice, under provision #7 (Legal Practice) requires that "members practice or collaborate with all others practicing professional massage/bodywork in a manner that is in compliance with national, state or local municipal law(s) pertaining to the practice of professional massage/bodywork."
- Whereas, one of AMTA's Core Values is "We ... support fair regulation of massage therapy."
- Whereas, AMTA's 10- to 30-Year Vivid Descriptions include the following statement: "All states will have regulation and scope of practice: there is licensure in all 50 states and portability of the credential across state lines."
- Whereas, another Vivid Description says, "Being an AMTA member reflects the highest standard of ethical behavior and the public sees the value and benefit of AMTA. Members are seen as trusted professionals at the forefront of a changing and complex world. Membership in the AMTA is seen as critical to employers and clients as an indicator of commitment to values."
- Whereas, elsewhere on the AMTA website, the public face of the AMTA, the Vivid Description of the Envisioned Future says, "AMTA is instrumental in ... assisting all states with regulation and scope of practice, with an emphasis on portability across state lines."
- Whereas, the newly revised renewal forms for Professional Active membership and the application form for initial membership requires the applicant or renewing member to attest that they are in compliance with state and local laws regulating massage, however, no evidence of compliance (such as a license number which the association could verify) is requested.
- Whereas, by asking for such attestation with no corresponding requirement in AMTA bylaws, the association is creating a vulnerability.
- Whereas, the forms for new and renewing members asks the applicant to attest they will abide by the AMTA Code of Ethics.
- Whereas, chapters comparing a list of massage therapists regulated in their state (if such regulation is mandatory in that state) with AMTA chapter membership rolls for purposes of planning member recruitment actions may encounter evidence that some members are not licensed, which, if acted upon, would have the effect of losing members.
- Whereas, those chapters discovering such problems may be ethically bound to initiate AMTA disciplinary procedures through the national association, and if not all chapters in regulated states act consistently, there may be a perception of inequity.
- Whereas, in this computer age such verifications of regulatory compliance are more feasible than in the past.
- Whereas, Healthcare Providers Service Organization, the AMTA's liability insurance administrator, will not honor a claim against its policy by an AMTA member who is not in compliance with state or local regulations.
- Whereas, the current membership structure includes sufficient categories for other than Professional Active status to allow someone to be a member if they do not need to be regulated because they are not actively practicing massage.
- Whereas, this bylaw change will not require any member to obtain a license or other form of regulatory credential in a state or municipality in which it is optional.

Therefore: Be it resolved that the House of Delegates recommends to the National Board of Directors that the AMTA bylaws be changed at Article III, Section 2(A)(1) pertaining to Professional Active membership, to add the following new requirement: For any jurisdiction in which the member practices massage, the member must hold a valid license, registration or certification issued by that state, territory, District of Columbia or municipal government, if such credential is required to practice massage in that jurisdiction.

Guiding Principles: Association staff will change membership application and renewal procedures and forms to implement this change.

Proposed Bylaw: See Attached Below

Contact Information: Jane Neumann, @ neumann.jane08@gmail.com

Attachment

ARTICLE III. MEMBERSHIP

Section 1. General Eligibility

AMTA may grant membership to any individual or entity who:

- A. Meets the qualifications set forth for each classification of membership in AMTA;
- B. Shares interest in and supports the purposes of AMTA;
- C. Abides by these Bylaws, AMTA's Code of Ethics, and other policies, rules and regulations that AMTA may adopt;
- D. Meets additional criteria for each category of membership that the National Board of Directors may establish.

Section 2. Membership Classifications and Qualifications

Membership in the Association shall be divided as follows:

Professional, Student, School, Supporting, and Honorary. An individual or legal entity may hold only one (1) classification of membership.

- A. Professional Classification
 1. Professional Active
 - a. Must graduate from any supervised 500 in-class hour minimum entry-level program, or must pass an exam recognized by AMTA as identified in AMTA policy or must have an AMTA-accepted state license, certification, or registration.
 - b. For any jurisdiction in which the member practices massage, the member must hold a valid license, registration or certification issued by that state, territory, District of Columbia, or municipal government, if such credential is required by law to practice massage in that jurisdiction.**
 - b.c. In order to remain qualified for Professional Active membership, a member must complete continuing education in accordance with AMTA Policy.
 2. Professional Inactive
 - a. Must have been a Professional Active member and be temporarily not practicing massage therapy.
 3. Professional Retired
 - a. Must have been a Professional Active member and be retired from the massage profession by choice or disability.
- B. Student Classification
 1. Must be enrolled as a student in any 500 supervised in-class hour minimum entry-level program in the United States, its territories, or Canada.
 2. May hold membership in this classification for no more than two (2) years.
 3. Must not have previously held AMTA Professional Active, Inactive or Retired membership.
- C. School Classification
 1. Must be school administering an entry level massage therapy program consisting of a minimum of 500 supervised in-class hours and operating legally within its jurisdiction.
- D. Supporting Classification
 1. Must be an individual or a legal entity, not practicing massage but wishing to support and advance the profession of massage therapy through AMTA in accordance with the AMTA core purpose and goals.
- E. Honorary Classification
 1. Honorary membership is a special honor bestowed upon a person who has contributed exemplary service and/or knowledge that has benefited massage.

Let' Get the Word Out

by Karen Roth, LMT

Recommendation Regarding Policy Change – PACS
Submitted by the California Chapter

Author: California Chapter Delegates: Mark Dixon (Delegate Coordinator), Jim Stern, Dorothy Swartzberg, Lucy Wojtkowicz and Melissa Colburn

Subject: Policy revision to allow Political Action Committees (PAC's) by professional management services, subject to AMTA review and overseen by AMTA Chapters where needed and desired, in order to support appropriate legislative action.

Whereas:

- For profit companies such as ABMP have amply demonstrated their ability to donate thousands of dollars to individual lawmakers in hopes of influencing their decisions affecting our right to practice;
- Gaining legislative support requires professional skills in presenting the appropriate case for legislators, and in many states most professional associations and non-profits have PAC's established and controlled by Boards of Directors;
- There are professional companies available, which for reasonable fees, create and manage PAC's in full compliance with all state and federal laws and regulations;
- Donations received by lawmakers from independent PAC's will not be identified with the AMTA, but will allow individual AMTA Chapters the same access to legislators available to other groups of individuals with common interests;
- There is no anticipated financial impact to AMTA.

Therefore:

- We, the members of the California Delegation, move that a revision of AMTA policy be adopted allowing management of PAC's, subject to AMTA review, by professional management services and overseen by individual AMTA Chapters.

Guiding Principle:

- AMTA Chapters may most effectively meet the Mission Statement Goal #3 “To advocate that massage provided to the public meets high public standards” by influencing legislators through the use of PAC's.

The AMTA Policy Manual, under Government Relations, Sec. 1. G. reads:
G. Political Action Committees

AMTA and its Chapters should not create or be affiliated in any way with political action committees (PAC). Federal laws significantly restrict political contributions from 501(c)(6) tax exempt organizations to political candidates. Also each state determines its own rules for PAC creation, contributions, financial disclosure and tax reporting making campaign finance laws that exist at the state level difficult to monitor. These complexities could put the Association at risk if it were involved in or affiliated with PACs.

The AMTA-CA Chapter Delegation proposes the following change in AMTA policy:

Subject to AMTA review, the AMTA and its Chapters may create political action committees (PAC) provided they are operated by professional management services overseen by AMTA Chapters.

Contact Information: Mark W. Dixon, 714 965-0104, [AboutYou88@verizon.net](mailto>AboutYou88@verizon.net)

Hello fellow members,

Well we're off and running — we will be at the Florida Society American College of Osteopathic Family Physicians (FSACOF) July 30th at the Grand Cypress, Orlando. AMTA Florida Chapter will host a booth in their exhibit hall offering complimentary chair massages to attendees. It will be exciting as well as great networking for you, come out and join me by contacting me by email at clublanai@msn.com.

It's a great way to interact with the doctor's and get your name out there. You never know when a doctor from your own home town area is looking for a good qualified therapist! I highly recommend that you at least come out and talk about your profession.

The AMTA and the FSMTA will be attending a special dinner in honor of fellow LMT, Vivian Mahoney, who will be receiving the “Therapist of the Year Award” presented by the Florida Chiropractor Association. This will be in Orlando on August 22nd. Way to go Vivian!

In addition, the 2008 World Massage Festival is going on August 1st thru the 3rd. Pat Donohue will be meeting and greeting fellow therapists to talk about the great benefits of our wonder organization.

Then from there I will be at Florida Osetopathic Medical Association (FOMA) in Tampa on September 12th thru the 14th. Again, I need volunteers to assist me in giving chair massages to attendees. Come out and join the excitement and network.

Before you know its, AMTA NATIONAL CONVENTION will have rolled around.. put in down in your calendar for September 17th thru the 20th in Phoenix, Az.

The year just seems to fly by, hope to see any and all of you awesome therapists in my journeys! Please keep looking on the web site for all the new and exciting news about what's going on around you. To be in Touch is to stay in Touch.

Please don't forget our surveys. I know the reminder email blast's become a pain sometimes, but please it is so very important to get feedback from our members. We need to know what you want and we are eager to serve our members, responding to your needs. So be patient if you have received a couple of reminders, it's only because your input means so much to the Board of Directors. Stay safe, be well , and let's heal this world we live in 1 massage at a time.

Sincerely,

Karen Roth LMT.

2nd V.P., Medical Liaison & Public Relation Chair

Client Relations:

by Nina Ramos, LMT

I want to welcome the new massage therapists who are ready to be rewarded from this outstanding career.

My experience as a massage therapist, spa director and massage instructor in Miami and Latin America, has honored me with the opportunity to work with VIP clients such as politicians, artists and movie stars. This experience has taught me that as Licensed Massage Therapist (LMT) we need to learn that all our clients should be treated as VIPs, simply because our existing clients are the best source of new business, often called “word of mouth marketing” (WOMM).

WOMM, also known as buzz marketing, can be highly valued in our profession. LMT’s information and skills communicated in this way has an added layer of trustworthiness. The receiver of word-of-mouth referrals tends to believe that the communicator is speaking honestly from their own experience. Usually WOMM targets key clients who have credibility and a high number of personal connections.

As massage therapists we have the most powerful communication tools, “human contact”, and what we say and how we act matters. Each time we greet a client, listen to them, ask them for feedback and guidance during the massage and indulge them with deference, quality treatments and pride in our work, we create an honest relationship with our clients, base on respect and understanding.

A good health care provider will comprehend that working within the Scope of Practice will make them able to build “loyalty” “consistency” and “Referrals”, because we respond to the human voice and a happy client will be listened to, — especially for those who know and trust their massage therapist.

“Word-of-mouth marketing” -use it;

Nina Ramos LMT

**Attention
AMTA Members**

**Update
on
our pin
contest**



New address for submissions:

Jackie Kincaid

1st V.P. AMTA Florida Chapter

C/O 1101 N Congress Ave

Suite 207

Boynton beach, FL 33426

**We have also extended the deadline
to postmark date of October 31, 2008**

To see official rules go to the AMTA Florida website at www.antaflorida.org go to archived journals and look in the winter edition or contact Jackie Kincaid at cmti@bellsouth.net



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