PROVIDING NEWS AND INFORMATION TO MASSAGE THERAPY PROFESSIONALS IN NEW ZEALAND

MNZ MAGAZINE

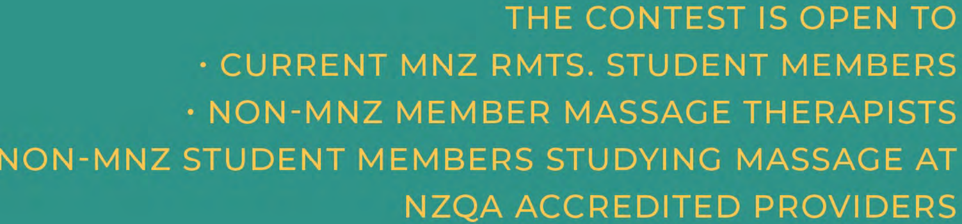
massage new zealand

ISSUE 3 2020

HomegRown

CRITICAL THINKERS IN OUR OWN BACKYARD

CAN MASSAGE THERAPY INFLUENCE PAIN AND SELF-EFFICACY? • PAIN EDUCATION INTERVENTION AND MASSAGE THERAPY • PLAYFUL MOVEMENT AS A NEW APPROACH TO MANAGE CHRONIC PAIN • THE ART OF REFLECTIVE PRACTICE • SIT BTSM BLENDED DELIVERY • INTERVIEW WITH BERNIE LANDELS • NZCM LIFE CYCLE • PATHOLOGY • BUSINESS MATTERS • RESEARCH UPDATE • USEFUL SITES & REVIEWS



THE CONTEST IS OPEN TO
· CURRENT MNZ RMTS. STUDENT MEMBERS
· NON-MNZ MEMBER MASSAGE THERAPISTS
· NON-MNZ STUDENT MEMBERS STUDYING MASSAGE AT NZQA ACCREDITED PROVIDERS

MORE DETAILS AVAILABLE ON WEBSITE
WWW.MASSAGENEWZEALAND.ORG.NZ

MNZ CASE REPORT CONTEST

ENTRIES CLOSE FRIDAY 17 DEC 2021

FANTASTIC PRIZE PACKAGES FOR TOP 3 PLACES

MASSAGE THERAPY STUDENT ENTRIES ENCOURAGED!

MNZ MAGAZINE
ISSUE 3 2020

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ISSUE 3 2020
EDITORIAL

Greetings members!

Here we are in Spring and just about to head into Summer, a chance to reflect on new beginnings and growth. What better metaphors to associate with issue 3 as we focus on HOMEGROWN - celebrating and recognising the growth of critical thinkers within our profession right here in New Zealand! We are so excited to bring you this issue, where for the first time, ALL of our feature article contributors are kiwi-trained massage therapists and/or kiwi massage therapy educators. They all have one thing in common – they have developed their critical thinking skills and consider how research can influence massage practice. This is encouraging for our profession here. Critical thinkers can go on to become researchers, people who share their knowledge and skills to help advance massage therapy and increase its recognition beyond our profession.

We also have a few other 'new beginnings' to mention. Our September AGM saw some changes in the Executive Committee and other roles. You can read about the AGM on page 5 and meet our new MNZ team members on page 7. One important one for MNZ Magazine is that we welcome Rachel Ah Kit to the team! I'm super excited to have Rachel join me as Co-editor. I've known Rachel for a few years now and as a fellow postgrad student doing the University of Otago Pain and Pain Management programme, I know that Rachel has an abundance of ideas, skills and experience she is keen to put to use on the magazine. Welcome Rachel, looking forward to working with you and congratulations on completion of your PGDipHealSc!

In this issue, Rachel Ah Kit looks at whether massage therapy can influence pain and self-efficacy, BTSM graduate Delkon Woodhead alongside NZ massage therapy researchers Donna Smith and Jo Smith investigate pain education intervention and massage therapy, and Odette Wood explores the use of playful movement as a new approach to managing chronic pain – these three pieces of work all have implications for our work with clients, so do check them out and find out how you might be able to apply in your practice. Wellington RMT Becky Littlewood provides valuable insight into the use of reflective practice, a fantastic tool that we should all be using as part of our self-directed professional development. Are you a level 6 trained massage therapist and thinking about extending your training to degree level? Jo Smith and Donna Smith from SIT discuss the new blended delivery Bachelor of Therapeutic and Sports Massage programme that is now available for remedial massage therapists wanting to upgrade. As a one year programme, this is very achievable. Read what they have to say and hear what students of the 2020 programme share about their recent experiences.

Ex-pat kiwi Bernie Landels talks with Carol Wilson about her journey from massage therapy student, teaching at and then owning the New Zealand College of Massage, and then going on to working for Anatomy Trains Europe. Wellington RMT Allison Anderson is undertaking a Masters in Health Policy, Planning and Implementation at Victoria University and she shares her plans to do her thesis on regulation of massage therapy in New Zealand. If you are keen to find out more, do read her notice to readers. It was sad to hear the news a few months ago that the oldest massage therapy educational institution in New Zealand and trainer of many massage therapists, the New Zealand College of Massage (NZCM), will be closing its doors (for now) at the end of 2020. Wellington NZCM tutor Carol Wilson reflects on the life cycle of NZCM from humble beginnings in 1992.

We have some great 'homegrown' content in our regular section – Pathology looks at Graves' Disease, Business Matters discusses communication kiwi style, we offer a range of useful websites and blogs for you to check out, and Ruth Werner reviews some New Zealand massage therapy research. As always, loads for you to look at and we encourage you to make time to do just that – don't forget, reading MNZ Magazine and engaging in reflection on what you learn from it is a great way to get some CPD hours.

Finally, but by no means least of all, MNZ Magazine farewells Co-editor Carol Wilson. I have worked with Carol since 2017 when she "encouraged" me to join her on the magazine team. Carol has been a wonderful mentor to me in the joint editorial role. I have loved working alongside her, seeing her absolute passion for our profession, her energy for being keen to try different things in developing the magazine, and her commitment to both MNZ and MNZ Magazine. 10 years in the role is no mean feat! Thank YOU Carol, for all that you have done for the magazine, for MNZ and it's members and for me as your team mate. You are a mana wahine in our profession. All the best for whatever the future holds!

SIGN OFF FROM CAROL

To have been the editor and co-editor of the MNZ Massage magazine has been so satisfying over the years. I thank you all for this opportunity to utilise many international massage links (in particular Ruth Werner who has never said No and provides worldclass information time after time), local contributors, staff and volunteers within MNZ over the last 10 years and with Julia our formatter, who has always been so accommodating. This has enabled us to provide a magazine that is always striving to move ahead and create a world class product.

We have heard the suggestions from members and the new team will be working with the exec team to consider these.

I particularly thank Odette Wood for her tireless work to assist, proof and source wonderful articles in this issue once again.

I wish Rachel and Odette all the best for the future.

Signing off,

Carol

COVER PHOTO: With permission from Kath Irvine of https://www.ediblebackyard.co.nz/ Can really recommend Kath's permaculture workshops.

ARTICLE SUBMISSION AND ADVERTISING SPECIFICATIONS

SUBMISSION DEADLINES

The MNZ Magazine will be published:

Issue 1 2021 – 1st April (deadline 1st Feb)
Issue 2 2021 – 1st August (deadline 1st June)
Issue 3 2021 – 1st December (deadline 1st October)

Note: Dates may be changed or delayed as deemed necessary by editors.

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

ADVERTISING RATES AND PAYMENT

MNZ Magazine now ONLINE only.

For current advertising opportunities and pricing please see:

https://www.massagenewzealand.org.nz/Site/about/advertise/advertising-opportunities.aspx

Advertisements must be booked via the online booking form and paid online.

https://www.massagenewzealand.org.nz/tools/email.aspx?SECT=advertise

ADVERTISEMENT SPECIFICATIONS

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

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

Magazine Page Sizes

- Full page is 210mm wide x 297mm high
- Half page is 180mm wide x 124mm high
- Quarter page is 88mm wide x 120mm high

For any enquiries about advertising with MNZ, please contact advertise@massagenewzealand.org.nz

PAYMENT

FULL PAYMENT MUST ACCOMPANY EACH ADVERTISEMENT

Methods of Payment:

- Credit via our online payment gateway when booking the advertisement online
- Internet banking to ASB A/c 12-3178-0064216-00
  Please include your business name in the 'reference' field when making an internet transfer.

ARTICLE SUBMISSION GUIDELINES

The following outlines requirements for submitting articles, original research and case reports. We also consider opinion pieces, reviews and other types of articles, providing that they do not contradict MNZ policies and processes.

Please contact the co-editors to discuss your submission prior to sending in.

- Word count - Max 1800 words include references
- Font - Arial size 12
- Pictures - Maximum 4 photos per article, send photo originals separate from article (do not provide images embedded in Word document), each photo must be at least 500k
- Please use one tab to set indents and avoid using double spacing after fullstops. The magazine team will take care of all formatting
- We prefer APA referencing (see http://owll.massey.ac.nz/referencing/apa-interactive.php)

Co-editors – Carol Wilson, Odette Wood

magazine@massagenewzealand.org.nz

coeditor@massagenewzealand.org.nz

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ADMIN REPORT

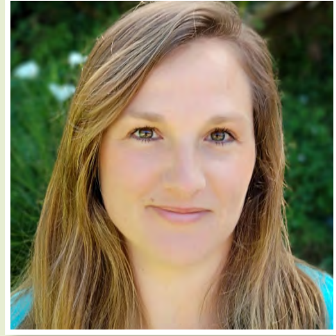
Dear Members

We have almost made it to the end of the year, and what an exceptional year it has been. It has been a rollercoaster ride with challenging turns at times. We have been patient, adaptable and kind. We have continued to work hard as and when we were allowed! The atmosphere seems to have settled again in New Zealand and we hope at the time of publication that this is still the case. How lucky to be living and working in this great country.

Thank you to the members who attended the Annual General Meeting (AGM) in September. A report of the meeting is published in this edition, so members who could not attend can catch up on all the highlights. We welcome the new MNZ Executive Committee members and look forward to working together to promote professionalism and develop projects further in 2021.

The date for next year's AGM is set for Saturday 18th September 2021 so please add this to your calendar. We are hoping to be able to hold it as a physical meeting once again hopefully combined with a conference. If you are interested in being involved or helping with conference, then feel free to get in touch with the MNZ Executive Committee.

A reminder that all RMTs are required to have a current first aid certification. Please check that this is up to date. If you do need to complete a refresher course, then please do arrange this as soon as possible. MNZ members receive an exclusive 5% discount off the normal public price of St John first aid courses. The courses meet MNZ NZQA requirements. Maintaining a current First Aid certificate is



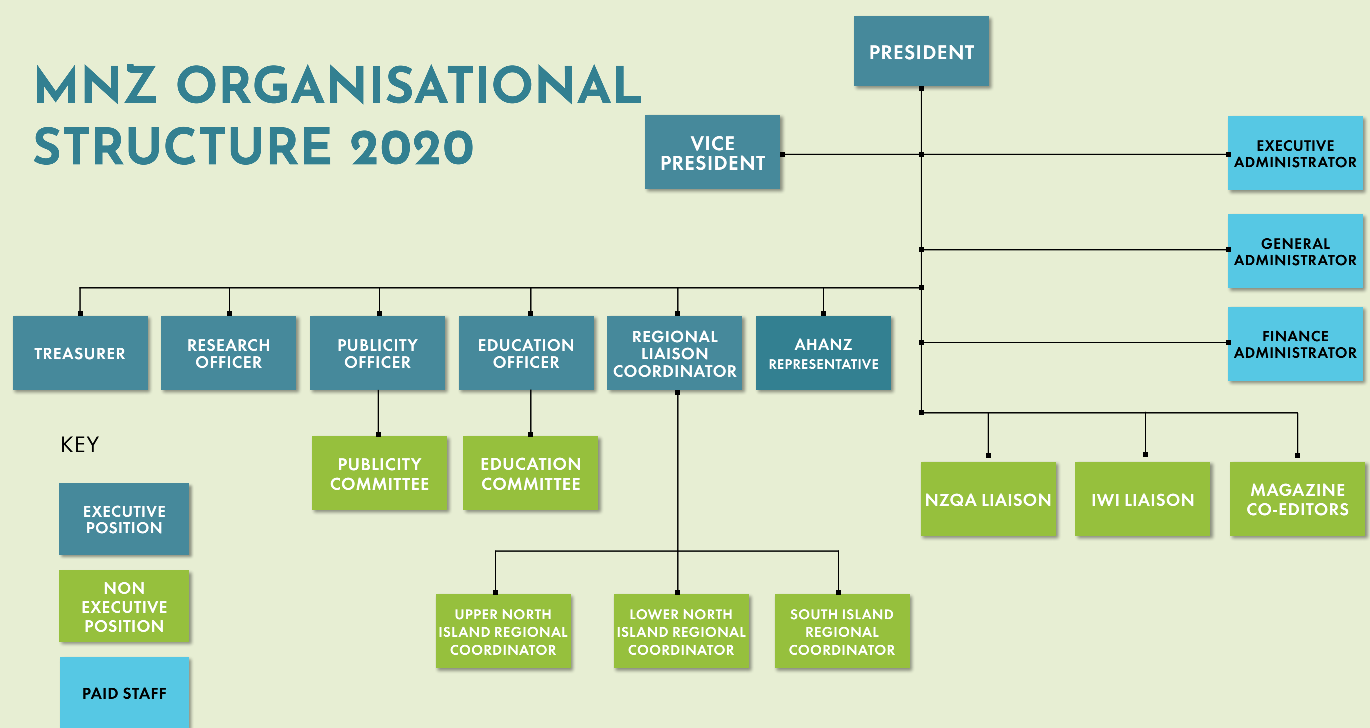
a MNZ membership requirement. To find out more about booking a St John course then visit the members section of the website here: https://www.massagenewzealand.org.nz/Site/members/resources/preferred-suppliers.aspx

When Southern Cross receive a claim for massage (RMT 6+), the claims department check the 'Find a Therapist' function on our website to verify registration. If they do not locate a therapist via the search function, they contact MNZ directly for verification. To assist with this, please ensure that your region is selected in your profile and that your clinic details have been added.

If you have any questions, please do contact Esther at membership@massagenewzealand.org.nz

Wishing you all a jolly good Christmas season. Enjoy the warmer weather and some well-earned rest with friends and family.

Nici Stirrup (Executive Administrator) &
Esther Shimmin (General Administrator)



MASSAGE NEW ZEALAND
ANNUAL GENERAL MEETING 2020

The MNZ Annual General Meeting (AGM) as we know it was a little different this year. Organisations are usually required to hold it as a physical meeting. Due to COVID-19 leniencies were made and we fortunately had the option to run the meeting online via Zoom conference call. We had just over 60 members registering for the meeting this year and 39 members attending on the day which fulfilled quorum. Thank you to all who attended and to those who sent their apologies. It is great to see the membership taking an interest in the progress of the organisation and our profession.

Wellington MNZ members at AGM on Zoom 2020 : Joanna Tennent, Odette Wood, Allison Anderson, Alison Sullivan.

We completed the usual proceedings of ratifying last year's minutes and 2020 financial reports. Please note the YE 2020 Financial Reports are being audited and will be posted on the website once received. Documents are available to view on the website here:

https://www.massagenewzealand.org.nz/Site/members/news/annual-reports-agm.aspx

There were no remits to the MNZ Constitution or Rules to vote on this year. The current documents are available to view on the website here:

https://www.massagenewzealand.org.nz/Site/about/constitution.aspx

We then received an Executive Progress Report from Clint Knox, MNZ President regarding MNZ Strategic Plans. Clint presented a summary of 2020 including the main focuses: Communication, Education, Massage Hui (on hold), Insurance project to align MNZ with other insurance companies. Beyond 2020 there is a lot to work on. Conversations took place around engaging with other associations around the globe.

Relationships have been built with Australian associations and things are underway with Canada, UK, and USA. The Executive Committee have supplied a full document called MNZ Strategic Plan – Work in Progress 2020 which can be viewed on the website here: **https://www.massagenewzealand.org.nz/Site/members/news/articles/annual-general-meeting-2020.aspx**

It is evident that COVID-19 has been a big disruption this year. Getting traction on topics like regulation has been delayed but is still important. MNZ would like to lead and direct the process of moving into regulation. There are areas that need to be refined and put in place first, like updating and creating professional high-quality policies. Hopefully, the MNZ Strategic Plan document will give members a good idea of all the things we would like to work on moving forward. Progress requires hands on deck. If you are interested in driving or assisting with any of the topics on the list and/or have the skill set to help, then please contact the Executive Committee.

Thank you to everyone who accepted nomination into various Executive and Non-Executive roles. It was exciting to see many volunteers all keen to take part in developing so many areas of the organisation. Please welcome the following members to the team who were voted in at the meeting:

- Helen Smith – President (covering role for 1 year)
- Christy Munro – Vice-President
- Ali Sullivan – Publicity Officer
- Doug Maynard – Education Officer (ratified into role)
- Bernie Withington – Publicity Support role (please note we require 3 members to be voted in to form the Publicity Sub-Committee)
- Rachel Ah Kit – Magazine Co-editor (as of December 2020)

To learn more about our team members and view the overall structure of the organisation, then please visit the website:

https://www.massagenewzealand.org.nz/Site/about/organisational-structure.aspx

There are still some vacant roles. Job Descriptions are viewable here:

https://www.massagenewzealand.org.nz/Site/members/jobs/mnz-jobs.aspx

Contact our new MNZ President, Helen if you are interested in any of the roles – president@massagenewzealand.org.nz

Congratulations to Joanna Tennent for receiving the Bill Wareham award for 2020. Joanna has been teaching, inspiring, and challenging massage students with passion and rigour for over 20 years. Not to mention consistent support of all massage events, and continuing thirst for knowledge in the massage profession. She aspires to impart up to date knowledge and concepts to massage students and improve their academic qualities every single day. Joanna has had input into the MNZ Education and Research committees, has been instrumental in organising two inspiring MNZ Conferences. She has made a huge impact in the NZ Massage profession, by providing ongoing support and knowledge to all.

Joanna Tennent – receives Bill Wareham Award 2020

A huge thank you was presented to the following members, for their contributions to MNZ and the profession:

MNZ Education Sub-Committee – Pip Charlton, Dawn Burke, Jenny Allan, Sheryl-Lee Judd, who have all been key players in supporting Doug as he settles into the role of Education Officer and developing the world of massage education. Sheryl-Lee has resigned from this role.

Teresa Karam who has stepped down as Vice-President after serving 2 terms on the Executive Committee and has provided 4 years of amazing support and commitment to the team.

Carol Wilson will end her 10-year run as Magazine Co-Editor this December. A big thank you was passed on to Carol, for her mammoth effort and contribution to MNZ and the profession. Words cannot express how much Carol has contributed to many aspects of the profession over the years.

Many thanks to Odette Wood for her immense efforts and outstanding work on the magazine and for continuing her role as Magazine Co-Editor.

Regional Reps – thanks to Kristin Carmichael and Janita Dubery for their efforts in their regional rep roles. They have both stepped down from their roles. Jeannie Douglas, Ali Sullivan and Allison Anderson for their efforts in organising networking meetings. We realise it has been a tough year for connecting members so thanks for persevering.

Sarah Rule for her continued vital support to Iselde with all things AHANZ. Sarah has been influential and a key part in driving progress in this area.

Felicity Molloy for sharing her wide experience, support, and knowledge in her role as Research Officer. Felicity resigned in May 2020.

Clint Knox for completing perhaps one of the most challenging presidential terms of all time at MNZ! Clint spent a huge number of hours and gave an immense effort in supporting the executive committee and members over the past year. His achievements as President are greatly appreciated.

The next AGM has been set to take place on Saturday 18th September 2021 where we hope to meet in person once again. We are also hoping to hold a conference next year. The details at this stage have not been confirmed. If you are interested in assisting with conference, then feel free to contact the MNZ Executive Committee. We would love to hear from you.

We look forward to seeing you next year!

Nici Stirrup

MNZ Executive Administrator

admin@massagenewzealand.org.nz

WELCOME NEW MNZ TEAM MEMBERS

PRESIDENT

I studied massage at NZCM Wellington in 2000 (the inaugural class) and graduated with a Level 6 Diploma in Body Therapies (as it was then called). I've been practising ever since. Currently I work 3 days a week at Victoria University of Wellington, where I have been for the last 16 years – massaging staff. I was part of the committee that helped organise the 2013 Conference in Wellington. In 2016 I was voted in as Vice President and one month later the President resigned and I stepped into that role. A steep learning curve! At the 2018 AGM I stepped down as President and became Treasurer. I stepped away from that role after 4 months as I didn't feel I had the necessary skills. I am looking forward to connecting with the current committee and continuing their great work in fulfilling the objectives of the MNZ membership.

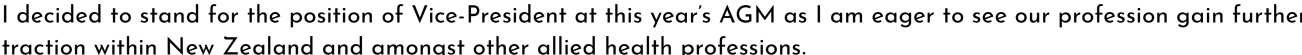
Helen Smith

VICE PRESIDENT

In 2009, I completed my 3000-hour Diploma of Massage Therapy (NZ level 7 equivalent) at West Coast College of Massage Therapy (WCCMT) in New Westminster, British Columbia, Canada and passed the College of Massage Therapy of BC's multi-component registration examination. After becoming registered, I practised in both British Columbia and Alberta (Canada) before moving to New Zealand in October 2017.

When getting settled and starting to practise in Tauranga, I worked in a high-performance physiotherapy clinic. This gave me a window into New Zealand massage therapy and how other allied health professionals understand the different levels within our profession. I eventually started a home-based practice in May of 2019 in Tauranga and have been treating from there ever since.

Being passionate about our profession, I have dedicated myself to learning about massage therapy in NZ and the history of Massage New Zealand. Having experienced the massage therapy profession from both a regulated and an unregulated perspective, I believed that joining MNZ would keep me accountable to both my patients and the profession. My 3 years as an MNZ member have shown me how much work is still needed to advance our profession, how transparent communication is key to member engagement, and how isolating it can feel for therapists practising in NZ.



I decided to stand for the position of Vice-President at this year's AGM as I am eager to see our profession gain further traction within New Zealand and amongst other allied health professions.

As Vice President, I am looking forward to creating more opportunities for clear and transparent communication with the membership, outlining organisational goals, setting clear pathways to achieving them and laying the groundwork for regulation.

Christy Munro

PUBLICITY OFFICER

In 2009 I began studying at NZCM Wellington doing my Diploma in Health Science (Therapeutic Massage) and then returned in mid 2011 to complete the Clinical and Sports Therapy Diploma (Level 6). My first career was as a dance teacher, so I have always had an interest in movement and the body; how it recovers from injury and caring for our body, as it's the only vessel we have for this lifetime.

After graduating in 2010 I was lucky enough to start my business within a busy Physiotherapy Clinic in Lower Hutt. They had a multi-disciplinary team approach and I enjoyed being part of a team. Unfortunately, due to building issues they moved most of the business into Wellington city, so I decided to set up my own clinic. In 2016 an opportunity arose to open my own multidisciplinary type clinic in Lower Hutt, and over the last four years I have established a collaborative wellness hub with five Massage Therapists, Acupuncture, Exercise Therapy and Naturopath services.

I joined MNZ after graduating because I felt it was important to belong to a professional body, to give clients assurance that I am trained and qualified as well as to feel guided and supported by like-minded therapists. In 2017 I was part of the Wellington Conference organising committee. Over the past year, along with my colleague Allison Anderson, we have been planning and coordinating the Wellington Massage Therapist meetings.

I decided to stand for Publicity Officer at the 2020 AGM firstly as a way to give back. But also to become more involved in uplifting Massage Therapy as a profession in New Zealand and to educate the public about Massage Therapy and MNZ.

PUBLICITY SUPPORT

I completed my NZ massage therapy qualifications at NZCM in Wellington (2020 Bachelor of Health Studies (Neuromuscular Therapy) – December 2020 Graduation; 2018 Diploma Clinical Massage Therapy; 2017 Diploma Therapeutic Massage; 2015 Certificate Relaxation Massage). I am also trained in MLD (Casley-Smith, Australia), McLoughlin Scar Tissue Release® (Australia), and Oncology Massage.

I was a sole practitioner from August 2017 until recently and rented a room in a busy Osteopath clinic in Wellington CBD. During COVID I elected to close that clinic to pursue my goal of opening a multi-modality clinic. This goal was achieved in October 2020 when I opened Waiora Collective, where a safe and respectful space has been created for complementary and holistic health practitioners and their clients. I registered with MNZ in 2017 as a student and upgraded to a full member soon after.

Despite not being a marketing, publications or social media guru, I am enthusiastic about being part of the publicity team, to support and assist Ali Sullivan in her role as publicity officer, and to help MNZ and the massage therapy profession increase its public profile.

The challenge is engaging massage therapists who are not currently MNZ members; and educating the public and other health professionals that massage therapy has an integral role to play in the health and wellbeing of our communities.

Bernie Withington

NEW MNZ MAGAZINE CO-EDITOR

After gaining a Bachelor of Business Studies and working for many years in marketing, I decided it was time for a change. I chose to study massage therapy full-time at the (now defunct) Canterbury College of Natural Medicine and joined MNZ as a student in 2010. Immediately after graduating with a Diploma in Massage Therapy, I opened my own clinic, Bodyworks Massage Therapy, operating in Christchurch for over 10 years, currently with three clinic rooms. I've also taught at the New Zealand College of Massage and New Zealand College of Chinese Medicine, enjoying the chance to help develop the next generation of therapists.

Being a member of MNZ is an important part of my professional development. My MNZ practicing certificate is proudly displayed in clinic reception, along with those of all other contracted therapists, signalling to clients that we all meet a high standard of training and competency.

My interest in working with people living with persistent pain, lead me to further study and I will complete my Postgraduate Diploma in Health Science, endorsed in Pain & Pain Management, from the University of Otago in October 2020. Next year I will commence my research-based Master's degree, adding to the growing body of clinically applicable evidence for massage therapy.

As the massage therapy industry strives for better recognition in the healthcare sector, it will be even more important for massage therapists to have access to quality, evidence-based information they are able to incorporate in their own practice. I look forward to working with Odette to further develop the platform that she and outgoing co-editor, Carol, have built, creating a truly world-class industry magazine.

Rachel Ah Kit

Join us at Barral HQ

Registrations for 2021 courses open now!

VM1 (11-14 February 2021) is focused on the abdominal cavity and includes the organs, their membranes, ligaments, innervation and their spatial functional interrelationships.

NM1 (10-12 April 2021) is a specialised class, focused on the effects of trauma on the connective tissues that surround and support the nervous system.

NM2 (14-16 April 2021) is for those wishing to understand how neural tensions contribute to complaints such as neck pain, headache, tennis elbow or carpal tunnel syndrome.
(*NM1 is a pre-requisite for this course)*

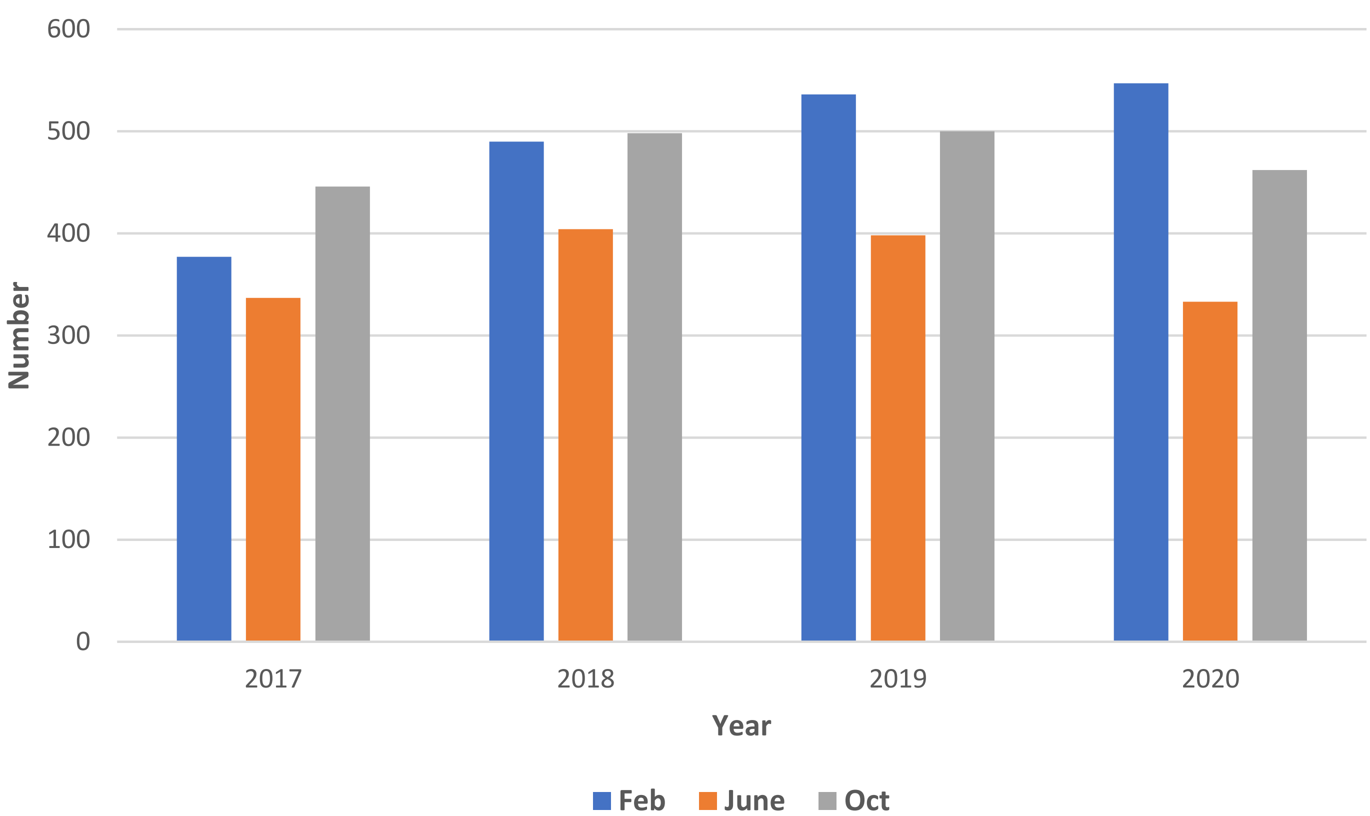
For more details and to book these and other Visceral Manipulation courses please visit
www.barral.co.nz

MEMBERSHIP UPDATE

Figures for this period show a total of 462 members, made up of 386 RMTs, 62 students and 14 Affiliates.

This is a total increase of 112 members since June 2020, which is fantastic given that COVID-19 has affected many businesses this year. We have seen a steady increase of membership figures since the renewal extension period expired and as we settle back into work. If you are a student member or college affiliate member, please encourage your students to become MNZ members before the semester ends. They will receive a free membership with benefits and not to mention the new graduate membership fee at the reduced rate of $100 for full membership, the year following their studies. This also includes a free upgrade from student to new grad.

We have quite a few new members coming on board and a few that have had a break from massage but just getting back into it. Keep getting the word out there to other non-member Massage Therapists. We need numbers to be able to promote our profession and lobby government for greater recognition and legitimisation.



WHAT'S ON...

EVENT	WHAT/WHEN/WHERE/HOW TO REGISTER
Northland MNZ Networking	**Contact:** Sam Burger bewell@sambur.co.nz
Coromandel MNZ Networking	Are you keen to see networking meetings in your region? Volunteer and become involved! **Contact:** Annika Leadley regional.liaison@massagenewzealand.org.nz
Whakatane MNZ Networking	Are you keen to see networking meetings in your region? Volunteer and become involved! **Contact:** Annika Leadley regional.liaison@massagenewzealand.org.nz
Auckland Northshore MNZ Networking	**Contact:** Kristin Carmichael kristin@musclesandmotion.co.nz
Auckland MNZ Networking	**Contact:** Jeannie Douglas jeannie@biodynamicmassage.nz
Hamilton & Surrounds MNZ Networking	Mon 7th December, 7pm **Contact:** Annika Leadley regional.liaison@massagenewzealand.org.nz
Tauranga MNZ Networking	Are you keen to see networking meetings in your region? Volunteer and become involved! **Contact:** Annika Leadley regional.liaison@massagenewzealand.org.nz
Napier/Hastings MNZ Networking	**Contact:** Janita Dubrey janita.dubery@gmail.com
Wellington MNZ Networking	Fri 4th December Xmas breakfast meeting 7.30am Karaka Cafe, Waterfront **Contact:** Allison or allison@bodyofwork.co.nz or Ali ali@bodyofwork.co.nz
Kapiti MNZ Networking	**Contact:** Trevor Hamilton fbodyworks@gmail.com
Blenheim/Nelson environs MNZ Massage Group	Are you keen to see networking meetings in your region? Volunteer and become involved! **Contact:** Annika Leadley regional.liaison@massagenewzealand.org.nz
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CAN MASSAGE THERAPY INFLUENCE PAIN AND SELF-EFFICACY?

By Rachel Ah Kit, RMT

Self-efficacy is a well-accepted construct of belief in one's ability to complete a task under specific conditions, for a specific result. Pain self-efficacy related is about someone being confident to do something by themselves, despite experiencing pain.

Since massage is about having something done to a person, it seems at odds with self-efficacy, which should enable a person to do things themselves. Massage by itself, as a passive form of treatment, would seem to not be likely to help build self-efficacy. However, looking at the wider context of massage therapy, including elements such as education, empowerment and the therapeutic relationship, there seems to be an avenue for massage therapy to influence pain self-efficacy.

This report examines case studies of three massage therapy clients. All clients reported pain and concerns about recovery and returning to activity. They received massage therapy incorporating skilled hands-on treatment, education, reassurance, client participation in pain-free movement. Results included positive outcomes in all cases and an increase in self-reported self-efficacy scores for two of the clients between initial and follow-up sessions.

BACKGROUND OF SELF-EFFICACY

When Albert Bandura published his paper on self-efficacy in 1977, there were two schools of thoughts regarding behaviour change and learning. On one hand, it was primarily a cognitive process – change happens because of the way we think about doing something. On the other hand, change happens because of some performance-based process – by experiencing something ourselves.

Bandura (1977) describes self-efficacy as the belief in one's ability to achieve a task under certain circumstances to get a certain outcome. He believed that change in behaviour through self-efficacy happened in a social context, with information gained from four key sources (see Fig 1):

Figure 1 Sources of self-efficacy

- Performance experience - "I'll try things myself and learn from that" - this is the strongest of the sources
- Observation or vicarious learning – "if someone else similar to me can do it, I'll try it too" - social modelling is stronger when the person sees themselves as like the person doing the task
- Persuasion – "if someone tells me I can do it, I'll try it" - although Bandura also determined this by itself leads to weaker outcomes, because there's no experiential base for the person
- Emotional arousal – "if I feel confident I'll try, if I'm anxious, I might not" – increasing relaxation can reduce anxiety. Although there seems to be a question of what comes first in this area – if a person is anxious, but has high self-efficacy, they may perceive that anxiety as "nervous energy" and use it to energize themselves; a person with low self-efficacy who is more anxious, may also have more self-doubt.

PAIN AND SELF-EFFICACY

According to a prospective study by Asghari and Nicholas (2001), self-efficacy can influence pain, particularly pain behaviours and disability/ impairment. A meta-analysis by Jackson, Wang, Wang, and Fan (2014) agreed with these studies, revealing higher self-efficacy is linked with lower functional impairment, distress, and pain severity, while a systematic review by Martinez-Calderon, Zamora-Campos, Navarro-Ledesma, and Luque-Suarez (2018) suggest a link with the above as well as physical activity participation, health & work status.

Perhaps focusing on helping clients to increase self-efficacy around certain activities, could in turn produce long term change in pain disability (Ayre & Tyson, 2001; Costa, Maher, McAuley, Hancock, & Smeets, 2011; Woby, Urmston, & Watson, 2007).

MASSAGE THERAPY

"Massage" is the manipulation of soft tissue – it is a broad, common definition which covers a wide spectrum of techniques and modalities and is essentially a mostly passive form of manual therapy. So, could massage have a positive influence on self-efficacy? In terms of the four key sources of information to increase self-efficacy - performance, modelling, persuasion and emotional state - these all require client interaction, so passive massage is not likely to positively effect self-efficacy.

The term "massage therapy" is often

used interchangeably with "massage, but several sources clearly distinguish one from the other. "Massage therapy consists of the application of massage and non-hands-on components, including health promotion and education messages, for self-care and health maintenance; therapy, as well as outcomes, can be influenced by: therapeutic relationships and communication; the therapist's education, skill level, and experience; and the therapeutic setting" (Kennedy, Cambron, Sharpe, Travillian, & Saunders, 2016, p. 22). This definition highlights components of the therapy other than hands-on, the importance of education and influence of the therapeutic relationship.

These ideas were also explored in a study into the culture of massage therapy in New Zealand by Smith, Sullivan, and Baxter (2009), who claimed that the touch component was only one part of the encounter that clients felt was important to them. Other important components included an engaging and competent therapist (one who was not only experienced and knowledgeable, but one who would listen and validate the client), partnership (especially one encouraging client responsibility), and empowerment (particularly through education and client input).

These sources (plus several more not detailed in this article) all indicate that massage therapy offers more than just a passive, hands-on treatment. Themes of education, empowerment, communication, and a trusting relationship all align with the ideas that Bandura proposed for increasing self-efficacy.

MASSAGE AND PAIN

There is little recent evidence to strongly support massage having a positive effect on pain or pain behaviours. Several recent systematic reviews and meta-analyses, including massage as treatment for cancer, arthritis and post-surgical pain, back pain and pain in general, all concluded evidence is typically low quality, generally due to study design. They are not saying that massage does not work, rather, there is a lack of strong evidence that it does (Cowen, 2016; Crawford et al., 2016; Furlan, Giraldo, Baskwill, Irvin, & Imamura, 2015; Kukimoto, Ooe, & Ideguchi, 2017; Nelson & Churilla, 2017). These papers all included studies that primarily considered the outcome of pain intensity/severity. Only a handful of studies across all the reviews and analyses measured outcomes such as disability, anxiety, stress or other health-related qualities of life.

Most studies relating to massage, focus on outcomes from the passive, hands-on aspects of the therapy and not the whole experience for the client, and as the studies referred to earlier noted, there is much more in the context of the therapeutic encounter than just passive massage. So, could massage therapy could make a difference to pain self-efficacy if the WHOLE treatment is considered?

MASSAGE THERAPY CASE STUDIES

These case studies, conducted in 2018, report therapeutic efforts towards increasing client self-efficacy with three clients, all female. The first two were new and completed the Pain Self-Efficacy Questionnaire (PSEQ) on intake, while the third was already a client when this project began, but her story is included as it is an interesting one.

What is ePPOC?

A program collecting standardised data from pain management services, to analyse and report these data, use the data for benchmarking, and promote research into areas of importance in pain management.

It is specified by ACC as an assessment tool in the contracted pain management service providers across New Zealand.

This report uses the PSEQ as an intake and outcome measure, as it is widely used, including ePPOC and several pain services here in New Zealand. It has good validity and reliability (Di Pietro et al., 2014) and has an established set of norms for local use (ePPOC, 2017). It also tests self-efficacy specifically in the context of pain, which other measures do not.

PARTICIPANTS

Client A (63yo) had difficulty walking after a plantar tear in her right foot, diagnosed eight months prior to her first appointment with me. Walking was her primary exercise, and she was struggling to maintain her desired level, and this was distressing her. She had a lot of stressful periods over the past year with work and ongoing earthquake-related repairs to her home. Her initial PSEQ score of 47/60 indicated she was minimally impaired.

Client B (27yo) dislocated her shoulder three years ago and was still very cautious with movement. She believed it was still weak and she would always have a problem with it. She also presented with low back pain, that she attributed to an old horse-riding fall. Her initial PSEQ score of 40/60 was at the upper end of mildly impaired.

Client C (60yo) suffered from chronic/constant headaches for the previous four months. She had a fall last year with lower back and radicular pain, and scans detected degenerative spondylolisthesis. While physiotherapy had helped resolve most of the back/radicular pain, she started experiencing neck pain and headaches earlier this year. Several expensive visits to a local headache clinic did not improve her headaches. She was taking daily NSAIDs and was worried the headaches would "never stop."

INITIAL SESSION

I asked all clients their beliefs about their pain and acknowledged them. I then gave alternative possible explanations for their chronic pain – for the first two I used the analogy of pain as a protective mechanism like

a car alarm and that any damage present at the time of injury, would most likely be healed, but their body was still being cautious and setting off the alarm. For the third, we discussed her accident in more detail, subsequent treatments, how she understood her diagnosis and I tried some motivational interviewing techniques.

All clients received hands-on massage during the session. I tailored treatment to their specific needs that day, focusing on the areas of concern - foot/lower legs, shoulder/lower back, neck/upper back - and each session finished with some relaxation massage. I also incorporated movement during, and at the end of each session, so each client was more involved in the treatment, not just passively receiving it. This also showed them that pain-free movement was possible. I was careful with my choice of words, avoiding terms like "ooh that's tight" or "there's restriction there", instead using phrases such as "this is feeling great" and "wow, see how much movement you're getting?" There is evidence pointing towards verbal and non-verbal communication having an effect on placebo and nocebo responses in the clinical setting (Chavarria et al., 2017), so I was interested to ensure that my verbal reassurance was positive.

At the end of the first session, Client A was happy to stand with her weight on her right foot, and perform a few heel raises. She was also positive about walking for a longer distance on it. Client B concluded herself, that when her back hurt at the gym, if she kept moving it got better. I asked if there was any difference between that and her shoulder. There was a definite spark and she remarked "Oh, so if I just continue to load up my shoulder slowly, I'll get stronger and if it gets a bit achy, that's probably just going to be from muscles learning how to be used again". Client C had much more movement in her neck, she understood that stress could be contributing to her headaches and realised that daily ibuprofen might be increasing the headaches.

FOLLOW-UP SESSION

Clients A and B completed the PSEQ again, with the following results:

Client A: PSEQ start 47/60, end 56/60 – improvement of 9 points

Client B: PSEQ start 40/60, end 51/60 – improvement of 11 points

According to the ePPOC norms (ePPOC, 2017), both these outcomes are considered clinically significant, with an increase of more than 7 points.

Client A reported she could walk further with less pain and was also less worried about it. She was also conscious of load-wearing on her right foot when standing. She was also looking forward to returning to her previous activity level. Client B started weight-bearing exercise for her shoulders. She reported it caused some discomfort in her shoulder, but she found that after the first week the pain reduced and was focusing on regaining strength. She felt that she learned pain was not necessarily an indication of damage to her shoulder, since that was the case with her back, and she was confident to work with a low level of shoulder pain. Client C came back felt "marvellous" because her headaches had almost disappeared. She recognised some of her stress triggers and was taking steps to manage them. She also felt more confident to return to yoga and spend more time in the garden, knowing that if she got a headache it was, "just a headache" and it would go away. She also stopped taking daily NSAIDs.

SUMMARY

Self-efficacy is the confidence to do certain things under certain circumstances – not to do everything. Including verbal persuasion and performance experience into an massage session, and decreasing arousal with hands-on massage, incorporated several of the sources of information Bandura (1977) claimed people use to help increase self-efficacy. All clients in this study were able to leave the session confident of trying something. Each client returned with positive changes to their pain, their function and their attitude and understanding of the pain they experienced; two who completed the PSEQ showed improvements in their score between sessions.

It is likely that a combination of the hands-on component, education, their experience of pain-free movement, reassuring them of their strength and resilience, and therapist empathy, all played a part in their apparent increase self-efficacy.

Skilled massage therapists should incorporate this into their own clinical practice, and they need to understand the wider scope of their own profession, something that Smith et al. (2009) discussed in their study. This highlights a need to have massage therapy education and ongoing professional development that includes aspects of the biopsychosocial aspects of pain, so massage therapists understand they are working with their clients' minds and emotions, not just their bodies.

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LACK OF TOUCH DURING COVID

23 years ago, I developed a massage program to be implemented into the educational system. Children Massaging Children has gained many awards in NZ and in Poland. I have conducted trainings for instructors in parallel with Massage NZ, as well as at the Kawaipurapura Retreat Centre.

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Pain Education Intervent

Delkon Woodhead, Do

Chronic Pain (CP) is a global issue with up to 20% of the total population living with CP resulting from non-communicable diseases or chronic muscul functional participation and quality of life.[2] Psychological treatment approaches address beliefs and behaviours such as catastrophising, fear avoidan have been shown to be most effective when used in conjunction with other biopsychosocial (BPS) modalities.[1] Massage therapy (MT) incorporates th study was to examine the influence of PE on a persons' knowledge, beliefs, and expectations and how PE can be integrated into MT interventions to

Methodology

- **Case series study:** Four participants received PE integrated with clinical massage interventions. Each case received 4 sessions over 2 weeks.
- **Recruitment:** Purposive sampling of 2 males and 2 females from Invercargill.
- **Inclusion criteria:** 18-60 years old (yo); have CMSKP and reduction in functional daily activity; received MT in the past 6 months.
- **Exclusions:** Non-CMSKP conditions; people with an established pain management plan.
- **Data collection:** Qualitative approach using semi-structured pre & post interviews; Pain Self Efficacy Questionnaire (PSEQ) [<20 = severe, 20-30 = moderate, 31-40 = mild, 40> = minimal impairment]; PE approaches checklist to track strategies used for each case.
- **Data analysis:** Recorded data transcribed and annotated to identify key points.

Table 1: **Overview of proceedings for sessions 1-4**

Session 1 (90 mins)	Session 3 (60-70 mins)
➢ Outcome Measures: PSEQ, Defense Veterans Pain Rating Scale (DVPRS). ➢ Clinical Assessment: subjective, physical. ➢ Pre-intervention interview (40-50 mins).	➢ DVPRS re-evaluated. ➢ PE continued. ➢ MT intervention (45 mins). ➢ Homecare and Pain Education coping strategies continued.
Session 2 (60-70 mins)	**Session 4 (30-40 mins)**
➢ Pain Education approaches discussed. ➢ MT intervention (45 mins). ➢ Homecare and Pain Education coping strategies discussed.	➢ PSEQ re-evaluation. ➢ Post-intervention interview (25-30 mins).

Limitations

- **Small scale case series:** Data extracted was limited and not generalisable to the CMSKP population.
- **Timeframe:** 2 week period reduces clinical significance of PSEQ and restricts implementation of pain coping strategies.
- **Researcher bias:** Integrated researcher/massage therapist role in study increases chance of bias with data interpretation and results.
- **Interview process:** Researcher skill level and consistency of key questions for all cases.

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Case A

- 61yo male, CP for 40 years due to a cervical fracture, resulting in headaches. Had a good understanding of PE approaches. Beliefs and expectations toward CP were positive and expects to be symptom free in the future.
- PSEQ score: pre 46 (minimal); post 52 (minimal).

Interview Feedback on Pain Education

Approach: Pain was validated, he was comfortable, felt included, listened to, and given adequate time, when sharing his CP story.
Strategies: Have helped to reframe current knowledge, pain cue recognition log using DIMS and SIMS have been most useful and has encouraged conscious thought about pain. Beliefs about catastrophising changed and looks to view headache triggers more objectively.
Moving Forward: Has a goal for better pain management, improved cognitive awareness, and still expects to become symptom free.

"The cue recognition log helps me to look at my pain objectively, with greater awareness"

Case C

- 31yo male, CP for 11 years resulting from vertebral disc herniation causing low back and hip pain. Had moderate knowledge of pain education approaches. Beliefs and expectations for CP are positive, believing strength and exercise will help to become symptom free. He expects surgical intervention could be beneficial.
- PSEQ score: pre 11 (severe); post 15 (severe).

Interview Feedback on Pain Education

Approach: Pain was validated, was given time and felt comfortable sharing CP experience, worked together with therapist, approaches were relevant and acknowledges how his mind affects his pain.
Strategies: Have been helpful in learning new knowledge, likes pacing/graded exposure and feels will this be helpful getting stronger. Needed more time to employ coping strategies. Felt catastrophising was less applicable as he has always remained positive.
Moving Forward: Feels pain education has helped to improve management of physical activity and expects to become symptom free in the future.

"Discussing pain education has been useful…at my stage of injury I guess not much can help at the moment"

Result

Table 2: **PE approaches used**

Approach
Validation
Alternate dialogue - "how can we work together"
Reframed pain experience
Motion is lotion
Central Sensitisation
Catastrophising
Pain-related fear
Pain acceptance
Explained DIMS and SIMS - danger in me signals (DIMS) - safety in me signals (SIMS)
Pain cue recognition log
Pacing and Graded exposure

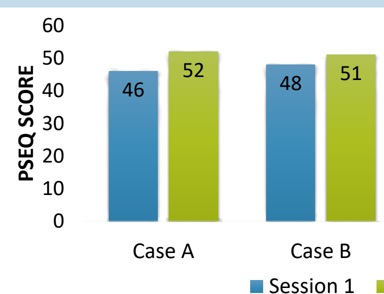

Figure 1: **PSEQ scores pre and post pain edu**

Table 3: **Key points identified from post-inte**

Approaches:
Adequate time to share pain experience
Felt comfortable sharing pain experience
Felt included during the process
Felt listened to by the researcher/therapist
Your head plays a role regarding pain
Felt like the therapist and I "worked togeth
Approaches used during sessions were rele
Strategies:
Useful and learnt new information
Useful and reframed my current knowledge
Have implemented coping strategies
Partially implemented coping strategies
Plan to implement coping strategies
Has provoked conscious thought about pai
Moving Forward:
Goal for better management of pain
Improve management of physical activities
Improve management of cognitive awaren
Expect improvement or resolution of symp

ion & Massage Therapy

nna Smith & Jo Smith

oskeletal pain (CMSKP).[1] CP affects physical and psychological health and well-being, resulting in altered cognitive behaviours which influence ce, and pain acceptance, which are commonly seen within the CP population.[2] Psychological approaches that incorporate pain education (PE), he BPS model of care, it has been shown to help reduce stress and anxiety, and MT is also utilised by people living with pain.[3] The purpose of this better serve clients' living with CMSKP. Ethics was granted by the Southern Institute of Technology Human Research Ethics Committee.

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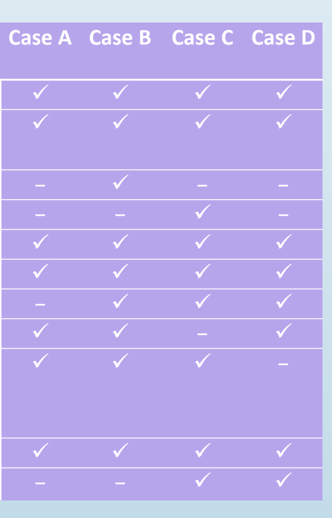
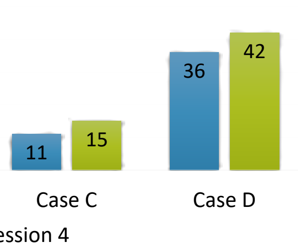


Case A	Case B	Case C	Case D
✓	✓	✓	✓
✓	✓	✓	✓
–	✓	–	–
–	–	✓	–
✓	✓	✓	✓
✓	✓	✓	✓
–	✓	✓	✓
✓	✓	–	✓
✓	✓	✓	–
✓	✓	✓	✓
–	–	✓	✓



cation interventions

erview data

	A	B	C	D
	✓	✓	✓	✓
	✓	✓	✓	✓
	✓	✓	–	✓
	✓	–	–	✓
	–	–	✓	–
er"	–	✓	✓	✓
vant	✓	–	✓	–
	–	–	✓	–
e	✓	✓	–	✓
	✓	–	–	✓
	–	✓	✓	–
	–	✓	✓	✓
n	✓	✓	–	–
	✓	–	–	✓
	–	–	✓	–
ess	✓	✓	–	✓
toms	✓	✓	✓	✓

Case B

- 41yo female, CP for 3 years from a elevated fall resulting in idiopathic low back and hip pain. Had minimal knowledge of pain education approaches. Beliefs and expectations toward CP were positive, believing strength and exercise would help to become symptom free.
- PSEQ score: pre 48 (minimal); post 51 (minimal).

Interview Feedback on Pain Education

Approach: Pain was validated, felt comfortable and included during the process, worked together with therapist.

Strategies: Has helped to reframe current knowledge and encouraged conscious awareness around her pain. Pain cue recognition could be useful but believes exercise and movement is most effective by pushing through pain instead of pacing. Feels her symptoms are not affected by catastrophising but could be worth exploring.

Moving Forward: Hopes to improve cognitive awareness for management of pain and expects to become symptom free.

"Pain education has created awareness…I think about it now…which I never used to do"

Case D

- 41yo female, CP for 10 years. Causes; knee surgery, idiopathic shoulder and hip pain. Had reasonable knowledge of pain education approaches. Beliefs about her pain led to increased stress. Expectations were positive, believing exercise and strengthening would help to become symptom free.
- PSEQ score: pre 36 (mild); post 42 (minimal).

Interview Feedback on Pain Education

Approach: Pain was validated, was given time and felt comfortable sharing CP experience, felt included and listened to during the process, worked together with therapist.

Strategies: Helped to reframe current knowledge, had implemented the pain cue recognition log and found this most useful, especially with exercise. The link between catastrophising and her stress was acknowledged but did not gain new knowledge.

Moving Forward: Goal for improved management of pain and cognitive awareness. Expects to regain ability to perform daily activities progressively and pain free.

"I definitely observed changes which helped…it is ok for me to say I am in pain"

Discussion

- **Beliefs & Expectations:** All cases reported minimal change in beliefs and expectations post PE. Their prior positive outlook for CMSKP resolution could indicate changes in beliefs & expectations are less likely.
- **Knowledge:** All cases obtained new or refreshed knowledge post PE intervention, which was used to direct new thinking with the full or partial implementation of pain coping strategies. Unexpected behavioural changes (BC) were observed across all 4 cases, specifically Case A. Changes are not normally observed after short-term intervention, indicating the culture of care within MT[3] when used as a platform for PE, could encourage BC. Future research could include specific BC strategies[4].
- **PSEQ:** Changes in scores for each case were observed but changes of <7 indicate no clinical significance. Having improvement after 2 sessions was unexpected, as re-testing is normally conducted for relevance after 2 months.
- **Catastrophising:** This approach was applied as all cases exhibited various levels of stress relating to their CMSKP. All participants reported this approach to be least applicable during the PE process. Maintaining positive beliefs and expectations could indicate the negative effects of catastrophising on pain held less relevance than maintaining conscious positivity.
- **Pain coping strategies:** The author observed strategies that were viewed as most relevant by each case, coincided with their beliefs. Cases B, C, & D had strong beliefs in physical fitness and found pacing as most useful. Pain cue recognition was viewed as relevant but only Case A used it to identify stress related triggers.
- **Therapeutic approach to PE:** Key areas: time to share CMSKP story; safe non-judgemental space; feel listened to; to feel included; validation of pain; working together. All cases identified these areas as beneficial to the PE process. MT culture of care encompasses these practices, allowing a client centred approach to PE, to better serve the CMSKP population.

Key ideas & Implications

- PE approaches have shown to have an effect on participant knowledge, helping to implement coping strategies, and possibly facilitate behavioural changes.
- PE applied over a longer duration, could help to promote the full implementation of suggested pain coping strategies.
- PSEQ may capture clinically significant change if PE is applied over a longer duration.
- It is possible to integrate PE intervention to better serve the CMSKP population in a voluntary study. It is uncertain how PE would be received by the client when they are paying for MT interventions.
- This small scale study has identified a potential need for degree based MT curriculum to include a focused approach on how to implement PE, when working with the CMSKP population.

PLAYFUL MOVEMENT AS A NEW APPROACH TO MANAGE CHRONIC PAIN (CP)

AN OVERVIEW FOR MOVEMENT THERAPISTS, PHYSIOTHERAPISTS, MANUAL THERAPISTS AND PERSONAL TRAINERS

By Odette Wood, RMT

WHY PLAY?

- We know physical activity is important. It can improve physical and mental health and have positive effects on our quality of life.[1]
- While we don't know for sure what exercise is the best, we do know it needs to be enjoyable, as we are more likely to keep doing it.[2,3]
- Play is great because it helps us learn new ways of moving and can help develop and strengthen connections in our brain.[4,6]

WHAT IS IT?

- Playful movement is an active biopsychosocial (BPS) approach of movement exploration, involving mindful movement at a low to moderate-intensity.[7,8]
- The concept comes from several areas: neuroscience, psychology, physiotherapy, rehabilitation, movement therapies, education, and the writings of Todd Hargrove.[4,6] It is a new area and as further research is carried out, more will be understood about the mechanisms involved.
- The theory is based on the premise that many people with CP have increased pain-related fear, anxiety and movement avoidance,[11-13,15] altered interoception and body awareness,[9,13,16,17,22] increased pain perception[9] and dysfunctional proprioception.[22]
- Research has been carried out looking at various forms of movement approaches on a range of chronic pain conditions including low back pain, neck pain, and fibromyalgia.[7,9,10,16,17,19-21,24,25-27]
- Examples of playful movement approaches include Feldenkrais,[4,6,9,24] dance movement therapy,[10,16,19] yoga,[21,25,26,27] tai chi and body awareness training.[17,20]
- Sessions are often in small groups, ranging from one to two sessions per week of 45-90 minutes duration, depending on the movement approach.[9,10,16,17,19-21]

BENEFITS AND RISKS

Possible benefits

- Promotes movement in daily life.[4,6]
- Possible analgesic effects and potential non-pharmacological pain management option.[2,7,10,17,19-21,24-27]
- Promotes movement variability and widens movement repertoire.[4,6,7,9]
- May improve mood.[10,19,21,24]
- May improve body awareness and proprioception.[4,6,8,10,17,20]
- May reduce kinesiophobia and pain-related fear.[10,19]
- May increase confidence and motivation for movement[.4,6,10,11,17,23]
- May increase self-efficacy and ability to manage pain.[10,17,19]
- May improve physical function.[4,6,7,9,19-21,25]
- May reduce disability and improve quality of life.[1,11,19-21,24-27]

Potential risks and management strategies

- Overdoing it, resulting in increased soreness which may increase fear of movement and medication use.[1,3,7,17,23]
  - Use pacing and graded exposure to manage flare-ups.[1-4]
  - Tailor treatment to the individual and their goals.[1-3,14]
  - Provide clients with explanations about pain and give reassurance.[1-3,15]
- Health professionals without adequate knowledge of current pain science or the BPS approach administering the treatment.
  - Therapists should have up to date knowledge of pain science and experience in working with people who have chronic pain.[1-3,15]

- Therapists should be qualified and appropriately trained health or movement professionals.

ACCESSING IT

- There are no specific therapists providing playful movement therapy in New Zealand but therapists trained in methods such as Feldenkrais, dance movement therapy, gentle yoga (such as restorative or classical yoga) which incorporate different movement options may be suitable.
- No formal referral process is required but it is important to refer to health and movement professionals able to teach movement. Check with the appropriate professional national organisations to find suitable practitioners.

FINDING MORE INFORMATION

- **5 Rhythms®**: This is a meditative movement approach based on particular rhythms but with no set moves. It is led by trained instructors. You can find out more about this movement approach https://5rhythms.co.nz/
- **Dance movement therapy**: This movement therapy is still in its infancy in New Zealand and only a few practitioners are working with people with chronic pain. There is no national body of dance movement therapists but you can contact Dance Therapy NZ to find out more and locate therapists in your area. https://www.dancetherapy.co.nz
- **Feldenkrais**: You can find out more about this movement approach and find Wellington practitioners https://www.feldenkrais.org.nz
- **Yoga**: You can find out more about yoga and find teachers in your area (note that not all yoga teachers are members). https://www.yoga-aotearoa.co.nz
- **Physiotherapy**: Some physiotherapists use movement therapies in their practice. You can find out which physiotherapists in your area can provide this https://physio.org.nz
- **Personal trainers**: REPS is the NZ register of exercise professionals where you can find personal trainers in your area who might integrate playful movement into their approach http://www.reps.org.nz

ADDITIONAL RESOURCES

These are good resources online that can help explain more about these approaches.

The Relation of Pain and Feldenkrais - Feldenkrais Awareness Summit:
https://www.youtube.com/watch?v=vqb9ZrHzxa0

The Healing Podcast with Dr Joe Tatta - Movement therapy and pain science with Todd Hargrove:
https://www.youtube.com/watch?v=16QoDWXbA4k

Playful Somatic Movements:
https://www.youtube.com/watch?v=7Spl3HQ10gM

Dance Movement Therapy - Mattel Children's Hospital UCLA:
https://www.youtube.com/watch?v=o3o2ii5rEal

Lucia Horan dances the 5 Rhythms: https://www.youtube.com/watch?v=dlmK7DrBnSU

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AWARENESS AND POSSIBILITIES: THE ART OF REFLECTIVE PRACTICE

By Becky Littlewood, RMT

According to Christopher Johns, reflection is "an awareness of self within the moment, having a clear mind so as to be open to possibility within that moment" (2009, p4).

This can be difficult as, cognitively, our minds are occupied with a lot of noise and distraction; 'do I know enough?', 'what will my client think of me if I don't know this?', 'am I good enough to be a massage therapist/do this course/work in this clinic'? Thus, conversely, the process of reflection can be lost in the moment.

This leads me to Christopher Johns second point of note, "our reflections are stories of resistance and possibility; chipping away resistance and opening up possibility, confronting and shifting these barriers to become who we desire to be as .... therapists is a life-long quest" (2009,p.4). Thus, the process of reflection is not just to learn from our clients and the clinical challenges that we meet in our work, but to learn about ourselves and what we need to shift in ourselves to learn the most from the work we do as massage therapists, to see our own resistance and possibility and to shift our barriers to allow our true selves as therapists to emerge.

How do we learn to see our own resistance and possibility? Resistance can come in the form of biases, the most notable being confirmation bias; looking for evidence to back up our ideas but ignoring that which opposes them. In reflective practice, we allow ourselves the time and space to truly look at the evidence and be open to the idea that the techniques and

practices we have been using, may actually not be doing that which we thought. Thus, we begin to see our resistance and become open to the possibility of new ways of working.

Mahon & O'Neill (2020,p.780) state that "by reflecting on what we do, we gain new insights, foster self-regulation and further develop as accountable, professional practitioners". The ability to know and see our own resistance is a valuable first step in learning the importance of the reflective process. We grow through our ability to compare different techniques, approaches, and results. We cannot learn from these experiences without giving ourselves the opportunity to reflect upon them. This reflection may simply be a thought process after the fact, or it can be a more structured behaviour in the form of written reflection. I argue that both have a place, particularly in a busy clinic environment, but that structured, written reflection gives us the opportunity to truly become accountable and professional practitioners.

Learning how to reflect on our practice is a necessary skill, one that enables us to become aware of our lack of self-insight. Mahon & O'Neill (2020) discuss the difficulty in knowing how our lack of knowledge becomes a barrier to understanding that we lack knowledge. In essence, we don't know it, and we don't realise that we don't know it. Reflective practice helps us to see the gaps in our knowledge and experience and encourages us to implement change. It allows us to "recognize [our] own strengths and weakness, and use this to guide on-going learning" (Koshy et al., 2017, pp. 1-2).

How do we learn to reflect effectively? Koshy et al (2017) state that there are six stages to reflective practice; "the situation ... your emotional state ... making sense of the situation ... critical

review and development of insight … how will this change your practice … what happens when you put this into practice" (p.1-2).

For massage therapy, this can be translated into:

1) Who was the client, what was the presentation and what were their objectives in coming to see you?
2) How were you feeling at the time? Were you focused or distracted? Did you feel out of your depth, or calm and confident?
3) How was the interaction with the client? Did anything happen that could be improved upon? Rapport building? Client interview? Did you feel confident? Were you having an off day?
4) Critically review the experience and think about what you could have done differently. Make sure you also note the things you did well! We can gain insight from these moments.
5) Make sense of the previous four sections and use the information and insight to learn and improve your practice.
6) Test the changes in your next client experience and reflect on whether these changes have benefited you both or whether you need to continue working on them.

Let's look at how this might work in practice. Below is a fictitious situation, but one we are all familiar with.

1) 'Catherine' came in for a massage because she had a sore neck and was struggling to turn her head to be able to look over her shoulder when driving.
2) As a newly graduated therapist, you had worked with cervical presentations before, but you were trying to remember which muscles do rotation and you were feeling a little apprehensive and distracted by this.
3) The client was in pain and really needing attention. Her answers to your questions were brief and she wasn't really giving you much to go on. You didn't feel confident and this came through in your client intake interview. You conducted the massage and the client experienced relief, but you came out of the experience feeling out of your depth.
4) In a critical review of this experience, you would note the fact that you need to revisit cervical anatomy to build your confidence levels. Perhaps you would think about developing a system to easily remember the muscles involved in each cervical movement, as well as pathology involved in these presentations. You would revisit the client interview and examine whether your confidence levels may have impacted the client's answers. You would note the parts of the massage that went well, perhaps your body handling skills were really good, your palpation was excellent, and you remembered to test and retest.
5) Building upon the previous section, you take your observations and action them.
6) The next time you have a client with a sore neck you can test your new system and see how the changes have improved your practice. Reflect on this, to see whether the changes have worked, or if you need to keep working on them.

Reflective practice is a great habit to build. Not only is it beneficial for improving our skills, it is also an option for CPD hours as part of our Massage NZ membership requirements. Building reflective practice into your work is free and is a great way to meet your CPD obligations without having to pay for courses. Reflective practice is accepted by Massage NZ in the following areas, using the MNZ Reflective Practice Statements template:

- Current massage practice
- Your learning
- Your self-care
- On the experience of receiving supervision
- On the experience of receiving or providing mentoring/coaching

You can access MNZ CPD reflective practice information here:

https://www.massagenewzealand.org.nz/Site/members/cpd/my-cpd.aspx

Reflective practice can help us improve in all areas of our work. When we build it into our weekly or daily schedule, we contribute to our growth as therapists, as well as the growth of our profession.

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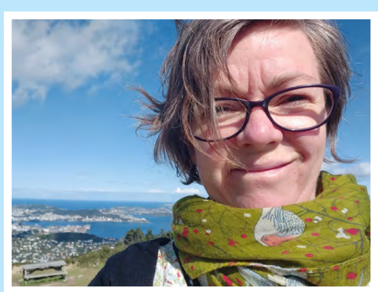

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Becky is a Level 6 RMT based in Wellington. With two diplomas from NZCM, she is currently working towards Level 7 through Southern Institute of Technology. She is the owner of Rejuvenate Therapy: Massage & Bodywork, running an evidence-based practice, serving those with needs arising from a myriad of causes. Becky loves her work and loves continuing to improve her knowledge and practice.

UPGRADE IN 2021 VIA BLENDED DELIVERY TO A BACHELOR OF THERAPEUTIC AND SPORTS MASSAGE (BTSM) AT SIT

By Jo Smith and Donna Smith

Source: SIT

Year 3 of the Bachelor of Therapeutic and Sports Massage is now available via blended delivery. So, if you were one of those Remedial Massage Therapists that told us that you would love to have a Bachelor's degree in Massage Therapy but can't leave your clinic or your family base, now you don't have to.

Blended delivery allows you the flexibility to remain in your home town massage therapy clinics and communities. Teaching occurs using a mix of online learning, practical experience and traditional classroom teaching during compulsory block courses in Invercargill. The academic year runs from February to November and there are three compulsory block courses in Invercargill (approximately one week duration in late February, mid to late July/August and early/mid November).

There are four papers that you will need to complete to be awarded your BTSM. These four 30 credit papers, MT7340, MT7350, MT7360, MT7370, will challenge and develop your skills, knowledge and clinical practice in massage therapy. Approximately 320 massage therapy clinical / industry hours are also completed so you need access to a clinical space and clinical clients. Depending on your experience, some of these hours will reflect hours you may have already done in business or the community. These papers can be studied full time over one year or part time. This year has been our first year of running the course by blended delivery and if there was any advice I would give to you, it would be to consider doing papers part-time if you are in full time employment, or part time employment or have other commitments of greater than 20 hours per week. The workload of full-time study is demanding so please do not underestimate the challenge.

As educators we have enjoyed the diversity that blended delivery brings to the learning environment. You can sit in a session with a range of therapists from around the country with different experience bases – so you learn from your peers as well as from the tasks presented to you. Online sessions can be recorded so you can review it later. The other aspect of this programme that we love is that you can select some of your learning in areas such as CPD, industry participation, researching a topic of your interest, creating a workshop, clinical hours, and the rehabilitation case report. This means you can use a formal academic structure to develop your area of specialty or special interest and you can be awarded credits for your work.

Another feature of the BTSM is the year 3 small scale research project conducted under supervision. Don't be fooled by the size – small steps in research builds research literacy, research capability and over time greatly adds to the knowledge base in our field. There are currently over 50 BTSM year 3 research projects in poster form disseminated via: https://www.sit.ac.nz/nzmtrc For example, projects have included: pain education interventions; career opportunities; benefits of degree based education; massage utilisation and practice patterns; factors influencing referral; perceptions of massage therapy; professional issues; clinical assessment and outcomes; and touch. Some excellent studies are being conducted this year. They include: an update on current trends in our industry; culturally responsive practice; the effectiveness of Structural Integration on Forward Head Posture; and Postpartum massage. Along with posters, several peer reviewed publications have resulted

Source: SIT

from undergraduate research and undergraduate case reports. In this way, BTSM educators and graduates have made important and noteworthy contributions locally, nationally and globally in the discipline of massage therapy, bodywork, education, professionalisation, culturally responsive practice and pain management; and we inform our NZ massage therapy industry. Lastly, a less known benefit of a bachelor's degree education is the opportunity for post graduate study (Level 8 and 9). It is wonderful to see interested graduates extend their learning in a variety of Masters and PhD programmes and bring their massage therapy voice to the research environment. We have come a long way since 2002 when the first bachelor's degree in massage therapy in NZ was launched at Southern Institute of Technology.

If you would like to take the opportunity to extend your learning as a massage therapist, consolidate your knowledge and skills, find some new or old gems to offer your clients, contribute to the massage therapy industry, and achieve your personal goal of achieving a Bachelor's degree, please look here for more information: **https://study.sit.ac.nz/Massage-Year3** and **https://study.sit.ac.nz/Bachelor-of-Massage**

What do current blended delivery students say about the course?

"I have really enjoyed the challenge of upskilling to a degree this year. This is something I have wanted to do for many years but I couldn't justify relocating myself, my family and my business to study fulltime. When the opportunity of blended delivery at SIT presented itself I jumped at the chance. The course work is manageable but you definitely need to have time each week to dedicate to your studies as there is a lot involved. The block courses are intense as you are constantly learning, but definitely rewarding as you come away reinvigorated and ready to plunge head first into the next assessment. The online classes are always informative and it's a great way to touch base with everyone. Jo and Donna are amazing lecturers with endless enthusiasm and support. My best piece of advice is have a really good think about what you are interested in before you get to the first block course as a good portion of that week is all about your research project and the sooner you choose, the more time you have to spend on gathering information and using Jo & Donna as a sound board before you go back home".

"The blended BTSM has given me the opportunity to learn from already experienced massage therapists and their business. While working from home is appreciated, staying focused and organised is quite challenging. However, the management and tutors have been present in every step of this year to guide me throughout this journey."

"I am enjoying the many layers of course work and appreciate the learning. This is a challenging course but recognition for experience is reflected in the overall hours needed for completion. I am glad I have jumped in in the deep end. Confidence has been gained."

It is important to note that you MUST hold both a New Zealand Diploma in Wellness and Relaxation Massage (L5) 120 credits AND a New Zealand Diploma in Remedial Massage (L6) 120 credits, or the equivalent to be eligible. A recognition of prior learning (RPL) process will likely occur during the application process and you will need to submit evidence of your qualifications and your transcript of learning. If you are a New Zealand resident or citizen or an Australian Citizen, residing in New Zealand, you are eligible for Zero tuition fees. The materials fee for the 2020 full time 120 credit BTSM year 3 was approx. $1200. Material fees for 2021 are expected to be similar.

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Pai tū pai hinga nāwai rā ka oti.

Good to stand, good to fall, eventually the work is completed.

Ngā mihi maioha. Thank you with appreciation.

INTERVIEW WITH BERNIE LANDELS

STUDENT NZCM, TUTOR NZCM, DIRECTOR NZCM, ANATOMY TRAINS ASSISTANT EUROPE 1996 – 2020

By Carol Wilson with Bernie Landels

WHEN DID YOU FIRST ENROL AT THE NEW ZEALAND COLLEGE OF MASSAGE (NZCM) AND HOW DID THIS LEAD TO CLINICAL MASSAGE AND TUTORING?

I was looking for a career change in 1996 and attended a weekend workshop with Shay (Susan Penman) at NZCM in Panmure, Auckland and was hooked. I enrolled in more weekend courses, had my first massage from Sue Gillespie and in 1997 completed the Therapeutic Diploma, majoring in Sports and Energy/Polarity. Shay and Gail Wolf were my main teachers. Jo Smith and Pip Charlton taught another class in the next room. The college in Panmure, was basically a house converted into two teaching rooms, an office and a clinic. The downstairs garage was converted into a student lounge. There was an amazing garden out the back.

Susan Penman (Shay) original owner (right) and Gail Wolf (Wolf)

I loved massage, working with my hands, anatomy however was like a foreign language. To this date my favourite muscle name would have to be obicularis occuli, it just sounds cool. I got involved with the running side of the college as a student. First vacuuming the classrooms, then helping prepare course material for weekends. Little did I know that this small start would lead to bigger things.

Having had a background in facilitating and training (trainer for Guides NZ and former NZ Water Safety Instructor) I became interested in teaching massage and joined the teaching team in 1998. My passion for education and massage grew as I continued teaching at NZCM. As the college expanded and relocated to Newmarket I took on a variety of academic and administrative roles. I also had a small stint on the Education Committee for The New Zealand Association of Therapeutic Massage Practitioners (NZATMP).

From 1998 until 2006 I worked from a variety of multidisciplinary clinics across Auckland. The highlight of my career being 1998-2000 when I was privileged to work with the NZ Silver Ferns when they were coached by Yvonne Willering.

AS A STUDENT, THEN TUTOR AT NZCM INVOLVED IN MASSAGE STANDARD SETTING, HOW WOULD YOU DESCRIBE THIS ERA?

Alongside the massage diplomas there was a solid certificate programme and an aromatherapy diploma. Diplomas in Neuromuscular Therapy (NMT) and Clinical Sports Therapy soon followed. NMT was introduced from the USA and provided graduates with continuing education that eventually drove the need for a degree level of learning.

NZCM expanded to Wellington in 2000 and whilst I was not involved at the time it proved over the years to be a solid relationship and part of the success to NZCM at the time. Auckland NZCM moved to larger premises on Carlton Gore Road, Newmarket. Larger classrooms with better changing facilities, more offices to support the expanding academic/ administration team and the introduction of supervised massage clinics designed to provide students with greater experience and learning opportunities.

The Certificate in Relaxation Massage was soon offered as a full-time course during the week and I came on board as coordinator. It was here that I learnt more about industry standards and compliance. NZCM met all minimum requirements set by NZQA and NZATMP/TMA/MNZ and in most areas surpassed them. This high standard was also seen in the diploma programmes and eventually contributed to the tag line "leaders in massage therapy education".

The variety of courses offered, expansion to Wellington, new premises in Auckland really did place NZCM as the leading institute for massage therapy. 2006 saw the first delivery of year one papers for the NZCM Bachelor of Health Studies (Massage & NMT). I still remember sitting in my first ever research class discussing 'p-values'.

A CHANCE CAME UP TO PURCHASE NZCM. THIS WAS A BIG DECISION, HOW DID THIS COME ABOUT?

When it was announced that the college was to be sold in around 2006, many teachers and staff were worried. NZCM was like a big family, could someone from the 'outside'

come in? I thought long and hard, eventually I approached Shay and Wolf to say I was interested, but could not do it on my own. It was then that Sue Gillespie, who had also shown an interest, and I were put in touch to discuss a joint venture. I had huge respect for Sue, she was a visionary with global understanding and experience. We became directors of the college in 2007.

Sue Gillespie (left) & Bernie Bevin 2007 – New Directors

WHAT COURSES WERE AVAILABLE AT THIS TIME?

We took over at a rather crucial time for the degree - rolling out the first 3rd year of the degree programme in Auckland. All other courses were being run, with the exception of the Aromatherapy diploma. Wendy McNeely's expertise was shifted to teaching aspects of the degree including biochemistry.

IN THE END IT BECAME UNTENABLE AND IT WAS TIME TO SELL ALSO. WHAT DID YOU DECIDE TO DO WITH REGARDS TO MASSAGE AT THIS TIME?

After the sale of the college in late 2011, I stayed on as a manager and teacher, whilst this was emotionally hard, I was a solo mum with two boys to support. I continued to run a small private practice from home.

The following year I took the opportunity to work with a business/ personal coach to work out 'what next'? I finished my Bachelor in Health Studies, completed a Certificate in Adult Teaching and gained an NZQA Business Diploma. At the end of 2013 I left NZCM to work as Business Faculty Manager for NTEC, an international business college in Auckland City. I still kept my hand in with massage seeing a few private clients from home.

I left the shores of Aoteoroa in August 2014 to start a new life in the UK. A year later I was back in business, running a private practice from my home in Sandford-on-Thames. Massage is something you will always have, wherever you go.

I UNDERSTAND YOU ARE NOW AN ASSISTANT WITH THE 'ANATOMY TRAINS STRUCTURAL INTEGRATION" PROGRAMME. WE ARE INTERESTED TO UNDERSTAND WHAT THIS IS LIKE FOR ONE OF OUR OWN NZCM STUDENTS/TUTORS, TO BE ASSISTING ON THE COURSES IN EUROPE. CAN YOU SHARE YOUR EXPERIENCES?

My journey with Anatomy Trains (AT) has a kiwi beginning. Mark Finch who studied at NZCM the year before I did, trained with Tom Myers and was granted permission to bring workshops to NZ. We delivered them as postgraduate workshops and as part of the degree, when I was involved in running NZCM. Next, Sue Adstrum, former Musculoskeletal teacher at NZCM, encouraged me to consider working with the fascial layer and Anatomy Trains (AT) lines in one of my final degree case studies.

I had forgotten about AT until a client (here in the UK) needed something more and I went hunting for how else could I help them. To cut a long story short I embarked on the AT training. I began to look at lines of tension throughout the whole body, instead of chasing symptoms. Learning to trust the process of working systematically through the body, peeling back the layers, looking at compensations. I loved the challenge of change.

I had missed being in the classroom, so offered to assist on AT, thinking I would get assigned to workshops in the UK. But no! I have been lucky to travel to Croatia, Italy, Netherlands, Hungary and Brussels. Some workshops are delivered in English with a translator, a great way to pick up on key words. The body is a universal language, which helps and you soon learn words to help as you assist and understand the students. Many students come from physiotherapy or physical therapy backgrounds which at first, I found a little intimidating. Then I realized that, like me, they had been trained in traditional anatomy, local approach for injuries, rather than the AT whole body-relationship approach that addresses more than muscles and joints. I loved sharing with them what I had learnt, and continued absorbing what I could from both students and tutors.

WHAT ELSE HAVE YOU BEEN ABLE TO DO WHILST LIVING IN THE UK?

One of the goals of temporarily moving to the UK, apart from exploring this side of the world, was to access training and events that were not easily available down under.

Retraining as a Structural Integrator (SI) with AT changed the way I practise. It opened my eyes to fascia and desire to learn more. I completed two 5-day dissection workshops (UK/ Arizona) where I spent time exploring the body for myself, the second one under the guidance of two brilliant minds, Tom Myers and Tod Garcia.

I have attended various fascia and SI conferences in UK, Europe and the States, including the most recent one in Berlin, Germany. To meet and listen to the brains behind fascia, and hear the latest research was mind blowing. With so much to choose from here in Europe - scar tissue work, MLD, craniosacral, visceral and more. Staying with the structural aspect I have since walked a new journey with the feet. Training with Gary Ward, author of 'What the foot,' added yet

another layer to how I see the body. Understanding the architecture, anatomy and function of the foot would benefit every training to do with the body - www.findingcentre.co.uk I also incorporate some of Katy Bowman's principles into my approach, she's worth checking out as her movement approach is simple.

With all this new knowledge, I am grateful for my NZ beginnings, hanging in there with the research classes and completing case studies for the degree. This provided a sound base for writing a case report and having just won the Rolf Research Foundation SI Case Report Award this year (2019) - fingers crossed it will be in the International Journal of Therapeutic Massage and Bodywork sometime soon - https://rolfresearchfoundation.org/research/structural-integration-case-report-award

Bernie Landels (prev Bevin)

In 2021 I hope to attend James Earl's classes (Born to Walk/Born to Move) to further consolidate my knowledge here in the UK. He was one of my early SI tutors that has moved on to look more at feet and movement.

As for travel beyond that - who knows?

WHAT IS IT LIKE WORKING IN UK AT THE MOMENT, UNDER THE CLOUD OF COVID 19?

2020 surely has not been what anyone could have predicted. I stopped work at the beginning of March just before UK went into formal lockdown. I was fortunate to be involved in our local village and not being able to massage meant I was free to step in and help run the community shop. I was still able to have connections with people and help those in need - just in a different way. The bonus for me was that more people got to know me and when I was able to return to work in July, I had a few new clients waiting at the door.

Bernie Landels, UK (always a Kiwi at heart)

Return to work here in the UK is not too dissimilar to that in NZ. Increased cleaning and time between clients, shorter duration sessions, pre-session checks, masks and visors, etc. I am lucky to have a clinic at home that I can ventilate easily, with direct access via the back garden.

Clients are presenting with the same things as before, though a few more with work-related tension, maybe from poor work set up at home. There is a sense of underlying stress and worry in most people though, many clients just wanted massage and I feel very fortunate to be in a position to work at this time. Going forward, as the UK heads into winter who knows what will happen? Assisting for AT UK/Europe is on hold. They are delivering online courses from UK/USA.

It does sadden me that NZCM is closing the doors for now, though I can completely understand as it was always a numbers game. End of an era - yes, the great thing is there are so many practitioners out there in NZ and around the world that trained with 'leaders in massage therapy education' NZCM, helping clients in so many different ways. The NZCM legacy will live on.

UPCOMING RESEARCH ON REGULATION OF MASSAGE THERAPY IN NEW ZEALAND

By Allison Anderson (RMT)

Kia ora, my name is Allison Anderson. I am a US trained Massage Therapist (MT) and have been in practice for 18 years, and in New Zealand since 2007. I work in a thriving multidisciplinary clinic in Lower Hutt (Body of Work) and recently tutored at NZCM Wellington. Tutoring really shed a light on the massage therapy industry for me and I was left feeling like the status quo of our profession in NZ was not at the level it should be. We MT's do amazing things, yet we have relatively little research to show for it, and therefore little backing from the NZ health and disability sector. I decided I would use my experiences to try and further our wondeful profession and pave a way for massage to engage with the public health sector. I am currently completing my Master's degree in Health Policy, Planning and Implementation at Victoria University in Wellington. I will be working on a research project in the next few months looking at statutory regulation for the massage therapy profession.

You may have seen me present a policy analysis project I did for an assignement earlier this year at one of the Massage Therapists Discuss! Zoom sessions held by Christy Munro (you might remember the "Don't be like Bob" argument!). My final research project (thesis) will be looking more in depth at massage therapy regulation, and what it means for all involved. It may include a few interviews, focus groups and/or a survey. If any of this sparks your interest, and you are keen

to have your say or be part of the research, I look forward to hearing from you! Please send me an e-mail with your contact details to: allison@remedymassage.co.nz

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Workshops

- **The Fundamentals** - Offers a comprehensive understanding of fascia and MFR
- **Advanced Upper Body** - Delves deeper into treating conditions for head, neck, shoulders, arms & hands
- **Advanced Lower Body** - Delves deeper into treating conditions for back, hips, diaphragm, abdomen, legs & feet
- **Micro Fascial Unwinding** is a subtle yet profound way of working with clients on a body, mind and consciousness level. Through hand placements on the body and deep listening skills we will unwind the body from the inside out. The work invites practitioners to sense deeply into the body, the tissues, stored memories and body consciousness, to create change on a truly holistic level.

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

Videos Available

THE NEW ZEALAND COLLEGE OF MASSAGE LIFE CYCLE, 1992 – 2020

By Carol Wilson, NZCM Wellington Tutor, RMT

DATE	ACTIVITY	
1992	Susan Penman (Shay) began the New Zealand College of Massage (NZCM) in Panmure, Auckland and ran the first massage diploma designed to meet the standards of the Therapeutic Massage Association (TMA which was NZATMP renamed) in NZ	
1993	Susan Penman and Gail Wolf, representing TMA (prior to MNZ) began liasing with NZQA around the development of national standards (NZQA unit standards) for massage therapy. The NZQA consulted with a number of natural therapy industries and set up education standards under the Natural and Traditional Health and Healing domain.	
1999	In 1999, the Natural and Traditional Health and Healing unit standards became registered. Accreditation to deliver unit standards is a rigorous and costly process and college courses were then moderated each year against these unit standards.	
1999	NZCM Auckland moves to Newmarket and sets up a purpose-built premise on Carlton Gore Road.	
1999/2000	The National Certificate in Massage (Relaxation Massage Level 4), and the National Diploma in Massage (Therapeutic Massage Level 6) were listed on the National Qualifications Framework (NQF). The first qualification recognized at a national level was the National Certificate in Relaxation Massage. This involved compulsory anatomy and physiology understanding, massage techniques and strokes, a first aid course and a choice of an elective from a range of areas including aromatherapy, sports massage, reflexology, ortho-bionomy, or infant massage. This certificate involved approximately 285 hours of class and directed learning. The Diploma was more involved with approximately 1200 hours work. Graduates gained skills to work with a wide range of soft-tissue dysfunctions, allowing for more specialised treatment.	
2000	Marlo Carswell is asked by Shay/Wolf to set up NZCM Wellington on Alpha Street, off Cambridge Terrace. Joanna Tennent joins as tutor, through till 2020.	
2006	The NZCM Massage degree programme began (after SIT began in 2002)	
Mid 2006	Bernie Bevin and Sue Gillespie, long term tutors at NZCM Auckland, purchase NZCM.	
2007	Auckland move campuses to Manukau Road and Wellington to Willis Street, shared with the NZ Acupuncture School.	

Aug 2011	John Fiso of the New Zealand Institute of Sport (NZIS) purchases NZCM and merges the college with NZIS to form the NZIS Group.	
2013	NZIS Group move NZCM into the Christchurch NZIS building, teaching from the gym/classrooms. Simonne Thompson, tutor at Auckland NZCM, is involved in the set-up, flying weekly from Auckland. Dawn Fraser spearheads the Diploma of Therapeutic Massage (DTM) in Christchurch. Marcus Tidwell arrives from the USA to get involved with NZCM Wellington, until 2019.	
2012 - 2014	Massage Educators Group (MEG) set the new industry standards after the unit standards had been deregistered in 2009. These became the New Zealand Diploma in Wellness and Relaxation Massage (Level 5), and the New Zealand Diploma of Remedial Massage (Level 6) delivered from 2017.	
2014	NZCM Christchurch runs the DTM for the first time from the Riccarton Club, then campus moves into the bowling clubrooms later that year. NZCM Wellington relocates into a purpose-built campus on Manners Street.	
2016	NZCM purchased from Fiso Group by Intueri Education Group.	
2017	Intueri Education Group goes into liquidation and sells NZIS/NZCM and other schools to ACG (Academic Colleges Group).	
2017	NZCM begins to roll out the Level 5 Diploma while completing students in the DTM.	
2018	NZCM rolls out the new level 6 diploma	
2019	NZCM Wellington relocates to the Wellington Railway Station, Level 1 and NZCM is now under the umbrella of New Education Group.	
Dec 2020	NZCM will cease to trade for now	

Disclaimer: This has been written with the knowledge we can best acquire. We apologise for any incorrect information. Please email the editors if you would like changes made.

We also acknowledge the many tutors who have given their time, energy and absolute all, to enable the courses to be run throughout these years. You know who you are.

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GRAVES' DISEASE – LEADING TO HYPERTHYROIDISM

By Erin de Raad

AETIOLOGY

Graves' disease is an immune system disorder resulting in hyperthyroidism. Specifically, it is an autoimmune disorder where antibodies (thyroid-stimulating immunoglobins (TSIs)) attack the thyroid gland causing it to enlarge and become overactive producing high levels of thyroid hormones (T3 & T4) which result in hyperthyroidism (Werner, 2016).

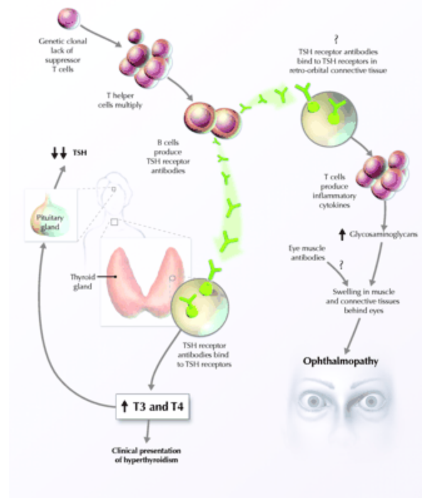
According to Werner (2016) the excess of thyroid hormones in the body causes an increase in a person's metabolic rate affecting many other bodily systems including respiration, cardiac and digestion.

EPIDEMIOLOGY

Pokhrel and Bhusal (2019) state that Graves' disease is the most common form of hyperthyroidism accounting for 60 – 80% of all hyperthyroid cases. In the USA it affects around 1.2% of the population and is most common in those 20 to 40 years old, though it can also occur in children, adolescents and the elderly. Graves' disease has a higher occurrence in women (3%) than men (0.5%). Autoimmune diseases are often more common in women than men. Graves' disease occurs world-wide and there does not appear to be any known reasons as to why it affects these populations.

RISK FACTORS

The greatest risk factor for Graves' disease is having a relative who suffers from a thyroid dysfunction or having a systemic autoimmune syndrome such as type 1 diabetes, systematic lupus erythematosus, and rheumatoid arthritis (Werner, 2016). Being under 40, female and giving birth also increases the risk of Graves' disease.



Manifestation of Autoimmune Graves' Disease (picture - https://www.physio-pedia.com/Grave%27s_Disease)

There are various environmental factors that can trigger Graves' disease. Stress, smoking and infections all suppress the immune system can increase the risk of Graves' disease. Excessive iodine exposure, x-rays and highly active antiretroviral therapy (HAART) for immune reconstitution can also result in Graves' disease (Pokhrel & Bhusal, 2019).

PATHOPHYSIOLOGY

Graves' disease is caused by the B and T cells immune response, which leads to the production TSI autoantibodies. These autoantibodies bind with the thyroid-stimulating hormone (TSH) receptors on the thyroid gland. This activates TSH production leading to thyroid hormone synthesis and growth of the thyroid gland (goitre) resulting in hyperthyroidism (Pokhrel & Bhusal, 2019).

For Graves' disease, ophthalmopathy thyroid stimulating antibodies cause excessive hydrophilic glycosaminoglycans (GAG) and retro-orbital fat growth in the muscles around and behind the eyes. The glycosaminoglycans cause these muscles to swell by trapping water. The eyelids retract and the eyes are pushed forward due to pressure from the muscles (Pokhrel & Bhusal, 2019).

SIGNS AND SYMPTOMS

As thyroid hormones affect many different body systems, the signs and symptoms of Graves' disease are numerous, affecting overall health.

Common symptoms are fatigue, heat intolerance, sweating, weight loss, anxiety and irritability, insomnia, muscle weakness, loss of libido, neck fullness (goitre), heart palpitations, light menstruation, dry skin and brittle nails. An uncommon sign is thickening and reddening of the skin over the shins and tops of the feet (Mayo Clinic, 2020; Werner, 2016).

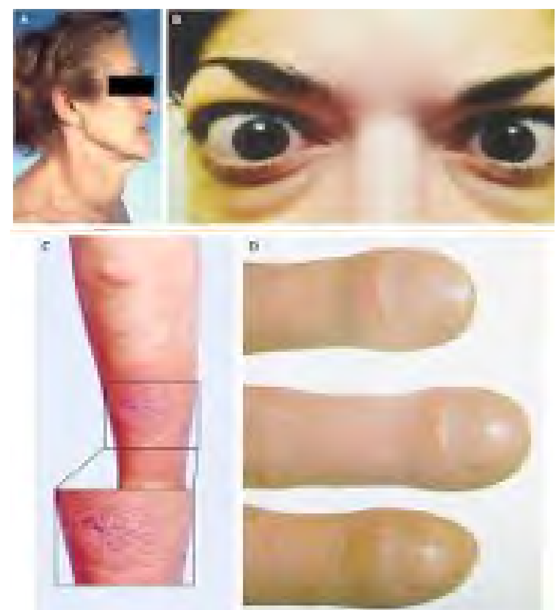
Graves' ophthalmopathy is another symptom affecting around 30% of sufferers causing a gritty sensation, pain or pressure in the eyes, puffy eyelids, reddened eyes, light sensitivity, double vision or vision loss and/or bulging eyes (Mayo Clinic, 2020). Aly and Satturwar (2017) suggest that smoking may worsen eye symptoms.

MEDICAL TREATMENT OPTIONS

There are four main medical treatments for Graves' disease.

Radioactive iodine therapy – gradually destroys the overactive thyroid cells causing the thyroid gland to shrink and symptoms to lessen. This may take from weeks to months. This treatment can temporarily increase symptoms of Graves' ophthalmopathy (Mayo Clinic, 2020).

Anti-thyroid medications – disrupt the thyroids ability to use iodine to make thyroid hormones. Side effects of these medications can be "rashes, joint pain, liver failure or a decrease in white blood cells" (Mayo Clinic, 2020).



Neck fullness, bulging eyes, thickening and reddening skin, change to nail shape and brittleness (picture - **https://www.nejm.org/doi/full/10.1056/NEJMra1510030***)*

Beta blockers – do not diminish the amount of hormones, that the thyroid produces but block their effects on the body. They are not prescribed for asthmatics or diabetics (Mayo Clinic, 2020).

Surgery – removes all or part of the thyroid. Post-surgery thyroid hormones are prescribed, there is also risk of damage to the vocal cords and parathyroid glands that controls blood calcium levels (Mayo Clinic, 2020).

MASSAGE CAN HELP

Massage cannot treat Graves' disease. However, the American Massage Therapy Association (Durand, 2019) suggests that for autoimmune disorders "the most common outcomes of massage therapy are decreased stress, improved sleep and decreased pain symptoms".

RED FLAGS AND CONTRAINDICATIONS

The main red flag for Graves' disease is the rare condition "thyroid storm" where the body is in a thyrotoxic state. This can occur when Graves' disease is undiagnosed or has been undermedicated. A thyroid storm is life threatening and is considered to be an emergency situation. Symptoms are: temperature above 39°, tachycardia 120+, pulmonary oedema, atrial fibrillation, seizures or coma, jaundice and previous thyroid storms (Carroll & Matfin, 2010).

For a person whose Graves' disease is managed, massage is an option and poses no risks. However, if there is skin damage then local caution is needed (Werner, 2016).

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AUTHOR BIO

Erin de Raad has recently completed her level 6, Clinical Massage Therapist qualification and is working at Hataitai Osteopaths in Wellington.

REGULAR

BUSINESS MATTERS

COMMUNICATING THE KIWI WAY

By Steve Hockley

Communication is the key to any business; it is the glue that keeps everything together. The way we talk, write and give messages all say something about our businesses. If we do any of these things in a way that feels out of whack with our customers' expectations, we can come across as fake.

As we know, like all nations New Zealand is unique, we have our own style and approach. We have our own language - Māori. So, how do we tell our Kiwi world that we are part of it.

WHY BOTHER?

Let's start with the bother bit. Good communication can make everything better in a business:

- Customers understand and value our processes and service and will tell others.
- Staff understand what is expected of them and are more likely to deliver to those expectations.
- Potential customers know why they should use your services.

For communication to work it should be:

- Clear
- Honest
- Relevant
- Align with other messages like body language.

As we are in New Zealand our messages ideally reflect our personal values and how they align with our fellow kiwis.

KIWI-ISE YOUR APPROACH

While we are not all the same, there are some aspects of the Kiwi mindset and approach which are quite common and worth considering when writing marketing material or working on how you engage your customers.

We like new stuff - Kiwis are very innovative and constantly improving and redesigning things

It's good to show that your business is constantly evolving as well, tell your customers when you go on courses or conferences, tell them when you add new techniques etc.

New Zealand is not very hierarchical

I once part owned a health business, where one of our new New Zealander practitioners wanted to wear a white coat, to reinforce her mana with our patients. We suggested she did not.

Simple is better

Long, drawn out explanations and use of technical words can be very off-putting to the kiwi desire to keep it simple. You can see the banks and lawyers reacting to this with expensive projects to simplify the language they use in documentation and on their apps etc. In a health business it is often useful to avoid the technical wording where possible and if you must use a technical term explain it in common words.

We are a caring nation

Over COVID lockdown and during the Christchurch mosque massacre you saw the country really respond with great caring for each other, it is a strong kiwi theme. Kiwis expect a certain amount of genuine connection and care in their interactions with each other, truly getting to know your customers can provide huge returns both personally and business wise.

We are diverse

Many Kiwis are either first or second generation and can come from pretty much anywhere in the world. Your customers probably expect that you at least have a rough idea of where their country of origin is and know a small amount about it. Also be aware of cultural norms and asking for permission, while always important, can be doubly so, when you don't know the cultural context.

We have our own language

Te Reo Māori is unique to New Zealand and a big part of our identity.

Using Māori is an important sign that we all value our nation's identity. Use

Māori words in your emails as a welcome or sign off and use words with specific meaning like 'hui' for a group meeting or 'mahi' for performing work.

Pronunciation and context are important, there are some good guides online or talk to a friend with skills and knowledge of Te Reo. While not everyone is a fluent speaker or user of Te Reo it is important to be incorporating the language. But make sure your translation is accurate.

In Summary

When speaking, writing or communicating in a kiwi way;

- Keep it simple.
- Use our country's indigenous language, Te Reo Māori when and where you can.
- Be inclusive in the language that you use.

Ngā mihi

Steve Hockley

AUTHOR BIO

Steve Hockley is a BNI Executive Director and Business Coach. He has been a BNI Director for 11 years and looks after the 15 BNI chapters that meet in Wellington and the Wairarapa. BNI (Business Network International) is New Zealand's largest structured business networking organisation for small to medium businesses.

You can find out more about BNI at www.bni.co.nz

MNZ Resources

massage new zealand

MNZ Registered Massage Therapist Stickers

REGISTERED MASSAGE THERAPIST
massage new zealand
www.massagenewzealand.org.nz

- 80 x 80 mm PVC
- Stick on the outside surface of windows & doors
- Available in pack of
  1 for $4.00
  2 for $7.00
  3 for $10.00

MNZ Brochures & Stretch Cards

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SELF CARE STRETCHES

massage new zealand
MASSAGE THERAPY
CHOOSE A MASSAGE NEW ZEALAND THERAPIST AND KNOW THAT YOU'RE IN SAFE HANDS

- Stretch cards available in packs of
  10 for $12.00
  20 for $22.00
  50 for $45.00
  100 for $80.00

- 4 Brochures types available in packs of
  10 for $5.00
  20 for $10.00
  50 for $22.00
  100 for $45.00

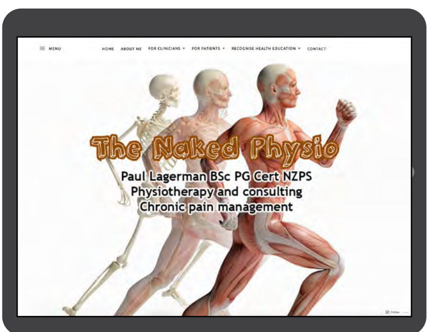
All items include GST and postage.

Prices are represented in NZ dollars.

Available to purchase in the members section of the MNZ website at the Marketplace under MNZ Resources.

USEFUL SITES - HOMEGROWN

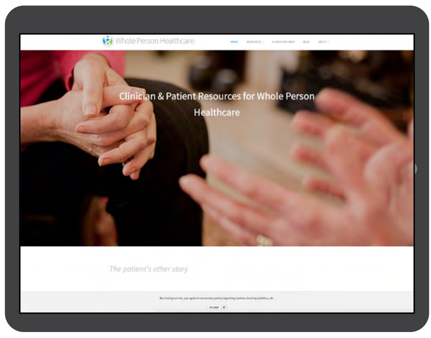
We have come across these suggestions for sites you may be interested in within NZ - check them out for yourselves.



THE NAKED PHYSIO

Paul Lagerman a Physiotherapist and Chronic Pain consultant has wonderful blogs for clinicians such as: Explaining Pain/Cognitive Restructuring: Have we been barking up the wrong tree?

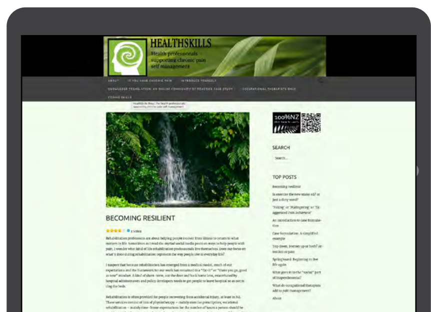
https://thenakedphysio.com/



WHOLE PERSON HEALTHCARE

Listening to a person's story opens us up to important things that are not routinely included in modern healthcare. Many are not aware that their life experiences may be contributing to their illnesses. This website provides resources for both clinicians and patients to understand and use this approach, as well as access to the Illness Explorer tool, a hands-on learning tool and self-help pathway that has been used by patients who want to know more about their own illnesses, and by experienced clinicians training in MindBody Healthcare in postgraduate courses at the Auckland University of Technology in New Zealand. The site was founded by Brian Broom, Auckland Clinical Immunologist and Psychotherapist (Brian presented at the 2016 MNZ AGM). You can find out more about the free tool here https://wholeperson.healthcare/join-us/

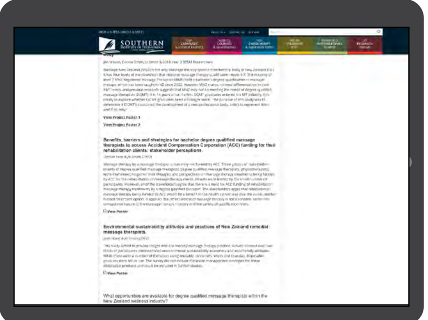
https://wholeperson.healthcare/



HEALTHSKILLS

Developed and curated by Bronnie Lennox Thompson who is a senior lecturer in pain and pain management (Department of Orthopaedic Surgery & Musculoskeletal Medicine, University of Otago Christchurch Health Sciences), trained Occupational Therapist and Psychologist. Bronnie has a passion to help people experiencing chronic health problems achieve their potential. She has worked in the field of chronic pain management, helping people develop 'self management' skills for 20 years and is also passionate about sharing her knowledge. This blog offers health care providers thoughtful commentary and resources so they can help people develop their skills for living well, while respecting individual values. An example is this poster - https://healthskills.files.wordpress.com/2018/09/bronwyn-lennox-posterprnt.pdf

https://healthskills.wordpress.com/



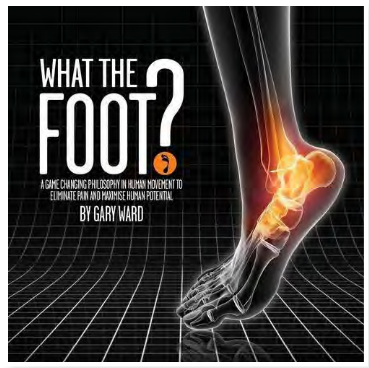
NEW ZEALAND MASSAGE THERAPY RESEARCH CENTRE

The NZ Massage Therapy Research Centre (NZMTRC) was established in 2009 to foster massage therapy research in New Zealand. As a hub for massage therapy research, the NZMTRC aims to promote massage therapy research and teaching across the wider massage community and provide access to New Zealand based massage therapy research findings. The centre is co-led by Jo Smith and Donna Smith, both are programme managers for massage therapy programmes at SIT. The site contains New Zealand massage therapy research on a range of topics, from education, utilisation and practice patterns, professional issues, and clinical studies. New studies are constantly being added. Access to the site is free and it is an excellent repository for NZ massage therapy research.

https://www.sit.ac.nz/nzmtrc#4485122-massage-therapy-professional-issues

BOOK REVIEWS

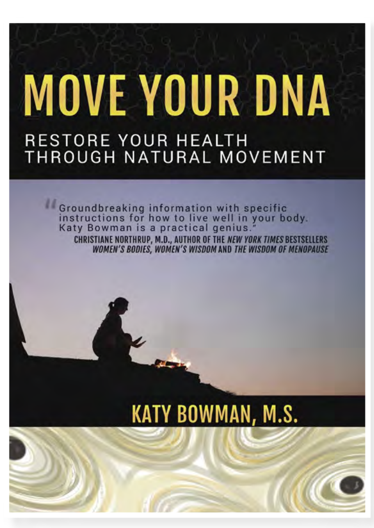
Authors recommended by Bernie Landels (Kiwi in UK) – that have been inspirational for her.



WHAT THE FOOT?: A GAME-CHANGING PHILOSOPHY IN HUMAN MOVEMENT TO ELIMINATE PAIN AND MAXIMISE HUMAN POTENTIAL

Gary Ward, Soapbox Books (not clear year) $125.00
The book explains 5 'big rules' of motion. Gary aims to challenge the status quo with these rules to encourage people to adopt a more holistic approach to movement. He refers to his readers as 'fitness and therapy professionals'. This means he assumes you have some background in the topic. His ideas are refreshing and, even though they may sound a bit controversial at first, make sense within a more traditional approach as well.

Retrieved from https://www.goodreads.com/book/show/25418049-what-the-foot



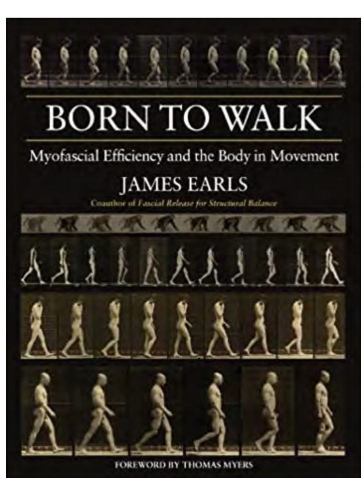
MOVE YOUR DNA: RESTORE YOUR HEALTH THROUGH NATURAL MOVEMENT

Katy Bowman, Propriometrics Press; 1st Edition 2014, Paperback: $17
Move Your DNA explains the science behind our need for natural movement - right down to the cellular level. It examines the differences between the movements in a typical hunter - gatherer's life and the movements in our own.

The book focuses on mechanotransduction, the process by which forces or loads are experienced by cells. The author suggests walking, as it is a natural movement that helps create the strength needed for carrying the body in a standing position.

Move Your DNA is organized into two informative sections, Think and Move. In the Think section, the science behind the theory that exercise is insufficient for optimum health and can lead to injury and inactivity is explained. In the Move section, detailed alternatives to traditional exercises, alternatives that promote deliberate, careful, and useful movement for healthfulness and pain reduction, such as walking and squatting. Photos accompany most of the movements, for guidance.

Retrieved from https://www.amazon.com/Move-Your-DNA-Restore-Movement/dp/0989653943



BORN TO WALK: MYOFASCIAL EFFICIENCY AND THE BODY IN MOVEMENT

James Earls, North Atlantic Books; 1st Edition 2014, $28.00
The ability to walk upright on two legs is one of the major traits that define us as humans; yet, scientists still aren't sure why we evolved to walk as we do. The mystery of our evolution is explored, by describing in depth the mechanisms that allow us to be efficient in bipedal gait. Viewing the whole body as an interconnected unit, Earls explains how we can regain a flowing efficiency within our gait--an efficiency which, he argues, is part of our natural design.

This book is designed for movement therapy practitioners, physiotherapists, osteopaths, chiropractors, massage therapists, and any bodyworker wishing to help clients by incorporating an understanding of gait and its mechanics. It will also appeal to anyone with an interest in evolution and movement.

Retrieved from https://www.amazon.com/Born-Walk-Myofascial-Efficiency-Movement/dp/1583947698

HOMEGROWN RESEARCH

Greetings, MNZ readers.

When the MNZ editors informed me that this issue's through line was "homegrown," with a focus on New Zealand therapists and practice, I was thrilled—and a little envious. Your opportunities for education that includes research competence and activities sets a global standard for our field at this point, and as professionals dedicated to excellence in massage therapy, you can be very proud of yourselves.

With great pleasure, I offer this review that will look at two recent studies, conducted by researchers and massage therapists from New Zealand. I chose to do only two this time, because the first one was such a good example of massage therapy research that I dove into it in much greater detail than I usually do.

The second one is not a published study, but a poster presentation. Posters can be a good option for researchers who want to share their findings, without the admittedly arduous process of submission, peer review, revisions, peer review, ad nauseum that publishing a paper in a research journal may sometimes require.

Both of these projects came from the Southern Institute of Massage Therapy, and both were completed within the last year.

We will begin with an innovative case series that compared two massage approaches to solving a problem, to see if one was significantly more effective than the other.

REMEDIAL MASSAGE THERAPY INTERVENTIONS INCLUDING AND EXCLUDING STERNOCLEIDOMASTOID, SCALENE, TEMPORALIS AND MASSETER MUSCLES FOR CHRONIC TENSION TYPE HEADACHES: A CASE SERIES.

Grace E Shields, B., & Dr Joanna M Smith, P. (2020). International Journal of Therapeutic Massage & Bodywork: Research, Education, & Practice, 13(1), 22-31. https://doi.org/10.3822/ijtmb.v13i1.445

Abstract (edited for space and formatting)

Background: Tension-type headache (TTH) is the most prevalent primary headache type world wide. Chronic TTH (CTTH) of >15 headache-affected days per month for > 3 months can cause considerable pain and disability.

Purpose: This case series aimed to investigate whether massage therapy interventions were more effective when muscles of the anterior neck, jaw, and cranium were included.

Design: Four female clients suffering CTTH received six pre-determined massage therapy interventions, 45 minutes each, over three weeks. Case A and B (exclusion cases) received interventions addressing shoulder, posterior neck, and occiput muscles; Case C and D (inclusions cases) received interventions addressing the same areas as well as the sternocleidomastoid, scalenes, temporalis, and masseter muscles.

Intervention: Treatment included myofascial trigger point release, neuromuscular therapy, and consideration of central sensitization mechanisms present in CTTH.

Outcome Measures: Headache frequency (primary), intensity, and duration (secondary) were recorded via headache diaries for baseline measures (one week), interventions (three weeks), and a runout period (two weeks). Secondary measures also included a headache disability inventory (HDI) at baseline, intervention conclusion, and final measures. After final measures, clients received stretching education and four weeks later, a follow-up phone conversation to note subjective headache reports.

Results: All cases had headache frequency and HDI score reductions, while intensity and duration measures fluctuated. At final measures,

exclusion Case A and both inclusion cases (C and D) had headache frequency reductions to below CTTH diagnostic criteria, clinically meaningful (> 16%) HDI score reductions, and subjectively reported continued improvements after study completion. Inclusion cases overall had greater decreases in headache frequency and HDI measures.

Conclusion: Comparative results suggest there may be additional benefit in reducing headache frequency and disability with inclusion of anterior neck, jaw, and cranial muscles in treatment strategies of CTTH. However, limited sample size makes it difficult to rule out outliers or individual variables. Further investigation is recommended.

Ruth's Thoughts

In the interest of full disclosure, I want readers to be aware that I have known and admired co-author Dr Smith for many years, and I have deeply appreciated her presentations at Massage Therapy Foundation research meetings. For this reason, my comments on this paper may seem unnecessarily nit-picky or critical, as I attempt to mitigate my inevitable bias in her favour.

For readers who may be less familiar with research in general, let's start here: this is a case series, not a clinical trial. In this situation we have a group of people with a similar goal or problem, and the authors inform us about whether massage therapy helps or doesn't help them. There is no control group or placebo intervention, so outcomes cannot be compared to people who didn't receive massage.

This observational report tells us what happened when four people with chronic tension-type headaches got massage. Two people received one protocol, and a different protocol was provided to two other clients, and we compare the results. These findings are not highly generalizable, but they can provide ideas and support to other practitioners who are working with similar problems.

Here is a thumbnail sketch of this project:

Participants who fit the International Headache Society criteria for chronic tension-type headache were recruited. Possible participants were excluded if they had a history of migraine, structural anomalies, if they were receiving massage for other reasons, if they had eye problems, or serious health problems (note: "serious" was not defined). They also excluded people who knew they had upcoming stressful events (note: this is a good idea, because normal-but-stressful events can skew findings in very small-scale studies).

Four women between the age of 18 and 60 participated in the study: clients A, B, C, and D.

All clients received massage to the shoulder, posterior neck and occiput, as well as myofascial release to the back, gluteal area, and chest. Clients C and D received additional attention to the sternocleidomastoid, scalenes, temporalis, and masseter. Personal interactions between the clients and therapist were kept to a minimum.

Clients kept a headache diary, specifically to track headache frequency, peak intensity, and duration. They completed a headache disability survey at specific intervals, and other measures were tracked including analgesic use, forward head posture, and cervical range of motion.

This was a fairly short study, involving a week to set baseline measures, 3 weeks of intervention, and a two-week run-out to look for duration of effect.

Not surprisingly, all of the clients appeared to benefit from adding massage to their headache coping strategies. Those with the extra focus on the anterior neck and jaw muscles appeared to have an even better response than the others, suggesting that adding these areas to massage protocols for chronic tension-type headache is a good idea.

I think this was a lovely study that revealed some helpful ideas about working with clients who have headaches—that's the immediate practical application. It also modeled a method to compare varying bodywork strategies with similar clients, and that could be useful to future research.

I did run into some bumps along the way though, and I would be remiss if I didn't point them out—with that caveat that most of these are problems with language, not with methodology. The one methodological choice that I question is the attempt to minimize interpersonal contact between the clients and their therapist. It has been reliably demonstrated that a strong connection between the therapist and client is predictive of positive outcomes. I suggest that if the therapist had allowed freer communication, the positive effects of bodywork—especially with the intention of de-escalating central sensitization pain patterns—the work might have been even more effective.

My other quibbles are mainly linguistic. The authors used these terms: "NMT" (neuromuscular therapy), "MFR" (myofascial release), and "TPR" (trigger point release) to describe the massage sessions. These are helpfully defined under Table 1, but they bring up some fundamental issues in massage therapy and related research.

These terms are labels for techniques that are generally understood by much of the profession, and the authors cite multiple studies where these labels have been used. But legitimate concerns exist about their use and effectiveness. For instance, there is credible pushback on the traditionally understood concepts of trigger points, and attempts to demonstrate consistent reliability with trigger point palpation have not been successful. This becomes an issue when the authors report on trigger point palpation and trigger point-generated pain for each client: the whole paradigm may be questionable.

Further, some of these technique concepts are open to widely varying interpretation. One person's myofascial release is another person's structural integration—which could look like Rolfing for someone else.

Also—and this is a personal frustration for me—the term "release", as in "myofascial release" or "trigger point release" is hard to decode. What does "release" mean? A reduction in muscle tone? An increase in range of motion? (In the U.S., where the massage profession has a long and troubled history of being conflated with the sex trade, the term "release" is even more fraught.)

Obviously, the writers are not responsible for our profession's linguistic choices, but the project would be stronger if the technique portion simply described the work, rather than relying on labels that can be misinterpreted or even dismissed because of a different approach to pain-generating phenomena.

My congratulations go to Ms Shields and Dr Smith on this study. If we ever have the opportunity to share a lovely homegrown NZ Sauvignon Blanc (by FAR my favorite wine) with them, I would thank them for this terrific paper, and then I would ask for their opinions on the trigger point controversy, and about what they mean by the term "release."

TOUCH DEPRIVATION AND MENTAL HEALTH: SEVERITY OF MENTAL HEALTH ISSUES IS ASSOCIATED WITH STRONGER NEGATIVE PERCEPTIONS OF LACK OF INTERPERSONAL TOUCH.

Elizabeth Brett DTSM
Southern Institute of Technology
Invercargill, New Zealand

URL: https://www.sit.ac.nz/Portals/0/upload/documents/NZMTRC/Posters-2016/Touch%20Deprivation%20and%20Mental%20Health.pdf

This is a poster rather than a published article. Posters are often displayed at meetings and conferences, and may also be published, as this one was.

The research question

In this project the author set out to investigate the relationships between self-described mental health and the perception of touch deprivation—an ambitious project! The stated goal was this:

The goal of this project was to explore the links between mental wellbeing and perceptions of lack of interpersonal touch.

She points out that lack of touch, or having a history of abusive, chaotic, or unpleasant touch, has demonstrated negative impact on mental health. But conventional approaches to treat mental health problems (psychotherapy, pharmaceuticals) typically exclude touch. This is an important observation, and one that points to the potential for skilled massage therapy (which is, by definition, supportive, organized, and pleasant touch) to be helpful in the context of mental health challenges related to touch history.

The methods: create a new survey, ask people to complete it

The author undertook to create a new survey about touch deprivation, based on an extensive review of the literature. Surveys can be useful tools, but we typically rely on questionnaires that have been developed by experts and tested by many thousands of users—it is an impressive undertaking to create a new one, and if this proves to be useful, it could influence much future research to come.

She got 135 people to complete the online survey, which was accompanied by other questions about mental health status, living situation, and their daily experience of touch.

Limitations

She found that many of the surveys were completed by people with self-reported mental health challenges, which suggested some self-selection among participants. It was not possible to rule out some confounding factors, such as cohabitation status, and of course this is a new survey that has not been peer-reviewed or checked for accuracy, sensitivity, or replicability.

Results

Rather than trying to describe the results of this fascinating project, I will leave it to readers to follow the links to the poster. Ultimately she found some interesting correlations, and also some surprising lack of correlations between some aspects of mental health and attitudes toward touch. Of particular interest were some findings about loneliness: a topic that other researchers have begun to explore, which means there are some possibilities to integrate these findings with others.

Discussion

This is the author's synopsis:

The literature suggests that mental wellbeing may be impacted by an individual's history of and relationship with interpersonal touch.

- There is no 'gold standard' for assessing lack of touch. This limits further research.
- The experimental survey produced useful data but did not measure or combine some aspects of touch deprivation well. More work is necessary to develop it further.
- People with severe mental health issues behaved differently on the survey to those without severe mental health issues.
- There was some evidence that people with increasingly severe mental health issues are more likely to be lonely or to score higher on measures of touch deprivation.
- The experimental nature of the survey and the small sample size limit the utility of the findings.

Ruth's thoughts

It is not surprising that this study didn't yield any very clear-cut findings—that was not a realistic

expectation. This author took on a virtually impossible task in trying on her own to create an instrument (that's scientist-talk for "survey") that might capture a lot of highly individualized concepts about attitudes toward touch and mental health. But this project is a tiny seed that may lead to much bigger outcomes, if the right scientists take notice. I am impressed by her drive to take on a project that has such capacity to impact the future.

IN CONCLUSION...

I selected just two very recent "homegrown" New Zealand studies for the focus on this column. You are lucky to have many excellent options to choose from. New Zealand is a world leader in massage therapy education and research literacy, and I am proud of my connection with this association.

AUTHOR BIO

Ruth Werner is an educator, writer, and retired massage therapist with a passionate interest in massage therapy research and the role of bodywork for people who live with health challenges. Her groundbreaking textbook, A Massage Therapist's Guide to Pathology was first published in 1998, and is now in its 7th edition, published by Books of Discovery.

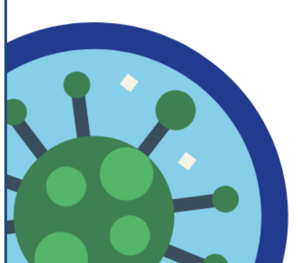
Ruth is a columnist for Massage and Bodywork magazine and Massage New Zealand. She serves on several national and international volunteer committees, and teaches continuing education workshops in research and pathology all over the world. Ruth was honored with the AMTA Council of Schools Teacher of the Year Award for 2005. She was proud to serve the Massage Therapy Foundation as a Trustee from 2007 to 2017, and as President of the Foundation from 2010-2014.

Ruth can be reached at www.ruthwerner.com or rthwrnr@gmail.com

Ruth Werner

A Massage Therapist's Guide to COVID-19

An addendum to
The Massage Therapist's Guide to Pathology, 7th ed.



Ruth Werner – News Flash

Books of Discovery graciously allowed me to write a full addendum on COVID-19 to accompany the 7th edition of A Massage Therapist's Guide to Pathology.

Even better news: this addendum is available to anyone and everyone FREE of charge.

Get it and share it here:

https://booksofdiscovery.com/what-is-new/#COVID

All MNZ Executive Committee members, Volunteer and Administration Staff would like to take this opportunity to thank all of our members, stakeholders and advertisers for your continued support and wish you and your families a very restorative and safe Christmas and New Year. What ever you do over this festive period – be well.

Ngā mihi nui ki a koe.

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