

MNZ MAGAZINE


message
new zealand

3RD QUARTER 2015

FOCUS ON

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INSIDE: SUCCESSFULLY MANAGING PERSISTENT PAIN •
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EDITOR'S NOTE

"Success" is defined as the accomplishment of a purpose or a favourable outcome. When we started to look around the massage industry and the health sector in general for successes, many came to mind.

Check out a way to help manage clients pain successfully on page 9, Joe Muscolino promotes the use of four main areas related to soft tissue work on page 11. Ever wondered how to have a positive effect on fertility and endometriosis using massage? - read how Pip Lodge has achieved this. The HPSNZ is mentioned through prior work with a top level shooter and heat training in preparation for Rio success. Ever wondered who is selling Anti Flamme now? - read all about this on page 16. If you missed the Tauranga MNZ Massage conference - those who went have been raving about it. Catch up on a few excerpts later in the magazine.

Hope you are looking forward to and enjoy reading the regular columns including; What's On, Book and App Reviews, Research Updates and the new "On Location" where new therapists and businesses can tell us what they are



up to - especially those voices in the smaller areas.

Looking forward to working with the new Executive team, we are hoping to have a business focus in the next edition. So do link us with any news stories you may have.

On a sadder note I will really miss working alongside Sorrel - she has been so easy to get clear information from whenever it was needed and has been a great sounding board at times of uncertainty. But of course we are all wishing her very well in her new role in the wider health sector.

Enjoy

Carol



Cover photo: Carol Wilson

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ADVERTISING RATES AND INFORMATION

ADVERTISING RATES

Valid from January 2014. All rates are GST inclusive:

Magazine:

Inside covers and outside back cover

(colour semi-gloss):

Full page	\$250
Half page	\$140
Quarter page	\$80

Inside, plain paper (black and white):

Full page	\$120
Half page	\$80
Quarter page	\$50
Magazine inserts (per insert)	\$0.75c

MNZ Website

Advertising blocks	\$280
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Note: All website advertising is placed for 2 months, unless otherwise stated when booking.

Email to MNZ Members

One – off email blast:

Non-members	\$80
Members	\$25

MNZ members receive a 15% discount on any magazine and website advertising.

SUBMISSION DEADLINES

The MNZ Magazine will be published:

- Q4 2015 (deadline end Oct 2015)
- Q1 2016 (deadline end Jan 2016)
- Q2 2016 (deadline mid April 2016)
- Q3 2016 (deadline end July 2016)

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

The MNZ Magazine link will be emailed out to all members and placed in the members' only area on the website, with hard copy posted to those members who request it.

Requirements of advertisements:

Advertisements must have good taste, accuracy and truthful information. It is an offence to publish untruthful, misleading or deceptive advertisements. Advertisements

for therapeutic goods and devices must conform to New Zealand therapeutic goods law. Only a limited number of advertisements can be accepted. Advertising availability closes once the quota has been filled.

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Magazine

All adverts for the magazine are to be sent by email as an ATTACHMENT in WORD or PDF (with a resolution of 300 DPI or more). They will not be accepted if embedded within an email. Please send any multiple pages as separate files, not as one PDF.

Magazine Page Sizes

- Full page is 180mm wide x 250mm high
- Half page is 180mm wide x 124mm high
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Advertising Blocks only: To be provided as a png, gif or jpeg file. Size 210 x 210 pixels

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

ARTICLE SUBMISSION GUIDELINES

- Word count - Max 1800 words incl references
- Font - Arial size 12
- Pictures - Maximum 4 photos per article, send photo originals separate from article, each photo must be at least 1.0MB
- Please use one tab to set indents and avoid using double spacing after fullstops. The magazine team will take care of all formatting.

Editor - Carol Wilson

magazine@massagenewzealand.org.nz

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PRESIDENT'S AND EXECUTIVE REPORTS



INCOMING PRESIDENT

Kia ora koutou

Tenei te mihi kia koutou katoa

Welcome to this issue of the MNZ Magazine where we welcome in some new executive members and thank a number of outgoing executive members for their service to MNZ over the years. I wish to extend my thanks to Yoka, Beth, Cathy, and Amanda for their time and input into the running of MNZ and I wish them well in their future endeavours. Welcome back to Reina, our outstanding Treasurer, and Maria who has made a great start to her role as Regional Liaison Coordinator. I'd also like to welcome in new members to the Executive: Deborah, Donna, David and Sonya. Thank you for your enthusiasm to share your ideas, time and commitment to help MNZ over these next couple of years. Thank you also to members who put up their hand to begin or remain in one of the non-executive positions – your contributions are appreciated.

Congratulations to the MNZ Conference organisers for creating such a successful event. It was wonderful to share such a positive MNZ conference with some of you in Tauranga in August. I hope that over

the next two years I can continue to meet or chat with many of our members. I also look forward to contributing to MNZ in the role of President and to implementing some of the Strategic Plan initiatives that were circulated in June to members. I would like to see our MNZ membership grow so that we can have a stronger voice for our industry. I would also like to see us address issues of education levels and scopes of practice in the hope that one day massage therapists may be perceived by others as the health professionals that many of us aim to be.

Lastly, I'd like to thank Sorrel Renton-Green, our executive administrator, for her tremendous work over the last three years and without whom we would not be so well connected nor on track. I wish her well in her new employment - she will be missed.

Nga mihi nui

Jo Smith

OUTGOING PRESIDENT

As the outgoing MNZ President, I would like to extend a very warm welcome to the new MNZ President! Outgoing sounds so final, but this is certainly not an ending as my relationship with massage associations has been ongoing for many years and I will continue to support massage.

I served the Therapeutic Massage Association (TMA) for many years in different executive positions, and returned to executive positions with MNZ after the merger in 2006. I held several different roles, from representative to regional coordinator, vice president, and then president. My stepping down is not final as I will be around to help the new Executive if need be with historical knowledge and input where necessary. Surely my name will pop up in the future in one role or another!



I had hoped to step down as President this year, due to a busier family life, but I would have continued as President if there had been the need. As it is, I am so happy that Jo has taken the reins.

The workshop given by Jo at the conference in August, "So You Want to be a Health Professional", made it clear to me that supporting further professionalization of massage will be the job of the MNZ President going forward. The majority of the members want to be considered health professionals, and this work will require a person like Jo with the necessary skills. So I am delighted that MNZ will be in safe hands!

I am excited about the future of MNZ being guided by a strong Executive Committee who I believe will be able to take MNZ to the next level as health professionals. Thank you to Jo for standing as President - I truly believe that you can take MNZ forwards in the years to come.

Concerns for the future of MNZ's direction have been voiced, so please do remember that MNZ is member-driven and your voice counts!

I would really like to thank all of those members who have held roles in MNZ and for being part of this organisation. A very special thank you to Sorrel - she has been my absolute right hand and I never would have been able to fulfill the role of President without her.

I will see you all at next year's MNZ 10th anniversary celebrations! Happy massaging

Yoka Hermanides



VICE PRESIDENT REPORT

I had a wonderful time at the recent MNZ conference and arrived back to Wellington feeling that my mind had a good refreshing workout, and with an unexpected new role in MNZ.

The vice president's role involves responding to any complaints made by a member of the public about an MNZ member (www.massagenewzealand.org.nz/about-us/mnz-complaints-procedure). As well as this I hope to assist with supporting all MNZ members and driving our profession forward.

I have been massaging for 11 years, the last 5 years based in a multidisciplinary and osteopathic clinic in Wellington. I have recently started doing a little work for the Royal New Zealand Ballet where I will be learning a lot about the needs of these amazing athletes and artists.

My hobbies include walking Wellington's large assortment of trails, and enjoying social salsa and other latin dance get togethers.

Deborah Harris

REGIONAL LIAISON COORDINATOR

It was such a pleasure to meet and talk with so many dedicated and amazing people who



work in our industry at the conference. It was also great to recharge the batteries with a range of inspiring workshops and to discover new massage products and services.

We welcome Ushma Shah, the new South Island Regional Coordinator, to the Regional Coordinator team. Based in Christchurch, Ush is very keen to get started in her new role.

The last three months have seen an exciting new initiative launched by the regional coordinator team. We now phone all new members to welcome them to MNZ and let them know that we are an accessible organisation that is here to offer member support, help, and answer questions if we can.

Your regional coordinators are here to help you. Please do call them with any queries or requests for support. If you need further support your queries can be taken to the regional coordinator monthly Skype meeting, and in turn to the Executive Committee if need be. These levels of support show how your MNZ membership gives practical professional support as well as all the other great member benefits that are available.

We want you contact us and let us know what you're doing or what you need from us. Part of the regional coordinator role is to organise professional development meetings in the regions we live. We would really like to hear about your activities.

MNZ is a people organisation that of course also deals with policy and the like, but at ground level you have our team there for you. We are easy to access via the email addresses found at the front of this magazine. Warmly,

Maria Monet-Facoury



EDUCATION OFFICER

Hi everyone. I've been involved in Massage New Zealand's Education Committee for a number of years, and it seems that in 2015 it's now time for me to step into the Education Officer role.

For the last 9 years I have worked as the programme coordinator of the Otago massage therapy programmes. Over this time I have been heavily involved in development and maintenance of national standards. For the past 3 years I've taken a central role in the national review of massage qualifications, leading the last phase of this to the point where the Diploma in Wellness and Relaxation Massage (Level 5) and the Diploma in Remedial Massage (Level 6) are listed on NZQA's framework.

I have accepted the nomination for Education Officer primarily because I know that it's very difficult for a practicing CMT to do what's needed to become an RMT. In my time as Education Officer, I intend to work on reducing the barriers to RMT registration in New Zealand, and to further develop MNZ's professional development processes.

If any of you have views about the future of massage education in New Zealand, please get in touch and make your views known.

Kind regards,

David McQuiffan



PUBLICITY OFFICER

Hello, my name is Sonya Healey and I am the new Publicity Officer for MNZ.

I am based in Hastings, in the sunny Hawke's Bay. I am an RMT as well as a Marketing Manager for two education facilities here in Hastings. One of my workplaces is Lotus Holistic Centre, which provides training in therapeutic massage as well as naturopathy and herbal medicine. The other workplace is FutureCOL which provides training in hospitality, computing, cookery, and primary industries to students predominantly between the ages of 16 and 24. I enjoy both of these roles, as they are always providing me with opportunities to grow as an individual, and impress myself with abilities I never knew I had!

I have a beautiful 3 year old boy who means the world to me, and my loving mother takes care of him whilst my partner and I are at work. In between wearing my two 'Marketing hats' and being a mum, I enjoy spending time with my friends (who just so happen to be other massage therapists!), and if I'm lucky, partaking in massage exchanges.

I am excited for this new venture, and look forward to assisting MNZ in its future successes.

Sonya Healey



RESEARCH OFFICER

Thank you for this opportunity to contribute to massage therapy and in particular massage therapy research in the role as the MNZ Research Officer. I first became interested in massage at a time when formal massage qualifications were unavailable. Since then I have seen the development of education standards to the point where degree-based education is offered for massage therapists within NZ. I have always considered myself a massage therapist even though I am no longer in clinical practice. As a massage educator of 15 years I work with the theory of massage therapy and its application most days and research the issues that are relevant to our industry. My PhD research focused on the 'Perceptions, benefits and barriers to degree-based education for massage therapy'. My main focus for our industry as a collective is gaining recognition for the great work we do as massage therapists. I look forward to working within MNZ for the benefit of its members and to help raise awareness and understanding of the relevance of research within our industry. Warm Regards

Dr Donna Smith

EXECUTIVE ADMINISTRATOR

Congratulations to Denise Woodward and the rest of the Conference Committee who produced a really fun and informative conference this year in Tauranga. I have received some really lovely comments from



members about how the networking and learning opportunities were so appreciated and affirming. If you didn't get to conference this year, make sure you do next time as it's a wonderful opportunity to connect with colleagues, friends and your profession.

Likewise, a good number of members took the opportunity to promote professional massage and their massage businesses during Massage New Zealand Awareness Week 2015. We distributed around seventy promotional packs to members, helping them to create events to educate the public and other health professionals.

As we head into the quieter time of the year for MNZ, the new Executive Committee will be meeting to discuss the strategic plan and the priority of projects. This is a really exciting time as the Executive will be reflecting on the achievements of MNZ until now and decide on what is next for MNZ.

Finally, this will be my last report as Executive Administrator for MNZ. I have resigned my as I have been offered an opportunity to move onto public health. I have really enjoyed my time as Executive Administrator and am really excited to see where the future takes the association. There is a lot of energy and motivation in the newly-elected Executive Committee, so I have no doubt that there are exciting times ahead.

If you have any questions, ideas or feedback please contact admin@massagenewzealand.org.nz

With my best wishes

Sorrel Renton-Green



WHAT'S ON...

DATE	WHERE/HOW TO REGISTER
28 September: Café Mentor – Peer Supervision plus half hour talk on Tax issues (GST, recording etc)	Venue: NZ College of Massage, 76 Manners Street, Level 9, Wellington. 6.00 – 7.30pm Register: wellington@nzcm.ac.nz
September and October: Lomi Lomi and Hawaiian Pregnancy Massage courses	Venue: Auckland, New Plymouth and Dunedin Instructor – Carrie Rowell Register at: www.hamoea.com
12 October: Auckland MNZ Group Meeting – Oncology Massage	Venue: TBA Instructor – Mary Wakefield Register: upperNlrep@massagenewzealand.org.nz
1 November: Treatment of Spine, Ribs, Diaphragm, Abdominal Fascia	Venue: Warkworth, Auckland Instructor – Madhu Chandra Register at: mchandra@slingshot.co.nz
10-12 November: Oncology Massage Training - Module Two - for Massage and Bowen therapists	Venue: Dove House, Auckland A 3-day training program for Massage and Bowen therapists. Details at: www.oncologymassagetraining.com.au Register at: info@oncologymassagetraining.com.au
6 – 23 November: Dr Joe Muscolino – Clinical Orthopaedic Manual Therapy Workshops (COMT)	Venue: NZ College of Massage; Auckland, Wellington, Christchurch A 1 and 2-day training programme for Massage therapists. See back page for details. Register at: www.messagecollege.ac.nz
3 December: Xmas Breakfast Meeting, Wellington Massage Group	Venue: Southern Cross Bar 7.30-9am TBC Register: lowerNlrep@massagenewzealand.org.nz

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



REGIONAL ROUNDUP

UPPER NORTH ISLAND

This year for professional development we have met every 2 months.

Our topics so far this year have included; February - Muscle Energy Techniques facilitated by Barry Vautier, April gave us a Concussion and Brain injury talk by Stephen Jenkins of the Brain Injury Association. This was organised by Norma Baker, who also demonstrated her de-arousal techniques for brain injured people. June - Chi Gung : Video and demonstration by Mark Fewtrell and Jeannie Douglas.

On a wintery night in August, Catherine Arnault gave us a lecture and demonstration on Manual Lymph Drainage. She trained in Europe in Vodder technique and runs a busy MLD clinic in Parnell.

Still to come on October 12th is a presentation by Mary Wakefield on Oncology massage. Mary won the Case Study award with the American Massage research organisation.

We wrap up our year on December 8th with a end of year social function where we plan our topics for next year. Venue to be confirmed. If anyone wants to host this function at their place say weekend Dec 12th instead that would be helpful - just let Barry know.

Generally our meetings go from 7.30 to 9pm. Sometimes we have a cuppa tea and a biscuit and we have been alternating Mondays Tuesdays and so people can get to them easier.

The process of coming together is important to mutually support each other and it brings awareness of new possibilities of treatment plus networks us with other professionals. Often massage therapists don't get enough support as by its nature the work is typically isolating. Hope to see you soon.

Barry Vautier

Auckland

LOWER NORTH ISLAND

It's been a fairly quiet quarter in the Lower North Island region. Last time we updated you we were looking forward to a presentation from Kim Tottenham which ended up being very well received by the eight participants. She provided useful information on chronic heel pain, specifically what is new with plantar calcaneal spurs as well as focusing on Achilles tendinopathy and treatment with demonstrations of the clinical tests that podiatrists use on a regular basis.

We're next due to meet on September 2nd at the New Zealand College of Massage from 6pm - 7.30pm where we will be listening to a case study on Ankylosing Spondylitis (AS) presented by Linda Rowney.

Our final gathering for the year will be a repeat of the breakfast meeting we enjoyed last year. We are likely to be meeting at the Southern Cross bar from 7.30 - 9am on Thursday the 3rd of December (to be confirmed.) This meeting is designed to feel informal and every person present is invited to ask a question or pose a statement about something that has popped up during their practice. Depending on how many people attend we will each get 3 - 5 minutes to seek feedback from the group on our question/statement/experience. Members got a lot out of this last year as well as the chance to catch up with local therapists in a comfortable and friendly setting so again, we'd love to see you there!

We always love to see new faces so feel free to come along and introduce yourself or contact Iselde de Boam on 04 801 8284 or at lowerNIrep@massaenewzealand.co.nz

Iselde de Boam

Wellington



SOUTH ISLAND

Hi - I am the new South Island Regional Coordinator.

I've just graduated from the New Zealand College of Massage in Christchurch with my Diploma in Therapeutic Massage. I guess the passion for the industry and the high standards set by our tutors and as practitioners themselves, is one of the key reasons that has driven me to take on this role.

I really believe in the need for a registered professional body in any industry but especially massage. There's a need for a conduit between the therapists in the South Island and the value that MNZ can offer, especially for new graduates, so the mentoring programme is something I'd like to look into once I get into my role. I'm also keen to generally being available as a communication point.

Ushma Shah

Christchurch



SUCCESSFULLY MANAGING PERSISTENT PAIN

The challenge of successfully managing persistent pain can be one of the most daunting for both clinicians and sufferers.

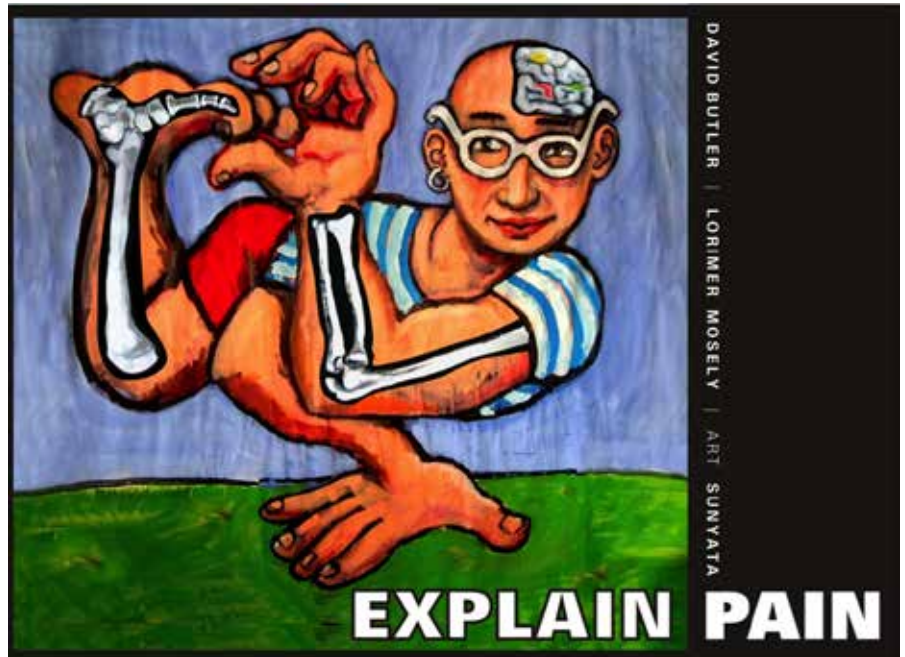
We know that persistent pain is a real problem, and many people can't access help for it. In NZ, one in six adults have ongoing pain (Dominik, Blythe, Nicholas 2011).

It is a common misunderstanding in the public eye that pain is related to the state of our tissues. This understanding dates back to the 16th century Cartesian model that explains pain is equal to tissue damage. This model is still used in modern medicine today and continues to condition the public and clinicians to think this way. Unfortunately, this has led to increased use of medication, short-term intervention and surgeries with very poor outcome.

Patients are often frustrated after failed short-term interventions. It is often difficult to understand and explain high and prolonged levels of pain where a traditional tissue based cause is lacking. Think of it as being on a diagnosis ferris wheel continually going round in circles. Potentially helpful at first but when you're looking for a diagnosis that is based on a tissue model this will eventually become extremely frustrating, upsetting, and even depressing.

In the last 15-20 years our knowledge of pain has changed significantly with a better understanding of the multi-dimensional nature. There are many approaches that are still being used to treat tissue sources and whereby these may be justified as an appropriate choice we must consider the role of the brain and nervous system in all stages of the pain and injury continuum.

It is important that clinicians, whether they are a physiotherapist, massage therapist, nurse or doctor, are able to recognise sufferers of persistent pain and to know how to explain pain in a way that is free of technical jargon, does not infer that pain is 'all in our head', is understood as a common language, and helps patients and clinicians make sense of pain.



The Explain Pain course is based on David Butler and Lorimer Moseley's book of the same name. The course has been designed to help clinicians understand how the pain system works when there are injured tissues and nerves, and what happens in the brain in relation to pain experiences. Clinicians will also hear about the impact of stress in relation to pain.

It is particularly important that we are speaking a common language and singing of the same hymn sheet. Admittedly this is extremely difficult as no two individuals are alike. However, if clinicians are speaking a common language it avoids an increasingly prevalent problem of 'mixed messages' which has been shown to perpetuate persistent pain in the sufferer.

Whoever the clinician, through attending an Explain Pain course you will be provided with foundation skills to share a common knowledge with other clinicians that may work with persistent pain sufferers, who could also be your client. Massage Therapists may routinely be exposed to persistent pain sufferers and if they are able to share a common knowledge of explain

pain similar to other clinicians this can help to avoid the increasing issue around 'mixed messages'.

Help other clinicians and more importantly your clients get off the diagnosis ferris wheel by attending an Explain Pain course.

Auckland - November 13th - 15th
Wellington - November 20th - 22nd
Queenstown - November 27th - 29th

Please contact - thenakedphysio@gmail.com for further details of each location.

David Butler Ed.D., Director - Noigroup, Australia has an international reputation for innovative clinical thinking, translation of basic science findings into real world applications, and being able to communicate both.

REFERENCES

Dominick C, Blyth F, Nicholas M. (2011) Patterns of chronic pain in the New Zealand population. *NZ Med J*;124(1337)



CLINICAL ORTHOPAEDIC MASSAGE THERAPY (COMT) – A SUCCESSFUL COMBINATION

Dr Joe Muscolino

Clients are increasingly turning to massage therapy to help remedy musculoskeletal complaints. Performing massage that assists in this area can be called clinical orthopaedic massage therapy (COMT). When we look a little closer, we see that these techniques are variations of a few fundamental treatment approaches.

The four fundamental treatment approaches that form the foundation of COMT are hydrotherapy, soft tissue manipulation strokes, stretching, and joint mobilisation.

Hydrotherapy – water therapy and was named because water is used to apply hot and/or cold therapy to the client. Although water is not the only means of transferring heat and cold, the term hydrotherapy is generally used as a blanket term for all techniques that involve hot and cold. Cold hydrotherapy (also known as cryotherapy) usually involves the use of ice or ice packs and has anti-inflammatory and analgesic effects



Figure 1. Cryocup® is an excellent way to apply cold therapy (cryotherapy)

Ice is an anti-inflammatory that decreases swelling because it causes vasoconstriction of local arteries; and it is an analgesic that decreases pain because it can numb pain receptors in the region of application.

Heat hydrotherapy acts to relax and loosen musculature and other soft tissues where it is applied. Heat accomplishes this both by relaxing nervous system control of muscle tone and by loosening fascial tissues.

There are a number of options when it comes to hydrotherapy application for orthopaedic work. Cold can be used to numb a region before deep tissue work is done. By lessening sensitivity, the client will likely allow deeper pressure to be used than otherwise might have been comfortable or possible. Cold can also be used after deep tissue work to decrease swelling that might already have been present, or to prevent swelling from occurring that might result from the deep pressure. Although heat can be used to “soften” taut tissues before engaging in deep tissue work, it is especially valuable to use heat before stretching or joint mobilisation is performed.

Soft Tissue Manipulation - can be used to incorporate most all types of hands-on massage strokes. These include cross-fibre, compression and deep stroking to name a few. The benefits of each stroke vary depending upon the condition being treated and the individual preferences of the client receiving the work. What is common to all these strokes is the introduction of pressure into the client. Although deep pressure is not always the appropriate or best treatment option for every condition or every client, it is an extremely valuable tool for the clinical orthopaedic massage therapist. When called for, it is critically important that we can generate deep pressure without excessive effort. Fundamental to this is the quality of our body mechanics. There are many aspects to optimal body mechanics; however it is likely that the most important one is generating pressure from our core (trunk and pelvis). To accomplish this, our core must be positioned behind and in line

with the stroke. When we are standing and pressing into the “top” surface of the client (the body surface that is oriented toward the ceiling), we need to place our trunk over the client; this requires the height of the table to be low so that the client is much lower.



Figure 2. The table needs to be low when applying deep pressure to the client's back

A good guideline is to have the top of the table at the height of our knee. Of course, if we are using our elbow or forearm as a contact, the table can and should be higher. Electric lift tables are not only convenient, they are extremely valuable because they allow us to optimise the table height by simply pressing on a foot pedal. This allows for optimal quality of work throughout the session, which translates into therapeutic success. When we are seated and working the supine client's neck, positioning our core behind the stroke involves laterally rotating the arm at the glenohumeral joint and placing our elbow inside our anterior



superior iliac spine (ASIS). We then generate pressure by leaning in from our core. This core pressure translates through our forearm, hand, and then into the client



Figure 3. Placing the elbow inside the anterior superior iliac spine (ASIS) allows for pressure generated from the core to translate through the forearm and into the client.

Stretching - critically important aspect of orthopaedic massage sessions. Because it is most effective when the client's tissues are already warmed up, stretching is best performed after heat and/or massage. Logistically, this means that stretching is usually incorporated into the treatment toward the end of the session. Common to all stretching techniques is that soft tissues are lengthened. This can aid in relaxing muscle tone and breaking up soft tissue fascial adhesions. In addition to the physical lengthening component of stretching, advanced stretching techniques utilise an additional component in that they add a neurologic inhibition that relaxes muscle tone. The generally accepted basis for contract relax (CR) stretching (also known as post-isometric relaxation [PIR] stretching or proprioceptive neuromuscular facilitation [PNF] stretching) is inhibition of musculature due to the Golgi tendon organ reflex. Agonist contract (AC) stretching (the basis of Aaron Mattes' active isolated stretching [AIS] technique) is based upon the reciprocal inhibition reflex

The sequence of steps for contract relax (CR) stretching protocol for the right lateral flexor functional group of the neck. A, The client contracts the target musculature against resistance by the therapist. B, The client then relaxes and the therapist stretches the client into left lateral flexion. Further repetitions are usually initiated from the

position of stretch attained at the end of the previous repetition.

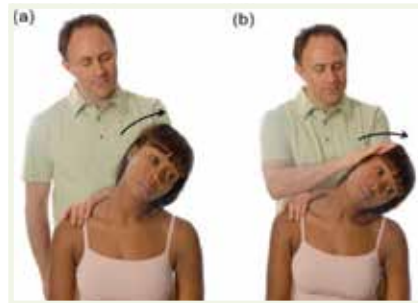


Figure 4.

Joint Mobilisation - rarely utilised by massage therapists. When appropriately applied it is such a powerful and effective treatment tool. In essence, joint mobilisation can be looked at as a very specific and focused form of pin and stretch technique. Using the neck as an example, pin (stabilise) one vertebra, and then move the vertebra above (along with the rest of the cervical spine above and the head) relative to it. This directs the stretch to the specific segmental joint level that is located between them



Figure 5. Joint mobilisation of the neck. One vertebrae is pinned and the superior vertebrae is moved relative to it. No thrust is ever applied with joint mobilisation.

Joint mobilisation is extremely important because no other stretching protocol can target a specific joint level of the spine. All other stretching techniques (including neural inhibition stretches) apply their

stretching force across the entire region of the spine where they are being employed. Consequently, if one joint level is tight (hypomobile), then adjacent joint levels usually compensate by increasing their motion (becoming hypermobile). Because these hypermobile levels increase their motion, the tight joint level can avoid being stretched. Joint mobilisation stretching is very specific so we use only a very small range of motion to apply the stretching force; and we apply the mobilisation stretch for only a second or less. It is critically important to point out that no thrust is introduced during joint mobilisation. Doing so would constitute a high velocity joint manipulation that is not within the scope of massage therapy. Joint mobilisation is always applied slowly and evenly.

Putting it all together - a competent COMT involves many areas: it requires that we possess assessment skills and the critical thinking necessary to apply them to form an accurate assessment of the client. Next, we must have a tool box of treatment techniques that we can use to treat the client, where the treatment is always specific and tailored to the client. When we are looking to loosen taut soft tissues (including tight musculature) with orthopaedic work, use a combination of heat, massage, stretching, and joint mobilisation. Further, the best order to apply these techniques is heat and/or massage first, followed by stretching and then joint mobilisation.

Dr Joe Muscolino has been a manual and movement therapy educator for more than 25 years. He runs numerous continuing education hands-on workshops, including the Clinical Orthopaedic Manual Therapy (COMT) Certification, around the US and internationally for manual therapists and will be in New Zealand in November.

Figures 1, 3, and 6 are reprinted with permission from Muscolino, J. Advanced Treatment Techniques for the Manual Therapist: Neck. Baltimore, MD: Lippincott Williams & Wilkins.

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PRESCRIPTION FOR EMPOWERING YOUR CLIENTS: LESS ADVICE, MORE COACHING

Ben Benjamin, PhD

As healthcare practitioners concerned about the well-being of our clients, we all face a risk of going overboard in telling people what they ought to do. Of course, some degree of advice giving is perfectly appropriate.

A client asks about treatment options, and we tell them what we'd recommend. Or we see signs of a potentially serious medical problem, and we strongly suggest that the person goes to see a physician. But it's easy for that line to get blurry.

Suppose one of your clients is considering leaving their high-powered, stressful job, and wants your opinion on whether it's a good decision. You think it's obvious that they should quit. Do you tell them that directly?

Or perhaps a client mentions they've had trouble sleeping recently. You used to sleep poorly yourself, and have experienced great results from a natural remedy recommended by an herbalist you see. Do you recommend that this person try it out, or even give them a sample from your own supply?

Advising a client isn't as straightforward as advising a friend or other peer. Your role as practitioner automatically sets up a power differential. You're in a position of greater power and authority, while the client is more vulnerable – emotionally, intellectually, and physically. As a result, clients may give a great deal of weight to your opinions, even when you have no expertise on the topic you're discussing. It's not uncommon for a client to believe that their massage therapist

(or acupuncturist, or other complementary health practitioner) has deep insight into them and what they need. And even if the person disagrees with what you're saying, the power differential might make it difficult for them to tell you that.

In some situations, the only ethically responsible response is to refer the individual to another practitioner. For instance, if a client looks to you for advice around a serious psychological concern or relationship breakdown, the best advice you can give is to look into getting other support.

In other circumstances, though, you may have a very useful role to play in helping a client to solve their problem. In fact, for certain clients, this type of support may make an even greater impact than the hands-on work you do. I've had that experience quite a few times in my own practice; as rewarding as it is to relieve someone's immediate pain or discomfort, empowering them to make positive, long-term changes in their lifestyle or health-related habits feels like a greater service. The question is how to discuss these issues in a truly empowering way – helping clients to help themselves – while remaining within your scope of practice. You can do this most effectively when you keep the following in mind.

Receive Permission

If the client hasn't asked you for help with an issue but you think it's important and relevant to your work with them, ask permission before initiating a discussion. For instance, with a client who complains of sleep problems, you might ask, "Is this something you're interested in thinking through with



me to try to find a solution?" If they say no, let it go. If instead, the person asks you for directive advice ("Should I quit my job?"), essentially asking you to solve their problem for them, you might ask permission to redirect the discussion.

Inquire More Than Advocate

The client possesses much more information than you do about the nature of their problem and the usefulness and feasibility of possible solutions. It's rarely helpful to lead with your own idea ("Why don't you try this herb?" or "You should talk to your doctor about having a sleep study") or to ask narrowly focused, yes/no questions ("Have you tried meditating before bed?"). Much more productive are questions that help the client tap into their own knowledge, experience, and creativity ("What would be the ideal conditions for you to get a decent amount of sleep?" "How much sleep do you need to feel really well-rested?" "What do you think needs to change for you to get that much sleep?"). Even if the client thinks up the same solution you would have



proposed for them, having the idea come from them makes it much more likely that they'll feel a sense of accomplishment and ownership over the decision and actually follow through.

Reflect What You Hear

An important complement to inquiring is paraphrasing what you're hearing the client say – for example, "You're saying you get all revved up because your mind keeps racing." This gives them a chance to either agree, and possibly elaborate ("Yeah, as soon as I lie down, I start obsessing about all the work I need to do the next day"), or else provide a clarification ("Just the opposite – I think I start off being all revved up, because of all the caffeine I end up drinking, and then that's what gets my mind racing"). You may also want to empathize

("How frustrating!" "That sounds really challenging"); this, too, can help the client feel heard and understood.

Remain Curious

If you come in thinking you already know the true cause of the client's problem, or what the best solution will be, you're unlikely to be able to inquire, listen, and reflect effectively. Even if you try to suppress your point of view, it will probably leak out in one way or another, leading the client to feel pushed or pressured. A mindset of curiosity leaves both of you open to consider more creative, unexpected solutions.

Focus on Solutions, Not Problems

Be wary of digging deeper into a client's problem. Probing into a client's psyche ("Are you a very anxious person?") or personal

history ("Did you grow up in a family where people worried a lot?") not only risks taking you into the territory of psychotherapy; it also keeps the person's thinking focused on what's wrong rather than what they can do about it. In contrast, solution-focused questions ("What types of thoughts and feelings at bedtime would help prepare you for a restful night?" "What helps you to feel that way?" "How might you bring some of that into your night time routine?") connect the person to their emotional and intellectual resources and problem-solving capabilities.

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The Wellington School of Massage Therapy

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Bach Remedies Distance Learning

The Level 1 Course of these powerful plant-based remedies can be undertaken by distance learning and started at any time. This international training is approved by the Bach Centre UK. In-class study for Level 1 will next be held in 2016; Level 2 dates Sept 19 + 20.

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ENDOMETRIOSIS AND FERTILITY MASSAGE SUCCESSES



Pip Lodge

At 28 years of age, 3 laparoscopies and 17 years of chronic period pain every month, I was told by my specialist that if I did not have children by 30 years, I wouldn't and that I would need a full hysterectomy within 5 years due to the severity of my endometriosis. It was a grim prognosis for my then single self. I then discovered a technique, which helps extensively with endometriosis pain and symptoms, so I managed to keep my pain under control for 2 years with fertility massage. I had 3 fertility massages within a month and then once a month maintenance massage. I fell pregnant naturally 2 years later which was an absolute miracle!

Having a Bachelor of Science, majoring in Physiology and Microbiology, Bachelor of Commerce in Marketing Management prior to studying massage at the NZ College of Massage, seven years ago. I now specialise in pregnancy massage/postnatal massage and fertility massage/endometriosis massage.

After my first wee boy was born, I studied massage as I was passionate about helping other women who are struggling with chronic endometriosis pain or fertility issues. I had this technique performed on me once in between each of my other 2 children, as the pain started getting worse again and fell pregnant within a month each time. I now have 3 beautiful little boys and I am eternally grateful that I came across this fertility massage so I can help others have their dream of becoming parents and being pain free also. I am now completely cured from endometriosis, my periods used to be 10 days long very heavy and very painful, now they are 4 days, not heavy and not painful. It has changed my life.

This technique has been successful and can help with clients with the following issues, endometriosis, PCOS, blocked tubes, unexplained infertility, the IVF process, multiple miscarriages, secondary and tertiary infertility (trying for 2nd or 3rd baby), irregular cycles, not ovulating, pain after having children, premenopausal symptoms to name a few.

Fertility massage is an abdominal massage technique developed to address fertility issues such as a tipped uterus, ovarian cysts, repeat miscarriages, poor circulation, scar tissue, a thin uterine lining, and abdominal adhesions. This massage can also be helpful for digestive problems and urinary issues including incontinence.

I am always learning new things that this technique helps with and sometimes it has been successful after just 1 massage, other times it may take a few, but it is definitely worth a try.

TESTIMONIAL FROM MASSAGE CLIENT

After an almost dream first pregnancy, everyone told me not to hurry for the second one, 'all you have to do is trip over each other and your pregnant' ...if only... 6 months of trying we got pregnant, only to have a miscarriage at 7.5 weeks, then amazingly I got pregnant again 3 months later, I had a horrible pregnancy, right through, to be topped off by losing my baby at 40 weeks whilst still in my belly, nightmare!!

After that my cycles would not form any kind of pattern, 20+ days difference from month to month and I would get no signs as to where I was in my cycle.... after the first massage my cycle came just about normal for me, then for the next 3 months I received massages and my cycle stayed in that pattern and the cramping and bloating lessened too.

A year on from losing my baby, I am now happy to say I am about 5 weeks pregnant, early days but here's hoping this works out this time!!



UNUSUAL SPORT SUCCESS – NZ WOMEN'S SHOOTER

Kiri Lowe RMT

Having worked extensively with NZ Women Shooter Juliet Peterson (nee Etherington) over the last 10 years, has been such an eye opener into a Commonwealth Sport. Juliet chose from the NZ Sports Academy list, which is how the system used to work.

While shooting may not seem like the most glamorous sports, massage has the ability to give an insight into worlds that we would otherwise know nothing about.

Juliet's event was the 50 metre prone rifle. The fact her event is 'prone' created particular challenges. She shoots lying on the ground with one leg hitched up, always the same leg, for hours at a time and over many days.

Shooting is all about being strong mentally and controlling your breathing and staying relaxed. Massage is a great tool for shooters.

I would work with her weekly when she had issues, leading up to events and fortnightly in an ongoing way. As shooting was not so well funded in NZ, Juliet was working full time as well, in a high pressure job. I work towards being the calming sounding board for clients' who are often juggling many issues, having a foot in both worlds.

The 50 metre "prone rifle" event is a Commonwealth Games event. Juliet did really well getting a Bronze medal in the Individual at the Manchester Commonwealth Games, Bronze in the Pairs and Silver in the Individual at the Melbourne Commonwealth Games. She also had the chance to compete at a World Cup, which is very difficult to qualify for. Many European countries are very strong in shooting. That was great experience to be involved in the preparation leading up to the Melbourne Commonwealth Games.



©NZ Woman's Weekly

Having trained at the NZ College of Massage in 1997 and being an MNZ member I was able to work with the NZ Sports Academy (now High Performance Sport NZ) for 10 years. Within that, a wide range of sports and athletes including; Athletics, Swimming, Triathlon, Squash, Hockey and Rugby, were worked with.

The extra dimension sports massage brings to my work is such an enjoyable aspect. The athlete's goals become your goals. Their success becomes your success also. The great satisfaction of getting your athletes to the event in the very best condition (in both mind and body) that they can be.

Currently I massage with visiting NRL teams and sometimes assist with the All Blacks when they are in Auckland. I love the variation working with teams brings, getting me out of the clinic, and on to the sideline of an NRL game. To be booed at by Warriors fans is always entertaining. Flushing the players calves in amongst the half time team talk helps to keep me on my toes. As they say a change can be as good as a holiday.

Rebalance Bodywork
Grey Lynn, Auckland
www.rebalance.net.nz



NATURE'S KISS ANTI-FLAMME – A NATIONAL SUCCESS

Carl Fiebig, Marketing Manager

In 1989, Paul Jeffery, Massage Therapist to the New Zealand Commonwealth Games cycling team, turned the world of topical anti-inflammatory rubs on its head. He did it by developing Nature's Kiss Anti-Flamme, the first ever all natural herbal-based massage crème.

Instead of the traditional chemical cocktails used by other players on the market, Jeffery's solution was to go with a blend of proven herbal remedies. Arnica Montana, for example, known to reduce pain and bruising. St John's Wort has a long history of potentially relieving pain associated with local nerve damage. Calendula Officinalis can soothe irritated tissue, while Peppermint may create a cooling sensation while increasing blood flow. The all-natural approach was a massive shift away from the chemical-based products that dominated the market.

It was a shift that proved to be incredibly popular among massage therapists, physiotherapists, athletes and professional sports people. Olympiad Madonna Harris, who was first Kiwi athlete to compete in both the Summer and Winter Olympics, lent her street-cred to the Nature's Kiss Anti-Flamme cause in the early nineties. It wasn't long before the distinctive purple pottle of white creme could be found in medicine cabinets across the country.

And not just medicine cabinets. Today, Nature's Kiss Anti-Flamme is the preferred choice of many of the country's leading sports teams, with a roster that includes the All Whites, the Crusaders, Avanti Cycling Teams and the NZ Surf Lifesaving team. "We regularly use it as an adjunct to our soft tissue treatment," says John Roche, the Crusaders Physiotherapist. "It's natural and has an easy-to-apply consistency."



Another committed group of users is the team at the Auckland University School for Clinical Sciences. AUT runs one of the largest physiotherapy programmes in the Southern Hemisphere and is seen as being among the most innovative and exciting places to study physiotherapy.

Physiotherapy Head of Department Lynn Taylor says that Anti-Flamme plays an integral part in the education programme. "It's being used by tutors and students during rehabilitation and massage training."

Roland Jeffery, the Physiotherapist to the All Whites, wouldn't travel without Anti-Flamme. The team's been using it for over 12 years, and Roland says the players love it. "It's great for bumps, sprains and bruises. It has certainly helped with our recovery after trainings and games."

Anti-Flamme can be applied before or after ice treatment. It quickly reduces pain and soothes inflamed tissue, making it an excellent massage medium before or after spinal manipulation/mobilisation and joint articulation in rehabilitation therapy.

Anti-Flamme was purchased by EBOS Group in 2002 and was made more widely available to the general public via grocery and pharmacy chains throughout

the country. EBOS is a New Zealand success story in its own right, starting out in Christchurch in 1922 as an oral supplies wholesaler for Dentists. After many successful years both here and across the Tasman EBOS has evolved to be being the 3rd largest company listed on the NZ Stock Exchange and employs over 2200 people across Australasia.

EBOS acquired Symbion in Australia in 2013 to form what is now the largest diversified marketer, wholesaler and distributor of healthcare, medical and pharmaceutical products in Australasia. The Nature's Kiss Anti-Flamme brand is marketed by Endeavour Consumer Health, Auckland - the Consumer arm of EBOS Group.

The Anti-Flamme product family has increased over the years too, and now includes Anti-Flamme Extra, Anti-Flamme Joints, a Sports Rubs range, Hot Stuff, Chafe Ease and Recovery. A recent addition is the new Anti-Flamme Professional, available in a convenient 500ml Pump. As the name suggests, this has been developed for professional athletes and sportspeople. It has twice the amount of arnica and uses olive oil as the carrier. It contains no peppermint, perfect for people who are sensitive to overuse of peppermint on a daily basis.

The Anti-Flamme range is now the top selling product in the NZ Liniments market, accounting for over 33% of the market share. There's also strong growth in South Africa, the United Kingdom, the USA and parts of Asia as athletes and physiotherapists see the natural benefits of Anti-Flamme.

If you wish to set up and account with Endeavour to purchase Anti-Flamme for your practice contact Endeavour Consumer Health Customer Service on 0800 104 401.

For more information on Nature's Kiss Anti-Flamme visit www.antiflamme.co.nz

THE HEAT GOES ON – CREATING SUCCESS

Content supplied by High Performance Sport New Zealand (HPSNZ)

With the Rio Olympic and Paralympic Games only a year away work has been ongoing for some time on how best to prepare the New Zealand athletes for the temperatures they might face in Brazil. In conjunction with High Performance Sport NZ, the various sports have been discussing the best methods needed to cope with conditions which will be served up in the Rio winter.

Leading work in this area is HPSNZ performance physiologist Julia Casadio, who says the term “winter” should not be interpreted as comparable to the New Zealand winter and that the period from June to September should perhaps be more accurately known as “the dry season”.

“During the time period of the Olympics (August 5-21) Rio can get cold fronts of between 19 - 24degC, but also temperatures of up to 35 degC,” she explains. “If we get a cold front then temperature will not be an issue, but we need to plan for both.” Julia explains that for endurance athletes, performance impairments due to heat stress start at 27 degC.

“In such conditions, the core temperature of the body rises and in response, blood flow is redistributed from the core and working muscles to the periphery of the body where it can cool from the evaporation of the sweat. As a result the body has to work harder to meet the demands of the exercise, heart rate soars and an early onset of fatigue occurs.”

The sporting action is based across four zones in Rio with each hub throwing up its own climatic distinctions. Temperatures at the Barra hub – site of the Olympic and Paralympic Village – can typically range in August from anywhere between 19-34 degC. The Copacabana zone – which includes sports such as rowing, canoe-kayak, triathlon and sailing – benefits from a cooling sea breeze with temperatures typically between 18-29 degC. The Maracana zone – home to athletics – will

be in the 20-31 degC range and the most inland zone Deodoro – home to equestrian, hockey and rugby sevens – could see temperatures soar to 36 degC.

With heat levels on average rising in Rio for the month of September, New Zealand’s Paralympic team could be exposed to even more extreme temperatures when the Paralympic Games action starts on 7 September. For Julia and her team, preparing for the conditions the athletes face is likely to be critical.

“If there is a sport where heat could impair on performance we’ll help put together a heat acclimatisation strategy with them and this could take several forms.”

One commonly used strategy to adapt to the heat is for athletes to spend time training in the heat chamber housed at AUT Millennium on Auckland’s North Shore for anywhere between four to seven days in a row. Athletes can workout on a number of different pieces of cardio equipment including treadmill, bike and rowing erg at a range of different temperatures and varying humidities.

“To achieve adaptation it is important the athletes get that core temperature up to 38-38.5 degC,” she says. “This will allow the athletes to feel more comfortable in the heat both physiologically and mentally.”

Another commonly used method is a 30-minute sauna post-exercise. With the core temperature already high, Julia says the last 10 minutes of the half-hour can be “extremely uncomfortable” as the heart-rate soars to levels of moderate-intensity exercises despite just sitting in the heat. However, she adds, “It is an amazing example of how the heat can impact upon an individual. It is also a nice tool to use because saunas are readily available the world over.”

Some sports will opt for their athletes to spend time pre-Olympics and pre-Paralympics in a warm environment to gain heat adaptation with North America and Spain two possible destinations to achieve this ambition.



Yet while research has shown that the best adaptation period of four to seven days can last for up to two weeks there are a number of other questions which Julia is currently pondering.

“What hasn’t been widely proved yet is the amount of fatigue sustained by training in the heat,” she explains. “A week training in the heat can be fatiguing and we wouldn’t want to send the athletes into competition at less than 100 per cent. We need to balance this and make sure we time things right.”

Julia admits that size and shape can impact on the body’s ability to adapt in the heat with those of greater body mass having a greater capacity to store heat. However, whichever strategy is adapted, she insists acclimatising to the heat will not be a waste of time whatever the conditions faced in Rio.

“The cool thing about training in the heat is the adaptations which occur can improve aerobic performance in a hot environment or a cool environment, so the work won’t be lost and an athlete will gain some benefit,” she adds.



MNZ CONFERENCE AND AGM TAURANGA – AUGUST 2015

Pip Charlton

Three days of learning, sharing, collegiality, yummy food, reminiscing...it must have been conference time again.

The 21st - 23rd August saw Tauranga hosting the MNZ conference and AGM with 84 delegates attending and contributing. From early morning yoga, practical workshops and lecture sessions covering everything from dynamic taping, business marketing, the latest research of the massage profession in NZ to trends in international fascial research...there was something for everyone.

Garry Lavis, AAMT past President, proved a popular presenter of several practical workshops relating to the shoulder and thoracic spine.

Dr Matt Kritz, one of NZ's leading strength and conditioning specialists helped upskill therapists in the appropriate execution of basic movement patterns, such as the squat, suitable for both your own and clients' training programmes.

It is always a challenge to run a programme that gives everybody attending something to take away and put into practise but from the feedback given, it would appear all who attended were extremely happy with the range of workshops provided.

The Massage Educators day was also very successful in providing massage tutors an opportunity to discuss issues relating to the delivery of education in the classroom and also the challenges of introducing the new massage qualifications into the market place in 2017.

The MNZ AGM was held on Sunday afternoon and well attended, ran smoothly





promoting good honest discussion. New executive members were elected – check out the profiles earlier in the magazine.

Barry Vautier was awarded the Bill Wareham Service to Massage in honour of years of contributing to the massage profession through his teaching, clinical practice and MNZ Executive work – congratulations Barry.

Good company, friendly and helpful exhibitors, nutritious food, energising and informative workshops, what more could you want. See you next time.



Check out the “ICE EDGE ROLLER” for an easy way to carry out ice massage or as a recommendation for your clients

<http://www.edgemobilitysystem.com/products/ice-edge-roller>

On Location

OPOTIKI

Kerris Adlam

New Therapist since June 2015 working as solo massage therapist for The Physio Studio & Rehab Centre located in Opotiki (Bay of Plenty) offering relaxation therapies such as hot stone, Indian head and shoulders, reflexology based foot massage and Swedish massage.

Inspirational story – “After I got my certificate I felt very vulnerable, how could I compete with all these amazing people with a degree or more in massage. So I timidly put out my CV and was snatched up by this group of physiotherapists.” - they wanted someone who could soothe some of the hurts and offer a real treat to people.

I would just like to say a big thank you to Massage NZ for ringing me up to welcome me into the network but more importantly, saying to me when I was really doubting the place relaxation certificate qualification could take me - “There is a special place for relaxation and to be proud of the skills you have learned.” Cannot wait to learn more!

CAMBRIDGE

Ria Witchell

“R3 Massage” has now opened in Cambridge. We are located at the second floor yoga studio at 60 Victoria St, Cambridge.

RECOVERY from sports or activity (lifestyles, lives, jobs)

REHABILITATION from an on-going or old injury

RELAXATION to de-stress, unwind, and just feel better (at peace) with your own body.

Ria is trained in Australia, and has experience working with AFL and NRL teams, as well as in private clinics and at The New South Wales Institute of Sport. Now in NZ she has been working with Rowing NZ and Cycling NZ. Making Cambridge her base she is now ready to bring her expert experience to the general public and make use of her other skills in massage.

HOKITIKA

Natasha Sinclair

Natasha of VivaWell Massage Therapy, Bodyworx Fitness Centre, 266 Stafford Road, Hokitika will be on maternity leave from October until the New Year. VivaWell Massage Therapy specialises

in neuromuscular therapy, remedial and sports massage. In the meantime, Rachel Pirie will continue to provide exceptional massage therapy treatments for new and regular clients at our other clinic in Auckland. www.vivawell.co.nz.

WAIMATE

Jackie Keen

Waimate Community collaborative advanced a new Massage initiative - ‘Self Massage and Facilitated Stretching - Lower Limb’ last July to 22 participants including high school students. This may inspire others to try some interesting options and get their business on the move. Jackie Keen (RMT) and Geoff Lienert (Masters Athlete and South Canterbury Sport Life-Long Achiever Awardee) teamed their skills to present the first of a series of community workshops. The Kaupapa / Purpose is to raise funds for a Community Stadium Complex and foster health, fitness and companionship, raise awareness of the benefits of massage and stretching, renew a sense of well-being and improve physical condition.

Here at MNZ Magazine we would love to hear if you are on the move or have a new location. Email magazine@massagenewzealand.org.nz



WORLD MASSAGE CONFERENCE – SUCH A SUCCESSFUL PHENOMENON

Welcome to the conference you attend without leaving your home or office.

Maybe get a group of members together... It's like watching TV except you get to interact live with top massage experts from around the world - the presenters you've only dreamed of seeing - as well as the opportunity to connect personally with thousands of like-minded professionals at the largest event in massage history.

Began in 2008 with 8000 registrations and in 2014 this had grown to 20,000 from 131 different countries.

There are two live events in 2015: The first was Spring in USA and the 2nd one is November 16 and 17 for \$149 US, with other free options on previously recorded events.

For the full package you will receive access to:

- Select pre-conference and encore presentations
- All spring (our autumn) conference presentations
- All fall (our Spring) conference presentations
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- Access on-demand recordings until end of Feb 2016

Certificates of completion for CE reporting Topics range from techniques, treatments and self-care to research, business and ethics. You can even Chat One-on-One with your favourite celebrities in their CHATROOM. Get to know them and have all your questions answered personally.

If you can't attend live, everything is recorded and available for you on-demand 24/7. And this year you'll be able to do quizzes to get certificates of completion for CE/PD reporting.

And it's all available for just a fraction of the cost of what a typical conference would cost. Don't miss a moment of this unique online event. Register now.

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LEADING HEALTH TECH COMPANY WINNING GLOBAL AWARDS FOR IMPROVING PEOPLE'S HEALTH

A cutting-edge Wellington-based international health start-up is winning awards for their innovative mobile health platform, which is benefitting New Zealanders in need.

Melon Health which is supporting changing traditional healthcare services through mobile apps, last month received the best start up award at the annual Healthtech Week hosted by Callaghan Innovation in Auckland, heading off some top early-stage med-tech companies from around New Zealand.

Chief executive Siobhan Bulfin says their fast growing company has already produced a number of mobile solutions to help prevent and manage chronic disease, including smoking, at-risk drinking and also for young people experiencing depression.

"We want to help people take control of their health by giving them the tools,

support, information, motivation and confidence to manage their health. This will have a significant impact on reducing the annual health bill as well as improving people's lives.

"We're different to the surplus of consumer-facing health apps out there. Ours are being prescribed by doctors, enabling remote monitoring and extending their reach beyond the clinical setting. Mobile health is a rapidly expanding multi-billion dollar industry. Our phone is always with us, we use it for everything including banking. Now it can also empower us to manage our health.

"Our platform has already made a difference for many New Zealanders who wanted to quit smoking and reduce drinking and for people living with specific chronic diseases."

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IS SITTING THE NEW SMOKING?

With permission from Hari Kalymnios

So they say – sitting is the new smoking. What that's supposed to convey is that sitting is not good for your health.

And it's true. But it's not the whole truth. We work longer and harder than ever. We also lounge around long and hard and sit down and surf long and hard too.

We essentially (and when I say 'we' – yes, it's a gross generalisation, but somewhat warranted) stay seated a LOT!

And why is it so bad. Well studies are now showing that you increase your risk of many diseases by sitting around. Including cancer – all sorts from colon and endometrial to even lung. It's getting so bad that the WHO (World Health Organisation) has identified physical inactivity as the fourth biggest killer – ahead of obesity.

In 2010, the American Cancer Society published the results of a study in the Journal of Epidemiology which followed 123,216 individuals for 13 years (1993 – 2006) and found that:

Women who were inactive and seated for more than 6 hrs per day were 94% more likely to die during the time period studied, than those who were physically active and sat for less than 3 hrs. For men the number was 48%.

Why?

As soon as you sit electrical activity in your legs shut off, enzymes that break down fat drop by 90%, and after two hours of sitting your good cholesterol levels drop.

And if you think your 3 or 4 gym sessions squeezed in-between meetings each week will help you – think again. The University of Queensland (Australia) reported that "even when meeting physical activity guidelines, sitting for prolonged periods can compromise metabolic health."

Moving throughout the day is what's needed. Not sitting for 3 hrs in the morning, grabbing a bagel, sitting eating it for your lunch at your desk, sitting some more and then hitting the gym in the evening and then sitting watching TV and eating dinner, but



movement throughout the day.

Yes, there's now a push for standing desks. And that's a start, for sure. But it's not movement. It's just moving the problem. When we sit we get all sorts of problems from the ones mentioned to structural ones like bad backs, tight hips, short hamstrings and so on.

And I know most of you want the option to stand at work. According to an Ipsos study, 3 out of 4 employees at US companies wish they didn't spend most of their time sitting. 67% wanted desks that adjusted to seated or standing positions. And over half those interviewed thought they would be more productive if they had the option to be on their feet.

Standing might help. But we're designed to MOVE throughout the day.

And don't wait for something to happen at work or to your health to make a change. Take charge.

What can you do?

I don't have a standing desk – but you can improvise. When I was spending a great deal of time at the desk editing videos for an online course, I used a CD rack to put the laptop on.

Now I use a timer set for 25 minutes to remind me to "get up, stand up" – (it actually plays Bob Marley's Get Up, Stand

Up song!). It was free to download too – <http://www.apimac.com/mac/timer/> and then I get up and bounce on my rebounder for the length of Bob's song. Or make a cuppa, do some stretching, some press ups – Just MOVE.

I'm a fan of the new slogan "Sitting is the new smoking", but understand that standing for prolonged periods isn't what we were designed for either. And even if you're progressive enough to have a treadmill desk, know that you're just using one plane of motion. Movement is about free movement of the body. Standing is better than sitting and walking better than standing – for certain things like getting the blood moving and flowing and burning a few calories, but even better would be to ensure you're moving throughout the day in free planes of motion. Climb up and down stairs (go to the loo on a different floor), do some squats in the bathroom cubicle. Hang off a door. Bounce on a rebounder!

Just MOVE it!

Hari Kalymnios BSc. Astrophysics.
February 26 2015
<http://harikalymnios.com>
<http://thethoughtgym.com>
The Thought Gym Book



MASSAGE THERAPY RESEARCH UPDATE

September 2015

Welcome to the third issue of 'Massage Therapy Research Update' for 2015. For this issue, I have selected two diverse articles: one that reports on a survey of the Australian massage therapy workforce; the other is for you science / pathophysiology buffs. I hope you find the selected articles interesting. Thank you to the Southern Institute of Technology Bachelor of Therapeutic and Sports Massage programme for sponsoring this 'Update'.

Kind Regards

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IS NEUROPLASTICITY IN THE CENTRAL NERVOUS SYSTEM THE MISSING LINK TO OUR UNDERSTANDING OF CHRONIC MUSCULOSKELETAL DISORDERS?

Reference: Pelletier, R., Higgins, J., & Bourbonnais, D. (2015). Is neuroplasticity in the central nervous system the missing link to our understanding of chronic musculoskeletal disorders? BMC Musculoskeletal Disorders, 16, 25.

Link: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4331171/pdf/12891_2015_Article_480.pdf

Abstract/Summary

Background: Musculoskeletal rehabilitative care and research have traditionally been guided by a structural pathology paradigm and directed their resources towards the structural, functional, and biological abnormalities located locally within the musculoskeletal system to understand and treat Musculoskeletal Disorders (MSD). However the structural pathology model does not adequately explain many of the clinical and experimental findings in subjects with chronic MSD and, more importantly, treatment guided by this paradigm fails to effectively treat many of these conditions.

Discussion: Increasing evidence reveals structural and functional changes within the Central Nervous System (CNS) of people with chronic MSD that appear to play a prominent role in the pathophysiology of these disorders. These neuroplastic changes are reflective of adaptive neurophysiological processes occurring as the result of altered afferent stimuli including nociceptive and neuropathic transmission to spinal, subcortical and cortical areas with MSD that are initially beneficial but may persist in a chronic state, may be part and parcel in the pathophysiology of the condition and the development and maintenance of chronic signs and symptoms. Neuroplastic changes within different areas of the CNS may help to explain the transition from acute to chronic conditions, sensory-motor findings, perceptual disturbances, why

some individuals continue to experience pain when no structural cause can be discerned, and why some fail to respond to conservative interventions in subjects with chronic MSD. We argue that a change in paradigm is necessary that integrates CNS changes associated with chronic MSD and that these findings are highly relevant for the design and implementation of rehabilitative interventions for this population.

Summary: Recent findings suggest that a change in model and approach is required in the rehabilitation of chronic MSD that integrate the findings of neuroplastic changes across the CNS and are targeted by rehabilitative interventions. Effects of current interventions may be mediated through peripheral and central changes but may not specifically address all underlying neuroplastic changes in the CNS potentially associated with chronic MSD. Novel approaches to address these neuroplastic changes show promise and require further investigation to improve efficacy of current approaches.

Comment: This article, while well written, is a challenge to read as it is heavily based in pathophysiology. However, its message is one that many massage therapists have seen in practice, namely, that the structural-pathology paradigm (i.e. the source of dysfunctions associated with an injury are found locally at the site of the injury) inadequately explains the pain and



dysfunctions reported by clients with chronic musculoskeletal dysfunction. Neuroplasticity i.e. changes in structure, function, and organization within the nervous system occurs continuously throughout a person's lifetime, as the nervous system encodes new experiences. The relationship between the plastic changes in the spinal cord, brain stem, cortical sensori-motor areas, limbic and prefrontal areas are complex. The authors' recommendations to address neurophysiological changes in rehabilitation using approaches such as education of neuronal and pain processes, mindfulness based stress reduction, motor skills training, mirror therapy, and mental imagery as adjuncts to traditional rehabilitative care remind us of the complexity of choices we have as massage therapists when dealing with chronic musculoskeletal disorders. My recommendations: Keep reading, keep thinking, and keep good clinical notes as we work with clients to facilitate their healing and improve our understanding.

PRACTICE AND RESEARCH IN AUSTRALIAN MASSAGE THERAPY: A NATIONAL WORKFORCE SURVEY

Reference: Wardle, J. L., Barnett, R. & Adams, J. (2015). Practice and research in Australia massage therapy: a national workforce survey. *International Journal of Therapeutic Massage & Bodywork*, 8(2), 2-11.

Link: <http://www.ijtmb.org/index.php/ijtmb/article/view/258>

Abstract/Summary

Background: Massage is the largest complementary medicine profession in Australia, in terms of public utilisation, practitioner distribution, and number of practitioners, and is being increasingly integrated into the Australian health care system. However, despite the increasing importance of massage therapists in Australian health care delivery, or the increased practice and education obligations this may entail, there has been little exploration of practice, research, and education characteristics of the Australian massage therapist workforce.

Purpose: To identify practice, research, and education characteristics among the Australian massage therapist workforce.

Settings: The Australian massage therapy profession.

Participants: 301 randomly selected members of the Association of Massage Therapists (Australia).

Research Design: A 15-item, cross-sectional telephone survey.

Main Outcomes Measures: Massage therapists' demographic information, practice characteristics, and education and research characteristics.

Results: Most respondents (73.8%) worked 20 hours per week or less practising massage, nearly half of all respondents (46.8%) treated fewer than 10 massage clients per week, and over three-quarters (81.7%) of respondents were self-employed. Massage therapy was the sole source of income for just over half (55.0%) of the study respondents. Only 5.7% of respondents earned over the average wage (\$50,000) through their massage activities. Nearly half of all respondents (43.3%) reported regularly exceeding their continuing professional education (CPE) quota mandated by their professional association. However, 21.1% reported struggling to achieve their CPE quota each year. Over one-third of respondents (35.6%) were not interested in acquiring further CPE points beyond minimum requirements. Respondents were significantly more likely to have an active approach to research if they had higher income ($p = .015$). Multivariate analysis showed factors associated with access to CPE to be the only significant predictors for increased CPE.

Conclusions: The massage profession in Australia remains largely part-time and practitioners earn less than the average Australian wage. The factors that underlie research and education involvement appear to be highly individualised and, therefore, policies targeting specific groups may be arbitrary and ineffective.

Comment: What a lot of massage therapists there are in Australia: 8,199 persons in the 2006 census data and predicted to rise to 17,000 by 2017. Despite the difference in total numbers or practitioners, some of the practice patterns are similar to that reported by MNZ practitioners (Smith, Sullivan &

Baxter, 2011): namely, primarily female, diploma qualified, part-time, self-employed practitioners, seeing a similar number of clients per week, and earning less than the national average wage in primarily commercial or home-based clinics. One notable difference between the MNZ practitioners survey and the results in this survey was almost a half (47.2%) of the Australian respondents reported that 51% or more of their clients were private health insurance clients; however, interestingly this did not appear to translate to more viable massage therapy businesses or wages. I would also suggest that some of the challenges noted in this study, such as access to CPE/CPD resources and the latest clinical and professional research, are also a challenge to NZ massage practitioners. Promoting and facilitating professional development within the growing number of massage therapists will be a challenge in Australia and New Zealand. The authors recommend not solely focusing on improving educational standards, but instead also improving access to professional development and research resources. Given that there could be 17,000 massage therapists in Australia soon, this is a very large market and may encourage CPD businesses to spring up and sell workshop education to massage therapists, much like the education practices in the USA. My opinion is that we can do both, and in NZ particularly, we need both. If individual practitioners undertake relevant continuing professional development at an appropriate level, then this learning is not only professional development but could also translate towards an increase in qualification. And who wouldn't want that – for themselves and for their budding profession – progress towards credibility, best practice, and a professional identity. After all, the perception of a massage practitioner as an allied health professional will require a minimum of a bachelor's degree qualification. What contemporary allied health profession do you know that has an entry level qualification set at a diploma? And do we want to go back to the 1980's when massage therapy education was workshop based and run out of people's 'garages'? As noted at the MNZ conference – are we a trade or do we want to be a profession?

**Advanced Treatment Techniques for the Manual Therapist: Neck**

Dr. Joseph E. Muscolino DC
Lippincott Williams & Wilkins
RRP (pb) \$59.96 US
2012



Joe Muscolino creates a comprehensive guide to neck treatment that empowers manual therapists from multiple health professions to confidently and effectively manage neck pain and conditions.

Part One of the book begins with an overview of the anatomy and physiology of the neck, common pathologic conditions, and assessment.

Part Two sets forth a variety of tested and proven treatment techniques.

Part Three offers self-care advice for both the client and the manual therapist.

The treatment routines combine images with detailed explanations to guide students through effective clinical orthopedic manual therapy techniques for the functional muscle groups and joints of the neck. Accompanying video clips show these techniques in action with caution boxes throughout the text.

Retrieved from
<http://www.amazon.com/Joseph-E.-Muscolino/>

3D4Medical.com

San Diego, USA
RRP \$24.99 US
Updated: Dec 16, 2014
Version: 5.0
Size: 645 MB for iPhone and iPad



Try Essential Skeleton free now. Essential Skeleton contains a full 3D skeleton model which can be rotated at any angle. View bones in isolation, listen to audio pronunciations of bones, annotate and share media and even take quizzes. This app is being offered free to demonstrate the groundbreaking 3D technology and innovative design inherent in Essential Anatomy 5.

At "Functional Bodyworks" we have found this very useful in our clinic. It gives a 3D view of skeleton, muscles, nerves, lymph, blood vessels and more. All of which can be rotated to any angle or isolated. It also allows you to layer muscles.

Great for showing and educating clients about their bodies also.

Retrieved from
http://applications.3d4medical.com/essential_anatomy_5/

Explain Pain (2nd Edition)

David Butler and Lorimer Moseley
Noigroup Publications, Australia
RRP (pb) \$70.00 AUD
2013



After 10 years Butler and Moseley have updated without messing too much with the original worldwide success.

In a world where the client's pain is chronic and debilitating, helping them to understand more about why they hurt can maybe help with their pain treatment.

Co-author Dr David Butler, founder of the Neuro Orthopaedic Institute, Australia, says that "it is no longer acceptable that pain be just managed: we must expect that it can be treated, and sufferers can alter it themselves through education."

The authors use every day language and memorable drawings to improve the understanding of advances in many fields such as neurophysiology, brain imaging, psychology and cellular biology and therefore from which to explore pain.

"Explain Pain aims to give people in pain the power to challenge pain and to consider new models for viewing what happens to your body and brain during pain. Once they have learnt about the processes involved they can follow a scientific route to recovery."

This book really is digestible by a wide range of educational backgrounds, plus they will be in NZ in November 2015.

As retrieved from
<http://www.noigroup.com/en/Product/EPBII>

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Welcomes
Dr. Joe Muscolino

The New Zealand College of Massage (NZCM) welcomes world-renowned Dr. Joe Muscolino, an instructor of kinesiology and musculoskeletal and visceral anatomy, physiology and pathology courses at the Connecticut Center for Massage Therapy (CCMT) since 1986. Dr. Joe Muscolino runs numerous advanced study workshops, including deep tissue, advanced stretching, joint mobilization, and palpation workshops both in USA and internationally. He will be presenting 6 different two-day workshops across the three NZCM campuses.



NZCM Wellington Level 9, 76-86 Manners St

COMT Techniques for the Neck	November 6-7 2015	9am-5pm
COMT Techniques for the Lower Back and Pelvis	November 8-9 2015	9am-5pm

NZCM Auckland Building C, 382-384 Manukau Rd

COMT Techniques for the Upper Extremity	November 13-14 2015	9am-5pm
COMT Techniques for the Lower Extremity	November 15-16 2015	9am-5pm

NZCM Christchurch 66B Wharenui Rd

COMT Techniques for the Thoracic Spine and Ribcage	November 26-27 2015	9am-5pm
COMT Arthrofascial Stretching (AFS)	November 28-29 2015	9am-5pm

More about the presenter

Dr. Joe Muscolino, is a licensed Chiropractic Physician and has been a manual and movement therapy educator for more than 25 years. He is author of 8 major publications with Mosby of Elsevier and runs numerous continuing education hands-on workshops, including the Clinical Orthopedic Manual Therapy (COMT) Certification for manual and movement therapists and instructors.

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