

# Canadian RMT

FALL 2019



Sean-Michael Latimour RMT,  
Dynamic Health Therapy



» **Fall Education  
Conference**

» **Fingers vs Needles  
in Massage Therapy**

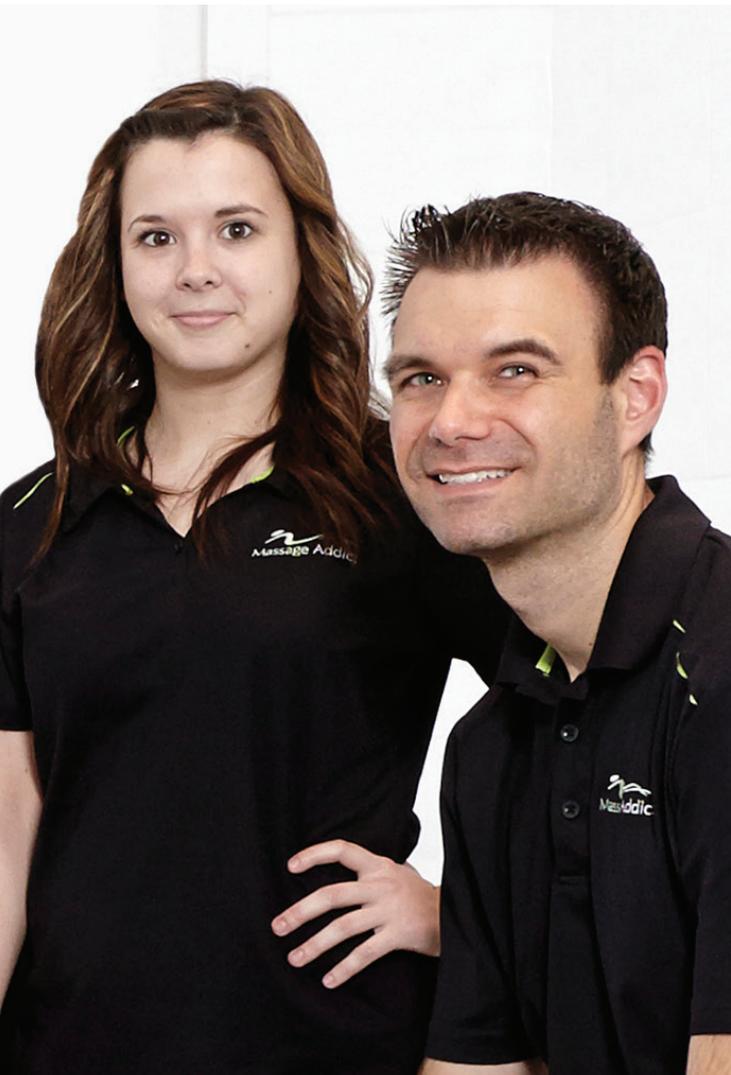
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# Contents

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22



- 5 Fingers vs Needles  
in Massage Therapy
- 11 Canadian Massage Conference  
Education Schedule
- 14 Cupping and Movement Together
- 16 Lymphatic Balancing in a Massage  
Practice
- 20 Kinetic Chain Patterns Causing Knee  
Conditions
- 22 Sean-Michael Latimour:  
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# Canadian RMT

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As we develop future issues, we want your input. We want to hear about the great things you're doing and about the things you'd like to learn about through this magazine. Tell us what you have been doing or simply email us your ideas for future articles and features. We'd love to hear from you!

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ON THE COVER:



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- UNIT 5** - May 29-30-31, 2020  
Lower Extremity Problems - Integrated Mgmt.

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# Fingers vs Needles in Massage Therapy

BY ALEJANDRO ELORRIAGA CLARACO, MD (SPAIN),  
DIRECTOR MCMASTER CONTEMPORARY ACUPUNCTURE PROGRAM

One of the most interesting options for an RMT in Canada is the possibility of using filiform needles (and electricity), within the scope of practice of Massage Therapy, for the treatment of “pain with movement” disorders. Therefore, one of the key questions any RMT may ask is “when, if ever, are the needles better than the fingers?”, which is also the reversed question other health professionals using the same needles in Canada could also ask to an RMT “when, if ever, are the fingers better than the needles?”.

This short article will try to help answer those two questions, from a science-based perspective, so patients and practitioners alike can be best informed. The answer to these questions starts with a brief reflection regarding the nature of the pain problems.

“Pain with movement” problems are, by their own nature, always multi-dimensional, even if different professions pays preferential attention just to a selected few dimensions. The main science-based argument for this statement about multi-dimensionality is simple: a human body is a biological system, and biological systems are characterized by their complexity (which includes linear and non-linear behaviors), and no aspect of the human system behavior can be extricated from this physical (in the sense of physics) reality, and therefore to answer the question of the fingers vs needles, we need to consider the many aspects involved in the functionality of the system. To simplify, we can use two practical paradigms, the first is the pyramid of movement function which identifies four main physiological areas responsible for movement-behavioral, biomechanical, neurological and metabolic, and displays the multiple interactions among them (see figure 1). The second paradigm stems from the application of system’s theory into the analysis of “pain with movement” disorders, which (in a very simplified manner) tells us that “at the system level” these problems are due to a loss of “connectivity”, which we can easily equate to a nervous system issue such as a segmental dysfunction, neuromotor inhibitions, proprioceptive deficits, peripheral or central sensitization, etc.

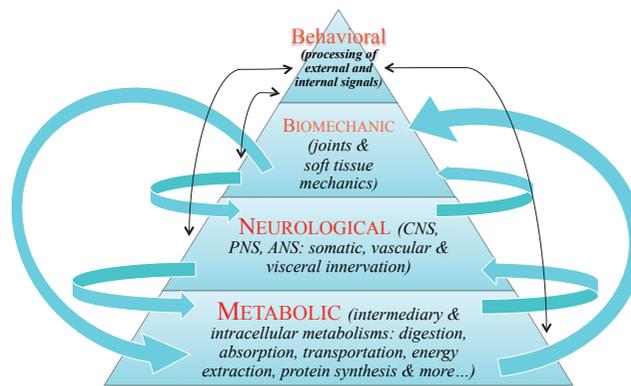
Now that we are clearer about the diverse nature of “pain with movement” problems (metabolic, neurological, etc.) and the particular connectivity problems that may be present at the different levels of the nervous system organization, we can finally use palpation, movement capabilities assessment, and neuromotor evaluation

to precisely reveal what specific nerves, segments and muscles need attention, as well as what tissues and regions need lymphatic drainage and cleaning of edema in the interstitial spaces. With these areas of work in mind, we can finally talk about what may work better for what. First, there is a considerable overlap in many of the neurological effects achieved by both manual and needling techniques, whereas some effects are more specific for each technical approach. Fingers seem best to assist with lymphatic drainage, as well as the “cleaning” of microedemas along the peripheral nerve pathways. Touch also provides a significant overall neuroendocrine stimulation of the skin, our largest neuroendocrine organ; an effect that is seen in small children and animals, who, if deprived from touch, slow down their growing significantly due to lack of growth hormone secretion.

Needles seem best at overall sympathetic and central nervous system neuromodulation, with miscellaneous central and systemic effects, such as general relaxation, better pain control, some lowering of blood pressure, a systemic anti-inflammatory effect, etc. (all demonstrated in studies, though effect size is small for some of the effects). Clearly, the fingers and the hand touch, also produce some of these effects. The single area where the needles are superior to

the hand is logically anatomical, i.e. the neuromotor modulation of deep muscles, otherwise inaccessible to the hand no matter what technique we may use. For instance, over three decades of practice, this author has developed needling techniques for deep muscles such as the obturator externus, the popliteus, the flexor hallucis longus, the tibialis posterior, the adductor magnus, the piriformis, the quadratus femoris, the gluteus minimus, the quadratus lumborum, the subclavius, the subscapularis, the multifidi, the pronator quadratus, the flexor pollicis longus, the brachialis, the pectoralis minor, the suboccipital muscles, and a few others. Without the assistance of the needles, as a natural prolongation of our own fingers, reaching these muscles and stimulating them would be impossible.

Since the author has found these muscles consistently inhibited in long lasting “pain with movement” disorders, as well as post-surgical syndromes, it is advisable for the RMTs treating these conditions to address them with needles (or to have someone else doing it), in order to complement and supplement the other areas of treatment where the fingers and the hand provide such wonderful effects as presented above.



The Pyramid of MSK Function: Movement Dimensions

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## Canadian RMT

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Paul is a Registered Massage Therapist and Registered Acupuncturist as well as a Traditional Chinese Medicine Herbalist. Graduating with a Physical Education degree from the University of Manitoba, Paul went on to obtain his Diploma in Massage Therapy from Wellington College and Diplomas in both Acupuncture and Chinese Medicine from the Hua Xia Acupuncture and Herb College of Canada. Paul runs a community acupuncture practice in Winnipeg Manitoba. In addition to his keen interest in Massage Therapy and Chinese Medicine, Paul is a self-proclaimed research geek having participated in the World Fascia Congress, IN-CAM and the Massage Therapy Foundation Research Conference and loves bringing everything he learns into the treatment room as well as the classroom. [sttpca.com/staff](http://sttpca.com/staff) [cuppingcanada.com](http://cuppingcanada.com)



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James is an author & international lecturer teaching approximately 40 seminars per year around the globe. He's developed 10 Integrated Manual Therapy & Sports Injury DVDs and authored manuals on Orthopedic Massage and Client Self Care. His book *Clinical Massage Therapy: A Structural Approach to Pain Management*, was published by Pearson Education in 2012. James presents at state, national, and international massage, chiropractic, and Osteopathic conventions. His audience includes massage and physical therapists, as well as athletic trainers, chiropractors, osteopaths, nurses and physicians. James received the 1999 FSMTA International Achievement Award, the 2012 One Concept Massage Therapist of The Year Award in Canada, the 2014 FSMTA President Award, and the 2014 Instructor of The Year Award at the World Massage Festival. James was inducted into the Massage Therapy Hall of Fame in 2008. [orthomassage.net](http://orthomassage.net)



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**CMC ONE** frisept27

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**Opening Session/Key Note**  
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**SMART FROM THE START**  
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 MC: MARGARET WALLIS-DUFFY | HALTON HALL

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10:30am - 1:30pm



**Cupping with Movement**  
 PAUL KOHLMEIER | BURLINGTON HALL | 3 HOUR

10:30am - 1:30pm



**Introduction to Muscle Balance**  
 DR. KERRY D'AMBROGIO | HARVESTER HALL | 3 HOUR

2:00pm - 5:00pm



**Concussion Treatment for the Cranium, Neck and Upper Thorax**  
 SEAN-MICHAEL LATIMOUR | HALTON HALL | 3 HOURS

2:00pm - 5:00pm



**Improving Treatment Outcomes While Saving Your Body**  
 DR. COHEN | BURLINGTON HALL | 3 HOUR

2:00pm - 5:00pm



**Integrated Manual Therapy and Orthopedic Massage for Complicated Shoulder Conditions & Multiple Crush Phenomenon**  
 JAMES WASLASKI | HARVESTER HALL | 3 HOUR

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As an Ontario RMT you are self regulated for Continuing Education. Please be aware of the CMTO guidelines for education.

**ALL CLASSES ARE NCBTMB APPROVED NCBTMB Approved Provider Number 451476-10.**



satsept28

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**Kinetic Chain Patterns Causing Complicated Knee Conditions**  
JAMES WASLASKI | HARVESTER HALL | 7 HOURS | **CERTIFICATE CLASS**

9:00am - 12:00pm



**Introduction to Fascial Balancing**  
DR. KERRY D'AMBROGIO | HALTON HALL | 3 HOUR

9:00am - 12:00pm



**Introduction to Pain Management and Scar Release**  
KELLY ARMSTRONG | BURLINGTON HALL | 3 HOURS

9:30am - 10:30am



**Peripheral Nerve Mobilization: Clinical Pearls and Current Research**  
RICHARD LEBERT | PEARSON HALL | 1 HOUR

11:00am - 12:00pm



**Marketing Your Healthcare Business: Branding Your Practice Online**  
MARK CHEE-ALOY | PEARSON HALL | 1 HOUR

1:00pm - 4:00pm



**Kinesiology Taping Redefined**  
BRAD NORRIS | HALTON HALL | 3 HOURS

1:00pm - 2:00pm



**Assessment of Pelvic Floor Dysfunction**  
TARA NICOLLE | BURLINGTON HALL | 1 HOUR

1:00pm - 2:00pm



**Matrix Repatterning, Which Type of RMT are You?**  
DR. ROTH | PEARSON HALL | 1 HOUR

3:00pm - 4:00pm



**Visceral Therapy**  
SEAN-MICHAEL LATIMOUR | BURLINGTON HALL | 1 HOUR

3:00pm - 4:00pm



**10 Years On: How Policy, Technology, Corporate Capitalization, User Demand for Convenience and Integration will Shape Massage Therapy Care**  
DON DILLON | PEARSON HALL | 1 HOUR



sunsept29

**FREE TRADE SHOW ACCESS ► 10AM-5PM**

8:00am - 4:00pm



**Introduction to Lymphatic Balancing**  
DR. KERRY D'AMBROGIO | HALTON HALL | 7 HOURS | **CERTIFICATE CLASS**

9:00am - 12:00pm



**Matrix Repatterning**  
DR ROTH | BURLINGTON HALL | 3 HOURS

9:00am - 12:00pm



**Integrated Manual Therapy and Orthopedic Massage for Complicated Cervical Conditions**  
JAMES WASLASKI | HARVESTER HALL | 3 HOURS

1:00pm - 4:00pm



**Assessment and Treatment of Pelvic Floor Dysfunction**  
TARA NICOLLE | HARVESTER HALL | 3 HOURS

1:00pm - 2:00pm



**Compression Band Flossing**  
BRAD NORRIS | BURLINGTON HALL | 1 HOUR

1:00pm - 2:00pm



**The Science of How Scars Influence the Fascia, Muscles and Massage Therapy Outcomes**  
KELLY ARMSTRONG | PEARSON HALL | 1 HOUR

3:00pm - 4:00pm



**Change Your Mindset, Change Your Practice**  
MARK CHEE-ALOY | PEARSON HALL | 1 HOUR

3:00pm - 4:00pm



**Cupping for Self Care**  
PAUL KOHLMEIER | BURLINGTON HALL | 1 HOUR



# Cupping and Movement Together

BY PAUL KOHLMEIER, BPE, RMT, R.AC., CUPPING CANADA

FOR WELL OVER A DECADE, I HAVE BEEN USING Cupping Therapy in my practice after learning about the technique in Chinese Medicine school. It wasn't a big focus of the class, more so, it was taught as an add-on for Acupuncture treatments with some therapeutic value in and of itself. One of the primary indications that we were taught for cupping was muscular tension and pain, which interestingly enough, is exactly what patients in my Massage Therapy practice were looking for relief from! While the focus from a Chinese Medicine practice was mainly on the use of fire cupping, we were also exposed to vacuum cups - the polycarbonate (hard plastic) ones with the little valves on the top. These were presented as being much safer to apply as there could be no accidental burns or broken glass - perfect for my Massage practice. After checking in with my liability insurance carrier, I learned that it was not a problem to add Cupping Therapy into my Massage practice as long as I kept within the scope of practice for Massage Therapy.

I often analyze my protocols for dealing with my patients. I want to know if I am effective, how patients think about the treatments I provide and how I interact with them. When it came to Cupping, I was taught to place the cups on the patient, leave them stationary in one place and let the vacuum do all the work. That approach worked well for some of my patients, however through feedback I came to realize that some of them felt they were not getting enough hands-on time while the cups were being left sta-

tionary. So, I began researching other types of Cupping Therapy that could benefit my patients while also providing them with more of the hands-on work that they were coming to my clinic to receive. This is when I started adding in some dynamic patterns of Cupping by moving the cups around on the patient's body. This quickly took care of the negative feedback from my patients - a step in the right direction!

A few years later, while working with a patient, I wasn't getting the results that we thought we could achieve for their overall treatment goals. I had been doing strictly massage with this patient and was thinking about adding Cupping to the treatments to see if we could overcome the plateau that we had reached. I had watched a video on social media where a personal trainer had placed cups on themselves and then went through some ROM exercises - an interesting concept! Up to this point, I had done some passive patient movement while Cupping, similar to what we do with myofascial work - pin a muscle/attachment/fascial line and stretch the limb away from it. Rather than grip tissue with my hand, I decided to use a cup to grip the tissue and then moved the cup away from the limb as I moved a joint passively. This ended up providing some amazing results and got me wondering what would happen if I got my patient to actively do the work instead of the cup?

I went through my regular treatment with the patient - including the normal assessment and reassessment process and not

## ***With such mind-blowing results, I wanted to be able to explain this and set out to undertake more research on Cupping combined with movement.***

much had changed...we got to roughly the same plateau. I had allowed some extra time for this treatment and with my patient's consent, I placed the cups and had the patient move and then removed the cups. I then reassessed again and we both looked at each other in surprise...they moved through their previous limit by a long shot! With such mind-blowing results, I wanted to be able to explain this and set out to undertake more research on Cupping combined with movement.

I would love to say that the research had observed this very thing and that the answer was there waiting for me. This, however, was not the case. In fact, Cupping and movement is barely mentioned in the available literature. In fact, there is not a great deal of research done on this mode of therapy period, even though it has been around for 3500+ years! There is, however, a growing body of research on manual therapies in addition to the neurological consequences of manual therapy and exercise. Let me introduce you to some of the ideas of how I explain this to patients and to colleagues.

First of all, there is some research that indicates Massage Therapy achieves good results and that Massage Therapy combined with movement therapy achieves better results. For an introduction to the research, take a look at the references cited below in the Bibliography. (H Negahban, 2013), (Preyde, 2000), (S Toprak Celenay, 2017)

So, it isn't really a very big jump to ask our patients to move while we are doing a treatment. Some therapists do this already in manual therapy - we use our hands to pin a spot of tissue and then ask our patients to move a limb that is connected to that tissue. This seems to provide quick relief to the tension and discomfort that our patients are experiencing. My theory based on the research available is that the increase in neural information via the skin receptors is novel and safe as we are controlling the movement and the patient feels supported. Paul Ingram of painscience.com wrote, "If massage works, it's mainly because of the neurology of touch..." (Ingram, 2018) If we affect the brain when we treat, it is possible that there is a larger effect when we can get more information through to it.

Cupping with movement seems to increase the speed at which the tissue changes. It is likely a neurological effect, and I am interested in seeing where the explanation in science takes us. Until then, let's get our patients moving while Cupping and see what happens!



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# LYMPHATIC BALANCING:

## IS LYMPH BALANCING SOMETHING YOU ARE MISSING FROM YOUR MASSAGE PRACTICE?

BY KERRY D'AMBROGIO, DOM, AP, PT, DO-MTP

**M**any massage therapists consider lymphatic drainage to be a specialized set of techniques that do not factor into a daily massage practice. Many believe these specialized lymphatic techniques only apply to clients with lymphedema and involve extensive taping or complicated draping. These common misconceptions have prevented many massage therapists from incorporating specialized lymphatic work into treatment. However, adding a principle-based treatment approach to balancing the lymphatic system is easier than commonly believed and may be the key to getting lasting results for those difficult clients who are not responding to the current treatment protocol.

### **The Lymphatic System**

An important principle of osteopathic treatment is Drainage Precedes Supply. This concept is based on the understanding that tissues need a healthy inflow of oxygenated and nutrient rich blood for cellular homeostasis and repair. However, for tissues to receive this healthy circulatory inflow, there must first be a properly functioning lymphatic outflow to drain the tissues. The system responsible for providing this drainage pathway is the lymphatic system.

A properly functioning lymphatic system is critical for the body to maintain homeostasis and regenerate tissue. Specifically, the lymphatic system helps maintain normal blood volume and pres-

sure, helps rid the body of cellular metabolic waste, and helps prevent excess accumulation of fluid in and around tissues. Additionally, the lymphatic system assists with tissue regeneration and supports the immune system by removing excess fluid, debris, toxins, and damaged cells from injured tissue.

If lymph circulation stagnates due to injury or infection, tissues become congested and the ability of the tissue cells to receive healthy blood is compromised. This leads to an accumulation of cellular waste products in the tissues causing pain, tension, and edema. Since “drainage precedes supply,” a congested or impaired lymphatic system makes it difficult for injured tissues to filter out metabolic waste and receive nutrients and building blocks needed for repair. To prevent damage and promote healing, this accumulated waste and edema must be promptly removed.

### **Lymphatic Balancing**

Lymphatic drainage dates to the late 1800s when faculty at American School of Osteopathy, the first osteopathic college in Kirksville, Missouri, began research on distribution within the vascular and lymphatic systems. In 1922, Frederic Millard, DO, a student of A.T. Still University, published Applied Anatomy of the Lymphatics which led the way for further research and development of specific techniques aimed at treating the lymphatic system. Inspired by Millard, Gordon Zink, DO, expanded the concepts to



include the Respiratory-Circulatory model. This model emphasized the influence of fascial restrictions on venous and lymphatic return and the importance of creating pressure differentials in the cavities of the body to encourage the ease of fluid flow.

From this early research, several treatment approaches to manual lymphatic drainage emerged, including the Vodder Method, the Chikly Lymphatic Drainage Technique, and the Leduc Method. However, these approaches primarily focus on treating Lymphedema making them applicable to a minority of clients seen in massage therapy and leading to the commonly held misconceptions mentioned earlier. Recently, though, a treatment approach called Lymphatic Balancing has incorporated techniques that can be easily applied to a wide range of clientele within the orthopedic community.

Building off the principle-based concepts of osteopathy, Lymphatic Balancing is a specifically designed curriculum that applies specialized manual lymphatic drainage techniques, originally designed to treat lymphedema, to the orthopedic client. Developed by Dr. Kerry D'Ambrogio, these drainage techniques incorporate the use of gentle, rhythmical pumping techniques to treat excess fluid or swelling, fluid stagnation, or lymphedema in the cranium, spine, rib cage, visceral system, and the upper (shoulder, elbow, wrist and hand) and lower extremities (hip, knee, ankle and foot). First developed by Earl Miller D.O., the lymphatic pump is a manual technique that makes the use of both long and short levers to encourage the healthy flow of lymph. More importantly, these pumping techniques can be easily integrated into a multitude of manual treatment approaches without the need for special draping or taping. It is a non-invasive approach in which the risk to benefit ratio is exceptional.

## Lymphatic Balancing 6 Step Treatment Approach

**Perform an Evaluation:** Perform a screening evaluation to determine if lymphatic balancing is need for the client.

**Balance the Transverse Diaphragms:** Being horizontally oriented, when restricted, these four diaphragms can impede lymph, blood (artery or vein), nerve, and energy flow. To ensure unrestricted fluid flow, the diaphragms must be balanced.

**Balance the Autonomic Nervous System (ANS):** Since the ANS controls microcirculation through vasoconstriction and vasodilation of the lymph and blood vessels, it is important to balance the autonomic nervous system prior to any treatment.

**Perform Lymphatic Balancing Specific Techniques:** Perform the appropriate LB technique sequence to promote lymphatic flow in the affected organ.

**Perform Lymphatic Balancing Supportive Techniques:** Perform supportive techniques to maintain and extend the LB treatment effects. Active lymphatic pump exercises can further address swelling and improve deep circulation. Additionally, basic lymphatic taping can be used to provide ongoing support and encourage continued drainage of the treatment area.

**Perform a Re-Evaluation:** Perform following treatment to measure change and determine further treatment progression.

**Lymphatic Balancing courses offered at the D'Ambrogio Institute (DAI) are specifically designed for the orthopedic patient and can be taken in any order.**

**Lymphatic Balancing Upper Quadrant (LBUQ):** This course teaches a Local Treatment Approach to release lines of tension and eliminate congestion in the lymphatic system of the cranium, face, cervical/thoracic spine, rib-cage, deep thorax, upper abdomen, and upper extremity.

**Lymphatic Balancing Lower Quadrant (LBLQ):** This course teaches a Local Treatment Approach to release lines of tension and eliminate congestion in the lymphatic system of the lower abdomen, lumbar spine, pelvis, sacrum, lower extremity, deep lymphatic, and deep abdominal region.

**Lymphatic Balancing Total Body (LBTB):** LBTB is a Total Body Evaluation and Treatment Approach that identifies and treats extraneous lines of tension, total body lymphatic congestion, and imbalances in the diaphragms and ANS.

**Visceral Lymphatic Balancing (VLB1):** Specifically designed to complement Visceral Manipulation treatment, this course teaches a Local Treatment Approach to balance the transverse diaphragms and ANS, release lines of tension, and eliminate congestion in the lymphatic system of the thorax and abdomen.

**Cranial Lymphatic Balancing (CLB):** Specifically designed to complement Craniosacral Therapy, this course teaches a Local Treatment Approach to balance the transverse diaphragms and ANS, release lines of tension, and eliminate congestion in the lymphatic system of the cervical spine and cranium.



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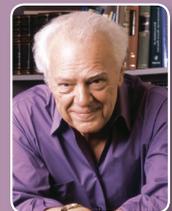
Winnipeg, MB • Oct 24 - 27, 2019  
 Burlington, ON • Nov 30 - Dec 3, 2019  
 Montreal, QC • Feb 27 - Mar 1, 2020

### TOTAL BODY BALANCING 1 (TBB1)

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# Kinetic Chain Patterns Causing Complicated Knee Conditions

INCLUDING ASCENDING SYNDROMES



Canadian RMT had a chance to sit down with James Waslaski, Author & International Lecturer.

**CRMT** So nice to have the opportunity to discuss this exciting breakthrough in assessment and treatment of hip, knee and ankle pain.

**JW** I'm thankful for the opportunity. As you know I'm honoured to have the opportunity

to teach over 40 weeks a year globally to massage therapists, physiotherapists, chiropractors and osteopaths.

**CRMT** We're here at Erik Dalton's only US workshop joined by talented therapists from across the globe, and you're one of the celebrity educators and teaching assistants.

**JW** Erik Dalton is one of my closest friends in the world and has been my mentor for years, it's always an honour to be invited.

**CRMT** Let's talk about Kinetic Chain Patterns Causing Complicated Knee Conditions Including Ascending Syndromes. What is the biggest revelation for you about how we assess and treat knee pain?

**JW** In the world of manual therapy, it has been estimated that 90% of knee pain comes from the joint above and below the knee. Stated so brilliantly by Erik Dalton, "the knee is the slave to the foot and hip." In other words, 90 percent of knee pain is not due to the structures of the knee, in fact various articles and clinical studies have shown that rarely ever will the knee pain be coming from conditions like Patellar Femoral Syndrome (damage to cartilage under the kneecap) or Iliotibial Band Friction Syndrome.

**CRMT** Why is this work so important?

**JW** It's important because we're treating the symptoms and not

the cause. In treating the knee, we're treating the symptoms of the ligaments, the nerves, the torsion which irritates the meniscus. We can't treat knee pain without treating all three joints - the hip, knee and ankle.

**CRMT** What will therapists learn in this workshop?

**JW** Once the kinetic chain patterns are addressed in the ankles, knees and hips, therapists will have so much more success in assessing and treating what would have seemed like complicated knee conditions. Correcting tibial torsion patterns of the knee will often allow the MCL and LCL injuries to heal properly, the patella to track normally and the nerves to properly glide without joint fixations or scar tissue lesions. The class at the Canadian Massage Conference, and our newest seminar and newest DVD on *Kinetic Chain Patterns for Complicated Knee Conditions*, will include additional assessments such as the McMurray's Test and Apley's Compression test for Meniscus Injuries, along with therapeutic treatment and rehabilitation for Meniscus tears. It will also include treating muscle-tendon strain patterns for hamstring

injuries, Pes Anserinus Tendinitis/ Bursitis, and treating popliteal and plantaris strains. It will also include looking at myofascial cupping (vacu-therapies) for nerve adhesion release, iliotibial band pain, and retinaculum release for the structures of the knee. We will also elaborate on the studies in regards to patella femoral syndrome and IT band pain not being properly treated in most situations. I will be teaching this class for the first time ever at the Canadian Massage Conference in Burlington ON September 27-29, 2019.

**CRMT** James, we're honoured to have you teach this class in Canada for the first time. You go way back with the Canadian Massage Conference, teaching at every conference since the CMC began over a decade ago.

**JW** Yes that's right, it's a family reunion every year. There are so many fantastic RMT's that are dedicated to continually improving their knowledge and skills to provide the best possible care for their clients.

More about James at [orthomassage.net](http://orthomassage.net).

**References:**

*Dr. Erik Dalton-Dynamic Body: Exploring Form/ Expanding Function; Whitney Lowe-Functional Assessment in Massage Therapy; James Waslaski-Clinical Massage Therapy-A Structural Approach to Pain Management. Articles: Erik Dalton-IT-Band Friction Fallacy; Whitney Lowe-New Perspectives on ITB Friction Syndrome Article. Erik Dalton-Don't Get Married Article. Blogs-Erik Dalton. Artwork from Clinical Massage Therapy: A Structural Approach to Pain Management (Illustrator: Marcelo Oliver-Body Scientific International, LLC)*

## James Waslaski Seminar Schedule | [orthomassage.net](http://orthomassage.net)

**OCTOBER 5-6 2019**

Upper Body-East West College  
Portland, OR

**OCTOBER 12-13 2019**

Lower Body Seminar  
Bloomington, MN

**OCTOBER 24-26 2019**

AMTA National Conference  
Indianapolis, IN

**OCTOBER 30-NOVEMBER 1 2019**

Five Day Intensive  
Dallas/Fort Worth, Texas

**NOVEMBER 9-10 2019**

AMTA Vermont Chapter  
Fairlee, VT

**NOVEMBER 16-17**

Lower Body - East West College  
Portland, OR

**NOVEMBER 23-24**

Eliminating Multiple Nerve  
Compression Upper/Lower Body  
Wisconsin

**DECEMBER 7-8 2019**

Eliminating Multiple Nerve  
Compression Upper/Lower Body  
Maui, HI

**DECEMBER 14-15 2019**

Lower Body Seminar  
Lihue, HI

**JANUARY 4-5 2020**

Lower Body Seminar  
Leavenworth, KS

**JANUARY 11-12 2020**

Eliminating Multiple Nerve  
Compression Upper/Lower Body  
Rochester, NY



**JANUARY 18-19 2020**

Eliminating Multiple Nerve  
Compression Upper/Lower Body  
Pottstown, PA

**JANUARY 31-**

**FEBRUARY 2 2020**

AMTA Louisiana - Upper Body



## A Paradigm Shift for RMT's and Clinics

Sean-Michael Latimour, RMT and Manual Osteopathic Practitioner ran a successful personal practice for 10 years. With a wait list approaching 18 months, Sean-Michael knew it was time to create a space where he could oversee more clients, get them in faster, and spread his passion with like-minded practitioners. In November of 2015, Dynamic Health Therapy Inc. was founded along with his wife Adrienne Latimour and opened with one sole practitioner...Sean.

In less than a year, the clinic grew from 1 practitioner to 6, and now boasts 14 treating professionals and another 8 working behind the scenes to organize day to day operations. Dynamic Health Therapy provides the highest level of care in a comfortable one on one client experience. Still facing demands on getting clients off the wait list and into the clinic, Sean felt extremely limited by the typical RMT model he had been running for the past 10 years and decided it was time to break free of the time based treatment model imposed on RMT's.

Initially, Sean developed a carefully crafted system based therapy that allows each client to get the same exceptional care no matter who they see at the clinic. One of the industries biggest problems is that clients fall in love with the therapist, thereby making that business worthless without that same therapist to continue to see all the clients. To combat the norm, Dynamic Health Therapy made it about the experience and the session the client is getting, rather than whose hands are on them. This philosophy makes any therapist replaceable, whether it is to take

time off with family, travel, take sick days, or retire. This model means the practice doesn't shut down when any given practitioner is not there, it keeps going and generating income for you.

As RMTs, we have problems once our practice reaches a certain success level. We get caught up in our hour-long appointments. The time-based model that is established with a client becomes an expectation, when in reality, the session outcome should be more important than the clock. An important aspect that gets lost in this time based model is losing sight of the big picture. How can we take ourselves out of the equation and run a business rather than working ourselves day in and out?

If your goal is to run a financially profitable business, you will need to consider how the time model limits you. Are you too busy treating to manage your business? Do you or one of your partners have any business training? Have you organized your practice with the appropriate systems and policies? Do you have tracking and reporting systems in place to measure your success? Do you have enough financial knowledge to know your cost of doing business and how much the time-based model is really costing you?

When we focus just on the one hour massage, often we convince ourselves we are doing an excellent job because "All my patients are getting better", when in fact, we have a PVA (patient visit average) of 5.3, cancellations are 19% and self discharges are 36%. This means that people are dropping off, not maintaining, or finding somewhere else. A simple realistic goal would be a PVA of 18, Cancellations of 9% and self-discharge at 11%. By switching to a system based massage, RMT's can make more, get better clinic results plus a higher PVA which will in turn double or triple your practice and overall profit. It also means more people are getting better and more consistent treatments!

As part of a standard treatment at Dynamic Health Therapy, clients are also exposed to top of the line technology to support our exceptional manual techniques. We provide hot/cold laser, ultrasound, micro current acupuncture, Shockwave, and Game Ready hot/cold therapy. Carefully selecting and personally training his own support team has allowed Sean to see more clients in less time, spend less time treating, and more time running the business and enjoying his family. In the short 3 years that Dynamic Health Therapy has been open, they have won 6 Readers Choice awards, 1 Business Excellence awards, 2 Business Excellence Nominations, along with several honorable mentions within their community for the exceptional care they provide.

Sean has also created educational programs for other like-minded professionals on the subjects of Women's Health, Paediatrics, Concussion and Sports Therapy. Sean is also the National Public Relations Chair for the CSMTA. Sean volunteers at several local and Canada wide sports events throughout the year and loves meeting new therapists and athletes. He supports numerous local sports teams, and sponsors local school events throughout the year. As much as Sean has a passion for exceeding his clients recovery expectations, his true joy is spending time with his family, playing with his three young children, and exposing them to as many new experiences as he can. [keswicktherapy.com](http://www.keswicktherapy.com)



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