

Canadian RMT

FALL 2017

Michael Desrochers,
RMT CEO and
Founder of painPRO
Therapeutics Inc.

» SQUEEZING THE
FASCIAL SPONGE

» UNDERSTAND THE COMPLEX
WORLD OF CONCUSSION

» INDIA'S FIRST COLLEGE OF
THERAPEUTIC MASSAGE



*Canadian Massage
Conference Guide*



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Contents

FALL 2017



- 8 painPRO: An RMT-Centred Model
- 10 Build a Thriving Referral Practice
- 11 Canadian Massage Conference Education Schedule
- 14 Myofascial Release
- 16 Opening India's First College of Therapeutic Massage
- 18 Squeezing the Fascial Sponge
- 20 Understand the Complex World of Concussion
- 22 Ryan McKeen: Spa-Based Massage Therapist



11



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Garrett Woynarski, RMT, Regina, SK

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FALL 2017 PROGRAM:

UNIT 1 - September 8-9-10, 2017

Introduction to Neurofunctional Acupuncture

UNIT 2 - Sept 29-30, Oct 1, 2017

Upper Extremity Problems - Acute Pain

UNIT 3 - October 20-21-22, 2017

Axial Skeletal Problems - Visceral Regulation

UNIT 4 - November 10-11-12, 2017

Head & Face Problems - Chronic Pain Syndromes

UNIT 5 - December 1-2-3, 2017

Lower Extremity Problems - Integrated Mgmt.

Registration Deadline Aug 11, 2017

Canadian RMT

FALL 2017 VOLUME 3

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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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—Serving Health Care Professionals for 17 Years—

ON THE COVER:



As CEO/ founder of painPRO
Therapeutics Inc., Michael
Desrochers' unique multi-disciplinary
approach has helped thousands
of patients achieve a pain-free,
healthy and active life.

PHOTO BY: artofheadshots.com



5 TIPS FOR CHOOSING YOUR NEXT TABLE

WRITTEN BY KEVIN KRAKAR, INDUSTRY INSIDER, CHIEF OF PRODUCT DESIGN

As you look toward your future in massage therapy, you are likely looking for guidance to help carve your reputation and practice within the Canadian massage therapy landscape. Your hands are your trade, but what is seldom initially considered is that paired with the right equipment you will enhance your everyday practice, have more positive outcomes for your patients, and set yourself apart from your peers.

Tables are the most crucial tool of your trade, and technology has positively made an impact on the table options available. Here are 5 tips to help you choose your table:

HEIGHT ADJUSTABILITY

Patients come in different heights and sizes, being able to quickly adjust the height of the table is important. Electric elevation allows for quick and effective adjustments during treatment.

PAD THICKNESS

Do your research because patient comfort is important. Many manufacturers print misleading information on pad thickness. Three-inch foam is often claimed but 1.5-inch foam is more commonly used and assembled to appear 3 inches thick.

DURABILITY AND LONGEVITY

Find Health Canada approved manufacturers. Purchase tables with a minimum dynamic lifting capacity of 500 lbs. This means the table is built to hold substantial weight long term. In addition, tables in Canada must meet Electrical Safety Authority (ESA) codes, not all tables are ESA approved and are subject to being locked out by authorities.

OPTIONAL FEATURES

Your table should last 15 to 20 years. When purchasing your table consider all optional features. Don't miss out on an option that you may regret not having as you learn new techniques.

RETURN ON INVESTMENT

Tables are large investments, it should provide you with years of dependable service. Choose a low maintenance table, and if repairs are required table parts should easily be accessible.

As you choose your table, don't hesitate to ask a lot of questions. What makes the table different? How and where is it manufactured? How will the table improve your practice and patient outcomes?

For free consultation and questions please contact Kevin Krakar at 905.319.1960 or kkrakar@cardonrehab.com

Don't miss James Waslaski's 5 Day Orthopedic Massage Seminar in Niagara Falls, ON. Taking place November 1 to 5, 2017. To register visit www.orthomassage.net

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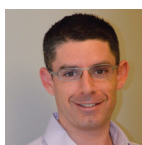
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CONTRIBUTORS



CONOR COLLINS

Conor Collins has a passion for athletes and has worked with Olympians, professionals and weekend warriors. He has worked at events such as the world judo championships, BMX bike shows and national level trampoline and tumbling. For him there is nothing more gratifying than fixing an injury and improving performance. While not in clinical practice, Conor writes for a variety of outlets including newspapers, online newsletters and magazines. conorpcollins.com



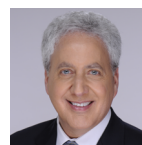
DON DILLON

Donald Quinn Dillon, RMT is a practitioner, practice coach and speaker. He's lectured at massage therapist conferences across Canada as well as several colleges. Dozens of his articles have appeared in Canadian, American and Australian massage publications. Don is the recipient of four awards from the Ontario Massage Therapist Association - including the Ken Rezsnyak Award of Merit, and ONE Concept's Massage Therapist of the Year. DonDillon-RMT.com



WALT FRITZ

Walt Fritz, physical therapist since 1985 and has been practicing myofascial release since 1992. After training and working with well-regarded pioneers of the MFR field, he began to move the traditional myofascial release narrative from it's historical past into more modern and accepted narratives of neurological explanation. waltfritzseminars.com



BRIAN GOLDSTEIN

Brian Goldstein is President & CEO of the Canadian College of Massage & Hydrotherapy and West Coast College of Massage Therapy, Canada's largest educator of massage therapists. After graduating with an MBA from the University of Windsor in 1979, Brian spent more than 30 years in the investment management business, entering the health care education industry in 2007. Brian's passion is to provide 'Excellence in Education' to aspiring Registered Massage Therapists. collegeofmassage.com



TOM MYERS

Thomas Myers is the author of *Anatomy Trains* and co-author of *Fascial Release for Structural Balance*. Tom has studied directly with Ida Rolf, Moshe Feldenkrais, and Buckminster Fuller and has been practicing for 40 years. He provides continuing education in Anatomy Trains, as well as certification in Structural Integration. He is a member of the International Association of Structural Integrators and is a certified Touch-in-Parenting instructor. Tom lives, writes and sails on the coast of Maine. anatomytrains.com



DR. GEORGE ROTH

Dr. George Roth is a chiropractor, naturopath and developer of Matrix Repatterning®, a gentle, effective, lasting, pain-free treatment option for creating optimal health and well-being. He is the co-author of *Positional Release Therapy: Assessment and Treatment of Musculoskeletal Dysfunction* and the author of *The Matrix Repatterning Program for Pain Relief*. matrixre patterning.com

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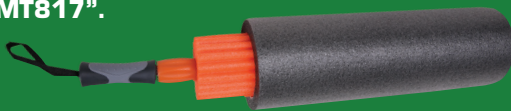


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A fully integrated electronic medical records system allows practitioners to access records at any location. Patient compliance software monitors adherence to prescribed rehabilitation programs, and spot-check surveys monitor overall patient experience.

RMTs working full-time, 30 hours weekly, average \$80-100,000/year take-home, with the top RMT grossing over \$200,000/year. Beyond hands-on care, practitioners can aspire to Clinic Leadership, Division Leadership, Education Development, Clinic Ownership and Clinic Licensing career paths.

Can a Delivery-of-Care Model be RMT-Centric?

Yes, indeed!

BY DON DILLON, RMT

In the interdisciplinary setting, massage therapists are often positioned as supportive and adjunctive to the gatekeeper physician, chiropractor or physiotherapist. Michael Desrochers wants to change that with an RMT-centric model...painPRO. Spanning seven locations in British Columbia (two more in negotiation), with plans for growth across Canada, painPRO's motto, "Pain Doesn't Wait...Why Should You?" promises same-day care.

painPRO employs massage therapists, physiotherapists, chiropractors and kinesiologists. painPRO delivers over 6000 treatments/month and offers inclusive pricing - no additional charge for IMS or Shockwave Therapy modalities. Remedial elastic bands and topical pain relief products are complimentary when included in the treatment plan.

Desrochers describes painPRO as a marketing and education company providing just-in-time delivery of health-care in the orthopaedic pain field. painPRO provides contemporary full-service clinics staffed by select primary healthcare professionals, with a manual and movement therapy focus.

Practitioners have free access to the Clinical Practice Development Program, including a growing platform of evidence informed courses. painPRO offers tuition re-imbursement for approved external courses, incorporates a variety of marketing strategies and sponsors many sports teams, special events and charitable initiatives.

Desrochers describes painPRO's design as "Zen feel with a clinical approach" and emphasizes painPRO "is a premium brand dedicated to evidence-informed treatments within the biopsychosocial model of care".

Desrochers graduated from the D'arcy Lane Institute in London, Ontario before moving to British Columbia. Prior to massage therapy, he majored in economics, working 14 years in corporate finance senior management roles. Desrocher is a registered nutritionist and former CanFitPro Pro Trainer. We caught up with Michael Desrochers for a few questions about his business model:

"How does your licensing and clinic co-ownership model work?"

We assess the candidate's alignment with our core values, and perform a needs analysis in terms of location. This is important for two reasons: first, without alignment to our core values of "improve lives, inspire change, be open minded, and pay it forward", there can never be a solid foundation to work from. Second, a candidate licensing the painPRO brand requires a large enough capture area to support long-term profitable operations. The biggest issue many RMT clinic owners face is attracting non-RMT health care professionals like Physiotherapists and Chiropractors. This is the bedrock of our program. We've aligned with practitioners in several fields to establish a truly collaborative-care model. Practitioners are co-equal in delivering patient care.

Established clinic owners license the painPRO brand with a small set up cost. Much of this involves signage, VOIP phone integration, software integration with on-line booking, direct billing and electronic charting, business stationary, and team clinic wear. Our licensees pay a small royalty which provides them access to our internet-optimized website, business coaching in compensation and pricing models, procurement assistance in attracting health care professionals, access to our financing program for auto-accident claimants, and access to our systems and procedures designed for an efficient and thriving business.

Licensees have access to our volume supply pricing, and are provided a la carte services from telephone reception, insurance billing collection, on-line and off-line marketing, payroll, bookkeeping, and more.

We provide RMT's an opportunity to partner at the level they are financially able. We understand not everyone has the financial resources to establish their own clinic so we work with them to provide partial ownership in exchange for a committed partner who represents painPRO well.

“What are your plans for expansion?”

Currently we are focused on perfecting all facets of the systems associated with the painPRO Brand. Over the next 12-18 months we will explore expansion into other markets outside of BC.

“Your philosophy of care?”

PainPRO is an innovative company that pushes the envelope for positive change. We've designed a model to create alignment between the established medical model and our para-medical services. The trick is to retain the unique nuances of massage therapy that are hard to incorporate in the evidenced-informed model. We believe the cornerstone of massage therapy is its benefit of eliciting the parasympathetic response, resulting in improved recovery times.

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Celebrating the inception of the International Medical Massage Therapy Institute, March 2, 2017 in Chandigarh, India.

Massage Training in India: Something Old, Something New

BY BRIAN GOLDSTEIN

Did you ever think you, a mere mortal, could take on Garry Kasparov, the world chess champion, and beat him at his own game? How about accepting a karate match against Jackie Chan? Good luck, right?

What if I were to tell you that Canadians excel at something so well that they are now teaching it to a civilization with 3,000 years of history in this very endeavour. The endeavour of course is massage therapy; and the civilization...India. Yes India, arguably the master craftsmen of aryuveda massage.

For all of its knowledge of this subject, massage as a therapeutic treatment modality is not in the general mainstream of knowledge or practice in India. Well, Canadians are about to change that! India's first college of therapeutic massage, the International Medical Massage Therapy Institute (IMMTI), has opened in Chandigarh, in the heart of the State of Punjab.

The school, two years in the making, is the brainchild of Dr. Randeep Mann, head of the Dental Council of Punjab. Along with three extremely dedicated Canadian health care professionals (two RMTs and a Chiropractor), the college opened its doors for its first intake on March 2nd, Jupiter Day on the Indian calendar. Students will train in a 500 hour, 7-month program. Part of their clinical internship will be at a local hospital. By the end of the program, they will truly begin to understand the therapeutic healing power of massage.

But that's not the end of the story. While many graduates of IMMTI will stay and work in India, spreading the word about the benefits to society of this new health care profession, sev-

eral are expected to travel to North America, and particularly to Canada, to take their knowledge to the next level.

This is where CCMH, the Canadian College of Massage & Hydrotherapy, comes in. CCMH has entered into a collaboration agreement with IMMTI to accept those graduates of the program who would like to do exactly that. Once securing their study permit, IMMTI graduates will be provided acceptance to any of CCMH's and its sister college, the West Coast College of Massage Therapy's five campuses.

Having attended the opening of the new IMMTI campus, CCMH's President, Brian Goldstein, said, "I am more excited than ever about this bold, new initiative and I have tremendous admiration for the team here in Canada who have worked so hard to make it a reality."

The team of Canadians on the ground in India has been led by two veteran RMT's, Scott Dartnall and Monica Pasinato-Forchielli along with Chiropractor Dr. Andria Hoda. These professionals, are joined by Michelle Francis-Smith and along with Shaona Chatterjee they form the educational backbone of IMMTI. As well, they will be supported by a raft of whos whos guest lecturers from across North America. These health care professionals have made education their mantra and are intent at 'giving back' by sharing their knowledge even if it means they must travel half way around the world to do so!

How about that? We always knew that we as Canadians had a lot more going for us than hockey. Here's yet another feather in our cap.

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Massage Education Schedule

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PRE-CONFERENCE CERTIFICATE CLASSES

9:00am - 5:00pm



An Introduction to Kinesiology Taping

DREW FREEDMAN & RICK GARBOWSKI | HARVESTER SOUTH | 7 Hours

9:00am - 5:00pm



Foundations in Myofascial Release: The Shoulder Complex

WALT FRITZ | HARVESTER NORTH | 7 Hours

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10:00am - 11:30am

Student Day| Educator Day

COMMUNITY ROOM | 1.5 Hours

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10:30am - 11:30am



Overview of Integrated Manual Therapy

JAMES WASLASKI | BURLINGTON HALL | 1 HOUR

10:30am - 1:30pm



Moving Myofascial Release Forward Into More Plausible Narratives

WALT FRITZ | HARVESTER NORTH | 3 HOURS

12:00pm - 1:00pm



How to Improve Treatment Outcomes While Saving Your Hands

DR. COHEN | COMMUNITY ROOM | 1 HOUR

12:00pm - 1:00pm



Postpartum Massage Therapy: Assessing Diastasis Recti, Pelvic Floor Dysfunction

MICHELLE FRANCIS-SMITH & NICOLE NIFO | BURLINGTON HALL | 1 HOUR

12:00pm - 1:00pm



Solutions for Shoulder Pain and Instability

DR. ROTH | PEARSON HALL | 1 HOUR

1:30pm - 2:30pm



Deep Tissue Massage Made Easy

ERIC STEPHENSON | COMMUNITY ROOM | 1 HOUR

2:00pm - 5:00pm



Integrtaed Manual Therapy for Lower Extremity Conditions

(Including Ascending Syndromes)

JAMES WASLASKI | BURLINGTON HALL | 3 HOURS

2:00pm - 5:00pm



Scar Release Therapy (SRT):

Effectively Treating Chronic Pain & Women's Health Issues

KELLY ARMSTRONG | HARVESTER SOUTH | 3 HOURS

2:00pm - 5:00pm



An Introduction to Kinesiology Taping

DREW FREEDMAN & RICK GARBOWSKI | HARVESTER NORTH | 3 Hours

3:30pm - 4:30pm



Reproductive Health: Natural Assistance in Your Hands

SEAN-MICHAEL LATIMOURE | COMMUNITY ROOM | 1 Hour

8:00am - 4:00pm


Deep Tissue Techniques for Pain Management-Upper Body & Lower Body
 ERIC STEPHENSON | HARVESTER NORTH | 7 HOURS | **CERTIFICATE CLASS**

9:00am - 10:00am


The Science of How Scars Influence the Fascia, Muscles & Massage Therapy Outcomes
 KELLY ARMSTRONG | COMMUNITY ROOM | 1 HOUR

9:00am - 12:00pm


Advance Manual Therapies for Pediatric Massage
 SEAN-MICHAEL LATIMOUR | BURLINGTON HALL | 3 HOURS

9:30am - 10:30am


Aiming for Efficacy: Massage Therapy Measures and Outcomes
 DON DILLON | PEARSON HALL | 1 HOUR

9:30am - 12:30pm


Matrix Repatterning Workshop
 DR. ROTH | HARVESTER SOUTH | 3 HOURS

10:30am - 11:30am


The Use of Kinesiology Tape While Managing Unique Conditions & Populations
 CONOR COLLINS | COMMUNITY ROOM | 1 HOUR

11:00am - 12:00pm


The Art of Palpation
 CHRIS O'CONNOR | PEARSON HALL | 1 HOUR

12:30pm - 1:30pm


Exploring the 'The Placebo Effect' in Manual Therapy
 BRIAN FULTON | COMMUNITY ROOM | 1 HOUR

1:30pm - 4:30pm


Corrective Exercises for Pain Free Living and Performance Enhancement
 JAMES WASLASKI | BURLINGTON HALL | 3 HOURS

1:30pm - 4:30pm


Introduction to Pregnancy Massage, Therapy Foundations & Infant Massage
 MICHELLE FRANCIS-SMITH & NICOLE NIFO | PEARSON HALL | 3 HOURS

1:30pm - 4:30pm


An Introduction to Instrument Assisted Neuro Sensory Modulation (IASNM)
 CONOR COLLINS | HARVESTER SOUTH | 3 HOURS

2:00pm - 5:00pm


An Introduction to Kinesiology Taping
 DREW FREEDMAN & RICK GARBOWSKI | COMMUNITY ROOM | 3 Hours

8:00am - 4:00pm


Integrated Manual Therapy to Eliminate Multiple Nerve Crush Phenomenon of the Lower Body
 JAMES WASLASKI | HARVESTER NORTH | 7 HOURS | **CERTIFICATE CLASS**

9:00am - 12:00pm


Where It Is, It Ain't"—Successfully Treating Lower Back Pain
 ERIC STEPHENSON | BURLINGTON HALL | 3 HOURS

9:00am - 12:00pm


Address Your Practice Problems in the Coaching Circle
 DON DILLON | PEARSON HALL | 3 HOURS

9:00am - 12:00pm


Concussion Treatment for the Cranium, Neck and Upper Thorax
 SEAN-MICHAEL LATIMOUR | HARVESTER SOUTH | 3 HOURS

1:00pm - 4:00pm


The Art of Palpation
 CHRIS O'CONNOR | BURLINGTON HALL | 3 HOURS

1:00pm - 4:00pm


Improving Clinical Outcomes by Managing Contextual Factors
 BRIAN FULTON | PEARSON HALL | 3 HOURS

1:00pm - 2:00pm


How to Improve Treatment Outcomes While Saving Your Hands
 DR. COHEN | HARVESTER SOUTH | 1 HOUR

Please get your passport stamped after each class you attend, please keep this as your record of which classes you attended. It is the responsibility of the healthcare professional to be aware of their Governing Bodies allowances for CE's within his/her scope of practice. If the class is marked eligible for CE this should be used as a guideline only, and you should confirm all course eligibility with your governing body.

As an Ontario RMT you are self regulated for Continuing Education. Please be aware of the CMTQ guidelines for education. Most of these classes will fall under a Category A or Category B.

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



"Myofascial Release" is a term you're likely familiar with. My experience has led me to define it differently from convention. I believe this perspective has, for me, made the application of Myofascial Release more effective. Read on." - Walt Fritz

Myofascial Release

A PATIENT-DIRECTED MODEL

BY WALT FRITZ, PT

Ware the experts. Be it myofascial release, manual therapy, massage, or any of the countless other terms used to describe what we do, we are trained to call ourselves the soft tissue experts.

Patients seek us out due to our experience and expertise with pain and movement dysfunction. The longer you've been in practice the higher your regard may be. Folks come to see us because they believe we will help them and, as a result, will often give us a fair amount of latitude in terms of what we say and what we do, often with them offering little feedback or input, under the assumption that they need to let us do our job.

You may agree with some or all of what I just wrote, but I am moving farther away from those thoughts every day I practice and teach. Over the past few years my work, in both my physical therapy practice and Foundations in Myofascial Release Seminars, has become more patient-centered. Patient-centered sounds like what we should all strive for, but I hold to a stricter meaning. For many years I have taught that my patient should completely understand why I am doing in the area I am working at all times, or I quite possibly am not doing my job well enough. Not understanding it because I coached them, but understanding it because they feel it.

While I understand that many forms of manual therapy work from a method that necessitates building-block work, or working in areas thought to be the sources of the problem, even if they are far-removed from where issues are felt. Or, that work must be done to balance a person's body/system and, as such, work is done in areas that the patient may not realize there were issues. While I understand some of those methods (I was trained in a model of myofascial release that stressed, "find the pain, look elsewhere for the cause", which sounded nice but ended up being a coercive method of convincing the patient of things that they may not believe), I think our patients deserve more. I use a very simple model of evaluation that requires patient validation

when seem to locate an area that may be implicated in their issues, one driven by a simple to learn feedback loop.

As manual therapists, we tend to be fairly good at palpating problems/pathologies, whether real or metaphoric, but what do those palpatory findings indicate? We may cite the things we feel, be they myofascial restrictions, trigger points, knots, spasms, energy cysts, joint subluxations, inhibited muscles, etc., but I think that we need to circle the wagons back to the patient. The keen observer may note that two therapists may palpate the exact same area but cite two totally different problems or pathologies, hence the probable inaccuracy of palpatory findings. Given the lack of reliable knowledge of just what we are feeling, I think it makes sense not to sell our patients but yet another pathology; rather we should locate areas of sensitivity to mechanical pressure (that's what all palpation intends, right?) and then determine if that area reproduces a sensation that is relevant and familiar to the patient. If it is, stick around and treat. If what we have located is in no way relevant/familiar to the patient, we should not try to sell them on its importance. There are enough pathology-peddlers in our shared professions; I think we should base our treatment on what is important to the patient, not selling pathologies.

Each time I teach one of my Foundations in Myofascial Release Seminars, the lesson of assuring that treatment is only done when fully validated as relevant by the patient is emphasized. I truly feel that if we are supplied with a simple means of determining patient-centered and patient-valued evaluation findings, no matter what the modality is called, we will increase efficacy and allow the patient more input into the work. We need to move away from being perceived as the expert who should be listened to, just because they are experienced. I know nothing if I am not providing work that my patient understands and agrees with. Some of this may sound rather vague, but if you choose to take my class, it will become quite clear.



Building a *Thriving* Referral Practice

BY DR. GEORGE B. ROTH, BSC, DC, ND, CMRP

I WAS RECENTLY TREATING A PATIENT who had significant health challenges from a life-altering injury that threatened to end her career. Specialist after specialist had been unable to provide answers. During our session she shared that she had chosen to see me because I had successfully treated a colleague of hers with a similar condition, when all others had failed. It was because of this recommendation – from someone she trusted – that she took the initiative to seek treatment with me.

Differentiate Your Practice

Early on in my career, I acknowledged that the opportunity to help people with something as personal and fundamental as their health, represented a privilege and a responsibility. As a result, I decided that I was never going to settle for mediocre results. This pursuit of excellence culminated in the discovery of the principles that continue to define my practice to this day.

The first step in building a referral practice is to ask yourself:

- Am I truly committed to excellence in my practice?
- Do I enjoy my practice and look forward to going to work?
- Am I confident in the scientific basis of the techniques I use and my ability to address the underlying cause of the problem?
- Am I offering uniquely valuable services that set me apart from my peers?

Deliver Breakthrough Results

Patients are seeking your care with the hope that what you have to offer is going to be successful. You need to clearly communicate

the value of your treatments in order for them to consider an investment in your services.

There are 3 ways you can convey value to your patients:

1. You can simply tell them about the value you offer - and sometimes that works.
2. You can have others tell them about the value you offer - that works even better.
3. But the proven, most successful model is to DEMONSTRATE that value, even before the treatment is administered.

In pursuit of solutions challenging cases, I've encountered leading-edge scientists and clinicians, who inspired me to uncover certain foundational concepts about how the body really works. These discoveries led to the development of clinical approaches that were not only gentle and effective, but also allowed me to demonstrate the value of treatment, even before it was administered. I have since been blessed with the opportunity to share these breakthrough concepts with practitioners from all over the world.

Final Thoughts

Any patient, who is able to achieve relief from painful or limiting conditions, wants to share their success story. When your former patients become your ambassadors due to their success and glowing referral, you will enjoy a continually rewarding and fulfilling practice. I encourage you to continue to strive for excellence, keep searching for answers and keep providing life-changing results.



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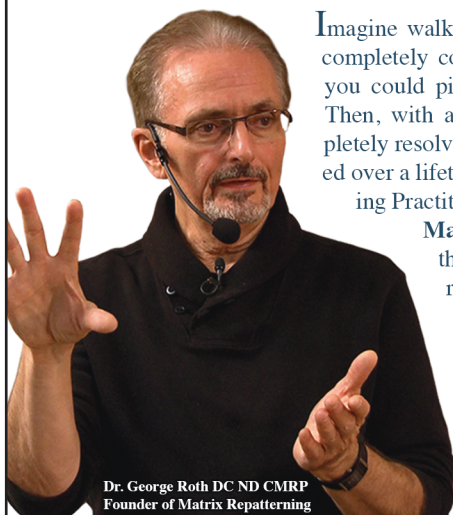
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Fascial HYDRATION

SQUEEZING THE SPONGE

BY THOMAS MYERS

You hear a lot about tissue hydration these days, and for sure we're all somewhere around 2/3 water. And to quote an old Bedouin proverb: "Water still, poison! Water moving, life!" The idea that water moving through you improves your biochemical turnover, and thus your repair and recovery is nearly universal - everyone from your mother to your yoga teacher (for you millennials, that's the same person) is always pushing you to drink more water.

It's really hard to over-hydrate (at least by the time you are school age), so this is largely a beneficial 'health tip', contributing mightily to bright eyes, healthy skin, and well-flushed kidneys. It's also contributing to mountains of Dasani bottles in the landfill, and long lines at the bathroom.

And there are some misconceptions involved. The question is not how much water enters your mouth or exits your urethra, the question of 'hydration' is really one of 'perfusion' - does the water you imbibe get to the cells who need it?

The pathways of fluid distribution in your body are well-worn, like streambeds. You drink the water, it gets taken up in the gut, passed through the mesentery into the portal system where it increases blood volume. Pushed into the 100,000 kilometres of capillaries, the increased blood volume opens up the garden hose a bit to allow for better perfusion - pushing the water around and through more cells.

Most cells are within 4 cells of a capillary. The cells that are 4 cells away from the capillary are not going to get the same perfusion / hydration as the cell that lives right beside the capillary. But the increased blood volume will push more blood (and thus more exchange, more opportunity for health) to the faraway cells. Low hydration will do the opposite - make the garden hose smaller, the flow more sluggish, and the distant cells will struggle harder to provide 'water-based services' like food delivery and waste removal.

Even the most prodigious water intake, however, will not get water to the places most in need in your body. A second act must follow, the opening of the tissues - fascial tissues mostly, though all tissues benefit - where they have become blocked by fibres, or clogged with dehydrated glue (mucopolysaccharides, glycoaminoglycans) or, in a word, "snot".

Opening the specific tissues in need of extra hydration requires we 'squeeze the sponge' of the tissue. Squeezing the sponge pushes the water out of the tissue so 'new' water can be sucked back in, as when you rinse and squeeze a kitchen rag under the tap.

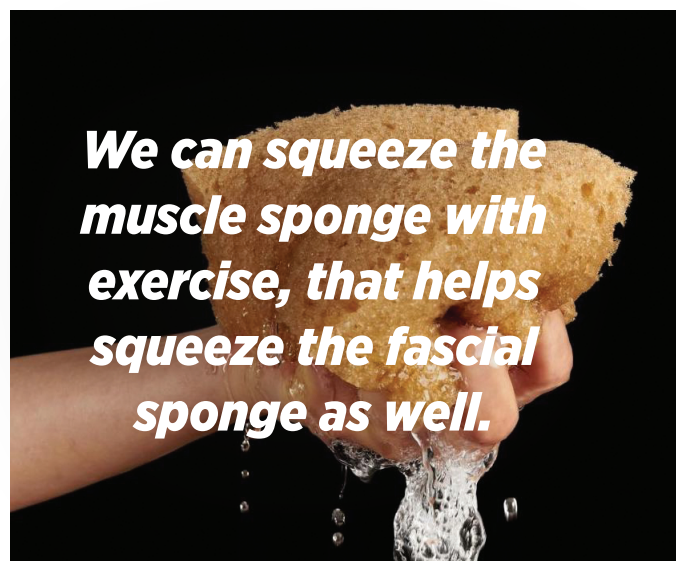
We can squeeze the muscle sponge with exercise, and that helps squeeze the fascial sponge as well. Stretching, especially the long-held stretches of yoga, also squeeze the sponge of the fascia, and deep stretches reach into ligaments as well.

While these are both beneficial, if you are pursuing the same exercise regime day after day, you keep squeezing the same part of the sponge again and again. The idea is to get the water into new tissue, and getting the water moving in new tissue demands that you do new movements - and we tend to be creatures of habit, aren't we?

Palpate the upside of your forearm, a few centimetres below your elbow. Strum back and forth across the extensor group of muscles that go to the back of your wrist. Feel that some of that tissue is bouncy, hydrated muscle, and some is stringy, dehydrated tissue. How much would you have to drink to change that dry tissue to the more hydrated tissue that lies just next to it? Yes, that's right, no amount of drinking is going to change it - movement is.

So, the first bit of advice from this

point of view is to keep changing your movement program. Take up Capoeira if you've been doing Cross-Fit; supplement your weight-lifting with deep stretches, do your yoga badly and see if you can wake up some new tissues. (Of course, you'll be waking up new—meaning forgot-



ten—nerve endings as well as hydrating tissues, so it's a double bonus.) Unusual movements hydrate the ignored nooks and crannies of your cellular community.

The other process that gets perfusion and hydration going to the necessary places is bodywork. A good bodyworker helps you find dehydrated places (trigger points are one example in the muscle, but there are fascial knots and 'densifications' as well), and hydrate them with friction, shearing, melting, or point work. Any of these can 'squeeze the sponge' as well, at first squeezing out the water, only to have it be sucked in again when the pressure or friction is lifted.

Drink all the water you want - but if it's going down the same old channels from throat to bladder, it is maintaining, but not improving, your health. Health improvement through hydration / perfusion means squeezing the sponge of your tissues, either through unusual movement or through the attention from hands coming from the outside.



See Through the Fog

GAINING CLARITY OF THE COMPLEX WORLD OF CONCUSSION MANAGEMENT

BY CONOR COLLINS

Since Sidney Crosby first sat out an NHL season, the word “concussion” took on a whole new meaning. The number of research papers grew exponentially and awareness for the injury increased in popularity in both mainstream media and medicine.

For many of us this was not a surprise. For years medical professionals have been aware that a concussion is in fact an injury, a brain injury.

A concussion is defined by the Ontario Neurotrauma Foundation as, “a complex pathophysiological process affecting the brain, induced by biomechanical forces”. While this definition offers a general overview of the condition, it does not outline the potential list of symptoms, treatments and presentations involved in this incredibly complex injury.

As research continues, the fact remains massage therapists continue to play an integral role in concussion management. With increased involvement, there is a need for a better understanding of how to serve patients in the recovery process. This article hopes to provide an education on common trends within the concussion community and how the massage therapist can improve patient outcomes.

Acute concussions, with an early diagnosis and intervention result in very favourable patient outcomes. In fact, research shows that 85%-90% of concussions will resolve within 7-10 days. Of the remaining 15%, recovery times range from weeks to years in length.

A common question asked during this period is “how much complete rest should a patient take?” During the most recent consensus statement on concussion, in Berlin, experts concluded complete rest should not exceed 24-48 hours, at which time patients can begin a tailored return to activities protocol. During the acute phase of the injury, symptoms that take priority include post concussive headache, sleep hygiene and accompanying or emerging mood disorder.

Massage therapists are often called upon to help manage the above symptoms, with headache being the most common. As such, the importance of headache recognition by the massage therapist plays an integral role in patient recovery.

The most common type of headache suffered after a concussion is a tension headache. Tension headaches originate

in the autonomic nervous system and are perpetuated by the metabolic crisis of a brain injury. Tension headaches are typically bi-lateral, “stabbing or throbbing” in nature and aggravated by increased physical exertion, or cognitive stress beyond a patient’s threshold. Tension headaches lend themselves to treatments that are focused on relaxation, with the primary goal of decreasing the sympathetic nervous system’s affect on post concussion symptoms.

The second most common type of headache suffered is a cervicogenic headache. Cervicogenic headaches are typical uni-lateral, consistent to one side of the neck, head or face and recreated by neck movement and/or palpation. These headaches are typically caused by the associated whiplash injury that accompanies a concussion. A cervicogenic headache requires a treatment whose goals include improving range of motion, tissue tone and quality.

It’s important to note that tension headache can often be misclassified as a cervicogenic headache. This may be the most important understanding for massage therapists treating concussion populations. Aggressive treatments without an understanding of headache type, may lend itself to increasing the patient’s symptoms.

Outside of clinical skill, the most valuable thing to offer patients is education. This includes dispelling the myths that exist within the concussion community. Exercise previously thought to be negative now plays an important role in the recovery process. Leddy et al. have done extensive research on sub-symptom threshold exercise and its benefit on patient recovery.

The world of rehabilitative therapy offers both vestibular and ocular rehabilitation to help patients manage a multitude of symptoms and return them to pre-injury status. While these methods still require more rigorous research, early case studies show promise in their role in patient management.

Concussion is a scary word. As massage therapists involved more than ever in the recovery process it’s important to offer patients support. Re-assure them that there is plenty of new evidence to help their recovery. Search your community to provide patients with resources and most importantly be aware of current advancements in research to provide the best patient outcomes possible.



Ryan McKeen: Athlete, Philosopher and Spa-Based Massage Therapist

BY DON DILLON, RMT

Iknew from the time I was in massage therapy college I wanted to work in a spa” states Ryan McKeen. McKeen is athletic, dons a genuine smile and his eyes portray his sincere determination. In his blog post, *My Massage Story*, McKeen takes direct aim at the stigma of spa massage.

As a sports participant and former Athlete of the Year, McKeen suffered plenty of injuries. He has an appreciation for the “healers of the world” who work to reclaim the body’s suppleness and mental acuity. “Massage therapy stands out...It’s the best way to help physical and mental wellness. The best therapists integrate both.” Prior to education in massage therapy, McKeen obtained a Bachelors of Arts, with specialization in philosophy. “Massage therapy is a deductive practice...I love the problem-solving aspect.” He weaves a philosophical framework into his massage

therapy sessions, allowing McKeen to emit calm presence while providing care.

Reflecting on his education experience, “Teachers belittled the idea of working in a spa.” By third term, “it seemed massage was no longer about making people feel good... (but about) calculated change.” He relays, “Relaxation was an unacceptable treatment goal (with a focus on functional outcomes)it bugged me.”

An experience in student clinic left McKeen undaunted. A middle-aged man, intensely involved in his father’s care, suffered from persistent arm pain. The man used this same arm to assist his father around their shared apartment. “After trying to treat through his guarding, I took a chance. “I think you’re holding your arm tight because you’re still trying to hold your father.” With that insight of his mental-emotional state, the man eventually released his arm. By the fourth treatment, the pain was gone.

In another case, McKeen treated an elderly woman with terminal cancer and in the end stages of her life. McKeen’s care provided her with some relief, and she thanked him. “Here was a woman in constant pain, with nothing left. She summoned the strength to say, ‘thank you’. With no observable improvement in range of motion (or other functional measures), yet the massage therapy provided this woman (the comfort) she needed. She died shortly after. “This (impact on the lives of others) is what drives me to this day.”

McKeen is critical of massage schools that discourage RMTs from exploring the spa sector. “My appreciation for mental wellness and health has never faltered. The spa captures the essence of what it means to relax body, mind and soul. That is not something that can be evaluated by functional outcomes.”

When McKeen accepted a position at a Hand & Stone Massage and Facial Spa location, he made a definite impression. “Right out of the gate, I was getting lots of requests and positive feedback. It seemed the spa sector was giving me a lot more experience than my former classmates. They were providing 1 or 2 massage sessions a day while I was providing 5 or 6.”

McKeen relates, “I have continued to thrive in the spa setting. I can’t picture myself working anywhere else.” He recites his mantra before each massage, “This is going to be the best massage this person has ever had.” Elaborating, “I enjoy the challenge of setting the bar higher and higher for myself.”

McKeen reflects on the narrative of his life so far. He thought he would be a fire fighter. Now he helps people every day. He loved science. Now he manipulates body tissue. He studied Philosophy. Now he finds pain sources through deduction and logic. He wanted to bring smiles to the faces of people in his care. He does. “I am a Massage Therapist.”



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