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ONCOLOGY MASSAGE
BY GAYLE MACDONALD

THE VALUE OF
**ADVANCED
CERTIFICATION**

RESISTANCE & RELEASE



BY DEANE
JUHAN

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Career Opportunities—Page 51

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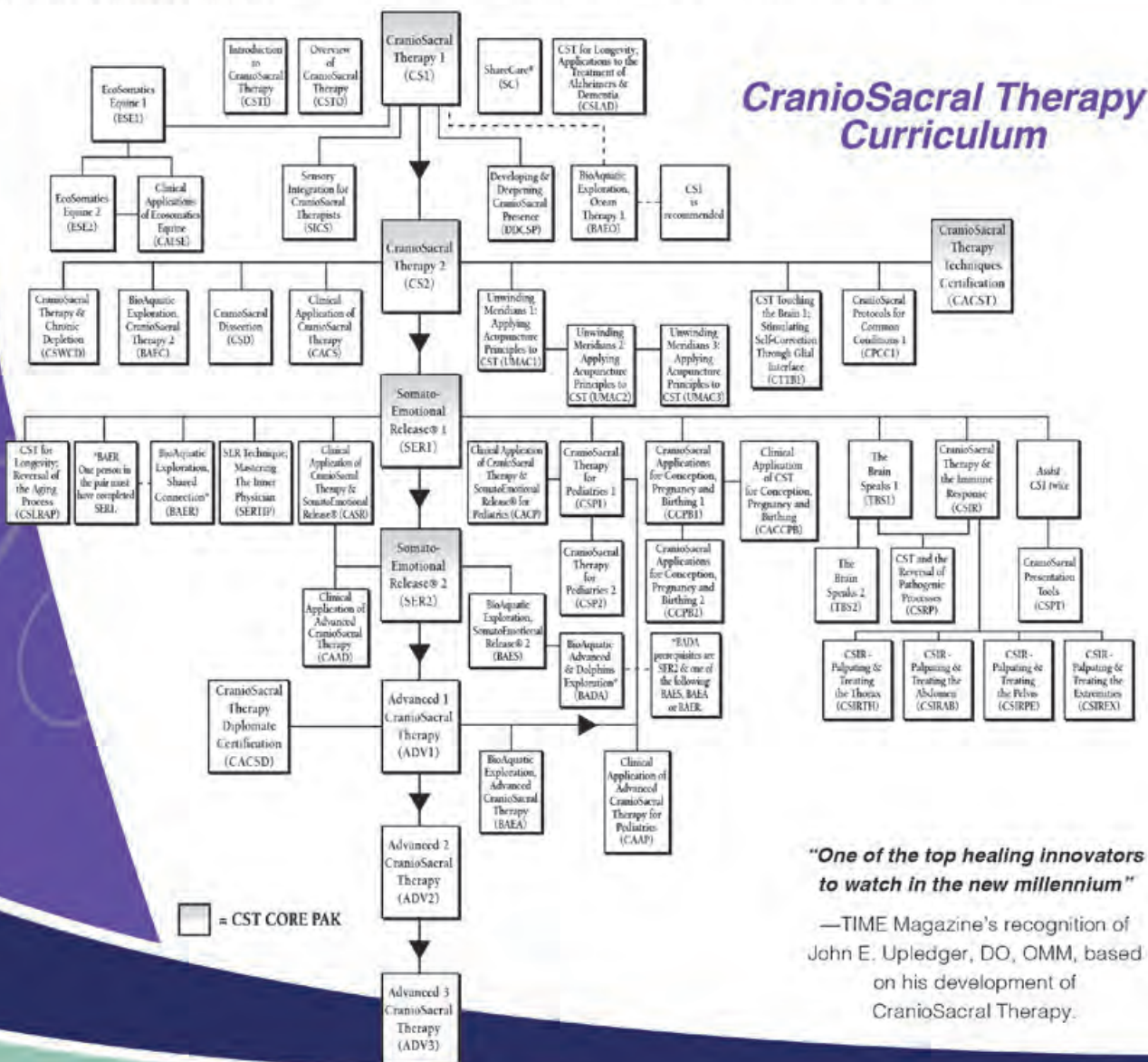
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MASSAGE




Cover Story

Postpartum Depression:
Physical & Emotional Benefits of Massage



68 Childbirth isn't always the end of the challenges your pregnant clients face. The healthy touch of massage can give new mothers critical support at a stressful time in their lives. Many therapists report that massage can improve women's mood, reduce worry and increase enjoyable mother-baby interactions—and the results of research studies involving women with postpartum depression support these observations.
by Carole Osborne, C.M.T.

 *Carole Osborne, C.M.T., presents the research and references available on postpartum massage, at massagemag.com/postpartumresearch.*

Protect Your Workplace and Clients
From Bacterial Infections

30 Skin infections such as cellulitis, folliculitis, boils and impetigo are quite common, so at some point you are likely to encounter a client with one of these conditions. Here's how to give massage safely while preventing the spread of harmful bacteria.

by Annie Morien, Ph.D., P.A.-C., L.M.T.

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Crossfiber Muscle Therapy

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by Victoria Ross

Once Cancer Treatment is Over:
Long-Term Side Effects and
Late Effects

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by Gayle MacDonald, L.M.T.



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Add sequences of resistance and release to your bodywork to create an interactive approach featuring equal participation of both therapist and client.

by Deane Juhan

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by Shari Auth, L.M.T.

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by Patricia J. Benjamin, Ph.D., L.M.T.



Learn about the archetypes of masseuse and masseur in an excerpt from *The Emergence of the Massage Therapy Profession in North America: A History in Archetypes*, by Patricia J. Benjamin, Ph.D., L.M.T., at massagemag.com/emergenceofmassage.

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by Allison Payne



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Visit massagemag.com/newresearch to read this month's online Research Exclusive, "Massage Benefits Colorectal Surgery Patients."

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Read more of your colleagues' responses to this month's featured question at massagemag.com/readerepressions.

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Blogger Spotlight

Irene Smith founded and directs Everflowing (everflowing.org), an educational outreach program dedicated to teaching mindful touch as an integral component of end-of-life care. She writes the "Everflowing" blog on massagemag.com. An author and educator, Smith also runs a private massage practice in end-of-life care; teaches touch skills to volunteers for several San Francisco Bay Area hospice organizations; and consults in the development and implementation of hospice massage programs.

SELF-CARE TIP

7 Exercises to Prevent Back Pain

by Todd Sinett, D.C.



DAVID ZANES

Massage therapists need a strong, balanced core: The job requires long periods of time on your feet, sometimes bent over, which can eventually lead to back pain. The following are simple exercises you can do to help strengthen your core. They don't require any equipment, and can be done in the comfort of your home or practice.

Start with one set of 12 repetitions of each exercise, and work your way up to three sets as you progress. As with any exercise program, take it slow to get the form and movement down first.

1. Tummy tuck: Lie on your back with your arms at your side, palms facing down. Draw your navel down toward the floor. Tilt your pelvis so your buttocks lift off the floor. Hold for 10 seconds and release. Repeat 12 times.


 Visit massagemag.com/backexercises to read the rest of this tip.

Todd Sinett, D.C. (drsinett.com), a chiropractor in New York, New York, is author of the new book 3 Weeks to a Better Back (October 2015), and creator of the BackBridge™ System, a device developed to improve spine health.

Poll Question


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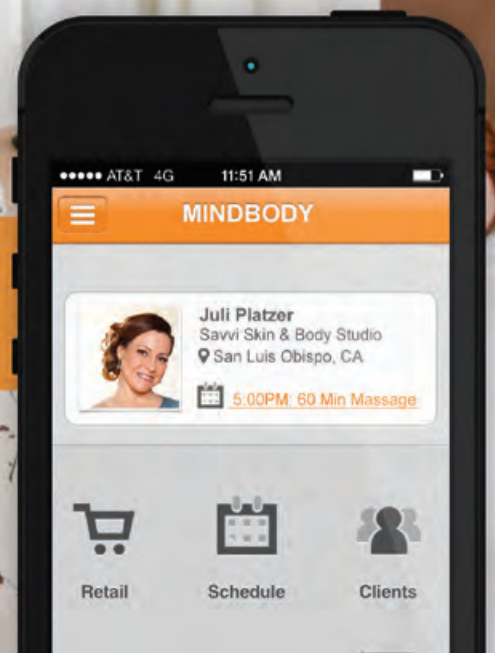
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PHOTO BY KELLY MENEHAN

Postpartum depression can be devastating—to a new mother, her family and friends, and her baby. What role might postpartum depression play in the criminal actions, including physical harm to mothers’ babies or themselves that we hear about in the media—and in countless sleepless nights and black-cloud days that plague the women whose stories aren’t in the headlines?

We don’t know, because postpartum depression is a sort of silent disease, one that gets little attention unless a woman suffering from it makes a mistake, and makes the headlines. Depression is still seen as shameful or a problem that is “all in your head” by many people—and that shame may be magnified when a new mother believes she should be experiencing the joy of parenthood rather than thoughts that life is not worth living.

In this month’s cover story, “Postpartum Depression: Physical & Emotional Benefits of Massage,” Carole Osborne, C.M.T., explains how skilled touch provided by a caring massage therapist can benefit new mothers and help alleviate postpartum depression.

“Provide special mothering-the-mother sessions by creating a calming ambiance and listening with your hands and heart to her mothering journey,” Osborne writes.

“Responsive, soothing touch may enhance her pleasure in being a mother and often prompts the unburdening of any negative feelings. Listen with a nonjudgmental, supportive attitude so that she can tell her story honestly.”

The American Psychological Association (APA) reports that an estimated 9 to 16 percent of new mothers will experience postpartum depression—and that prevalence might increase to more than 40 percent with ensuing pregnancies. According to the U.S. Centers for Disease Control and Prevention (CDC), postpartum depression includes difficulty sleeping; feeling disconnected from the infant; thinking frightening or negative thoughts related to the baby; a mother being afraid she will harm her baby; and feelings of guilt, or thinking she is not a good mother.

The organizations I cite here—the APA and CDC—recommend talking with one’s physician, counseling or medication to treat postpartum depression; neither one references massage therapy.

However, as an increasing number of massage therapists are educated on the benefits of skilled touch for this problem, more clients and medical personnel will become aware of massage as a holistic, complementary treatment that may help alleviate the suffering of many new mothers.

I’d love to know your thoughts about this issue. Contact me at edit@massagemag.com.

Karen Menahan

Contributors

Meet some of the contributors who helped create this month’s *MASSAGE Magazine*



Judith DeLany wrote this month’s Expert Advice column, explaining the significance of advanced credentials. DeLany has co-authored, with Leon Chaitow, D.O., five academic textbooks; was a founding editorial board member of the *Journal of Bodywork and Movement Therapies*; and developed a form of Neuromuscular Therapy that is taught worldwide. She lives in St. Petersburg, Florida.



Gayle MacDonald wrote “Once Cancer Treatment is Over: Long-Term Side Effects and Late Effects” for this issue. Gayle is the author of *Medicine Hands: Massage Therapy for People with Cancer, 3rd Edition* and *Massage for the Hospital Patient and Medically Frail Client*, and an instructor with Oncology Massage Education Associates, which presents classes throughout the world.



Deane Juhan wrote “Resistance & Release: Rapid Reprogramming of Postural and Movement Patterns” for this issue. Deane is a Trager Method practitioner and educator, and the author of *Job’s Body: A Handbook for Bodywork* and *Touched by the Goddess: The Physical, Psychological and Spiritual Powers of Bodywork*. His practice is in El Cerrito, California.



Annie Morien wrote “Protect Your Workplace and Clients From Bacterial Infections” for this issue. Annie is a massage therapist, dermatology physician assistant, and author of the recently released book *Infectious and Communicable Skin Diseases; A Pocket Guide for Massage Therapists*. She is also an educator with the Florida School of Massage in Gainesville, Florida, and the 2015 Jerome Perlinski Educator of the Year.



Carole Osborne wrote “Postpartum Depression: Physical & Emotional Benefits of Massage” for this issue. Carole is author of *Pre- and Perinatal Massage Therapy*, now in its second edition, and course developer of a nationwide continuing education and certification workshop of that name. She lives in San Diego, California.

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Reader Feedback

STATE BOARDS DOWNGRADE

I am a teacher in a massage therapy school in Minnesota, and found out that your magazine's Laws & Legislation webpage (massagemag.com/laws) recently made an "upgrade." There are a number of bugs in the system, such that when I click on a state, it doesn't bring up anything—and the address line points to something that is obviously in error.

Unfortunately, the old page was much more useful, as it showed information in easy-to-read, quick bites, such as how much the state license costs, the contact information for the board, and continuing education required.

I had made an assignment to my students to go to your webpage and find information about different state licenses, and I now need to push it back and find different online resources for them to use to complete it because the information that I sent them out looking for—information a professional massage therapist would need were they going to move to a different state—is no longer available on your site.

I would encourage you to tell whoever [made those changes] to dial it back to the old way. The upgrade is actually a downgrade for your site.

*Jeremy Miller
Via email*

EDITOR'S RESPONSE: Thank you for your letter. We ran into a problem with the state board information published on our website (massagemag.com) and in print—which is that the state boards often did not return our requests for updated information. Rather than publish any incorrect statistics, we reduced the amount of information we publish about each individual state.

We are still in the process of revising and updating the information for each state that we have decided to run. Please check back for more complete information.

The best way for your students to gather current information for any state is to contact each state board directly. To the best of our knowledge, there is no single entity maintaining



current, accurate information for all regulating states.

SEEKING A PAST ARTICLE

I am a subscriber and I think that I loaned a copy of my magazine to a friend—I need the issue of about three months ago that had an article on how to write a professional letter to doctors for referrals (“An 8-Step Guide to Physician Referrals,” April). It had a full-page example of a letter contained in the article. Could you please send me this article or tell me how to get it?

*Darcy Truehan, L.M.T.
Via email*

EDITOR'S RESPONSE: Anyone wanting to purchase a single copy of a past issue may call (904) 285-6020.

MASSAGE Magazine Social Networking

DISCUSSION: Are you board certified through the [National Certification Board for Therapeutic Massage & Bodywork]? Why, or why not?

Yes, I am—and it is the right thing to do for the profession. There needs to be a distinction between entry level and a level of experience.

Licensing at graduation [means a] beginner. Board certification means not a beginner—[an] important distinction.

*Sandy Fritz
facebook.com/groups/massagemagazine*

I'm not, because I would rather spend the money on learning new techniques in hands-on classes. My clients make appointments with me because of my abilities and knowledge.

[I am] already held to a certain standard of ethics and education by my state in order to obtain license renewal. In addition, I need to agree to abide by certain protocols for being a member of an insurance-based membership organization.

*Amanda Brown
facebook.com/groups/massagemagazine*

DISCUSSION: What are the best ways to stay safe when doing outcall massage?

I make it very clear I'm a sports therapist, I do trigger-point, stretch, compression, hot packs [and] cold packs. Very targeted for injury recovery ... For females I can recommend [they tell clients] that someone is waiting for them in the car or someone will be picking them up after the session.

*Art San
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—Crystal Johnson of Lafayette, LA

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The Purpose of Play

Children of yesteryear spent hours exploring outdoors on their own, and schools offered activities such as band, recess, physical education and art. Today, due to parents' perception of increased danger combined with dwindling educational budgets, children are usually found seated at a school desk or highly supervised when not at school—and usually indoors.

Some education experts believe a decrease in play- and creativity-related activities has resulted in an increase in physiological problems among children, which include less-than-optimally developed motor skills and senses.

A child exploring his environment outdoors receives the benefit of enriching his sensory experiences and learning to integrate the sensory systems, explained Victoria Nichols, Ph.D., a psychologist at Cognitive Therapy of Staten Island, in Staten Island, New



TIM PANNELL/USE/THINKSTOCK

York. “For example, a child’s tactile (touch), vision, vestibular and proprioceptive systems are used to run on a grassy field or the sandy shoreline of a beach,” she said. “The child must first see the surface then have the correct motor response by responding

California (bastyr.edu), are proponents of children having whole-body experiences, including dancing, building a sandcastle, playing on an obstacle course, rolling a log down a hill, and playing sports or a musical instrument.

academic outcomes. Children who learn to cooperate, share, and abide by rules of group physical activities and those who learn to discover and test their physical abilities even in individual activities are likely to feel more connected to their school and community and want to challenge themselves.”

As public education focuses increasingly on academics, what might the effects be for the adults of tomorrow?

According to Nichols, “Research indicates that children with poorly developed motor-skills by age 5 will likely never develop efficient motor-skills.”

And according to the review, “Physical Activity and Student Performance at School,” published in the *Journal of School Health* in August 2005, in addition to obvious physiological benefits such as improved circulation, reduced stress and better mood, “The structure of physical activity in schools also provides social benefits that could result in

Jensen referred to the HighScope Preschool Curriculum Comparison Study (highscope.org), which compared 23-year-olds who were educated in play-based preschool curriculum with those educated in academically oriented preschool curriculum.

“Approximately 6 percent of children in play-oriented early education required special services for social deficits versus 47 percent in academic-oriented curriculum,” she said. “[And] the group that was in academic-oriented preschools had higher arrests for felonies—34 percent compared to 9 percent in the play-oriented group.”

—Karen Menehan

Swings, digging in the sandbox, playing tag or going down a slide all help integrate the sensory systems.

York. “We often talk about the five senses being taste, sight, hearing, smell and touch [but] there are two other internal senses that are less talked about,” she added.

Those two senses, Nichols said, are the vestibular system, which is our sense of movement and balance; and the proprioceptive system, which is our sense of where we are in space. Outdoor play provides the opportunity to work on these sensory systems through what Nichols called multichannel experiences.

to different changes in varying terrain.

“Swings, digging in the sandbox, playing tag or going down a slide all help integrate the sensory systems, which are the foundation to neurological development of children,” Nichols said. “These outdoor activities also help develop core strength, which lays the groundwork for fine and gross motor skills, speech and language development.”

Nichols and colleague Jonci Jensen, N.D., an assistant professor at Bastyr University,

Belief in Soft Skin Makes Us Want to Touch

Does your clients' skin feel soft? It might feel that way to a massage therapist, but that feeling is an illusion, according to new research.

The research, "Active Interpersonal Touch Gives Rise to the Social Softness Illusion," which ran in September in *Current Biology*, published by Cell Press, indicates that human beings perceive each other's skin to be softer than their own. Investigators believe this perception might have evolved as a way for us to want to touch each other and thereby build social bonds.

"The illusion reveals a largely automatic and unconscious mechanism by which 'giving pleasure is receiving pleasure'

in the touch domain," said lead researcher Aikaterini Fotopoulou, Ph.D., of the University College London, in London, England.

"Earlier studies showed that softness and smoothness stimulate parts of the brain associated with emotion and reward," noted a press release from Cell Press. "Therefore, this 'illusion' that other people are softer ensures that reaching out and touching another person comes as its own reward."

This illusion helps bond humans to each other, the press release noted: "For example, touching a baby in a gentle manner seems to give the mother tactile pleasure, the researchers say, over and above any other thoughts or feelings the mother may have in the moment."



ALEXY KLEMENTIEV/THINKSTOCK

Top Stressors on Self-Rated Mental Health

1. Work-family conflict
2. Unemployment
3. High job demands
4. Low organizational justice
5. Secondhand smoke exposure
6. Job insecurity
7. Low job control
8. Low social support at work
9. Exposure to shift work
10. Long work hours/overtime

Source: "Workplace stressors & health outcomes: health policy for the workplace," published in September by the Behavioral Science & Policy Association.

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Whitney Lowe Presented with Humanitarian Award

Whitney Lowe, L.M.T., was presented the 2015 Performance Health/Massage Therapy Foundation Humanitarian Award at this year's American Massage Therapy Association National Convention held in Pittsburgh,



Whitney Lowe, L.M.T.

Pennsylvania, in August. Lowe was honored for his efforts "in embracing the power of massage and the mission of the Massage Therapy Foundation to promote education and research while serving others," according to a press release.

"Every one of us believes in the power of touch and its ability to bring relief and healing to the human body," said Marshall Dahneke, CEO of Performance Health, when he presented the

award. "The power to touch the mind, harnessing the collective capability of many therapists, has an even greater and

enduring impact. Combine that with the power to touch the heart, to create a depth of passion for good, and you've described Whitney—a master of touch, a man who touches the future simply because of what and how and who he teaches."

Lowe is an orthopedic massage educator (omeri.com), and has authored or contributed to nine books on massage therapy, including *Orthopedic Massage: Theory and Technique*,

Orthopedic Assessment in Massage Therapy and *Functional Assessment in Massage Therapy*. He has also served on several editorial and advisory boards and task forces.

In addition to honoring Lowe at the convention, Performance Health donated \$2,500 to the Massage Therapy Foundation in his name.

"[Whitney] has supported

the foundation in so many ways, with the most recent as an editor for the *International Journal of Therapeutic Massage & Bodywork*," said Jerrilyn Cambron, L.M.T., D.C., Ph.D., president of the Massage Therapy Foundation. "Thank you, Whitney, for sharing your knowledge, your kindness and your generosity with the massage therapy profession."

More Menopausal Women Use CAM




WAVEBREAMEDIA/THINKSTOCK

A growing number of women are turning to complementary health care, including massage, to manage symptoms of menopause. This is according to a new study that will be published in January in *Menopause*, the journal of The North American Menopause Society (NAMS).

"Ongoing fear of the potential risks of hormone therapy is cited as a primary reason for the growing use of CAM among menopausal women (including pre-, peri- and postmenopausal) in recent decades," noted a NAMS press release about the study. "It is estimated that 53 percent of menopausal women use at least one type of CAM for the management of such menopause-related symptoms as hot flashes, night sweats, anxiety, depression, stiff or painful joints,

back pain, headaches, tiredness, vaginal discharge, leaking urine and palpitations."

The study focused on the fact that most women are seeking CAM services without the guidance of a primary-care health provider.

"There is still much to be learned in the CAM arena and women need to understand that just because something appears natural does not necessarily mean it is without risk, especially for certain populations," says NAMS Medical Director Wulf Utian, M.D., Ph.D., D.Sc. "In the meantime, this study does a good job of alerting clinicians to the growing interest in CAM alternatives and of the critical role of health providers in helping educate patients on the potential risks and benefits of all options." 



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The Roots of Massage Therapy

by Patricia J. Benjamin, Ph.D., L.M.T.

Editor's note: Taking a look back in time can illuminate the very long and sometimes difficult professional path massage therapists have traveled to become the respected complementary health care professionals they are today.

The following is an excerpt from the new book, *The Emergence of the Massage Therapy Profession in North America: A History in Archetypes*, by Patricia J. Benjamin, Ph.D., L.M.T., published by permission of Curties-Overzet Publications.

This selection discusses the “rubbers” of the 19th century, those people who assisted physicians, worked on people in private practice or massaged athletes.

— * —

The *rubber* archetype crosses an important threshold, from the practitioner who uses soft tissue techniques within a larger context, like the midwife and bonesetter, to one who is specifically defined by the manual skills of rubbing and friction. The rubber learned his or her trade through experience, and possibly informal on-the-job training, needing only to have “good hands” and an aptitude for the work. Rubbers’ work styles ranged from independent practitioners to specialists hired by doctors to provide treatment for their patients.



A female rubber treating an injured soldier circa 1914

References to rubbers appear in North America in colonial times; as with other occupations, rubbers would have been well known in Europe much earlier. Though eventually supplanted by the better-educated masseurs and masseuses, the rubber was a familiar archetype on the North American landscape into the 20th century.

Three subgroups of the rubber archetype are noteworthy in the history of massage therapy. One is the *medical rubber*, who assisted doctors with their patients’ recovery, or otherwise worked in medical settings. The second is the *entrepreneurial rubber* who had patients of his or her own

in private practice. The third is the *athletic rubber*, who participated in the training of athletes and rehabilitation of athletic injuries.

Grosvenor and female rubbers

A little book called the *Rubbing System Pursued by the Eminent Surgeon Mr. Grosvenor of Oxford*, written in 1825

by William Cleobury, a surgeon of the Radcliffe Infirmary in Oxford, provides testimony to the emerging occupation of medical rubber. John Grosvenor (1742-1823), an English surgeon, hired rubbers to treat his patients suffering from lameness from contracted, rheumatic, or diseased joints. It was, “for this purpose, females were engaged, who supported themselves by this occupation.”¹ This simple statement relates a dazzling development in the history of massage therapy.

“For this purpose” frames a job description for medical rubbing. “Females were engaged” singles out women, not old women or nurses, for this specific line of work. “Supported themselves by this occupation” is a social observation recognizing independent women working outside of the home who have a viable means of livelihood.

Grosvenor had great success with his frictioning protocol and became renowned for his cures. His approach was particularly recommended to soldiers who had received battle wounds that left them lame. A detailed description of Grosvenor’s treatment, which combined friction and joint movement, was bequeathed to posterity by a colleague.² Intended for the instruction of surgeons, and possibly rubbers, it offers a vivid picture of the application and techniques, a rare treasure for such an early work.

The female rubber, seated on a low stool, and taking the patient’s limb in her lap (which position gave her command over it), so as to enable her to rub with both hands, proceeded to rub with extended hands, so that the friction should be performed principally with the palm of the hand; taking long strokes, one hand ascending as the other descended; keeping both hands in motion the whole time; and occasionally applying a small quantity of fine hair powder to the palms of her hands, to prevent the moisture from producing an erosion of the skin.

After the friction had been continued in this manner for half an hour, the limb, if contracted, was taken by the female rubber at the ankle, and in the slightest possible degree an attempt was made to

extend it. The friction was continued first for one hour daily (more or less as the case would admit), and gradually increased till the patient could bear it to be rubbed at a time three hours in the day, observing always to rub by the watch.

After every period of rubbing was concluded, however unpleasant and distressing it was to his patients, he invariably obliged them to put the limb to the ground and make efforts to walk ... From these attempts, repeated after every rubbing, the genial warmth produced by the friction has enabled the patients to do something more towards walking daily.³



PHOTOS COURTESY OF CURTIS OVERZET PUBLICATIONS

Entrepreneurial rubbers

By the early 1800s, rubbers in Britain were establishing practices of their own. This was the archetypal entrepreneurial rubber. Two mentioned in an 1866 publication called *The Anatriptic Art* were Mr. Harrup, “the well-known Brighton rubber,” and Mr. Beveridge of Edinburgh, who had a “great reputation as a rubber, and a great practice.”⁴

Apparently Beveridge introduced the innovation of rubbing with the fingertips, unlike others who rubbed primarily with their palms. Three advantages of this technique were cited as the ability to address a small space, to vary pressure from “gently as dew upon the grass” to “heavily as the hoof of an elephant,” and to effect an “evanescent” quality by rapidity of motion.

Unschool'd rubbers had very limited knowledge of anatomy and physiology, except what they picked up by experience, and were not viewed as colleagues by university-educated medical men.

Using the fingertips would also have been better for the palpation of anomalies in tissues, and for detecting changes in tissue quality. The ability to vary technique and the enhancement of palpation skills were important developments in the evolution of the rubber's skills.

Beveridge is also a prime example of the success of independent medical rubbers in helping their patients, and of the weakness of their theories. He believed that chronic diseases were generally caused by "ancient sprains," or by bodily fluid collecting in liquid or hardened form. On finding these deposits, he would rub them away, and patients would get well. A pamphlet describing his work was published in 1859 by Beveridge's son, titled *The Cure of Disease by Manipulation; Commonly Called Medical Rubbing*.⁵

In North America, independent rubbers like Mr. Beveridge would have been similarly successful and well regarded in their communities.

Changing times

Unschool'd rubbers had very limited knowledge of anatomy and physiology, except what they picked up by experience, and were not viewed as colleagues by university-educated medical men. This was an important social distinction that affected the status of rubbers in class-conscious circles. Most entrepreneurial rubbers would have been put in the category of quacks by organized medicine, similar to the status of bonesetters. The general public, however, being much more practical, availed themselves of whatever remedies they deemed to work.

One prominent 19th century surgeon, Sir James Paget, did speak positively on behalf of rubbers as well as bonesetters. In a lecture to surgeons he admonished his colleagues to give these lay practitioners credit for being effective healers in many cases.


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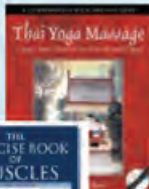
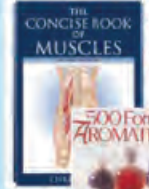


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*practice of the rubbers and plasterers; for these know many clever tricks; and if they had but educated brains to guide their strong and pliant hands, they might be most skillful curers of bad joints, and of many other hindrances of locomotion.*⁶

His words about “educated brains” foretold advances that would be made by the next generation of manual therapists—medical gymnasts and massagists—who would learn their trade in schools.

By the late 19th century, the archetypal rubber was in decline. Their techniques seemed crude and their knowledge of anatomy too limited. Those who were still practicing paled in comparison to the better-educated medical gymnasts and masseurs and masseuses who had come on the scene. What came to [be] called “massage” was considered much more scientific and sophisticated than the work of its medical or entrepreneurial rubber precursors.


Doctors advocating for the new system of massage in medical settings had little good to say about the old practice of medical rubbing. They complained that the rubber or operator “simply rubs or pummels the patient, without any regard to the anatomical arrangement of the parts, and usually without any definite object.” And contrary to massage for which knowledge of anatomy is required, for rubbing only “physical strength and a certain knack are all that is necessary.”⁷

Confusing matters, rubbers began using the term “massage” in a generic sense to describe their skills, but continued doing the cruder medical rubbing as they had been doing. This was also true for athletic rubbers and bath attendants who did variations of the old way of rubbing, but began calling their work massage when that term became more fashionable.

The use of the term “massage” for all types of soft tissue manipulation continues to this day. It caught on, not only with the general public, but with doctors as well. In his 1902 textbook *Treatise on Massage*, Douglas Graham comments that there is “an increasing tendency on the part of scientific men to have the word massage embrace all these varied forms of manual therapeutics.”⁸


The rubber archetype represents a recognizable

occupation requiring special knowledge and skills. Over the span of the 19th century, rubbers laid the foundation for subsequent professionalization of the massage field. They paved the way for medical gymnasts, and masseurs and masseuses, to find jobs in medical settings and in athletics, as well as to become healers in private practice.

Patricia J. Benjamin, Ph.D., L.M.T., is a massage therapist and educator who has been researching and writing about the history of massage for three decades. A former American Massage Therapy Association National Historian, she seeks to enlighten and inspire with stories about the profession's past, sharing this remarkable chronicle with massage therapists and others interested in natural health and integrative health care. *The Emergence of the Massage Therapy Profession in North America: A History in Archetypes* is published by Curties-Overzet Publications. For inquiries or to purchase the book or e-book, contact info@curties-overzet.com. 

Footnotes

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 Learn about the archetypes of masseuse and masseur in another excerpt from *The Emergence of the Massage Therapy Profession in North America: A History in Archetypes*, by Patricia J. Benjamin, Ph.D., L.M.T., at massagemag.com/emergenceofmassage.

James Waslaski, L.M.T., C.P.T.

James is a published author and teaches Orthopedic Massage Seminars throughout the world. He has produced eight DVDs on Integrated Manual Therapy and was inducted into the 2008 Massage Hall of Fame.

“Liability coverage with Massage Magazine Insurance Plus has been incredible! In my travels throughout the world, my lifeline is my Apple computer. When I left the computer on an American Airlines flight, the agents on the phone told me to immediately buy a new laptop, and they would take care of everything. They were friendly, reassuring and incredibly efficient.”





Stretch Yourself

by Judith DeLany, L.M.T.

The question of the value of certification in advanced techniques has been debated for decades. Some people might ask, isn't massage therapy base education enough to prepare all practitioners for a thriving career? Once massage school is finished and boards are passed, shouldn't every therapist have the training needed to step into any job opportunity and perform at a skilled level? Is certification in an advanced technique really worth the time and effort required? More recently these have become pressing issues as the emerging field of massage therapy has grown in use by the general population and has been integrated into many health care settings.

While it is true that massage therapists all use the same basic techniques—effleurage, petrissage, tapotement, vibration and friction—deciding *how* those are applied, when to incorporate which, and which clinical strategies most benefit a particular condition are strategic thought processes that are unique to each therapist.

Clinical reasoning skills are not acquired overnight; they are built over time and augmented by practical experience. They are individual and continuously evolve due to influences from a multitude of factors, such as seminars and workshops, books and articles, experiences in treatment sessions, self-care and injuries, Internet browsing, conversations with other

practitioners, and even the movies and TV shows we watch.

In other words, our daily choices very much influence our thought processes and the way we integrate data within our brains. In fact, these critical factors significantly template treatment outcomes, professional communication skills and future career opportunities.

This development can be allowed to be haphazard and random, or can intentionally be guided through advanced study habits and educational choices.

Stand tall

In the introduction to the book, *On the Shoulders of Giants*, Stephen Hawking, Ph.D., cites Isaac Newton's famous quote: "If I have seen farther, it is by standing on the shoulders of giants." Indeed, we have all benefitted from the insights of scientists, authors, teachers, parents, friends and even strangers who have walked a similar path to ours.

This adage is particularly true in our development as practitioners, since the degree of success we achieve is vastly influenced by the giants who lift us. My own giants include Janet Travell, M.D.; David Simons, M.D.; Aaron Mattes, L.M.T.; Leon Chaitow, N.D., D.O.; Shannon Goossen, A.P., L.M.T.; Paul St. John, L.M.T.; Nick Hall,

assessment, technique choices, clinical strategies and more.

Certification trainings usually incorporate teaching assistants who have spent years developing their skills in order to become part of the training staff. They often have significant treatment or classroom experience, vast knowledge and well-honed expertise, and may be willing to mentor outside of the classroom.

The treatment protocols taught in certification trainings are usually time-tested and have a practical, effective approach. While these methods usually produce a high degree of success, they do not replace the practitioner's own skills. They are added to them, often with a synergistic effect.

Self-confidence

Why stretch oneself for certification? Once we leave the school environment, much of our educational time is spent searching the Internet, reading articles and books, and looking for clues to solve cases. While all of that is important and mind-expansive, it often has no checkpoint or way to know if we are on the right track.

The basic techniques were learned when there were no clients on which to apply them; and now, when there are clients, there is no one to answer the questions. There is no exam at the end of the week or instructor looking

Treatment protocols taught in certification trainings do not replace the practitioner's own skills. They are added to them, often with a synergistic effect.

Ph.D.—and a long list of others whose seminars, books, articles and conversations have built the foundations on which I practice, write and teach.

My clients and students benefit not only from what I learned from these teachers, but also from what I disagreed about and debated with them. Debate often sent me on my own course of discovery and excavation, allowing me to develop new insights that added to and expanded what they had taught.

Advanced certification in a particular method or modality allows a practitioner to benefit from the clinical strategies developed by someone else. "Someone else" usually holds a great degree of clinical or classroom experience and has developed a teaching style and delivery method that will help accelerate the participant's skills on multiple levels—palpation,

over the shoulder. This may result in a lot of hit-or-miss applications that do not point to what we did right or what we missed.

Advanced certification incorporates checkpoints, exams and other methods of verifying our understanding of the principles and applications. It involves validation of strengths and points to areas that need fortifying. It may even connect us with a mentor to quickly move to a new level of understanding. There are like-minded classmates who are also striving to understand and expand their foundations, which may provide networking opportunities, study groups and partners to practice with outside of class.

Making a commitment to actively expand one's knowledge and skill on an accountable, advanced level results in increased self-confidence, a precise

Making a commitment to actively expand one's knowledge and skill ultimately benefits the clients and builds the practice.

and thorough approach, and a higher level of overall competency. This ultimately benefits the clients, builds the practice and increases community awareness of massage therapy and your own personal brand.

What lies ahead?


I am certain that advanced certification benefits practitioners, clients and the profession. However, as the massage therapy profession evolves, there are many imposing questions that deserve serious discussion and debate:

- Who can certify a practitioner and who will certify that certifying group?
- Who will set standards for what defines a modality or the criteria for passing the certification process?
- How can we standardize trainers who certify in the same subjects yet still provide room for individual creativity and expansion?
- Will individuals and companies that have already set standards, developed exams, and certified people for

decades in a particular approach be willing or allowed to contribute to this process?

- Will those who propose to develop criteria for certification have actually practiced or taught the methods for which they are responsible?
- Can staff of an independent company—not trained and not certified in the modality or method—competently determine the certification process?

I am sure there are many answers and opinions to these questions and to scores of other questions I have not asked. May we grow, individually and as a profession, from the debates and discussions that lie ahead.

Judith DeLany, L.M.T., is owner and director of NMT Center (nmtcenter.com), which focuses on neuromuscular therapy training, American version, in seminar and massage school programs. 



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Protect Your
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Bacterial Infections

by Annie Morien, Ph.D., P.A.-C., L.M.T.

Are you prepared to deal with a client diagnosed with a bacterial skin infection? The images of flesh-eating bacteria ravaging through the clinic would give any massage therapist nightmares. However, being armed with knowledge of these microorganisms and how to deal with an infection will give you the confidence to combat these pathogens in your workplace—and assure a peaceful night's sleep.

What are bacteria?

Bacteria are microscopic, single-cell organisms commonly found in soil, water, plants and animals. Regarding humans, bacteria inhabit the surface of the skin and live within internal organs. Some bacteria are beneficial. For example, bacteria within the gastrointestinal tract help produce vitamins and

aid in digestion. Most skin bacteria are commensal, i.e., bacteria benefit without helping or hurting the human. However, bacteria become harmful when allowed to grow uncontrollably and overpower the immune system.

Intact skin provides a protective barrier against the entry of bacteria and other microorganisms. When the integrity of the skin is compromised, such as by cuts, scrapes or surgical wounds, microorganisms can invade and thrive. Other entry points for microorganisms are the eyes, nose, mouth and urogenital structures. A strong immune system typically combats foreign invaders, thus preventing infection.

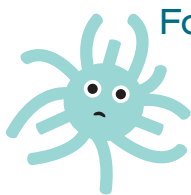
Bacteria can transfer from person to person by direct physical contact and by contact with contaminated objects. In the massage clinic, bacterial

transmission occurs between therapist and client, and by touching items such as massage tools, lubricant containers and doorknobs.

Bacterial skin infections

Bacteria are classified into different categories based on their genetic structure and various other properties. Although there are multiple types of bacteria, many skin infections are caused by *Staphylococcus aureus* (“staph”), *Streptococcus pyogenes* (“strep”), and drug-resistant bacteria, such as methicillin-resistant *Staphylococcus aureus* (MRSA).

Staph and strep cause various skin infections. This article focuses on folliculitis, furuncles, cellulitis and impetigo. MRSA can cause the same infections. However, MRSA infections are more difficult to treat because some antibiotics do not inactivate the bacteria.



Folliculitis

Folliculitis is an infection within hair follicles due to skin trauma (scratching, shaving or friction abrasion), prolonged sweating, or irritation. After initial loss of skin integrity, various types of bacteria (including MRSA) or other pathogens can invade.

Folliculitis presents as individual red bumps that may or may not have a pustular center. Some people may experience itchiness and tenderness in the infected area.

People at risk for developing folliculitis are athletes (who are prone to scratches and abrasion), the obese (who are prone to skin-fold friction), or the immunocompromised (who have conditions such as diabetes or HIV/AIDS, or may be taking immune-suppressing drugs).

Folliculitis may warrant local or general contraindication to massage. When the area of infection is small, covered and healing, avoid touching this area (local contraindication); and if deemed appropriate, other body areas may receive massage. Postpone the massage (general contraindication) if the client's folliculitis is widespread and/or the client is feeling ill.



Furuncles and carbuncles

A furuncle (boil) is an enlarged, pus-filled infection deep in the dermis of the skin. The most common cause is *Staphylococcus aureus*

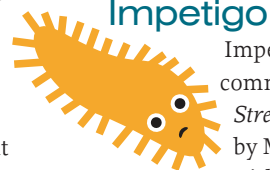
bacteria. However, other types of bacteria or fungi can cause a furuncle. The combination of two or more furuncles forms a carbuncle. Although less common, carbuncles typically are more severe than furuncles.

A furuncle is a tender, red nodule that contains pus and develops quickly over days. A carbuncle is large, tender and may not contain pus, and develops more slowly than a furuncle. Furuncles and carbuncles tend to occur in areas of trauma or friction, such as the axillae, neck and buttocks.

Risk factors for developing a furuncle or carbuncle are poor hygiene, a family history of furuncles, and previous hospitalizations. People who are immunocompromised,

You can sometimes treat the client's infected area as a local contraindication and provide massage to non-affected body areas.

diabetic or overweight face elevated risk. Massage is contraindicated when a client has a furuncle or carbuncle. Most clients have a lot of pain associated with the infected area and will cancel the massage.



Impetigo

Impetigo is a contagious skin condition commonly caused by *Staphylococcus aureus* or *Streptococcus pyogenes*, and can also be caused by MRSA. It is spread by physical contact with an infected person or object (e.g., toys).

Impetigo starts as a red area of skin, then progresses to blisters and pus-filled bumps (pustules). After the blisters burst, the area develops moist, orange-colored crusts. Most often, impetigo develops on the face, but any body area is susceptible. The affected area may be itchy and tender; the affected person may have fever and tender lymph nodes. The condition can persist for weeks to months.

People most at risk for developing impetigo are children who are in close proximity with others (such as those in day care), and people who have poor hygiene or live in warm, humid climates. Repeated skin trauma (scratching) can hasten the development of impetigo. Massage is contraindicated when a client has impetigo.

Cellulitis

Cellulitis is a staph or strep bacterial infection deep in the dermal layer of the skin. It can develop after skin trauma such as that



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associated with scratches, cuts, burns, surgery or radiation; or poor circulation.

Cellulitis presents as a warm, tender, red area that can develop relatively quickly. Fever, swelling and painful lymph nodes may be present. Cellulitis occurs most commonly on the lower extremities of adults, and the face and perianal areas in children.

Risk factors for the development of cellulitis are breaks in the skin, immunosuppression, obesity, and obstruction of the lymphatic or venous vessels. Massage is contraindicated when a client has cellulitis.

Protect your workplace


The best method of protecting your massage therapy clinic from infection is to prevent bacteria from entering the clinic. When a client is diagnosed with a severe or contagious infection, postpone the massage and reschedule after obtaining medical clearance.

In some situations, you can treat the client's infected area as a local contraindication and provide massage to non-affected body areas. For example, when the client is feeling well and his or her infected area is small and healing (non-draining), ask the client to cover the area before arriving for the appointment. Avoid contact with the skin surrounding the covered area. As always, use

your best judgment and follow medical advice.

After the massage, wash your hands with soap, rinse with water, and dry with a disposable towel to remove residual massage lubricant. Then use hand sanitizer or wash using an antibacterial soap. Wash linens in hot water and detergent, and dry with heat. Add bleach as an extra level of protection. Apply appropriate disinfectants to massage tools and to surfaces that are frequently touched, such as doorknobs or countertops.

Because bacteria-related skin conditions are common, you will likely encounter a client with an infection at some point. Based on the medical diagnosis and your client's symptoms, determine whether massage is a general or local contraindication. Wash your hands and disinfect your clinic often to protect yourself and your workplace.

Annie Morien, Ph.D., P.A.-C., L.M.T., is a massage therapist, dermatology physician assistant, and author of the recently released book *Infectious and Communicable Skin Diseases: A Pocket Guide for Massage Therapists*. She teaches skin disease workshops to professional bodyworkers (issues4tissues.com), and writes massage-related online courses and professional magazine articles. 



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The Top 3

Ways to Make Money with Your Massage Chair

Chair massage is being given in venues both indoor and out, from shopping malls to health fairs to company break rooms, as people realize the benefits of this convenient, affordable form of relaxation and pain relief. Here are a few ways you can use your massage chair to make money, expand your client base, promote your table practice, and—most importantly—help people to feel better.

IN BOARD ROOMS & BREAK ROOMS

David Palmer, founder of Touchpro International (touchpro.com) and developer of the first massage chair, has worked with a variety of companies, including Apple, Disqus and the Associated Press. He says the number of employers offering massage is on the rise, and he expects the trend to continue.

One reason for this growth, Palmer says, is when a staff member wants to invite a massage therapist into the workplace, he or she now has an established body of scientific data proving massage can help ease pain and stress.

"The benefits of massage are actually backed up by science—the fact that it does make people feel better immediately thanks to oxytocin and other hormones that get released as soon as positive touch is encountered," Palmer says.

Another reason for the trend, he says, is simply that workplace massage is trendy, thanks to high-profile companies, such as Google, that offer it. A shift toward building healthier work environments by promoting concepts such as mindfulness and work-life balance also fuels chair massage's popularity.

Pro Tips:

- **Optimize your website for local search**, because companies who want chair massage will use Google to find practitioners. "We really don't find the customer. The customers for chair massage in the workplace find us," Palmer says.
- **Frame chair massage as a health promoter.** "The problem with defining massage as stress reduction is that people have to self-identify in a negative context: *I have stress*," Palmer says. Many workers and managers don't want to perceive themselves this way.
- **Make your needs known.** Discuss with your company contact person how many clients you will see, timing of sessions, how often you will take breaks, and other requirements. Otherwise, the person may not see the job from your point of view, and will "have no problem marching people in one after

the other," says Dan Melmed, L.M.T., owner of Body Well Mobile Massage Professionals (bodywelltherapy.com), as they might not understand the therapist might need a break to stretch or use the restroom.

1

A shift toward building healthier work environments is fueling chair massage's popularity.





2

Target events, airports, offices—give people access to massage on the go.

OUT AND ABOUT

“The only limitation on where you can do chair massage is your own imagination,” says Ralph R. Stephens, L.M.T., C.N.R.T., founder of Ralph Stephens Seminars (ralphstephens.com) and creator of the video series *Seated Therapeutic Massage*. “It’s up to the therapist to creatively market themselves.”

Target trade shows and conventions—or any event near you. Stephens knows therapists who bring chair massage to concerts, music festivals and fairs, and other entertainment venues. Palmer also notes, “mall locations are big.”

People have access to massage on the go, as well. Chair massage has found its way to airports, whether as part of full-service airport spas or kiosks in terminals. XpressSpa, for example, has locations throughout the U.S.

Pro Tips:

- **Get permits and insurance.** Generally, you won’t need a permit if an event takes place on private property, but you will likely need one in the case of a festival or other outdoor venue, says Melmed. At public places, such as parks, you may also need proof of insurance.
- **Pack a toolkit.** Chair massage is “generally not a big production,” says Melmed. “You set up the chair, you have some paper towels and some hand sanitizer and you’re good to go.” Palmer recommends bringing elastic bands for clients with long hair.
- **Have appropriate expectations.** When providing one-time chair massage, Palmer says, think of it not as health care but as personal care. You may not relieve all a client’s aches and pains, but you *will* help her to feel better.

TO SHOW APPRECIATION

Melmed’s company gets especially busy during events such as Teacher Appreciation Week or Administrative Professionals Day. Providing massage during such events can be a good way to reach new clientele and book repeat business.

You can also donate services to benefit causes at special events and fundraisers. Last October, for example, Melmed and his team gave chair massage to nurses at Walter Reed National Military Medical Center in Bethesda, Maryland, as part of a tribute to military nurses.

Pro Tips:

- **Promote yourself.** Have business cards available—but hand them out only if the company that hired you is OK with it, says Melmed.
- **Do a short intake.** “The most important question to ask is, ‘What is your main complaint today?’” says Stephens. Spend 75 percent of the session addressing that complaint.
- **Give a guarantee.** Palmer promises: “No matter what you feel like when you sit down in the chair, you’ll feel better by the time you get up.”



3

Take the time to do a short intake.

THINKSTOCK

Allison Payne is *MASSAGE Magazine*’s associate editor, as well as managing editor of futureLMT.com, *MASSAGE*’s website and e-newsletter for student massage therapists.



For more chair massage pro tips, visit massagemag.com/chairmassagetips.



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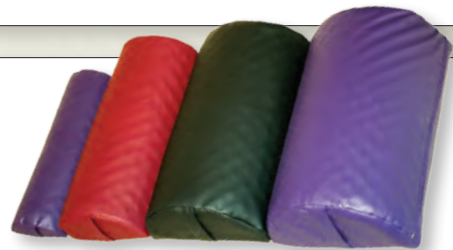
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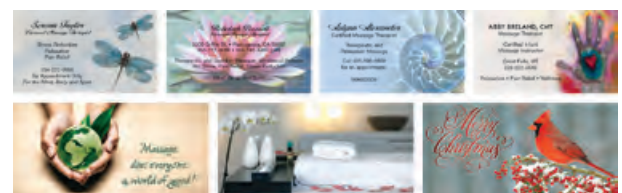


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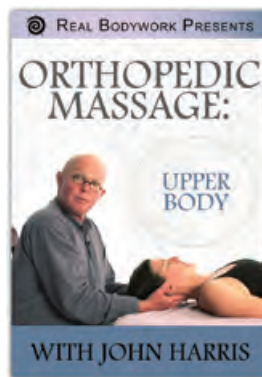
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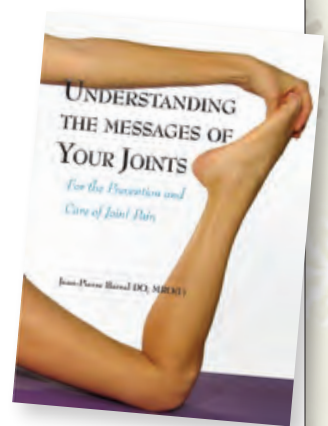
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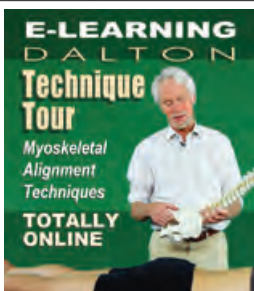
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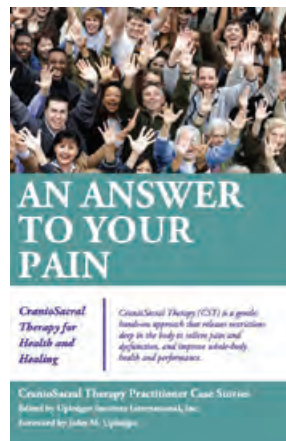
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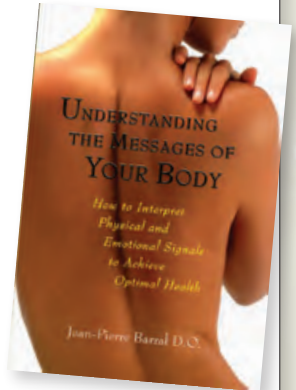
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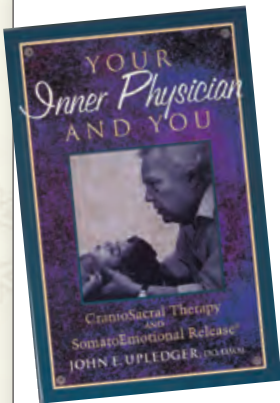


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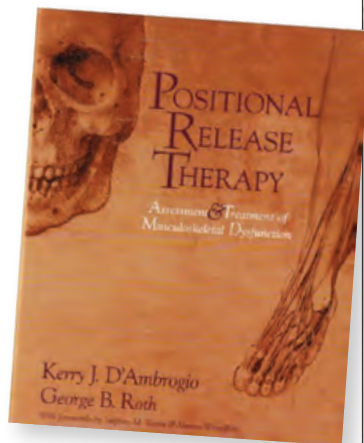


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⑥ Things You Need to Know About

Crossfiber Muscle Therapy

by Victoria Ross

I had always been drawn to the field of bodywork—but when a close friend of mine became critically ill with a collagen disorder, it kick-started me into a world of bodywork that was beyond my expectations. When we apply our hands to the body of another person and sense into what we are feeling, intuition can take over and lead our fingers in the direction that the person's body needs us to go. From the moment I applied my fingertips to the distorted body tissues of my dying friend, they knew what to do, even though I was not yet a practicing massage therapist. After three months of working on her with this unusual across-the-muscle-fiber approach, her health was restored and she went on to lead a productive life.

This discovery—of the rehabilitative effects of applying muscle therapy across the fibers of the muscles—moved the two of us to become torchbearers

in the field of cross-fiber muscle therapy. Together we established a working clinic and two schools from which hundreds of cross-fiber practitioners emerged and went on to serve the public.

The entire field of work that eventually came out of that initial discovery came to be named and registered as Crossfiber Corrective Muscle Therapy®, with the word Crossfiber used for short. The term corrective indicates the *intent* to correct muscle damage, not a *claim* to do so.

This article describes some of the results you can expect with Crossfiber, including pain relief, improved range of motion, relief from various muscular conditions, improved chiropractic and physical therapy results, and acceleration of injury repair.

What you need to know:

① This is how and why this across-the-fiber method has such a corrective effect on the body tissues:

When our therapeutic fingers discover fibers that feel clumped together and wadded up, we know something has gummed up the works. Those fibers



COURTESY OF VICTORIA ROSS



should run parallel to one another and should be gliding freely against one another.

For healthy, independent function to be restored to the muscle, those fibers need to get un-stuck and realigned. By positioning our fingers we are able to restore the parallel alignment of the fibers together with their independent movement and healthy function. Separating the fibers will automatically be accompanied by a series of improvements necessary for optimal functioning of that muscle.

2 This is what keeps these fibers separate, or non-adherent, and healthy under normal circumstances:

The body fluid that bathes all cells creates a moist environment that lubricates fibers, muscles and fascia, so that these body structures may slide alongside each other without getting stuck to one another. This fluid also provides the liquid medium necessary for cellular exchange of nutrients and wastes by osmosis on the cellular level.

Any cell in the body that is cut off from its intended blood supply cannot remain self-maintaining. Any muscle that is cut off from fresh, oxygenated blood isn't getting the ingredient—oxygen—needed to fire a muscle contraction. In that condition the muscles are being carried around *by* the body instead of doing their job of *carrying* the body. It is our job to discover this condition and restore a healthy environment to such structures.

3 This is how separation of muscle fibers is accompanied by the restoration of health and optimal function to a muscle:

Because the vascular function of the body brings nutrients and oxygen to the cell and removes wastes from

the cell, once the normal separation of fibers becomes restored and necessary fluids enter in and between the fibers, the ingredients needed to service the muscle can reach their intended destination in the individual muscle cell.

Muscle cells in a dried-out or glued-together condition are stranded, isolated from their maintenance crew. When cellular moisture is restored, the stranded cells are reachable again and osmosis can occur. The formerly dry, stuck muscle can now breathe, allowing health and optimal function to be restored.

4 This is what the fingertips are doing to allow these muscle fibers to be restored to their healthy state:

Understanding the concept of softening the glue-like matrix is key to perceiving how and why Crossfiber is corrective. If the fluid matrix bathing all cells becomes

Once the normal separation of fibers becomes restored, needed ingredients can reach their intended destination in the individual muscle cell.

viscous, gummy, sticky and glue-like, then instead of lubricating and separating the cells, it acts as a bonding agent. This gluing creates adherent factors between muscle fibers, between muscle bundles and muscle groups, between muscle and bone, and between fascia and anything.

Melting that glue back down to a fluid state is basic to releasing adherent factors with Crossfiber. (Visualize melting and re-liquifying Jell-O by addressing it with



Learning how to release adherent factors in any of the 640 muscles in the human body helps you to intimately befriend each muscle.

your fingertips.) Once you have addressed the muscle with fingertips positioned across the fibers and you have held the position long enough for the glue to begin to melt, portions of fiber can then be gradually worked loose with the fingertips. Patience is required to achieve this, but since this is where the correction takes place, it is worth the wait.

5 This is the effect that releasing the adherent factors has on the conditions that the client is experiencing:

Adherent factors within and between muscles are responsible for restricted range of motion, structural imbalances, chiropractic adjustments that fail to hold, entrapment of nerves or blood vessels, muscle spasms and pain, and soft tissue pain anywhere in the body. Releasing the adherent factors gives the body a chance to correct these conditions.

For example, when adherent factors are present in the carpal tunnel area, the median nerve can become compressed, trapped and quite painful. Releasing the adherent factors in the wrist area allows the median nerve to be released, thereby resolving the pain factor.

Learning how to release adherent factors in any of the 640 muscles in the human body helps you to intimately befriend each muscle, identify which muscles tend to become distressed, and learn how patterns of muscle damage dovetail with structural imbalances—the cause or result of most of your clients' injuries.

6 This is how this effect compares with the effect that traditional massage or other soft-tissue work has on the glue-like matrix:

Traditional massage, featuring strokes performed along the length of the fibers, does not address the glue factor. Since myofascial release (MFR) *does* address

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this glue factor, it might be said that Crossfiber is a comprehensive, head-to-toe myofascial release treatment for every nook and cranny of the body.

However, with myofascial release the primary focus is on areas of *fascia* that have gotten glued together, while with Crossfiber the primary focus is on aspects of *muscle* that have gotten glued together or glued to bone. Inevitably, since fascia wraps all of these structures—muscle fibers, bundles or groups—there is constant overlap between muscle and fascia when studying or applying Crossfiber.

Related techniques

The field of Crossfiber Corrective Muscle Therapy employs various cross-fiber techniques to cover all types of muscular system irregularities:

Comprehensive Crossfiber Technique is a full-coverage approach, which consists of three detailed, comprehensive Crossfiber passes over a given body part, designed to create both a *local* and a *systemic* healing response. I have witnessed many systemic inflammatory conditions such as myositis, fibromyalgia, arthritis, collagen disorders—such as

the one my friend suffered from—multiple sclerosis and muscular dystrophy be greatly helped by this total body approach.

The more specified, focused approach of both Crossfiber Muscle Isolation and Gentle Fascial Release focuses on localized conditions and highly sensitive areas of the body. Carpal tunnel syndrome, tendinitis, frozen shoulder, sports injuries, repetitive-stress injuries, chronic back or neck pain, and TMJ disorder respond very well to these muscle-isolation techniques.

For example, a dentist I worked on in our clinic in suburban Philadelphia, Pennsylvania, was suffering from shoulder pain and immobility from years of standing and holding his working tools with arms suspended in midair. Manifesting extreme dehydration in the *infraspinatus* muscle of his *scapula*, he required several sessions scheduled in close proximity in order to first remoisturize the infraspinatus muscle, then to release it from being stuck to the scapula, and finally to reintegrate the unit for full, pain-free mobility.

Does any of it need to be painful? Not at all. Any Crossfiber technique can be applied with a feather-

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When combined with other health care disciplines that touch upon neuromuscular and musculoskeletal study of the body, **rehabilitative effects increase.**


light touch if that is what the situation calls for. Further, Gentle Fascial Release is a technique entirely dedicated to extremely painful or highly fragile conditions in the body. This Crossfiber approach is gentle on both the client and the practitioner.

Rehabilitative effects


When combined with other health care disciplines that touch upon the neuromuscular and musculoskeletal study of the body, the rehabilitative effects of this work increase exponentially. Throughout the years, I and my team have worked closely with medical doctors, nurses, chiropractors, neurologists, physical therapists and practitioners of shiatsu, jin shin jyutsu and craniosacral therapy.

The International Institute for Corrective Muscle Therapy (IICMT) is dedicated to fostering an atmosphere

of mutual support between health care fields, combining knowledge and methodology to the benefit of ailing clients. We are in the business of breaking down adherent factors between professionals—and muscles.

Victoria Ross is the founder of the International Institute for Corrective Muscle Therapy (iicmt.com). She has spent more than 40 years developing and teaching the art of Crossfiber Corrective Muscle Therapy for addressing the hidden adherent factors that cause muscle pain and dysfunction. She authorizes a team of instructors, who are National Certification Board for Therapeutic Massage & Bodywork-approved continuing education providers, to teach her work. She resides in San Rafael, California. 


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COURTESY OF GAYLE MACDONALD

Once Cancer Treatment is Over

Long-Term Side Effects and Late Effects

by Gayle MacDonald, L.M.T.

I started offering continuing education in the field of oncology massage in 1998. At that time, I thought it would take about five years to get the new message about how massage can benefit cancer patients out to both new and established massage therapists. This shows how little I knew at the time, which is often the case at the beginning. We don't know what we don't know. Two decades later, the collective knowledge and experience has accumulated and we are beginning to get a good handle on the needs of people with a history of cancer treatment.

At the start, most of the continuing education providers, including me, focused on adjustments needed for clients in treatment or early recovery from



cancer. Over time, it has become clear that there are many stages to the cancer-treatment process, and thus differing client and patient bodywork needs over time. The person who is one, five or 10 years out of treatment requires a different approach than the person in treatment.

As people improve in strength and stamina, the massage session can become more demanding. Often, however, people don't return to their previous vigor; therefore, the robust massage sessions they received prior to cancer must be permanently adjusted. The focus of this article is twofold. The first goal is to help therapists become aware of the two different sets of side effects that can occur once cancer treatment ends. One set begins during surgery, chemotherapy or radiation and

lingers after treatment is over. These are referred to within oncology literature as *long-term side effects*. Common examples are chemotherapy-induced peripheral neuropathy, pain, decreased function in the treated area and fatigue. Sometimes these by-products are completely resolved and other times a residue remains.

Other side effects start months or even years after treatment ends. In medical parlance, they are referred to as *late effects*. Lymphedema, chronic fatigue, bone and joint issues, depression and endocrine system problems are some examples. People treated for cancer as children, in particular, have a specific set of side effects that may not occur until they are many years older.

The second goal of this article involves redesigning our intake strategies so an atmosphere is created that makes it more likely the client will share his or her health information. This objective is more difficult to attain, and mastering this skill can take years.

Post-treatment side effects

Let's look briefly at the side effects connected to cancer treatment. Note the resource list posted at massagemag.com/oncologyresources. Studying the information on those websites and in the journal articles listed there will give you details about cancer side effects that space doesn't allow for describing within this article.

Long-term side effects: Once surgery, chemotherapy and radiation are finished, the patient, his family, friends and workmates assume, or hope, that the person who has been in treatment will return to *normal* fairly soon. However, many of the side effects that began during treatment continue on. Eventually, some abate or disappear, but others remain.

Bodywork given in the weeks and months after treatment is very similar to that given during treatment. Pressure is the most common adjustment still required, often for fatigue, which can be a long-lasting remnant. Clients also still have sites that a therapist must be mindful of, due to such things as incisions, neuropathy, pain, medical devices or skin reactions. Positioning, too, must be attended to, usually because of surgical side effects.

Late effects: Lesser known are the late effects that can occur months or years after cancer treatment. Let's spend a bit more time and space on these. Moira, for instance, developed lymphedema two years after breast cancer treatment from a cortisone injection to the treated

shoulder. Eight years after radiotherapy for lymphoma in the sinuses, Elaine developed cataracts, which were surgically removed. After 15 years, she began having bloody noses and increased pain in her neck, also side effects of having received radiation. Mike developed neuropathy from chemotherapy given for multiple myeloma. The neuropathy began in his feet and over time advanced up his legs, which seriously affected his balance. Three years following radiation for breast cancer, Maleen developed microfractures along the place where the ribs articulate with the vertebral column.

All of the above people live full, happy lives, even with the remnants of cancer treatment. They don't need pity from us; they need us to understand the root of their conditions and what massage adjustments are necessary.

For instance, Moira's lymphedema required adjustments to pressure and positioning. Elaine also needed pressure and positioning adjustments because

Clients might still have sites that a therapist must be mindful of, due to such things as incisions, neuropathy, pain, medical devices or skin reactions.

of the effects to her face and neck. Mike needed the pressure to be lessened in the area affected by peripheral neuropathy. Maleen required less pressure to the spine and attentiveness to the site with the microfractures.

Common late effects

- Fatigue
- Chemotherapy-induced peripheral neuropathy
- Bone and joint issues
- Depression
- Endocrine system problems
- Lymphedema
- Pain syndromes
- Organ impairment
- Cancers caused by treatment
- Radiation fibrosis

Late effects of adult survivors of childhood cancer

- Endocrine issues
- Infertility
- Cognitive problems
- Social and psychological adjustment
- Growth and developmental difficulties
- Cancers caused by treatment
- Organ impairment

What if we shifted gears toward a more personal approach that asks the client to feel into her body?



Gathering health information

The first step in planning any massage session is gathering the client's basic health information. This is easier said than done with people who are long-term cancer survivors. Often, they push the memory of treatment well into the background. In their minds, it is no longer relevant, so they either forget or choose not to tell the massage therapist that they have a history of cancer treatment, let alone any of the specifics. However, it is the therapist's job to gather this information. Massage training emphasizes the client intake process more than it did 20 years ago. However, although students now depart from school with increased training

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and experience in this aspect of the massage session, they often still aren't able to get the information they need—although it is not for a lack of trying. Different intake strategies are necessary to help us uncover the myriad of conditions that can impact a bodywork session, not just with people who have been through cancer treatment, but with all clients.

Gathering the necessary components of a client's health history is made difficult by a variety of influences, including reluctance on the part of the client, lack of time or cultural mores. As well, the body is multi-layered and its stories take time to surface. They must unwind, meander and flow at their own pace. It may take years.

How, then, do we encourage the information to surface sooner rather than later? Instead of copying questions from the medical model, which tends to be impersonal, what if we shifted gears toward a more common-sense, personal approach that asks the client to feel into her body? After a great deal of thought, I drafted a list of 10 questions that might open doors to a client's health information through different channels. Often the direct pathway in is not the most efficient. Questions such as "What medications are you on?" or "Are you being treated

by a physician for anything?" feel invasive and overly medical. Clients resist.

The generic, all-purpose question doesn't work, either. I've witnessed therapists asking, "Is there anything I need to know?" with little success. That approach assumes clients know what you need to know. Long story short, they don't. I don't even use that question with medical or nursing staff, because they don't know what I need to know.

Asking specific questions has always given me specific answers; however, in the last year I've changed the types of questions I ask, with good results. Rather than medical types of questions, I've tried questions that move clients from their heads down into their bodies, such as:

1. What are your hopes for the massage today? Do you want extra attention to any specific areas?
2. Are you protective of any areas?
3. What is your energy level like in general?
4. Do you have any areas that are in pain or inflamed?
5. How about areas that are numb or cold?
6. Do you have any swelling or feeling of fullness in any areas?

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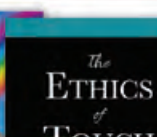
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Everyone in the touch therapy field **massages people affected by cancer treatment.**


7. Do you bruise easily or have any skin problems?
8. Tell me about the health of your bones.
9. What do you take medication for? (Don't ask about the specific medications.)
10. Have you ever had lymph nodes removed from your neck, under your arms or groin?

Each question is a springboard into further questions. Their purpose is to open the door into the history of the body. Once the information has been collected, planning the adjustments for the massage is the next step. That is a topic for increased study on the reader's part.

Final thoughts

The purpose of this article is to expand awareness. Everyone in the touch therapy field massages people affected by cancer treatment, yet many massage therapists haven't received training in the specifics of people living with cancer.

I highly recommend taking a live class with a teacher who is well-experienced in working in this area. The Society for Oncology Massage recommends a foundational class that is a minimum of 24 hours. Such a class won't make a massage therapist an expert, but it will teach the basics in order to safely massage the client who books into that therapist's spa, chiropractic office, private practice, or corporate chair massage business.

Gayle MacDonald, L.M.T., is the author of *Medicine Hands: Massage Therapy for People with Cancer, 3rd Edition* and *Massage for the Hospital Patient and Medically Frail Client*. Oregon Health & Science University in Portland, Oregon, is her home base, although Scotland is a close second. MacDonald is an instructor with Oncology Massage Education Associates (medicinehands.com), a teaching alliance that has provided education around the U.S., Scotland, Ireland, Australia and The Netherlands. 



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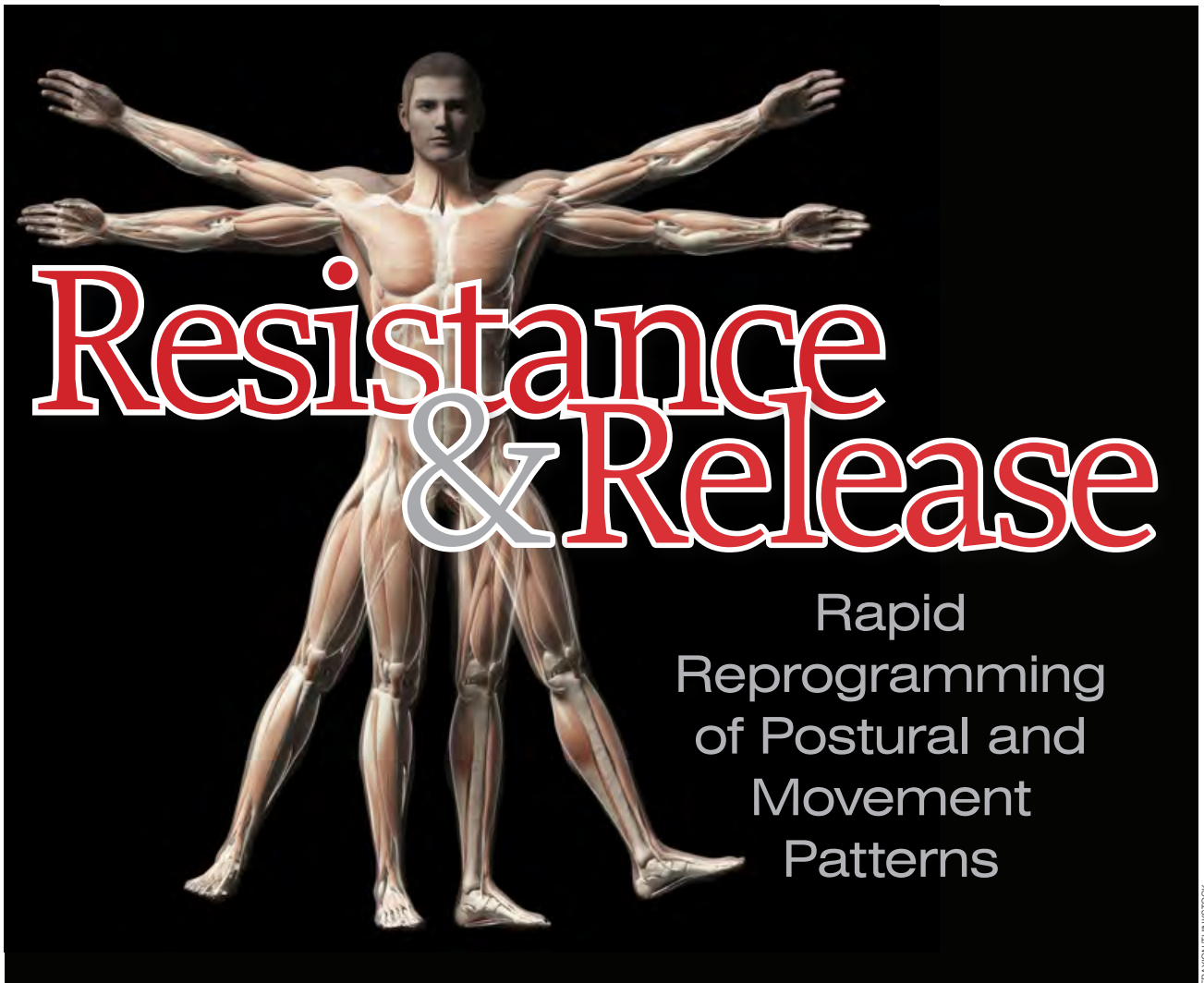
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ERACON/THINSTOCK

by Deane Juhan

I met Milton Trager, M.D. (1908–1997), in 1976 at the Esalen Institute in Big Sur, California, when he was just beginning to teach the work he had been developing for 50 years. I immediately fell in love with his work, and I became one of his first students. I went on to become a practitioner and later a Trager Approach instructor, and the principles I learned from him have been the basis of my professional work for almost 40 years.

The essence of the Trager Approach is twofold: the use of gentle, rhythmic movements applied to a passive client to relax muscular holding patterns and restrictions; and teaching clients to reproduce these rhythmic explorations for themselves, in order to continue their development of new patterns and new

capacities. The movements are light, pleasurable and lulling; force is never used.

The *manner* of the movement, from my mind to my hands to the client's tissues to her mind, is of utmost importance. You cannot *be* different or *move* differently until you have *felt* something different. What I want clients to feel is a deep, meditative state of sensory awareness that is imbued with the pleasuring of their tissue; a sense of lightness, softness and ease; a quality of effortlessness in their movements; and an exploratory expansion of ranges of motion without pain or discomfort.

The foundation of these developments is the quality of the feeling state in the mind, which is projected out

to the tissues and to the qualities of the movements that clients learn to generate for themselves.

This use of rhythmic rocking, shimmering, undulating, lulling and pleasuring movement to induce a state of deep mental relaxation and ease in physical movement has been the joy of my practice for all these years. It is the basis for the release phases of Resistance and Release Work.

An abrupt departure

Five years ago, I was teaching a class in New Hampshire, plying my lulling rhythms as ever, when an altogether new thing crashed in on me. I was demonstrating on a student's shoulder girdle, shimmering, softening and undulating away; yet nothing was changing in the restrictive patterns of movement in her shoulder. A panicky little voice inside me asked, "Deane, how are you going to send these people off to their tables to practice something they have just witnessed that was obviously not effective?"

Stymied, I stepped back from the table with no idea what to do, and into the void came rushing a spontaneous impulse. I tractioned the student's arm laterally, drawing her shoulder blade away from her spine. I told her that we were going to try something different: I was going to maintain a level of resistance with my traction while she slowly pulled her shoulder blade back toward her spine, ending with a strong contraction when the muscles were at their shortest, then back to passively being lulled for a moment. We did this together four or five times, and in just those few minutes virtually all of the restrictions and discomfort in her shoulder were gone.

At the time, I had no idea what had happened—but I have spent the past five years pursuing and trying to understand the results that occurred that day. The addition of actively controlled effort to the relaxation process has been the most significant development in my work and teaching since I met Milton Trager so long ago.

Underlying principles

For any given series of movements, extensive groups of muscle cells are always doing one of three things: Some are shortening, some are lengthening and some are bracing the skeletal frame to provide an anchor for the effort of the moment. I do not find it very useful to think of these interactions as agonist-versus-antagonist relations; this is far too simple a model to visualize what is going on.

What produces motion is a widespread synergy of shortening, lengthening and anchoring distributed through many muscle compartments, and these synergies are shifting kaleidoscopically moment by moment, from top to bottom and surface to core, as the series of movements progresses.

Restrictions arise when these complex synergistic patterns become deeply habituated so that they are not free to spontaneously adopt new synergies to achieve a new purpose. Most of the neural mechanisms that control these rapid and widespread shifts are operating on an unconscious level; they are simply too complex to think about as they are occurring.

No *one* muscle ever does just *one* thing; what each muscle compartment contributes to a motion depends very much on which other synergists it is interacting with. And no muscle ever acts alone. Raising my arm out to the side is not simply a matter of firing my *deltoid*, but of shape-shifting my entire shoulder girdle from *occiput* to pelvic rim, firming up the spinal muscles on the opposite side, and firming up the muscles in the leg that is supporting the increased cantilever of my arm's weight. All this involves hundreds of millions of muscle cells and reflex arcs, trillions of synaptic events, and an incalculable number of myosin/actin interactions. Roger Sperry, Ph.D., a Nobel neurologist, estimated that

Resistance gets a bad rap. The sensorimotor system requires **specific sensations of resistance to program specific patterns of motor response.**

the ongoing organization of these sequences of rapidly changing synergisms involves, one way or another, 90 percent of your central nervous system's activity.

Resistance gets a bad rap. The sensorimotor system requires specific sensations of resistance in order to program specific patterns of motor response. The more consciously and clearly we can feel the kaleidoscope of resistances that gravity and objects provide us, the more effectively the system can calibrate its responses.

The shape of the work

As an example of how the process of resistance and release works, let me describe applying these principles to the re-coordinating of the adductors of the inner thigh with the abductors of the *gluteus minimus* and *medius*, along with all the other synergists they interact with. The client is supine on the table.



Is the client unconsciously engaging muscle groups that have nothing to do with the motion and the efficient anchoring?

1. I use the lulling, relaxing mode of the Trager Approach to eliminate as many restrictive patterns as I can. If Trager is not your modality, you can use any other method of relaxation. This part of the process is, as it were, erasing the current messages on the blackboard. Now it is time to write something new.

2. I abduct the leg out to the side, elongating the inner thigh muscles as much as is comfortable for the client. My hand that is going to provide resistance is just above the knee on the inner side. I ask for a long, deep breath to quiet the mind and focus the attention on the sensations as we proceed.

3. I ask the client to make the smallest movement he can into the resistance of my hand. This may take some time for him to find, but beginning small is important; if he just launches a big move, most of the details will be lost to his sensory awareness.

4. I ask him to increase his pressure against my hand. He finds the amount of pressure or resistance that is comfortable for him. (Too little is not enough to work with; too much, and the client is overwhelmed.)

5. I tell him to begin moving his leg in toward the midline, and I tell him I am going to let him win, but that I will provide steady resistance—a concentric contraction—to his effort.

6. When he reaches the midline, I tell him to hold the contraction while I give a stronger pull to consolidate the strength of his contraction. A muscle that has fully contracted is a muscle that can then fully lengthen.

7. I ask him to keep his resistance against my hand, but to slowly let me win as he lengthens back out—an eccentric contraction—to a full abduction.

8. I let the effort go, and bring back the relaxing, lulling mode to finish the cycle.

9. I repeat this sequence in the opposite direction, engaging the *gluteus minimus* and *medius* with resistance to the outside of the knee.

The procedure is not complex, as you can see. But, of course, there are many variables to observe and details to respond to, and there is an art to maximizing the results. As the action of shortening and lengthening is taking place in the adductors and abductors, what synergists are they using to anchor? Is the client's movement smooth or does it have a ratcheting quality? How much resistance can he work with? Does his strength flag at certain points in the movement? Is he unconsciously engaging muscle groups that have nothing to do with the motion and the efficient anchoring?

I engage the client with all these observations verbally as the sequence is going on. The main point is to bring all of this normally unconscious material into the conscious mind, to give it clarity and bring it more under the conscious control of the client.

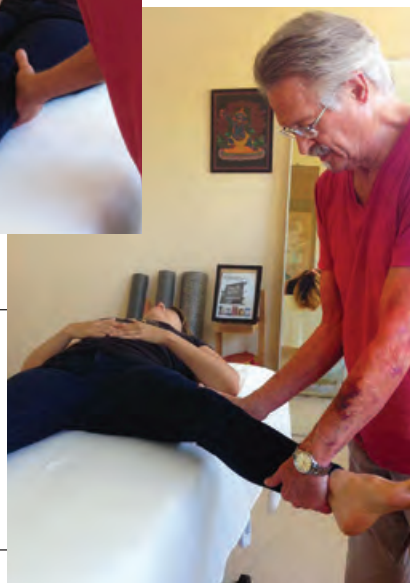
And, of course, there are endless vectors of resistance I can offer to endless coordinations of synergistic groups of fibers.

Benefits

With each repetition of the sequence, the client's resistance gets stronger. She learns to recruit more motor units synergistically, and fire them in a smoother order. With each repetition, the range of motion becomes larger; muscles that have learned to actively contract more effectively will relax more effectively.



Abductors: *gluteus medius* and *minimus*. Apply resistance to the lower femur, just above the knee. It is important to not put lateral pressure on the knee joint. Ask the client to press into your resistance to abduct her leg. This is a concentric contraction.




Complete contractile movement as far as is comfortable. Maintain resistance and ask the client to maintain pressure while letting you win back to the midline position. This is an eccentric contraction.

COURTESY OF DEANIE UHMAN

The client experiences more strength, and experiences greater ease because of that more integrated strength. She experiences much more confidence in her actions, and a greater overall sense of coordination as unconscious sensorimotor processes become more conscious and the processes of self-regulation become clearer.

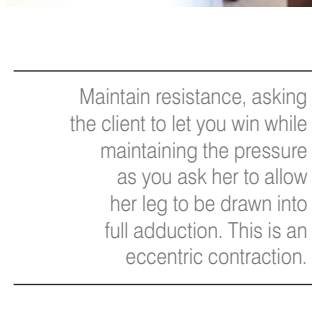
Last, and definitely not least, has been the benefit to my relationship with my clients. This interactive work is a co-creation, with both of us on an equal footing in the exchange. My actions are no more important than theirs. The hierarchies of practitioner and client, active one and passive one, expert and naïf, disappear.

The client is greatly empowered in his or her own healing process, and I am not on the hook of being the only one responsible for success in the treatment.

Deane Juhan is the author of *Job's Body: A Handbook for Bodywork* and *Touched by the Goddess: The Physical, Psychological and Spiritual Powers of Bodywork*. He has a private practice in El Cerrito, California, in San Francisco's East Bay. He teaches Resistance and Release Work in the U.S., Canada and Europe. Visit jobsbody.com for his class schedule and more articles on Resistance and Release Work. 



Adductors: Stretch adductors as far as is comfortable. Provide resistance just above the knee, and ask the client to pull her leg toward the midline against your resistance. This is a concentric contraction.



Maintain resistance, asking the client to let you win while maintaining the pressure as you ask her to allow her leg to be drawn into full adduction. This is an eccentric contraction.



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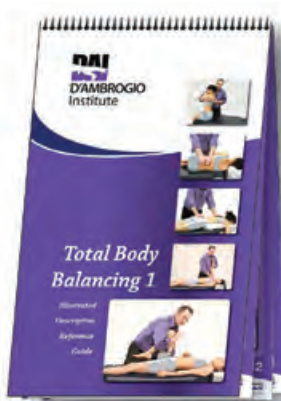
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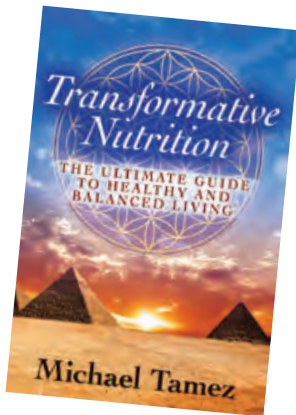
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The Graduate School of Boundaries **Dual Relationships**



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by Shari Auth, L.M.T.

When I was in massage school, I was advised to keep my personal and professional lives separate. This meant not socializing with clients, not treating friends, and definitely not treating family. This advice, while very safe for the newly minted massage therapist, didn't prepare me for the plethora of dual relationships I would later encounter.

Dual relationships can be complicated, and I've found it's better to have some guidelines to navigate them rather than ward them off. Dual relationships should be cautioned but not demonized, as they can

often be wonderful. Saying no to dual relationships can be limiting, and considering them unethical can cause a lot of unnecessary guilt.

They *are* unethical if you behave unethically in either of the relationships you are having with the same person. But if you are a good practitioner and a good friend to the same person, this relationship can be very rewarding.

Shifting relationships

One of my first successful dual relationships began when I was a student in acupuncture school. I had a clinic supervisor who saw me doing structural

integration work on another student; she wanted to get bodywork from me, and became a client. On Tuesdays, she was my supervisor; on Thursdays, she was my client. This made a big impression on me. She could be my supervisor and give me guidance on Chinese medicine—and yet also acknowledge my expertise in structural integration. She was able to be in charge and also be vulnerable.

Our relationship eventually shifted again, and we became friends. That was 13 years ago and we're still friends today; I am now her client and see her every month for acupuncture.

People may walk into your life in one kind of relationship and over time, the relationship may shift and shift again, and that's OK. Just keep integrity in all the relationship dynamics you have with this person—meaning keep good boundaries, whether they are your supervisor, practitioner, client or friend.

With good boundaries, good communication, and a lot of awareness, dual relationships can work. We will discuss some of the things to look out for, as well as some of the different types of dual relationships.

Dual relationships are often beyond your control. You run into clients at the playground, in town, in a restaurant, at the gym; or perhaps you do house calls, or travel with your clients where you're expected to eat together.

If you travel with clients or do house calls, dual relationships can be part of the job. In these kinds of intimate settings, good boundaries are even more important. Know where your boundaries are and what you're comfortable talking about; know what parts of your personal life are off-limits.

Positive transference

I've heard the same story from many friends and clients about working with a revered holistic health practitioner, running into him at a party, and getting turned off because the practitioner had a different personality outside of the office. Sometimes this is the result of positive transference: The client idolizes the practitioner, and when they see him outside the professional environment, are confronted with the reality that the practitioner is human and has the same human battles we all do. Or, the practitioner could be playing a role in the treatment room and now the client is seeing her practitioner for who he really is.

Clients can also be turned off when they encounter their practitioner outside of the office, because in the office it's about the client and outside of the office it's not. Events like this can diminish transference, which isn't necessarily a bad thing. What the client does with this new information

depends on the maturity of the client and the degree to which the practitioner is masquerading as someone else in the treatment room.

For example, a practitioner may always be calm, cool and confident in the treatment environment, but when a client runs into the practitioner on the weekend, he catches her yelling at her kids. The client might have the emotional maturity to know that every parent from time to time loses their patience and needs to discipline their kids. One client may recognize the humanity within the practitioner, and can still accept and respect her as a practitioner. Another client may have held the practitioner on a pedestal and be shocked to see her lose her cool, in which case the client may feel betrayed by the practitioner. The response is dependent on the emotional maturity level of the client, as well as the degree of transference.

In this second response, it can be hard to see what the practitioner did wrong. She was just being herself and was caught off-guard. However, in practice we can develop the awareness to know when clients are giving us too much power or positive transference. It's fine with me if

Keep good boundaries in the relationship you have with a person, whether they are your supervisor, practitioner, client or friend.

my clients trust my judgment; but if they start to ask for personal guidance or act like I have superpowers or walk on water, I am quick to humanize myself rather than absorb the false adoration.

It's nice to receive positive feedback from grateful clients, but in the end, we want our clients to feel self-empowered rather than give their power away because they think their practitioner is superior to them. By minimizing transference and giving the power back to your clients, they'll recognize your humanity and won't be as surprised to see you act human.

When to separate

I don't recommend having dual relationships if your role in the treatment room is *vastly* different than who you are—for example, if you're masquerading in the treatment room as a happy, healthy, calm individual but you really smoke a pack a day or have anger issues. In that case, it's probably best to keep your work life and personal life separate.

Avoid work situations like traveling with a client where you will be with a client for an extended period



of time. If you run into your client outside the office, let's hope you're not carrying a cigarette or flipping someone off who just took your parking spot. Keep the interaction short and let the client lead the conversation.

If who you are in the treatment room is pretty much who you are with a different focus—i.e., in the treatment room the focus is on the client's health and outside the treatment room the focus is on enjoying life—then you have less to worry about if you run into your clients outside the office. It becomes about whether you truly enjoy that client's company, or if you only like seeing them when you're getting paid to do so. If you don't, just keep it short and sweet.

If you're a caretaker and it's hard for you to receive, additional relationship dynamics with your clients may be more draining than satisfying because it will feel like unpaid overtime. Caretakers are often drained by relationships in general, and find being alone the most restorative.

Relationship dynamics

Know the risks before entering a dual relationship. Whenever you add a relationship dynamic into an existing one, you threaten the existing one. Ask yourself if it's worth it. If you have a client you love and you

Either way, go slowly so that it's easier to go back if the first social encounter isn't great. If you're doing a house call for a husband and wife and they invite you to stay for dinner, make sure you enjoy the company and the food; otherwise, politely excuse yourself. If you do like the company, dual relationships can work; again, you just need good boundaries.

Treating friends and family

Friends and family need to understand and respect our time, the rules of our practice, and us as professionals. If a friend or family member wants to come in for a session, I usually change the tone of my voice to a more professional tone as I go through my cancellation policy, rates, and any other information, so it's clear that this is a professional meeting, not a social one. After treating a friend, she sometimes wants to have a casual chat. If I need to get back to work, I let her know this, politely but firmly.

Trades with other professionals

I find trades with other professionals can be an affordable way to receive self-care. I treat these appointments as I would a paying client, and I expect the same in return. This means that if the other

Anything you can do to establish trust immediately in a new social situation is recommended.

practice is slow, it may not be worth risking the income.


Clients have their issues too, especially if it's an unplanned social encounter. They may have told you things inside the treatment room that they don't want you to repeat. Or they might be playing a role with you that's different from how their family and friends know them. Anything you can do to establish trust immediately in a new social situation is recommended. If the client brings up their bad back, then it's open for conversation, but let him lead when it comes to personal information.

If it's a planned social meeting, make sure the client is showing up as a friend and that it's not just unpaid overtime. If a client wants to vent his problems and never asks you about yourself or has nothing to offer you emotionally, spiritually, intellectually or socially, then this is not a friend; this is the continuation of the treatment minus the bodywork—and minus your payment. See if he can show up for you in friendship and if there's something for you in this new dynamic.

practitioner cancels at the last minute, he forfeits his session, and vice versa.

Compartmentalize relationships

Dual relationships are like the graduate school of boundaries. If you're still working on establishing good boundaries in your life, it's probably best to keep relationships compartmentalized. Always weigh out the potential risks and benefits before entering dual relationships.

Shari Auth is a licensed massage therapist and acupuncturist, living and practicing in New York, New York. She teaches ethics and forearm massage. This article is an excerpt from her home study course, "The Ethics of Self Care: Building a Sustainable Practice," available at authmethod.com. 

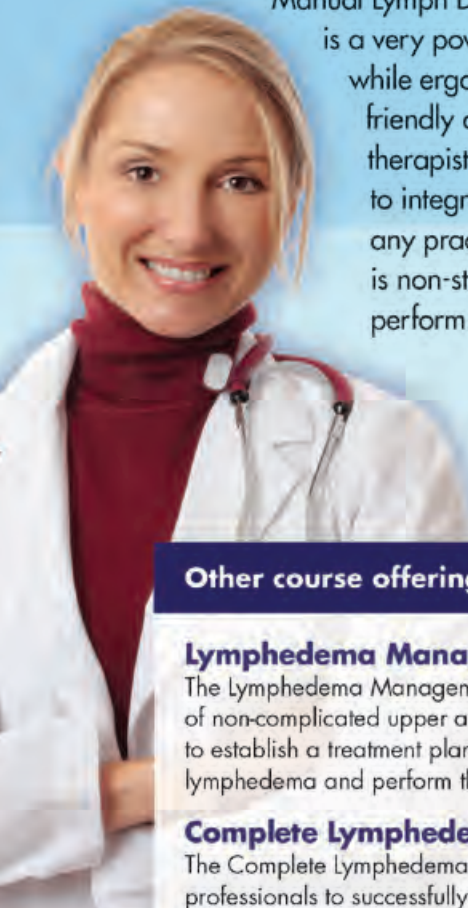


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Postpartum

Physical & Emotional Benefits of Massage

by Carole Osborne, C.M.T.

Massage therapy offers many physical and emotional benefits to clients suffering from postpartum depression. Here's one example, shared by massage therapist Angela Meyer, C.M.T., of Roseville, California: Becca had struggled with postpartum depression prior, and she was determined to rally a support team to help her with her second child. At first [when she came in for massage], Becca was pale, exhausted, overwhelmed and a little weepy. I noticed results right away; her cold hands and feet became warm, and the paleness turned to a healthy glow. Her overall demeanor seemed more balanced and grounded.

"I primarily used a combination of Swedish massage, deep tissue and acupressure. I focused on creating uplifting but not overly stimulating sessions that relieved her aches and pains and anxiety about breastfeeding. After just one session, she reported improved milk supply, [better] sleep quality and ease of falling asleep.

"She eventually returned to yoga. I noticed that, as she was feeling better, she put more effort into her grooming; however, most notably, it was the genuine shine in her smile and eyes and a quick-witted joke that indicated that she was truly feeling good. Becca's feedback to me confirmed my observations, and she believes that her sessions were an integral part of preventing a recurrence of [postpartum depression]."

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Depression

Massage as prevention or treatment

Angela's work with Becca exemplifies massage therapy's potential to prevent postpartum depression. Many massage therapists report that as few as three to five well-timed sessions tend to improve depressed women's mood, reduce worry and increase enjoyable mother-baby interactions. The few small studies of massage therapy and women with postpartum depression show those same promising results. One even suggests that prenatal partner massage reduces likelihood of postpartum depression. Before exploring how massage might help prevent and alleviate postpartum depression, consider what postpartum depression is and what distinguishes it from negative but normal feelings about mothering.

Baby blues versus postpartum depression

Whether she gave birth vaginally or surgically, delightfully, ordinarily or traumatically, a new mother usually will be elated for hours, sometimes days. Within three to 10 days the euphoria of 50 to 90 percent of postpartum women will turn to anxiety, sadness, moodiness and a mild depression, a condition commonly called the baby blues.

Extreme, but normal, hormonal changes after giving birth result in increased mood swings and intensity (lability). Together with a drop in blood sugar and tidal volume in the lungs, this physiologically sets the stage for exhaustion. Add to that newborn care and life changes, and who wouldn't have some emotional meltdowns? Usually this passes by the third month, as life with baby becomes the new and manageable normal.

Powerlessness, disappointment, defeat, anger, fear and abandonment are some common negative feelings that can occur after giving birth. For between about five and 15 percent of mothers in Western cultures, these worsen, and mood disorders develop. Of the four postpartum mood, or affective, disorders, depression is, by far, the most common, the one most responsive to a series of

massage therapy sessions, and the focus of this discussion. This is an important topic, for postpartum mood disorders are the most likely complication to develop during this time.

Some common postpartum depression signs you might observe or hear about in your intake include:

- Sleep disturbances, other than those created by the infant's needs
- Radical emotional changes and extreme sadness
- Altered eating habits with rapid weight gain or loss
- Reduced energy level
- Lack of involvement, attention and pleasure in infant care
- Sustained alcohol, sedative or other medication use

Responsive, soothing touch may enhance the client's pleasure in being a mother and often prompts the unburdening of any negative feelings.

Physicians consider these affective disorders to result from hormonal influences on neurotransmitter uptake in the brain. Imbalanced brain chemistry makes a woman more susceptible to typical but difficult effects of psychological stresses, lack of family and friend support, or unrealistic expectations of birth and postpartum life. She is especially vulnerable if she has a history of chronic or recurring depression or prenatal depression.

Make your massage helpful

Provide special mothering-the-mother sessions by creating a calming ambiance and listening with your hands and heart to her mothering journey. Responsive, soothing touch may enhance her pleasure in being a mother and often prompts the unburdening of any negative feelings. Listen with a nonjudgmental, supportive attitude so that she can tell her story honestly.

My most compelling theory of how massage therapy might benefit postpartum mothers' emotional adjustments stars oxytocin, the powerhouse mothering hormone.

For grieving women whose infants may be premature, ill, or have died, you might be assisting as they navigate through the typical grief stages. Of course, referral to mental health professionals is ethically imperative, too.

During depression and anxiety, the autonomic nervous system can be locked into sympathetic activation. Counter the fight-flight-freeze tendencies by promoting parasympathetic arousal. Try soothing Swedish- and Esalen-style techniques, craniosacral and energy-balancing modalities, and foot-and-hand zone therapies. Progressively press along her sides, particularly at the *ilea* and lateral thighs, holding firmly while she takes several cleansing breaths. This can help her feel brought back together after the sometimes frightening opening of giving birth. Many women especially like being rocked gently and rhythmically.

All of this work may also help clients to progress more easily through the intense physiological

adjustments of the first six weeks after giving birth. Deep tissue and other myofascial and neuromuscular approaches may help ease residual musculoskeletal pain of pregnancy, labor and the ongoing, repetitive tasks of infant care.

The new mother's lower back, pectoral girdle and neck are particularly vulnerable to the effects of prolonged static neck flexion and repeated lifting and carrying. Work deeply, but don't mistakenly think no pain, no gain. The more pain-free she is, that's one less stressor and an excellent means to discourage postpartum depression from developing.

My most compelling theory of how massage therapy might benefit postpartum mothers' emotional adjustments stars oxytocin, the powerhouse mothering hormone. This calm-love-nurture provocateur surges during birth and promotes bonding. It also prompts most mothering activities, especially breastfeeding and comforting care.

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Animal studies suggest a correlation between depression and low oxytocin level, and the countering effects of repetitive tactile stimulation for these low-interaction furry mothers. When a woman's nurturing energy is compromised by depression, insufficient oxytocin might be the hormonal cause or result.

What are massage therapists if not the tactile stimulation/oxytocin production experts of the health care profession? So that is a key component of how massage therapy benefits moms with postpartum depression.



Carole Osborne, C.M.T., presents the research and references available on postpartum massage, at massagemag.com/postpartumresearch.

Carole Osborne, C.M.T. (bodytherapyeducation.com), is author of *Pre- and Perinatal Massage Therapy*, now in its second edition, and course developer of a nationwide continuing education and certification workshop of that name. In addition, she shares her 41-year career and her passion for mentoring good therapists into mastery in her online and in-person supervision and mentoring groups. 



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Give From Great Fullness

How to Cultivate Gratefulness

by Kristi Nelson

We have heard repeatedly that there is value in having gratitude, keeping track of it, expressing it, and seeking out and replicating those experiences that make us feel it.

Indeed, research is increasingly proving that a feeling of gratitude can have significant, positive impact on us, from calming our heart rate to strengthening our immune system, to enhancing our mental outlook.

Gratitude seems to be able to positively influence *how* we experience almost all that we experience. Gratitude is surely worthwhile. However, concepts of gratitude are culturally bound and the feeling state of gratitude can be highly elusive and transitory for many of us. In Western cultures, we are likely to understand gratitude as a feeling state that arises when we get something we

want or need: Something we judge as good happens, and gratitude arises. We smile. We give thanks. But, as we all know, change is consistent, and gratitude can quickly wear off: The beloved gift collects dust, the moment of kindness fades, the friend fails us, a cold front moves in, we get sick, or our partner turns out to be human after all. Then we crave and await the next reason to be grateful.

In this sense, we can see much of our lives as a perpetual quest for finding and constructing repeated reasons to feel thankful, perhaps more commonly known as the pursuit of happiness. This pursuit is a good one, but has the inevitability of a roller coaster ride, and tends to strengthen our focus on what we want to have happen *to* us, and what is happening *outside* of us, rather than what we can make happen from the inside out.

Message in the Moment SAMPLE

According to Brother David Steindl-Rast, grateful living requires three simple steps:

- 1. Stop.** Become present, awake and aware;
- 2. Look.** Notice, observe, consider, have a direct experience;
- 3. Go.** Acknowledge, take action, express, and commit to doing something with the opportunity that life presents to you. Grateful living is experienced, expressed and reinforced in the doing of our living.

The following grateful living practice will help you experience increased gratitude for your massage clients.

Stop. Cease whatever you are doing before you receive a client. Devote your full attention to being still with yourself and slowing down in this moment. Become conscious of your breath as it breathes itself. Put your attention fully on one complete inhale-exhale cycle. Allow your body to soften. Bring your awareness to the present moment and allow yourself to open to all possibility.

Take a few moments to focus, and allow your body to rest comfortably into itself. Consider gently placing your hand, or both hands, on your chest. Notice the sensation of your heart and lungs. Gather your energy fully before you offer it to anyone else. Settle yourself into the awareness of life as an extraordinary gift. The client you are about to receive will

Gratefulness can offer us an alternative to the acquisitional nature of gratitude. Whereas gratitude tends to come *after* something happens, a state of gratefulness can already be in place to greet whatever arises in our lives, significantly increasing the likelihood we are going to experience that which arises as gratitude-producing.

We can fill a deep, reliable reservoir of well-being in our lives, not through trying to stack up moments and experiences that qualify as worthy of our gratitude, but through cultivating gratefulness as a foundational state of mind.

Benedictine monk and gratefulness proponent Brother David Steindl-Rast wisely observes, “It is not happiness that makes us grateful. It is gratefulness that makes us happy.” This is a worthwhile kind of Zen *koan* to consider and cultivate.

Get happy

How might we cultivate gratefulness as a way of being rather than settling for gratitude as an intermittent way of feeling? Gratefulness surfaces whenever we remember that life itself is a precious gift that is irrefutably impermanent; this paradox allows the vulnerability and potency of gratefulness to become the lens through which we experience the fullness of our lives.

Gratefulness is a distinct state of being that encourages and allows us to more consistently hold a sense of wonder, and to see the poignancy of opportunity in every moment. These are the hallmarks of grateful living—seeing wonder and opportunity within every



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GRATEFUL LIVING PRACTICE

benefit hugely from your great fullness, and your gratefulness. Allow yourself to feel grateful for this moment and for the person who is about to enter your space, in need of your attention and healing. You always have more than enough within you to make a needed difference.

Look. Really let yourself notice the vulnerability, needs and presence of the client you are receiving. With your whole heart, imagine what it might be like to arrive to this moment when he or she is completely available for your touch—in need of the very best attention you can muster. Feel the vulnerability and sacredness of the exchange. Appreciate this dynamic with your whole awareness.

Go. Move throughout the next moments remembering that your client's body is miraculous. He is more than any part; more than even the sum of all his parts. This body in front of you is alive, and it is a miracle. This person is complete and perfect, and yet in need of your healing touch.

Your gift is to see the great fullness of your client, and to pour yourself into tending the gift of her life, just as you see the gift of your own life. Nothing of your great fullness is depleted or compromised by giving yourself fully to your client. You can be made more whole by what you give of yourself from gratefulness.

—Kristi Nelson



moment, and recognizing the possibility of learning from everything that happens.

This brand of grateful happiness is unconditional—something for which many of us long deeply, but which the relentless pursuit of happiness can consistently undermine. When we remind ourselves—in repeated and intentional ways—about the tremendous, mind-blowing opportunity and gift that is inherent within the gift of being alive, we immerse ourselves in the *practice* of grateful living. While gratitude may be truly moving in the moment, *living* gratefully can be transformational. Gratitude is to grateful living what happiness is to joy. Both joy and gratefulness do not depend on particular circumstances to bubble up and offer effervescence to our lives. They are inside out propositions.

Get big-hearted

In significant ways, grateful living can also serve as a very real antidote to scarcity and insatiability—two forces that permeate our culture and unconsciously motivate our behavior in countless ways. We often feel ourselves drawn toward people, things and experiences that are not in our best interests or aligned with our

values. We find ourselves in loops of addictive thinking and behavior.

Scarcity is often the culprit; driving longings that arise out of the sense we are not enough, and we do not *have* enough. Grateful living can invite an experience of sufficiency and gratification that puts a cap on the feeling of needing more. And then sufficiency invites us toward using our lives and resources in ever more generous, openhearted and conscientious ways.

Living gratefully, we are conscious of our innumerable and very real blessings, and from this sense of plenty, we can feel full to overflowing. Feeling full, we are more inclined to share generously and freely with others.

In this sense, it is grateful recognition of all we already have that establishes the only real, lasting conditions for generosity, kindness, compassion and the impulse to serve. When we are awake to all that is enough in our lives, we can turn our attention beyond ourselves. We need to feel our fullness in order to have anything truly meaningful to offer others, and the world.


Grateful living can be learned and practiced—just as mindfulness and compassion are practiced—and strengthened by learning to focus our minds and hearts on all that is enough in our lives. A practice is a repetitive act of offering our full attention to something we do for the purpose of being more and more fully present and available to life. If we engage with focused attention and intention, many aspects of our lives can be a portal for deepened self-awareness, more reflective action, and greater mindfulness.

We can have daily practices around money, health and wellness, relationships, communication and work. Why not cultivate gratefulness in similar fashion?

Pour yourself out

You are an unlimited reservoir of life energy. What you have to offer will only be enhanced when it is given from great fullness. You can receive more than you give, when it is the profound nature of gratefulness that guides your interaction and your generosity.

Experiment with pouring yourself out. Let yourself hold this truth deeply: It is not happiness that makes us grateful. It is gratefulness that makes us happy—and you may find yourself more nourished by your work than you imagined possible.

Kristi Nelson is executive director of A Network for Grateful Living (gratefulness.org), an online sanctuary that offers comforting and inspiring resources and practical tools to support the practice of grateful living. 





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Swedish Massage Decreases Stress Among ICU Nurses

Two 25-minute sessions of Swedish massage per week for a total of four weeks resulted in a significant and lasting decrease in occupational stress among nurses working in intensive care units (ICUs), according to recent research.

The study, “The effect of massage therapy on occupational stress of Intensive Care Unit nurses,” involved 66 male and female nurses who worked in intensive care units and experienced high levels of occupational stress.

The nurses were randomly assigned to either the experimental group or the control group. Those in the control group continued to go about their daily lives with no changes. Those in the experimental group received two 25-minute sessions of Swedish massage each week for four weeks. These sessions took place in a warm, quiet room at the hospital and focused on the hands, legs, back, chest and lower back.

The main outcome measure for this study was occupational stress, which was assessed via the Occupational Stress Inventory. This survey consists of six scales and 60 questions, which are answered on a five-point scale from 1 (never) to 5 (always). Subjects in both the control group and experimental group completed the Occupational Stress Inventory before the beginning of the study, immediately after the four-week study period and again two weeks later.

Results of the research revealed the mean score of occupational stress among the nurses in the experimental massage group was significantly lower than the mean score of occupational stress among the nurses in the control group, both immediately after the four-week study period and two weeks later. While the occupational stress of the nurses in the massage group decreased from the start of the study, the occupational stress of the nurses in the control group showed no such change.

“The intervention of massage therapy reduced the occupational stress of nurses in the ICUs, and it can be concluded that the effect of massage therapy will remain after the intervention period,” stated the study’s authors. “According to the results of this study, it is suggested that massage therapy can be used as a method suitable for nurses working in ICUs in order to reduce stress, promote mental health and prevent a reduction in quality of nursing work life.”

Authors: Fateme Nazari, Mojtaba Mirzamohamadi and Hojatollah Yousefi.

Sources: Department of Adult Health Nursing, Nursing and Midwifery Care Research Center and Student Research Center, Faculty of Nursing and Midwifery, Isfahan University of Medical Sciences, Isfahan, Iran. Originally published in the July/August 2015 issue of the *Iranian Journal of Nursing and Midwifery Research*, 20(4), 508-515.

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Aromatherapy Massage Reduces Anxiety Among Patients with Personality Disorders

The application of lavender and geranium essential oils, using the massage technique of effleurage, resulted in a significant decrease in anxiety among hospital patients diagnosed with personality disorders, according to recent research.

The study, “Massage with aromatherapy: effectiveness on anxiety of users with personality disorders in psychiatric hospitalization,” involved 50 patients—39 females and 11 males—in the psychiatric ward of a general hospital, with a mean age of around 35 years.

According to the researchers, the medical diagnoses of the patients were “personality disorders and disorders of adult behavior.” Thirty-three of the patients were diagnosed with emotionally unstable personality disorder, and 10 of the patients were diagnosed with histrionic personality disorder. Among the diagnoses of the remaining patients were dependent personality disorder, antisocial personality disorder and schizoid personality disorder.

“This population was chosen taking into consideration the prevalence rate in the unit, the impact it causes on the health team and the perceived need to diversify the nursing care offered,” stated the study’s authors.

Subjects in the study received six 20-minute sessions of aromatherapy massage three times a week for a total of two weeks. Each session took place in the patient’s room with the subject in a sitting position. The practitioner applied effleurage to the patient’s upper body using a gel lubricant containing the essential oils of lavender and geranium.


“This method [effleurage] was chosen due to its consecration in the literature of aromatherapy since its early times, because it promotes greater dermal absorption of essential oils and does not stimulate acupuncture points,” the researchers reported.


Before the first massage intervention, the patients filled out the state subscale of the State-Trait Anxiety Inventory. For each of the six sessions, the patient’s heart and respiratory rate were measured both before and after the massage. The day after the last massage session, the subjects filled out the state subscale of the State-Trait Anxiety Inventory once again.

Results of the research revealed a statistically significant decrease in anxiety among the patients following the course of six massage sessions. The data also showed a significant decrease in both heart and respiratory mean rates after each massage.

“The intervention of massage with aromatherapy during psychiatric hospitalization for patients diagnosed with personality disorders was effective for the reduction of anxiety,” the authors concluded.

Authors: Thiago da Silva Domingos and Eliana Mara Braga.

Sources: Faculty of Medicine, Department of Nursing, Universidade Estadual Paulista Júlio de Mesquita Filho, Botucatu, São Paulo, Brazil. Originally published in May/June 2015 in *Revista da Escola de Enfermagem da USP*, 49(3), 450-456. 



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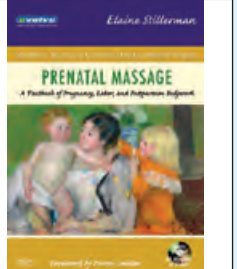
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icimh.org

Florida State Massage Therapy Association Annual Convention

June 23–26, 2016
Orlando, Florida
fsmta.org

The Feldenkrais Method Conference

July 7–10, 2016

Asheville, North Carolina
feldenkrais.com

World Massage Festival

Aug. 7–10, 2016
Atlantic City, New Jersey
worldmassagefestival.com

Integrative Medicine for the Underserved Conference

Aug. 18–20, 2016
Irvine, California
im4us.org

Biodynamic Craniosacral Therapy Association of North America Breath of Life Conference

Sept. 15–19, 2016
Abiquiú, New Mexico
craniosacraltherapy.org


International Society for the Study of Subtle Energies and Energy Medicine Conference

Sept. 21–24, 2016
Unity Village, Missouri
issseem.org

American Massage Therapy Association National Convention

Oct. 26–29, 2016
Milwaukee, Wisconsin
amlamassage.org

Society of Ortho-Bionomy International Conference

June 15–18, 2017
Denver, Colorado
ortho-bionomy.org 

Anita Shannon, L.M.B.T.

International educator appearing at conventions and presenting workshops on ACE Massage Cupping™ and MediCupping™ (massagecupping.com) since developing these brands of bodywork in 2002. She has published multiple articles and five educational videos.

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MASTERS LEVEL

Houston, TX	Nov. 7/8
Orlando, FL	Nov. 7/8
Ft. Lauderdale, FL	Nov. 14/15
San Antonio, TX	Nov. 14/15
Tampa, FL	Nov. 14/15
LAS VEGAS, NV*	Nov. 30-Dec. 4

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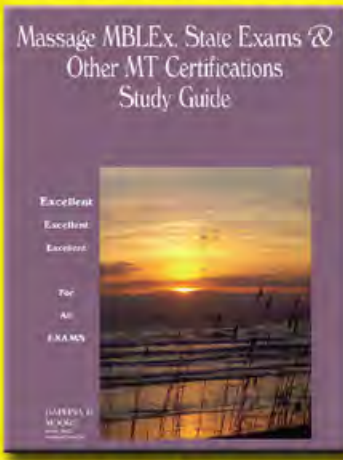
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? WE ASKED

How do you use the Internet to find and retain clients?

I send weekly emails to current clients following up on our treatments and their progress. I also email notices of new products, packages and healthy information, and in return they forward the emails to friends and family.

*Joy Crittenden, L.M.T.
Bronx, New York*

Yelp has worked well for me. I have great clients that leave wonderful reviews without being asked, so they come from the heart—and those reviews have brought a lot of new business.

*Meghan Iler
Akron, Ohio*

I've found putting original content into blog form on my website to be most effective. How-to videos, anecdotal case studies, muscle identification and debunking myths have shown to be popular content. I'll link the article from a social media post to generate interest. Over time and years, I've seen new clients arrive because they have Googled their pain and ZIP code or city and have found out about me. Because I run a private practice, it's a fine balancing

act between having a full slate, being overrun or a lull in the action. If there is a lull, I build the blog back up with new material.

*Matthew Gibble
Broomfield, Colorado*

MassageBook has excellent SEO [search engine optimization] that, if you input the correct info, will target your audience for you. It also handles marketing to targeted clients with charted results. In addition, I use Facebook; I update daily and utilize their marketing program once a quarter. Both generate hits, inquiries and clients looking for specific massage work.


*Kevin Deighan
Myrtle Beach, South Carolina*

In the past I've relied on word-of-mouth to get my name and business out in the world, but I've come to realize—perhaps a little slowly and stubbornly—that the Internet is an invaluable tool for any business. Search engines such as The Rolf Institute's Find a Rolfer™ have often been a good source of new clients, but I tend to rely a lot more on my website, emilymoodybodywork.com; Google Business; as well as social networks, such as Facebook and LinkedIn, to draw clients in. I try to come up with creative ways—like offering memberships, packages, and different monthly specials—to get my clients coming back each month.

*Emily Moody
Boulder, Colorado*

Your New Question

What are your business goals for 2016?

Submit your response (up to 100 words) by November 15 via email to apayne@massagemag.com or visit massagemag.com/question. Responses may be edited for clarity and length, and must include your first and last name, city and state. Responses will be used for Reader Expressions only, and may appear in both magazine and online format. 

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Jeni Spring of San Antonio, Texas

"I'm amazed and excited to win this cruise!"

Jeni owns Heeling Sole Barefoot Massage (texasashiatsu.com), and is an Ashiatsu DeepFeet Bar Therapy instructor. She can't wait to put new techniques to work with her feet—and can't wait to dig her feet into Caribbean sand.

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Cherie Sohnen-Moe is an author, business coach, international workshop leader, and successful business owner since 1978. Before shifting her focus to education and coaching, she was a massage and holistic health practitioner for many years. She is the author of *Business Mastery* and *Present Yourself Powerfully*, and co-author of *The Ethics of Touch*. Her most popular workshops include Marketing from Your Heart, Profit with Products, Creative Teaching Techniques, and The Soul of Ethics.



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