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Geriatric Massage: Ease the Session Experience for Elder Clients

With 10,000 Americans turning 65 every day, elder clients may soon make up the majority of your clientele. The aging baby boomer generation has shown great interest in complementary care such as massage; therefore, it may be necessary to make some adjustments to your treatment space in order to better accommodate clients who experience vision, hearing, and cognitive limitations. Elder clients may require additional safety considerations as well.

by Julie Goodwin, L.M.T.

Read "Minimize Fall Risk in Elderly Clients," by Julie Goodwin, L.M.T., at massagemag.com/fallrisk.

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Kinesiology taping may help geriatric clients regain tactile acuity, leading to an increase in stability, among other benefits. Stacey Thomas, L.M.T., S.F.M.A., F.M.S., N.K.T., C.F.-L2


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members of the generation born between 1946 and 1964—the baby boomers—gave us Woodstock, Apple Computer and Born in the USA. Baby boomers are also the generation that embraced the self-help movement, from EST to aerobics classes and meditation to massage therapy.

Now, they are giving us a model of aging never before seen.

As Julie Goodwin, L.M.T., the author of this month’s cover story, “Geriatric Massage: Ease the Session Experience for Elder Clients,” wrote, “This baby boomer generation possesses more wealth and displays greater interest in complementary health care than previous generations; they are healthier, more physically and socially active into advanced age, and live longer.”

These change-makers and cultural tastemakers, are—at 80 million members strong, still a generation with massive influence. They are also now ages 53 to 71, with 10,000 of them turning 65 each day in the U.S.

“Between 2020 and 2030 alone, the number of older persons is projected to increase by almost 18 million as the last of the large baby boom cohorts reaches age 65,” stated the report Aging in the United States, published by the Population Reference Bureau.

By the year 2030, 20 percent of the U.S. population will be age 65 or older and can expect to live, on average, to age 83.

What do all of these statistics mean for your massage practice? That massage for elderly clients is only going to grow as a specialty.

“For massage practitioners just entering the field, elderly clients may well comprise the bulk of their clientele throughout their careers,” Goodwin wrote.

And as one’s clientele ages, it will be important to modify popular therapies to meet the demands of older bodies. In “Taping the Geriatric Client, Benefits & Contraindications of Kinesiology Tape,” author Stacey Thomas, L.M.T., S.F.M.A., F.M.S., N.K.T., C.F.L2., shares strategies for offering this popular bodywork technique to elders in a way that is safe and efficacious.

I have referred to baby boomers as “they” in this essay—but I was born during the last two weeks of this generation, in December 1963, making me a boomer, too. And like so many others in my generation, I intend to keep receiving massage throughout my middle and older age. With regular, healthy touch in my life, I know I’ll be able to face the challenges of aging with more grace and less pain, than without it.

Please share your thoughts on this issue with me at edit@massagemag.com.

Karen Merriman

Contributors

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

Kayleen Wilkinson wrote “Massage for Military Veterans” for this issue. Kayleen is Women’s Wellness and Communications assistant in Clear Path for Veterans’ Wellness program, which offers integrative modalities to active military, reserve, guard, as well as veterans and their families and caretakers.

Lois Orth-Zitoli wrote “Active Isolated Stretching: Self-Care of the Neck and Low Back” for this issue. Lois is a massage therapist, public speaker, teacher and health coach. She teaches stretching and other topics.

Julie Goodwin, L.M.T., wrote “Geriatric Massage: Ease the Session Experience for Elder Clients” for this issue. Julie is an author, bodywork educator and continuing education provider. Her 30-year massage practice focused on elders and people in treatment for cancer.

Laura Allen wrote “Money Matters: How to Raise Your Rates” for this issue. Laura is a massage therapist, educator, massage division director of Soothing Touch, and the author of five massage therapy books published by Lippincott Williams & Wilkins.

Nancy Toner Weinberger wrote “Show the Value of Your Massage” for this issue. Nancy has been a massage therapist for four decades, and a Trager® practitioner for three decades.
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**Advanced Education Needed**

The only way massage will ever be seen as a viable health care option will be to continue education beyond massage school. Of course, many people shift to massage after working in other fields, and this seems to parallel the situation we saw with nursing about 20 to 25 years back, when there was a desperate shortage. There will be grandfathering, and supportive classes to take, but it seems the longer we wait, the more complicated it is going to be.

We will never reach a higher level of science, research, educator preparation, and associated high level of skills without requiring a solid basis for therapist growth and expansion of skills.

I also feel the basic two years of community college after high school—or equivalent for older students—will provide a more dedicated level of therapist. I have looked at college prep classes, and it seems like an easy way to create prerequisites for massage in order to create a second level of massage therapy.

Many students who start nursing or physical therapy courses are not able to finish their programs—but if preparatory courses are taken, this would offer a method of switching to massage and not have to deal with huge scholastic loan debts. Creating the last semester as interning classes would provide therapists with real-life experiences working in various locations.

If some folks do not want to do this, let them continue working as level-one massage therapists. The pay differential will come, as our national programs and the public begin to hear the difference.

Directing marketing for this career to younger high school students will provide options for lower-cost programs in community colleges. We really need to put energy into preparing younger people to enter our field—and give them reasons to stay and grow, and expand our field. It won’t expand without more education, ever.

Karen Kowal
Arnold, Missouri

**“Medical Massage” Concerns**

I need to take just a minute of your time to comment on the recent article “Medical Massage Therapy: An Insider’s Perspective” (massagemag.com/insidersperspective). There are statements in this article that I have concerns with, such as needing training in sports massage, yet not mentioning additional training required in oncology massage.

I’m also concerned with the photos of the author in a dress and her hair dangling over the patient. This dress code would not be allowed in any of the hospital systems that I’m familiar with.

Karen Armstrong, L.M.T., B.C.T.M.B.
Manager, Clinical Massage
Beaumont Health System
Grosse Pointe, Royal Oak and Troy, Michigan

**Editor’s response:** Thank you for your feedback. This particular article was a first-person account of developing and working in a medical massage program at Sanford USD Medical Center in Sioux Falls, South Dakota. It does include a section just on continuing education and the need to earn advanced certification. Also, MASSAGE Magazine editors chose the stock photo to run with the article, and that image is not a reflection on the author or the massage program she discussed.

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**Comments from Social Media**

**Oncology Massage Brings Pain Relief to Cancer Patients**

I can testify to the power of oncology massage. When my mom had metastatic cancer, we bought a cheap massage table to keep at her house. Whenever I was there, I would work on her. She said the massage helped with her pain better than the narcotics. It was such a blessing to me to be able to actually do something to help.

Karen Seaton, L.M.T.

This is wonderful! While in school for massage, I did my work-study program in an oncology unit. The patients didn’t need pain meds the days we worked, and the nurses were grateful also.

Chelsi Desjardins

Read this article here: massagemag.com/oncologyrelief
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A new study looked at the use of complementary and alternative medicine (CAM)—specifically, acupuncture, aromatherapy, art therapy, guided imagery, healthy food, humor therapy, massage therapy, music therapy, pet therapy, reiki and stress management—among U.S. hospital inpatients.

The study took place in the University of California, San Diego, Healthcare System, with 100 patients participating. Both male and female subjects were enrolled in the study, with ages ranging from 19 to 95.

“Inpatients were asked which CAM therapies they perceived as being potentially the most helpful, their willingness to pay for those therapies, and their perceived beliefs regarding the use of those therapies,” stated an article titled “Inpatients’ Preferences, Beliefs, and Stated Willingness to Pay for Complementary and Alternative Medicine Treatments,” published in January in The Journal of Alternative and Complementary Medicine.

Results showed that hospital inpatients view healthy food (85 percent), massage therapy (82 percent) and humor therapy (70 percent) to be the most helpful. The therapies the patients said they are most willing to pay for, according to the article, are healthy food (71 percent), massage therapy (70 percent) and stress management (48 percent).

When asked about the benefits they thought they would receive from CAM therapies, subjects identified relaxation (88 percent), increased well-being (86 percent) and increased overall satisfaction with their stay in the hospital (85 percent).

“This study suggests that CAM services may be a beneficial addition to hospitals, as demonstrated by inpatients’ interest and stated willingness to pay for these services,” the authors noted. “These findings may help organizational leaders when making choices regarding the development of CAM services within hospitals, particularly since a significant percentage of inpatients reported that CAM services would increase their overall satisfaction with the hospitalization.”

Source: Montross-Thomas, Lori P; Meier, Emily A; Reynolds-Norolahi, Kimberly; Raskin, Erin E; Slater, Danie; Mills, Paul J; MacElhern, Laura; and Kallenberg, Gene. The Journal of Alternative and Complementary Medicine. January 2017. doi:10.1089/acm.2016.0288.

Massage Therapy Foundation Has a New President-Elect

Douglas Nelson, L.M.T., B.C.T.M.B., C.N.M.T., is the new president-elect of the Massage Therapy Foundation. Nelson launched his massage career in 1977 and still maintains the clinical practice called BodyWork Associates that he opened in 1982 in Champaign, Illinois, according to a press release. He also serves as a neuromuscular consultant to NFL and NBA teams, dance companies and musicians. Additionally, Nelson’s teaching institute, NMT MidWest Inc., trains students in Precision Neuromuscular Therapy™ across the U.S. and abroad.

“I am very excited and honored to take on this new role with the Massage Therapy Foundation,” the press release quoted Nelson as saying. “The more that I discover about the vast workings of the foundation, the more impressed I am with how many ways our volunteers and donors give back to this field that we love so much.”

(Disclosure: Nelson is a contributor to MASSAGE Magazine. He wrote “Whiplash: Implications for Massage Therapy” for the February 2015 issue, and “The Mystery of Pain” for the April 2016 issue.)

The Massage Therapy Foundation (massagetherapyfoundation.org) is a 501(c)3 public charity, with a mission to advance the knowledge and practice of massage therapy by supporting scientific research, education and community service.

Nelson has been a Massage Therapy Foundation trustee since 2016, and has also served on the foundation’s finance committee and community service grant proposal committee. He will serve as president-elect from March 1, 2017, through Feb. 28, 2018. On March 1, 2018, Nelson will take his seat as Massage Therapy Foundation president for a two-year term.
**States of Health**

Hawaii is the healthiest state in the U.S. and Mississippi is the unhealthiest, according to the 2016 America’s Health Rankings report from the United Health Foundation (americashealthrankings.org).

In the report, states are ranked across 34 measures of policy, clinical care, behaviors, community and environment, and outcomes.

**The 5 healthiest states:**
1. Hawaii
2. Massachusetts
3. Connecticut
4. Minnesota
5. Vermont

**The 5 unhealthiest states:**
46. Oklahoma
47. Alabama
48. Arkansas
49. Louisiana
50. Mississippi

**Most U.S. Physicians Get Gifts**

Sixty-five percent of U.S. patients have visited a physician who has received payment or gifts from pharmaceutical companies or medical device companies—yet, just 5 percent of patients surveyed were aware of that compensation, according to a new study.

The study’s investigators conducted a nationally representative survey of more than 3,500 adults and linked their doctors to data from Open Payments, a government website that reports pharmaceutical and device industry payments to physicians, according to a press release.

In Open Payments, all physicians averaged $193 in payments and gifts, according to the press release. The investigators noted that even small gifts are influential and might induce feelings of reciprocity.

The study by Genevieve Pham-Kanter, Ph.D., an assistant professor in Drexel University’s Dornsife School of Public Health, was done jointly with collaborators at Stanford and Harvard universities, and was funded by the Greenwall Foundation. “These findings tell us that if you thought that your doctor was not receiving any money from industry, you’re most likely mistaken,” Pham-Kanter said, quoted in the press release.

“Patients should be aware of the incentives that their physicians face that may lead them to not always act in their patients’ best interest—and the more informed patients are about their providers and options for care, the better decisions they can make.”

Open Payments was set up as part of the Physician Payment Sunshine Act, a provision of the Affordable Care Act (cms.gov/openpayments) in the effort to make industry payment information publicly available and transparent.

*Source: Journal of General Internal Medicine.*

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**NCBTMB: New Chair, Officers**

The National Certification Board for Therapeutic Massage & Bodywork (NCBTMB) in March announced a new chairperson and the results of its election.

NCBTMB (ncbtmb.org) is an independent, private, nonprofit organization founded in 1992. It offers Board Certification, specialty certificates, an Approved Provider Program, and an Assigned School Code Program.

Teresa M. Matthews, L.M.T., C.P.T., B.C.T.M.B., was named chair of the board, replacing Bruce Baltz, L.M.T., B.C.M.T., who had notified NCBTMB that for personal reasons he would no longer be able to carry out his role, according to a press release. Matthews owns and operates Health, Wellness & Fitness Professionals, a personal training, massage and certification business, in Jacksonville, Florida. Her term ends in 2019.

The four board members elected and transitioning to the NCBTMB are Brenda Jeanne Baker, L.M.T., B.C.T.M.B.; Jill Kristin Berkana, L.M.T., B.C.T.M.B.; Teresa M. Matthews, L.M.T., C.P.T., B.C.T.M.B.; and Stuart Watts, D.O.M.
NCBTMB Hosts First APCE Roundtable

Educational leaders throughout the country unite to discuss NCBTMB’s APCE Program & the community it serves

On Saturday, February 25, 2017, NCBTMB hosted its first Approved Provider for Continuing Education (APCE) Roundtable Discussion in Boston, Massachusetts. With twenty of the profession’s most influential educators at-hand, the goals of the discussion were to

1) Introduce NCBTMB’s APCE Program,
2) Provide feedback on the APCE Program,
3) Discuss key trends in education, and
4) Discuss how to strengthen growing areas of the profession, such as online training.

Participants were first part of a single group discussion where Donna Sarvello, VP of Educational Support, NCBTMB, provided an overview of the APCE Program history. Participants were provided adequate time to review the presentation and responded openly and candidly to the program’s strengths, weaknesses, and opportunities for improvement.

“Continuing Education is a critical component of certification for many professions—massage therapy is no different,” commented Sarvello. “That’s why all of us at NCB strive to listen to and interact with state boards, educators, Certificants, school owners, and peer organizations to make our AP Program the best it can be. We have made many changes throughout the past twenty years—many of which would not be possible without the honest feedback from our profession and NCB’s dedicated staff to bring such ideas to fruition.”

Shortly after the opening discussion, participants were gathered into smaller groups to discuss a variety of topics pertinent to CE instructors. The smaller groups would then share members’ insights, experiences, and feedback to the entire group, where a larger discussion followed. Topics ranged from NCB’s current AP application process to the effect of economy changes on CE businesses.

“I thought it was a very inviting atmosphere, and there was a great deal of encouragement of multiple perspectives and points of view from all of the participants,” shared Whitney Lowe, a NCBTMB Approved Provider and Roundtable participant. “I am very pleased to see the changes that have been implemented in the Approved Provider program. I would also like to acknowledge the financial and logistical efforts that were necessary to bring this group together. I thank NCB very much for reaching out to the profession to get input and feedback.”

Sample APCE Roundtable Discussion Questions:

- Does NCBTMB’s current application and process support APs?
- What do you believe are the strengths and weaknesses of the APCE Program?
- What opportunities do you believe exist to improve NCB’s APCE Program?
- How does state regulation impact your ability to offer CE?
- Does NCBTMB AP approval provide you portability?
- Do you find yourself revisiting basic information during your classes?
- Are students able to keep up with your material?
- Where do they feel lost?
- Do you see weaknesses in core education? If so, where?
- Which subject matter do you feel massage therapists need additional education?
- Do you feel online training supports our profession?
- What resources do you implement to strengthen online training, if offered?
- How can NCBTMB support providers that offer online training?
- How have changes to the economy impacted your CE business?

“As NCB continues to evolve, a main priority is making sure the profession knows we are listening,” commented Steve Kirin, chief executive officer. “Our Executive Staff worked diligently to bring the profession’s most influential educators together for this event. Words cannot adequately express how much we appreciate our participants. Your wealth of experience, opinion, and candid feedback fuel NCB’s positive momentum, as well as that of the entire profession. We look forward to continuing the conversation soon.”

NCBTMB plans to host a second APCE Roundtable discussion in Summer 2017 (official date and location TBA). Please visit www.ncbtmb.org or subscribe to NCBTMB’s Massage Educators email list to receive additional information on the event.

If you are interested in becoming a NCBTMB Approved Provider, please visit www.ncbtmb.org/become-approved-ce-provider.
Many Thanks to Our Valuable Participants!

Lurana Bain
Angela Barker
Jill K. Berkana
Christopher Brooks
Celia Bucci

Nancy Dail
Holly Foster
David Gonzalez
Greg Hurd
Brent Jackson

Whitney Lowe
Teresa Matthews
Nicole Miller
Linda Moore
Pete Pfannerstill

Susan Salvo
Jeff Simancek
Cherie Sohnen-Moe
Carrie Taylor-Oliss
Drew Freedman

“What a dream team! This was one enthusiastic group. Shared lots of ideas, and our visions for the future of massage therapy education."

-Susan Salvo

“I thought it was a very inviting atmosphere, and there was a great deal of encouragement of multiple perspectives and points of view from all of the participants.”

-Whitney Lowe

“Hosting this event was truly an honor. Looking around the room, we collectively represented 454 years in the profession, and 347 years teaching. It was an incredible experience to have that much talent and knowledge in one room.”

-Donna Sarvello
If you operate a massage business you likely wear many hats, from business owner to marketer and everything in between. According to the Social Media Examiner 2016 Social Media Marketing Industry Report, if you are like 92 percent of marketers, you want to know what social media marketing tactics work best. In fact, updating social media is probably on your weekly to-do list for increasing clientele.

Yet, like other massage therapists, you may be devoting hours every week to social media marketing without knowing if that time is well spent. According to a 2016 survey by Simply Measured, a whopping 6 out of 10 small business owners struggle with tracking return on investment from their social media activities.

Moreover, placing all of your eggs in the basket of online marketing can cause you to lose sight of the local support your business needs to thrive. With Facebook likes coming from across the country and Twitter mentions from followers that you may never meet, it can be difficult to stay connected to the local community for leads.

In the massage industry, even in a digital marketing age, client word-of-mouth is still king. A 2013 national survey showed that even though increasing numbers of massage therapists are marketing via social media and the internet, 74 percent of clients still find their massage therapists via referrals from other clients.
Don’t hide behind a computer

You can’t neglect your online marketing—as the Pew Research Center notes, 81 percent of consumers conduct online research before purchasing goods or services, so it is vital to have an online presence where a client can find out more after hearing about you in the community—but you can’t stop there.

As Gael Wood, L.M.T., owner of Gael Wood Massage and Spa Success, a National Certification Board for Therapeutic Massage & Bodywork-approved CEU provider, and a regular contributor to MASSAGE Magazine, said, “Don’t hide behind the computer. You have to get out there in the community and market yourself.”

After successfully running a spa for 20 years and falling in love with marketing, Wood learned that offline publicity is just as important as online marketing for a prosperous massage practice. She found that balancing digital marketing with offline marketing efforts creates momentum that builds a larger following and grows clientele.

Your massage marketing plan

Local offline marketing is essential for massage therapists who want to build long-lasting client loyalty and improve community credibility.

Here are five local offline marketing opportunities that you can’t afford to miss out on when it comes to investing your offline marketing time in your local area in order to build client loyalty and community credibility:

1. Write for a local newspaper or magazine. Consumers still pick up local newspapers to find out about what is happening in their community, and often think of these print sources as playing for the home team, because they support local causes that they care about.

Do you have expert advice on a health concern that will help the newspaper’s readers? Or perhaps you want to share a stretching routine that’s been particularly helpful to your clients. Submit an article for publishing to spread the word about your massage practice in your hometown.

2. Participate in local professional organizations and chapters. Attending meetings that don’t produce immediate clients—and therefore, profit—might sound like the last thing you have time to do when your resources are already stretched thin. But for a couple hours of your time every month, you could form great relationships with other business owners who may eventually refer clients to you.

In fact, when a client knows that your business is a member of the chamber of commerce, they are “49 percent more likely to think favorably of it and 80 percent more likely to purchase goods or services from the company in the future,” according to a survey by The Schapiro Group, an Atlanta-based strategic consulting firm.

When she ran her spa, Wood took her PR to another level by hosting the Chamber of Commerce meeting at the spa, giving members an inside look at her business and allowing them to feel even more comfortable sending future clients her way.

3. Collaborate with local service providers—including your competition. At some point in your professional life, you may have heard the advice to avoid your competitors like the plague. According to Wood, that advice was all wrong. She said it’s good to have massage therapists that you can refer clients to when you’re too busy, especially if it’s a reciprocal relationship and they send clients your way as well.

Getting friendly with massage therapists in your area has other benefits, as it creates a list of people to collaborate with when you have a creative partnership opportunity.

Make a point of calling or stopping by to chat with a few providers of your exact same services in your city. They may enlighten you about an aspect of your market you were unaware of, and at the very least they’ll be more likely to say positive things about you to their clients based on your friendly outreach.

4. Co-sponsor a run, walk or other community event. Athletes make for great massage clients, at least...
that’s what Heidi Johnson, L.M.P., and owner of BeHive Massage in Tacoma, Washington, has found. Johnson has been a massage practitioner for 17 years. She started sponsoring the Tacoma City Marathon nine years ago.

Johnson found that although sponsoring running races is not a huge money-maker in and of itself, it is a very effective educational tool that builds her reputation as a runner’s massage therapist and brings those athletic clients in after word-of-mouth spreads.

“One of the best lessons I ever learned was just saying yes to opportunities,” Johnson said. “Instead of just looking at how much money I could make from a particular event, if I think of it as a long-term investment in community relationships, then the money and clients naturally come later.

“Some of the things that I’ve said yes to have turned out to be career-changing,” she added. By building relationships with elite runners who run the marathon regularly, she was eventually able to massage athletes at the Olympic Trials.

When sponsoring a race, Johnson has a booth where she offers massage to runners at the finish line, gives gift certificates for free massages to the two winners, and places business cards with a discount coupon on the back in each runner’s race-day bag.

You can start small with this approach. Try contacting the director of a charity 5K in your city and offer to provide massage after the race. Johnson recommends trying out a “10 minutes of free massage, pay by the minute after that” approach. Offering something for free entices people onto your

If offline marketing gets overlooked in the midst of managing your social media content, change course now.

Johnson found that although sponsoring running races is not a huge money-maker in and of itself, it is a very effective educational tool that builds her reputation as a runner’s massage therapist and brings those athletic clients in after word-of-mouth spreads.

“One of the best lessons I ever learned was just saying yes to opportunities,” Johnson said. “Instead of just looking at how much money I could make from a particular event, if I think of it as a long-term investment in community relationships, then the money and clients naturally come later.

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table or chair, and almost guarantees you’ll be able to get your business card into their hands.

5. Reach out to local providers of complementary services. Partnering with other wellness businesses might seem like a no-brainer, but how many local contacts keep your number on their speed-dial to refer clients your way? It’s important to make yourself indispensable to those who could provide you with a steady flow of client referrals.

To determine who your complementary service providers are, think about where your clients are already spending their time. Complementary service providers may include naturopaths, chiropractors, doctors, osteopaths, health food stores, gyms, yoga and Pilates studios, juice bars, acupuncturists, midwives and many others.

Take some time to brainstorm complementary providers specific to your market and then start forming new connections in your town.

Change course now

Local offline marketing is an essential part of a strong massage marketing strategy, helping you expand a loyal client base through word-of-mouth. Building grassroots support in your area improves your reputation, creates partnership opportunities and grows your business.

“The more you put yourself out there in the community, [although] you might not be able to directly track the return on your effort, your business will grow,” said Wood. “You can’t measure the goodwill that you created in the community by doing an event and how it might pay off in the future.”

If you are letting local offline marketing get overlooked in the midst of managing your social media content and other online marketing efforts, change course now and use the offline massage marketing ideas in this article to get the local population of potential clients as excited about your business as you are.

Margo Carroll (margocarroll.com) is a freelance copywriter at Remedy Writing, helping wellness providers reach their ideal customers with words that make them shine. She is also a practicing massage therapist who enjoys spending time with family, yoga, gigantic salads and muddy trail runs.

Read “Create a Script to Improve Sales Communication with Clients,” by Gael Wood, at massagemag.com/createscript.
What does the research say about massage and pain?

LINDA DERICK RESPONDS

We have looked at the efficacy of massage therapy and its effects and benefits for a wide variety of special populations, with a primary focus on pain management. The growing discussion, and the evidence, indicates that one of the most profound physiological mechanisms contributing to the efficacy of massage therapy is the clinical potency of relaxation.

This is an exciting time of connection between the science of touch, manual therapy and pain science. We have evolved our profession dramatically over the past three decades. There have been more research studies and papers about the science of touch published in the last decade than in the century that came before it.
Leading edges

In a 2016 study published in *Journal of Pain Medicine*, “The impact of massage therapy on function in pain populations—a systematic review and meta-analysis of randomized controlled trials: Part I, patients experiencing pain in the general population,” the authors concluded in their findings that, “although a growing body of evidence based research emphasizes the importance of human touch in facilitating healing and recovery from pain, the underlying mechanisms by which massage affects the body are still being investigated.”

Since 2015, the annual San Diego Pain Summit (sandiegopainsummit.com) has provided an opportunity for pain science and manual therapy to come together, exposing some of the most leading edges of our thinking about the mechanisms through which touch therapy can be effective in addressing pain.

“Started and run by a massage therapist [Rajam Roose], the San Diego Pain Summit brings together scientists, teachers and manual [and] movement therapists from many professions and countries to learn from one another and develop professional respect,” said Jason Erickson, who emceed the 2017 summit. “It is one of the greatest events any massage therapist can attend and feel at home.”

Two of the presentations at the 2015 summit offered theoretical discussion and insight into the relationship between relaxation massage and pain relief. Barrett Dorko, P.T., discussed how mechanical deformation of the nervous system can generate pain. Diane Jacobs, P.T., explained that if nerves can’t get enough oxygen or glucose or are so compressed they can’t drain themselves sufficiently, the homeostatic imbalance that is created sends a signal to the brain about the problem, and this registers as pain.

Both Dorko and Jacobs suggest that in order to effectively work with the neurology of pain, touch therapy must not create pain or discomfort. Instead, sometimes touch needs to guide the client out of the flight-fight-freeze cycle into one of increasing relaxation, pain reduction and healing.

What the research says

Current touch research is yielding a fascinating basis for just how massage communicates to the receiver and stimulates far-reaching effects and benefits.

For example, in *The Handbook of Touch* (Springer Publishing Company, 2011), an article titled “The Molecular and Genetic Basis of Touch,” states, “Touch perception is a multistep process that begins at the peripheral nerve terminals of sensory neurons, where indentation of the skin activates mechanically gated ion channels that convert mechanical forces into receptor potentials. The next step is action potential initiation and propagation to the spinal core ... [t]he final step is the central processing in sensory cortices and higher brain regions.”

Dorko cited the work of Paul Bach-y-Rita (1934–2006), a neuroscientist who wrote about synesthesia, a neurological phenomenon where senses are melded. While the sensory pathway of touch follows a linear structural process, Dorko noted, the actual experience of touch can be more instantaneous and intuitive.

“The therapist adapts sensor data passing through their hands; it should be possible for them to experience the data stream by direct experience of perception,” wrote Dorko. “What the mind abstracts from the hand is the meaning of the data stream rather than the data points themselves.

“The hands would be used as a primary sensory organ, now known to be fully capable of sensing the patient’s movement and leading the therapist’s brain to a new sense of the activity before them,” Dorko continued. “This sense of the patient’s internal activity, in my opinion, will not mature when the therapist’s hands are too busy [or doing anything that arouses pain or discomfort].”

The relaxation response

With all that we have learned, it seems likely that the relaxation aspect of massage therapy could underpin many theories about how massage mediates pain, and perhaps even stands out as the primary mechanism.

The relaxation response, originally formalized by Herbert Benson, M.D., in the late 1960s, is the physiological response, generated through relaxation, that counteracts negative effects of chronic stress, helping the body and mind resolve stress and return to a state of calm homeostasis and well-being.

Long before the therapist arrives at the bottom of a trigger point, or before the fascia begins to unwind and melt, there is a cascade of neurophysiological activity initiating the potential for pain reduction for the client.
In fact, it is also possible that in some cases, the busy-ness of the therapist or the arousal, by massage, of a pain reflex could reduce or negate the ability of the massage to benefit the client, in terms of pain management.

Another article in *The Handbook of Touch* is authored by Tiffany Field, Ph.D. In “Massage Therapy: A Review of Recent Research,” she wrote, “Research is presented on moderate pressure as the critical massage therapy variable as well as potential underlying mechanism for the massage therapy effects.”

Too little pressure, and touch can be perceived as ticklish and agitating; too much pressure, and the pain threshold can be triggered, contributing to the client’s already aroused flight-fight-freeze cycle associated with chronic pain.

In a third article from *The Handbook of Touch*, titled “The Communicative Functions of Touch in Adulthood,” author Matthew J. Hertenstein concludes that the authors’ review of
multiple studies “demonstrate that touch is capable of communicating distinct emotions from one person to another.”

As the therapist delivers massage via the communication of his own well-developed state of relaxed, calm attention—through the quality of his touch and the use of moderate pressure—massage initiates a flooding of the neuropsychological and biological systems with an invitation to relax. The client’s response creates an environment that can support healing and pain relief at all levels.

Pain management
Parallel to studies of touch therapies and pain science, medical science has been struggling with the problematic side effects of pharmacological pain options and seeking alternative methodologies to treat chronic pain—one of the most prevalent medical conditions in the U.S. today.

Let’s not lose focus on the role of relaxation.

In the 2010 article, “The Effects of Massage Therapy on Pain Management in the Acute Care Setting,” published in International Journal of Therapeutic Massage & Bodywork, the authors wrote, “Pain management within the acute care setting is a concern that is being carefully examined not only by individual hospitals, but also by accreditation organizations across the U.S. ... [r]esearch has documented the use of massage therapy as an effective tool for pain management with the added benefit of producing few adverse reactions.

“By accessing a patient’s ability to relax, massage therapy addresses a variety of needs,” the authors continued. “Indeed, the [relaxation response] may be the most profound mechanism through which massage therapy helps the hospitalized patient.”

Also in 2010, the Pain Management Task Force Final Report, Providing a Standardized DoD and VHA Vision and Approach to Pain Management to Optimize the Care for Warriors and their Families, from the Office of the Army Surgeon General, proposed that "Stress is a significant contributor to pain conditions. In fact, by definition, pain has an emotional component. Further, chronic pain leads to increased stress, which leads to a vicious cycle.

Therefore,” the report continued, "pain cannot be managed without addressing its relationship to stress. Research is showing that our thoughts and perceptions influence our ability to heal. Mindfulness focuses the mind’s ability to heal the body. This interaction is often missed in the disease based treatment model.”

Massage therapy’s role
The report lists massage therapy as a tier-one modality, based on research suggesting its safety and efficacy within a holistic, biopsychosocial model.

Effective in 2015, the Joint Commission, which focuses on accreditation of health care organizations, revised its standard regarding pain management in order to increase emphasis on the integration of nonpharmacological methodology for pain management.

“Both pharmacologic and nonpharmacological strategies have a role in the management of pain,” the revised standard states. “The following examples are not exhaustive, but [nonpharmacological] strategies may include the following: physical modalities (for example, acupuncture therapy, chiropractic therapy, osteopathic manipulative treatment, massage therapy, and physical therapy), relaxation therapy, and cognitive behavioral therapy.”

While we engage in finding—and funding—high-quality research to determine whether the mechanisms that we anecdotally think are responsible for the benefits of massage, let’s not lose focus on the role of the relaxation aspect of what we do in every session, regardless of technique or depth of pressure, as a basis for how massage therapy can be so very effective for pain reduction and management.

Take a deep breath, engage your own relaxation response, keep calm and continue to practice effleurage, convey kindness and listen carefully to your clients’ tissues.

Your clients will take it from there, as their own relaxation begins to flow through their body and mind, and they are more able to access the healing that they need.

Linda Derick has been a massage therapist and educator for 30-plus years. She is director of the Connecticut Center for Massage Therapy. Her leadership weaves together academic studies in movement from Wesleyan University, contemplative education from Naropa University, and her evolving avocation as a certified yoga instructor, specializing in stand-up paddleboard yoga. Her articles for MASSAGE Magazine include “Compassion for Self, Compassion for Others: The Interplay of Ethics & Self-Care” (massagemag.com/ethicsselfcare) and “Meditation Improves Quality of Touch” (massagemag.com/meditationquality).

Read “Can Massage Help Combat the Opioid Epidemic?” at massagemag.com/opiopenepidemic.
Best Practices

Theresa Anne Stevens owns Coastal Massage and Bodywork (coastalmassagebodywork.com) in Wilmington, North Carolina. She attended Blue Ridge Healing Arts Academy and was voted a top massage therapist in Encore Magazine’s Best of 2015 Awards for the city of Wilmington.

What digital marketing strategies have you found to be most beneficial to your business?

A Hiring local and online marketing companies has been the most helpful. I have always been a part of our social media branding strategy and presence, but hiring someone that knows more than I do—like my marketing person, Jenna Curry—saves me time, headaches and wasted effort.

To me, digital marketing is a balance between getting your own message across and working with a professional to frame it in a way that will translate positively online. It’s important to work with people you trust with your brand and who have a vested interest in your success.

What do you find most challenging about digital marketing for massage therapy?

A Creating a brand that is unique enough to stand out, while also being careful not to devalue massage by offering specials and discounted services.

What strategies do you use to market yourself and find new massage clients?

A Good photography is crucial when differentiating your practice from the competition. Periodically, I hire a photographer to take photos for most of my marketing material.

Since many of our clients are local, I like to get involved in community charities and events where I will donate gift certificates for massage or other services.

How has online booking—such as the book now button on your Facebook page and website, benefited your business?

A I love online booking! Over 30 percent of our services are booked online. Online booking not only saves me a lot of time, but many of our clients prefer it.

What do you do for self-care and in your free time, to stay healthy and energized?

A Being located so close to the beach, I am hoping to make more time for beach trips and travel. Owning a small business is not easy; but thanks to my incredible team, I have had more free time in the past five months than in the past three years.

In five years, where do you see yourself and your career?

A I am looking to expand my current practice and add a second location in the future. I am proud of the brand I have created, and I am constantly brainstorming new marketing ideas and services for my clients.

What marketing techniques did you use when you were first getting started?

A When I was first getting started, I created Facebook and Yelp pages. I also advertised deals through Groupon and Amazon Local. The fee Groupon charges was worth the advertising they did while promoting my deal.

What advice can you give other massage therapists who are wanting to use more digital marketing strategies?

A It takes money to make money. Spend a little more on your website—it’s worth it. Massage booking software can be expensive, but selecting one that offers online booking and online gift certificate purchases is worth the extra cost. Educate yourself in some basic online marketing techniques. The internet is full of free resources. If you decide to hire someone to help with your marketing strategy, be sure to discuss your expectations and goals.
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For many massage therapists, the thought of billing insurance providers for services rendered may lead to unnecessary stress and uncertainty as to where to begin. Insurance and state laws vary depending on location, which can lead to even more confusion for massage therapists looking to expand their client base by accepting medically prescribed clients.

Here, Vivian Madison-Mahoney, L.M.T., discusses some of the more general issues surrounding the topic, such as how reimbursements work, if they work and where to find more information. Mahoney believes that “[Accepting medically prescribed cases] should be fun and rewarding despite the extra work and challenges that it sometimes incurs.”

1. **DETERMINE IF BILLING INSURANCE IS WORTH THE EFFORT**

   Madison-Mahoney says that whether or not learning how to bill insurance is worth the time and effort it takes “really depends on your motives and desires.”

   She adds that massage therapists can provide services to those who desire it for relaxation, or they can work with medically prescribed clients. “This could mean spending more time with the client; the use of specific techniques; communicating with physicians, attorneys and insurance adjusters; as well as investing in office equipment and supplies that you might not otherwise need,” she says.

   “I have heard many testimonies from therapists all over the country who say how much accepting the medically prescribed and insurance client has changed their lives and opened new and rewarding doors in so many ways,” she adds. “It certainly did for me as well.”

2. **MAKE SURE A PRESCRIPTION HAS BEEN WRITTEN**

   “I think it is important to remember that insurance companies reimburse for medically necessary treatment,” Madison-Mahoney says. Because massage therapists cannot render a diagnosis, a client must come from a treating physician with a written prescription, she adds. “Without the prescription to go along with the receipt, an insurer could reasonably deny the clients reimbursement.”

3. **BECOME EDUCATED ON YOUR STATE LAWS**

   According to Madison-Mahoney, while most insurers cover massage, most health insurance companies do not often reimburse massage therapists directly. “However,” she says, “every time you uncover one that does, that is one more client that you are helping and one more deposit in your bank.”

   Liability cases are the cases that some insurance providers will reimburse a massage therapist for. These cases are defined as would-be auto insurance, bodily injury, Med-Pay and uninsured motorist coverage, according to Madison-Mahoney. However, she adds. “It ultimately all depends on which state you reside in, as the laws are different for each state.”

**TOP 7 Tips for Billing Insurance**

- **BECOME EDUCATED ON YOUR STATE LAWS**
- **MAKE SURE A PRESCRIPTION HAS BEEN WRITTEN**
- **BECOME EDUCATED ON YOUR STATE LAWS**
- **DETERMINE IF BILLING INSURANCE IS WORTH THE EFFORT**
- **MAKE SURE A PRESCRIPTION HAS BEEN WRITTEN**
- **BECOME EDUCATED ON YOUR STATE LAWS**
- **DETERMINE IF BILLING INSURANCE IS WORTH THE EFFORT**
TRUST YOURSELF FIRST

“Often a client will not know how to read his policy,” Madison-Mahoney says. “It is possible that he could misunderstand it, misinterpreted what someone was telling him about it when he signed up, or have the same insurance company, with a different, plan as a friend who has a policy that covers massage therapy provided by a massage therapist. Just don’t take his word for it that his policy covers your services.”

CONFIRM THAT YOUR SERVICES ARE COVERED

“Never bill an insurance company for a client’s services without knowing 100 percent that it is billable by, and payable to, a licensed massage therapist,” Madison-Mahoney says.

She suggests that if your client is unsure whether or not your services are covered under her policy, the client should bring in a copy for you to go over yourself. “Look for what is covered, what is not covered, who is a covered provider and under what conditions,” Madison-Mahoney adds.

STAY AWAY FROM MEDICARE AND MEDICAID

Medicare and Medicaid do not cover the services of a massage therapist, Madison-Mahoney says. “Many have tried and have later been asked for a return of reimbursements,” she adds. The only way you can be paid for your work on a Medicare client is by cash. If this is done in a physician’s office, the physician would have to be sure the Medicare patient signed an Advance Beneficiary Notice form. “This form indicates to the client that the services would not be covered under her Medicare Plan.

RECEIVE PROPER TRAINING

Madison-Mahoney believes that education is key to billing insurance, and that “it is crucial to receive proper training from someone who has the knowledge and experience to teach it.”

She says, “I always tell therapists that medical cases are also legal cases; therefore, she must gain proper knowledge of the industry. Learning about documentation forms that will pass the scrutiny of insurers is part of operating expenses and is tax deductible.

“Having the correct tools at your disposal helps to alleviate a tremendous amount of stress, and this enables therapists to greet their clients with a relaxation and joy.”

Vivian Madison-Mahoney, L.M.T., is a massage insurance billing consultant and continuing education provider (massageinsurancebilling.com).
Money Matters

How to Raise Your Rates

by Laura Allen

Many people enter the field of massage therapy with the *I just want to help others* attitude. That’s noble.

It’s also unrealistic, unless you’re independently wealthy and just working for fun or performing community service.

It’s hard to help others when you are worried about how to make your rent or your car payment. In addition to being massage therapists, we’re also consumers—just like our clients. Our rent goes up; the cost of our utilities and other services rise. The necessities of life, like gas, groceries, insurance, health care, child care and everything else increases for everyone—massage therapists included. Many massage therapists also graduate from school with debt from student loans.

And yet, many massage therapists hesitate to raise their rates.

**Fair and reasonable**

I’ve seen many new graduates over the years who open their own practice and set their hourly rate well below what the market will bear. I’ve conducted social media surveys and found that self-employed therapists were charging as little as $30 an hour in rural areas.
Some new therapists may recognize they are lacking the experience of the therapist down the street who has been practicing for 20 years, so they decide to charge a little less.

However, it will not endear you to the other massage therapists in your community if you charge substantially less than the going rate. That is particularly so in rural areas and small towns where there may be a smaller customer pool to draw from. Those nearby therapists may also have some specialty that you don’t, and you may need to refer to them.

Being priced too far below other therapists in your area can also have the opposite of the desired effect: If massage consumers in your locale are used to paying $80 an hour, and they see you’re only charging $40, they may jump to conclusions about why you’re worth half the going rate. There is certainly nothing wrong in offering a grand opening or introductory special to get your business off the ground, but it’s best to avoid letting that go on for too long or advertising it in a manner that gives people the impression that is your permanent rate. Make it clear that it is your introductory special.

Setting your rate at a fair and reasonable amount from the outset will serve you best, and relieve you of the need to raise your rates within a short amount of time, which could give clients a bait-and-switch impression.

Keeping up
While it’s prudent to raise your rates as the cost of living increases, that’s not the only consideration, and you can’t necessarily raise them commensurate to your increase in expenses. The cost of my health insurance doubled in a year—but it would be a shock, and possibly a deal-breaker, to most of my clients if I suddenly doubled my rates.

Experience does count for something. So does improving skills through continuing education; earning specialty certifications; gaining special recognition, like being voted the best massage therapist in your town; or moving to a nicer and more expensive location.

Massage therapist Ellen Mahan Maroun, who has been in practice for 20 years and owns Advanced Massage Therapies Inc. (adv-massage.com) in Carrollton, Georgia, raised her hourly rate from $75 to $95 after mastering massage specialties including lymphatic drainage, neural reset therapy, MediCupping, visceral manipulation and myofascial release; and earning certification in Medical Massage.

She says the key to being a well-paid solo practitioner is to become educated; provide real value and results to clients; and charge what that value is worth.

In addition to the specialties mentioned above, Maroun also adds services into her one-hour session, charging an additional fee for them. These services include Kneipp products and kinesiotaping.

Maroun suggests massage therapists use a formula of 40 weeks per year, which is a full year minus vacations, travel for continuing education, cancelled appointments and sick days. If you charge $40 for a one-hour massage and work 20 hours of session time per week, you will make $32,000 per year. If you raise that rate up to $75, at 20 hours a week you are now making $60,000 a year. If you raise your hourly rate up to $95, you’re at $76,000 a year. And if you massage 30 hours a week instead of 20 at $95 per hour, you will earn $114,000 a year—meaning once you take out overhead and pay taxes, you will bring in about $60,000 in net income.

Whether or not you offer additional specialties, your rates do need to go up on a regular basis. Many companies and service-people raise their rates annually or biannually. The doctor, plumber or hairdresser is not charging the same amount as 10 years ago—and yet, some massage therapists are doing just that.

However, it is better to raise your rate a little on an annual basis to keep up with inflation and to honor your experience and additional skills than suddenly implementing a huge increase to make up for years of not doing so.

You may get a few complainers, and while you don’t want to sound like their parent or have a judgmental reaction, you can always politely say, “My regular expenses just keep going up every year, don’t yours?”

Of course they do—and they’ll recognize that. An occasional client might go around looking for a cheaper therapist. Don’t take that personally. Let him go and keep the clients who value your worth.
Money matters

Give your existing clients notice of the change. Thirty days is good; 60 days is better. Send an email announcement about the increase to your client email list. Put the notice on your website, and announce it via social media. Inform existing clients verbally as they call for appointments and remind them as they come in.

Put a sign in your waiting area, with one caveat: You may want to give your existing clients an adjustment period, while once you’ve made up your mind to implement a rate increase, you can start charging new clients the new amount immediately.

Offer existing clients a package deal; give them a coupon, or simply say, “My rate is going up to $80 effective Jan. 1, but because you are such a long-time client, you will still receive the usual rate of $70 until March 1,” or whatever you feel good about.

When Congress passed the Economic Stimulus Act in 2008, I raised my rates and had $10 coupons printed to look like a check, with “Economic Stimulus,” the name of my business and contact information, and a 60-day expiration date on them. I sent those to my existing clients with the announcement about the price increase and people got a kick out of it. Putting the humor in it took the sting out of the increase, and they got one more massage at the old rate.

Consider your client base as well. Some therapists have created niche markets, by working with geriatric or disabled clients who tend to be on a fixed income, or pregnant women, who likely take a few months off or disabled clients who tend to be on a fixed income, or pregnant women, who likely take a few months off

Survive or thrive?

Too many massage therapists work second jobs to make ends meet, or leave the profession because they’re not earning enough money. Value yourself, and make up your mind whether you want to thrive or just survive.

“A lot of therapists struggle with success, and I watch them and see how they have put out a Groupon or drop to rock-bottom rates, and say, ‘I still can’t get the clients I want,’” says Maroun. “Deep discounts don’t attract loyal clients, they only attract bargain shoppers—and if [massage therapists] offer bottom-of-the-barrel pricing, they are devaluing massage as a whole.”

Not only do we all have the everyday expenses of living, we also all want to be able to support our favorite causes, to save money for the eventuality of retirement, put the kids through college, and not go into a state of panic if the house needs a new roof. Furthermore, you deserve a vacation. Value yourself enough to raise your rates regularly. Value yourself, and make up your mind whether you want to thrive or just survive.

Laura Allen is the massage division director of Soothing Touch, a manufacturer of products for the massage, spa and the natural food industries. A licensed massage therapist, she is the author of five massage therapy books published by Lippincott Williams & Wilkins, several self-published books, numerous magazine articles, and has been an instructor of continuing education since 2000. Allen resides in Western North Carolina with her husband, Champ, also a licensed massage therapist, and their two rescue dogs.

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Geriatric Massage

by Julie Goodwin, L.M.T.

Ease the Session Experience for Elder Clients

Every day, 10,000 Americans turn 65, creating a veritable tsunami of elders predicted to persist through the next three decades. This baby boomer generation possesses more wealth and displays greater interest in complementary health care than previous generations; they are healthier, more physically and socially active into advanced age, and live longer. For massage practitioners just entering the field, elderly clients may well comprise the bulk of their clientele throughout their careers.
Geriatric massage benefits for older clients include increased flexibility, decreased pain, stress reduction—and nurturing connection during a time of life often marked by isolation.

Elderly clients benefit from massage, no doubt; however, there are certain adjustments and accommodations that should be made to ensure the massage experience is as safe and beneficial as possible. As a massage therapist, much of my work with elders has focused on adjustments in the treatment space and in the treatment planning that helps to ease the massage experience, despite the growing limitations of my elder clients.

For teaching purposes, I categorize these accommodations to address limitations in vision, hearing and cognition. Each limitation by itself suggests adjustments to the treatment space and extra time for pre-treatment consultation, while the probability of additional limitations over time and their progression requires them.

Adjustments for vision

Limitations to vision affect millions of elder Americans; loss of vision prevalence is expected to rise as exposure to damaging UV rays increases, a result of environmental impact on the once-protective ozone layer. Elder vision loss is most commonly the result of cataract, age-related macular degeneration or glaucoma.

Cataract, the most common vision condition among elders, results from a progressive clouding of the lens that causes loss of sharp vision, changes in color perception and haloing around light sources, such as headlights from oncoming cars. Cataract is treated by an outpatient procedure that replaces the clouded lens with a synthetic one.

Age-related macular degeneration is the leading cause of adult blindness and can be gradual (dry, age-related macular degeneration) or abrupt (wet, age-related macular degeneration) destruction of the macula layer, causing progressive loss of central vision accompanied by warping and blurring. Neither type is curable, but laser surgery may retard the progression.

Glaucoma results from damage to the optic nerve that increases pressure within the eye, causing progressive loss of peripheral vision. Glaucoma can be the result of longstanding or poorly managed diabetes, hypertension or heart disease, conditions for which elders are at greater risk. Although there is no cure, a variety of medical treatments, including the use of medical-grade marijuana, aim to decrease intraocular pressure.

A range of accommodations can ease the massage experience for elders with vision loss. To ease client movement around the treatment space, remove area rugs, keep traffic paths clear, ensure bright ambient- and task-lighting, and offer your arm during transit.

I designed an elder-specific health history form, with a larger, easier-to-read font (Arial) and extra space for health condition and medication entries. On my table, I use a top sheet that highly contrasts with the color of the bottom sheet and with the floor, as vision loss often distorts depth perception.

Prior to treatment, we move about the room so that the client can gauge the placement, size and distance between pieces of furniture. Following treatment, I make certain that the client’s eyeglasses and other assists are within easy reach, and turn the treatment room lighting to the highest setting.

For many elder clients, hearing loss can be even more isolating than vision loss. Adjustments for hearing

For many elder clients, hearing loss can be even more isolating than vision loss. We depend on both visual and auditory input for cues about how to respond appropriately in social settings; without acute hearing, we can miss the joke or the subtlety of verbal communication, forever a beat behind those around us.

Age-related hearing loss typically involves diminishing perception of volume. (Ambient noise, for example, prevents hearing a single voice.) Age-related hearing loss can also involve diminishing comprehension. (Volume is fine, but incoming sound is distorted—one mistakes function, for example, for junction.)

For some elders, adequate hearing is prevented by chronic tinnitus, persistent ringing or buzzing in the ears that is neither audible to others nor the result of external noise. Causes of hearing loss are varied, and include long-term exposure to loud noise, such as in an industrial or entertainment setting, the result of certain types of bacterial infection, iron deficiency anemia and in the case of tinnitus, a side effect of certain medications, including some nonsteroidal anti-inflammatory drugs, diuretics, antibiotics and chemotherapy drugs.

Most—but by no means all—of my elder clients with hearing loss use hearing aids in one or both ears. Some aids are nearly invisible and remain in the ear, while others
are larger and easily removable. Hearing aids are not covered by Medicare; finding the type that works best for an individual can be a lengthy, frustrating and expensive process—one complicated by the reluctance of some elders to admit to hearing loss or to consistently wear their hearing aids.

Communicating with an elder who has measurable hearing loss, with or without hearing aids, can be a challenge. Our natural tendency is to raise our volume and hope for the best.

In fact, since hearing loss is a complicated condition, speaking more loudly is seldom the best option. When speaking with elder clients with hearing loss, I try instead to make certain that we are face-to-face; looking into each other’s eyes—we all lip-read more naturally than we are aware of; and that I have the client’s full attention. I speak slowly and distinctly, using short, simple sentences that address a single topic. I avoid compound questions that ask, for example, about a client’s health condition and the medication for it.

I eliminate all ambient noise throughout the treatment space—for someone with hearing loss, soft music or the trickling of a fountain interferes with communication and is often more irritating than soothing.

It is the client’s choice whether or not to remove hearing aids, but it is crucial for treatment planning to establish the preference beforehand. When the aids are removed, hearing loss is bound to be profound, requiring nonverbal forms of communication such as a tap on the shoulder or a squeeze of the hand. When returning the aids to the client at the end of the session, take care to prevent contaminating them with lubricant by picking them up with a tissue. When aids are left in place, mobile strokes near the ears must be avoided, to prevent audible, screeching feedback.

My favorite strategy to bypass the need for verbal communication is a battery-operated doorbell: the push-button part is attached to one leg of the massage table, and the battery mechanism is attached to the wall just outside the treatment room. The client rings the bell to signal readiness for the practitioner to enter the room, or as a summons for assistance following the session.

**Adjustments for cognition**

Perhaps the most frightening elder client limitation for massage therapists to accommodate is loss of cognition. For most of us, it is the ultimate fear that we hope to avoid and are the most reluctant to confront. By some estimates, the incidence of Alzheimer’s disease, the most devastating form of dementia, may skyrocket in coming decades.

Cognition can be affected by a wide range of health conditions, from one or more types of dementia to Parkinson’s, amyotrophic lateral sclerosis, stroke or other cardiovascular condition, a pre-existing mental health condition or a medication side effect, among other causes. Depending on the cause, cognitive loss can be irreversible and progressive.

Ethical issues, such as gaining permission to treat and client participation in treatment planning, are significant when the client has progressive loss of cognition. Working with this client may never become comfortable for some massage therapists; gently referring the client to a more appropriate massage therapist may be advisable for the welfare of both. Massage therapists who develop skills in working with cognitive loss report deep satisfaction and connection to their clients.

Protection of this vulnerable client is uppermost when drafting and carrying out the treatment plan. Be in the moment with this client; don’t correct their factual or perceptual errors, as this can create frustration or shame. Accept that loss of cognition can be accompanied by fear displayed as anger.

Consider working with the client seated rather than on a massage table, and choosing modalities that are applied over clothing. Be especially mindful of cues that touch tolerance has ended—pulling a hand away, for example, grimacing or breath-holding. Because hallucination and distorted thinking can accompany dementia, require an adult observer in the room who witnesses all interactions with the client.

**Geriatric massage benefits**

Throughout my 30-year career, working with elder clients has been a joyful, life-affirming journey that has both informed and enriched my own aging process, giving me an intimate view of aging—its complex challenges, deep losses and increasing limitations. I treasure these clients who have added immeasurably to my life.
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Taping the Geriatric Client

Benefits & Contraindications of Kinesiology Tape


The effects and benefits of kinesiology tape are numerous and applicable to a wide array of conditions and populations. The geriatric community, those people age 65 and older, is no exception; however, being cautious and utilizing your best judgment on whether or not to tape are paramount. It’s also critical to understand the effects that aging has on the skin, as well as the neurological aspect of touch, pain and proprioception regardless of activity levels.

On average, people 65 and older have three or more medical conditions, many of which involve chronic pain, according to the report, Chronic Conditions Among Medicare Beneficiaries, published by the Centers for Medicare & Medicaid Services.

Furthermore, movement-related difficulties such as loss of balance, coordination or proprioception are relatable conditions that may lead to falls. Given that these types of conditions can significantly impact a senior client’s activities of daily living, the benefits of using kinesiology tape in a massage treatment plan warrants a closer look.
Benefits

Studies have shown that applications of kinesiology tape to the skin increase lymphatic flow, decrease pain sensation, improve sensory awareness, decrease swelling, and can help influence postural issues and movement patterns.

The skin and nervous system are formed from the same type of cell in-utero. Placing tape on the skin has an immediate stimulatory effect on the nerves that lie in the layers below and communicate with the brain via skin ligaments. This stimulation of skin ligaments triggers a relay of information from the peripheral layer to the fascial layer, superficial muscles and joint capsules, creating a down-regulation of pain, management of fluid dynamics and increased proprioception.

As it pertains to fluid dynamics, swelling can result from an acute injury, surgical procedure, lymphatic conditions such as lymphedema or post-mastectomy, or from strenuous exercise. Using a basket-weave taping application in the area of swelling may influence lymph flow and circulation in the area, ultimately reducing fluid accumulation. The tape may also add a decompression effect, as well as influence movement patterns contributing to the speed at which one heals.

Clients with lymphedema have benefited from the use of kinesiology tape, as have clients recovering from mastectomy, as taping is an easily managed application compared with compression stockings or heavy bandaging. Consulting with your client’s primary care physician in these circumstances is vital prior to taping.

The pain mitigation provided by kinesiology taping is another benefit to the client. Pain alters the way we move. Even old injuries that are void of pain sensation can dictate movement patterns based on the memory of initial injury, no matter how long ago it occurred.

In instances of chronic pain, the brain will often smudge the area, leaving the client with a non-discrete location but rather an overall sense of discomfort and a significant loss of awareness in the area. This can ultimately lead to loss of range of motion, repetitive injury or compensatory patterns elsewhere, due to the lack of sensory feedback.

Acute pain, often the result of injury, can be effectively managed with decompression taping, thus having a direct effect on movement patterns and the ability for them to be correctly influenced.

Neurosensory effect

The neurosensory effect of kinesiology tape is of great interest, as it pertains to the declining physical abilities and propensity of falls among this population.

According to David Linden, Ph.D., author of Touch: The Science of Hand, Heart, and Mind, we lose roughly one percent of our tactile touch annually, starting around the age of 18. As the density of receptors at the peripheral level decrease and the myelin sheaths of nerve endings gradually degrade, the likelihood and frequency of falling—as well as our ability to quickly process touch, pressure, temperature, pain and vibration—is greatly reduced. In addition to the physical consequences of change in spatial awareness and perception, the emotional sense of well-being often declines as people begin to lose the full experience of their senses.

However, in a study titled “Retention of high tactile acuity throughout the life span in blindness,” conducted in 2008 by Legge and colleagues, it was observed that blind braille readers, unlike sighted readers, did not experience decline with age on a 2-D haptic test, suggesting that extensive tactile experiences may be able to overcome the typical declination of somatosensory input.

Taking this information into consideration as it applies to our manual therapies, we can consider that frequency of touch can have a positive effect on preserving or slowing down the loss of sensory input and processing at the peripheral level. This contribution to sensory awareness in our senior clients can potentially have significant impacts on balance, posture, motor control, coordination, stability and tactile acuity.

For example, a tape application on the bottom of the foot or on the ankle can contribute to renewed proprioception to the area.

Tape application on the bottom of the foot or on the ankle can contribute to renewed proprioception to the area.
strategy, you can extend the effectiveness of your work for several days. All clients with any medical conditions and prior injuries should consult their primary care physician and receive clearance regarding the use of tape in their managed care.

**Contraindications**

Taping applications for seniors differs by way of using a gentler version of tape and understanding certain contraindications to taping at all. A test patch of tape should always be applied before proceeding with any further applications. A four- to six-inch strip on the forearm for 24 hours is sufficient for observation of any skin irritations. If any itchiness, redness, swelling or otherwise irritating response is experienced, discontinue the use of the tape.

Given the thinner quality of older skin, we need to be mindful of the adhesive both in the application and removal of the tape. Applying a thin layer of Milk of Magnesia to the area prior to taping produces a thin barrier that aids in a more gentle removal process. Use a cotton ball to apply the liquid and allow it to dry before applying the tape. Additionally, choose a tape that has a gentler adhesive for sensitive skin.

With aging come certain ailments and health complications. It’s vital to know the conditions and scenarios in which kinesiology tape should never be used. In all instances, seek a working relationship with your senior client’s primary care physician for the most successful outcomes.

Avoid taping if the following conditions are present:

- Deep vein thrombosis
- Kidney problems such as renal failure
- Congestive heart failure
- Cancer
- Infection
- Aneurism
- Open sores
- Undiagnosed rashes or skin irritations
- Fever
- Extremely high blood pressure
- Inability to communicate
- Bed-ridden

**Improved response**

While science is still inconclusive regarding the mechanisms through which tape produces change at the neurological level, we are seeing results in research settings that confirm its effectiveness on a tangible level. To better serve your clientele, seek continuing education regarding how to use kinesiology tape with special populations such as seniors.

Taping is not a cure-all, but the argument can be made that by using kinesiology tape, we can potentially impact how the senior demographic responds to the world that their senses have otherwise dulled.

Stacey Thomas, L.M.T., S.F.M.A., F.M.S., N.K.T., C.F.-L2, has been dedicated to human movement and athletic performance since 1997 and certified as a sports massage therapist since 2005. She holds certification in Functional Movement Screen, Selective Functional Movement Assessment, Neurokinetic Therapy and CrossFit Level 2, as well as other training and soft tissue modalities. She is credentialed by educational organizations regarding human movement and soft tissue treatment. You can find her in one of her three Front Range clinics treating athletes or teaching courses for ROCKTAPE (rocktape.com).

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Freedom from Constipation: Natural Remedies for Digestive Health

Inner Traditions / Bear & Co.
Christopher Vasey, N.D., details the eight main causes of constipation and offers advice to determine the right natural remedy for your unique case. Vasey reveals how treating constipation properly can restore full function not only to the digestive system, but to the liver and kidneys as well.


Echoes of Bliss
5:23 Music Group

Echoes of Bliss is a new relaxation and meditation CD from award-winning record producer Carl Borden. The music engages the listener and allows him to relax and ease the stress of the daily routine.


New on the Scene

Sore Muscle Soak Bath Salts
Soothing Touch

This bath salt contains Dead Sea Salt, evaporated sea salt, mineral salts, Epsom salt and essential oils such as clove, peppermint and eucalyptus. This essential oil blend can be used for relief after strenuous exercise or to ease muscle tension.


Lotus Flower Hot Herbal Compress
Patawe

Lotus Flower Hot Flower Compress may help blood circulation and reduce muscle tension. The compress is marketed with the message that it alleviates aches and pains, reduces swelling and muscle inflammation. The aroma of lotus calms and refreshes the mind and body, and soothes the nervous system.


Detensor
Avazo Co.

Detensor spinal traction therapeutic mat has a rib structure made of a polyurethane foam. Your body provides the pressure onto elastic ribbed edges that convert gravity into a gentle, active, horizontal tensile strength of about 18 percent of your body weight.

Flip Frame
JPaige Designs LLC
A beautifully constructed wall cabinet that turns instantly from art to a temporary counter top with storage. This product is marketed as the perfect way to discreetly store massage products, and is ideal for small places. Its design allows the consumer to install her own art easily.

Table Thai Workbook Ebook
Robert Gardner Wellness
In this workbook, you will learn how to perform Thai massage on a massage table. This workbook is 142 pages and will provide the techniques required to perform up to a two-hour sequence on the table using traditional and modern Thai massage techniques.

Bellabaci Detox Essential Oil Concentrate
Bellabaci International
A concentrated essential oil complex in a 25-milliliter glass dropper bottle made from cell-purifying ingredients. Marketed as a highly concentrated formulation with African essentials, such as buchu essential oil as well as moringa, marula, milk thistle and many others aimed at detoxification.

Discover Total Body Balancing Brochures
D’Ambrogio Productions
This brochure helps to explain the value of Total Body Balancing in terms your clients can understand. It is marketed as an effective way to boost your business through consumer education and care. Sold in sets of 100, each brochure includes space for your name and contact information.
Discover Total Body Balancing Brochures costs $30 per 100-brochure set. Contact D’Ambrogio Productions, dambrogioinstitute.com.

Hands Heal™ Electronic Health Records
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Invigorate your practice with an intuitive, health record platform tailored to massage therapy professionals. This online charting system is a patient-centered, cloud-based EHR that turns bland treatment notes into expressive graphs that chart meaningful results.
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Show the Value of Your Massage

by Nancy Toner Weinberger

How to Stand Out from $29-Per-Hour Massage Establishments

You’ve achieved a goal: You have your own massage therapy practice in your own space. You have a few clients, but you’re not booked up. You’ve sat down with pen and paper and figured out how many massages you are comfortable doing in a week, and you have a clear sense of monthly expenses, both business and personal.

There are many other assets you may possess: How many years of experience do you have? What kinds of results have you had with clients? How extensive is your training? Do other health or beauty professionals in your region know of you and speak highly of you? Do former clients speak highly of you? Is your website and marketing literature well-written, up-to-date, and professional? Is your office well-maintained, attractive and clean? Are you passionate about what you do?

Are these not the first questions you would want answered before paying top dollar for a massage session? They are—and your marketing literature, including business cards, website, Facebook page, brochures and print ads, must answer these questions.

Throw out your menu

There is no other service except massage that I can think of that lists
modalities and lets the client choose which one they want.

A common mistake that massage therapists make when they first go into private practice is to create a menu of services and describe all those services; usually the same services on the menu at the spa or franchise they formerly worked at. If you are one of those therapists, then your marketing materials now present an appointment with you as no different than going to the spa.

This is not good, because now you have to compete, and all you have left to compete with is price. Your literature, brochures and website should all focus on you: who you are, your credentials, and your ability to produce results. Properly expressed, this is how you will attract clients who not only pay your price, but are happy to do so.

Don’t name every modality you do. Instead, give a brief description and then ask the client to decide what she wants. There may be some room for discussion, but it should be you, the therapist, who tells the client what approach will be taken to meet her expressed needs or goals for the session.

You can use names of modalities, but sparingly. It’s more important to describe what you are going to do and why it is the best thing for your client, when getting consent to work with him.

In private practice, you need to let go of that restaurant-menu approach, and instead see yourself as the expert, as you would see a doctor, physical therapist, lawyer or mechanic as the expert in their respective fields.

The therapist tells the client what approach will be taken to meet the expressed needs or goals for the session.

Market yourself first

Another common mistake made by massage therapists who leave the franchise or spa setting is leaving that setting because certain modalities or bodywork approaches feel like home to them. They know that is the way they want to work with people. They don’t want to do Swedish or deep tissue or aromatherapy anymore; their passion is now craniosacral release work, or structural

Do You Connect With, or Alienate, Clients?

Every interaction with a client or potential client provides an opportunity to connect with that person, or alienate him. Here is a sampling of questions a person might ask you, and questions that hold the potential for either landing the person as a repeat client—or not.

Client: “Why does it cost so much here when it’s only $29 at Super-Duper Day Spa one block down?”

Alienate: “Most of the people working there are fresh out of school and don’t know what they are doing. But, tell you what—I will give you a session for $29 today to show you how good I am right now.” (Demeaning another business just makes you look small and mean and angry. The discount makes you look desperate, too.)

Connect: “Here you are not paying for time, but rather paying for my expertise. You said you are dealing with low-back pain. I am going to fully evaluate your situation and, with your input, design a plan that is going to solve your problem over a period of time. I’ll be working with you until the results I’ve promised are achieved.” (Here, you are pointing out the value of what you have to offer.)

Client: “I’ve heard massage is good for low-back pain, and I have trouble with my back. I usually get some massage when I go for a haircut or a facial, but it hasn’t helped so far.”

Alienate: “Studies show that specific back pains have different causes. Specific modalities in massage that address back pain are myofascial release of the lumbosacral fascial sector. Has your massage therapist been addressing that area using myofascial release as she should be?” (Big words do not impress; they confuse. More than likely, the client has no idea what her therapist has been doing, at least in massage lingo.)

Connect: “You should always go to the doctor first, and then get massage after the doctor has...”

Continues on page 54
integration or Trager®, and they would like to spend their session hours doing only those styles of work.

There are two potential pitfalls with this approach.

Market yourself, the results you can produce for every potential client, and the value of the specific therapeutic relationship you offer.

One is the temptation to market the modality you are in love with instead of marketing yourself and the results you can produce. Since potential clients in your local community have likely never heard of your specialty, they will only be confused by too much information.

The other pitfall is to retain some clients with whom you work “the old way” because, after all, you have to make ends meet, don’t you? And it’s easy, because it’s not different and you don’t have to explain much, and they come back over and over—draining your enthusiasm every time you work on them.

The plan may be to convert them to craniosacral release work, or structural integration or Trager®, but that’s your plan, not theirs, and they are rarely interested in change. If you are not careful, you can end up with an entire practice doing all the things you left the spa so as not to have to do.

Many schools of bodywork, including those mentioned above, have marketing materials and web pages that market the modality and you, as a

Client: “My friend suggested I come see you, but the average price for massage around here is less than half what you are asking for! I think I could just go somewhere else, cheaper.”

Alienate: “I can work with you on the price if you can’t afford it—I have a sliding scale.” (Maybe you will land the client with this response, but how will you make up the lost income?)

Client: “Sunday is the only day I can come for massage.”

Alienate: “Sorry. I got into private practice so I wouldn’t have to work Sundays.” (This comes across as whining.)

Alienate: If that’s the only day, maybe I could come in some Sundays since it’s clear you really need the work. (This might work, for two appointments at most, before you start resenting the situation.)

Connect: Sunday is a day I reserve for my family. If you came on a different day, you could have all Sunday free with your family, also. Do you have another day off from work? (Look for a workaround; get the client on your side.)

—Nancy Toner Weinberger
practitioner. These memberships and resources can be quite valuable to you, but they are no substitute for locally marketing yourself and the results you can produce for each and every potential client, and the value of the specific therapeutic relationship you offer. That piece must always come first.

Similar to devotion to a specific way of working, a private-practice structure can grow from a desire to work with a specific population, such as children, athletes, oncology patients or pregnant women. Again, your experience, understanding and results working with your chosen population should be the emphasis of your marketing.

**Share good feedback**

Second only to personal referrals, testimonials and ratings pages are your best friend in private practice, because someone who has interacted with you in your practice has had personal results. Testimonials and ratings don’t extol the value of Thai massage or deep tissue work; they are about the clients’ experience of you and what you have done for them.

Yelp is one popular system you can sign up for that has very good statistics in online search engines, often coming up in the first page of a search in Google.

There is also an option for ratings on a business Facebook page.

Testimonials from clients should be on your website and in your literature; you could even post a few on your office door or hallway. Everyone likes to see their words in print, so be sure to point out to clients when and where their remarks are posted. Be careful not to give rewards for testimonials or ratings, because that can be perceived as a bribe. A sincere thank-you note is sufficient.

It’s fine to ask your clients to post ratings and provide testimonials for you, but don’t bug them. That’s a turn-off. And know that once your practice is up and running, referrals alone can sustain you.

Nancy Toner Weinberger (dynamicsequilibrium.com), L.M.T., a licensed massage therapist since 1975 and a certified Trager® Practitioner since 1985, has been an adult educator and professional speaker for more than 35 years. Recently retired from private practice, she continues to teach classes for aspiring continuing education instructors and publish Professional Education & Resource Guide for Massage Therapists and Bodyworkers (pergonline.com), a resource for continuing education classes. 📚
Veteran massage is an emerging field of focus that many massage therapists are choosing to enter. Serving veterans through massage can be highly rewarding and provides therapists with some of the most fulfilling experiences of their careers.

**Prolonged disruption**

It is essential to receive proper training specific to the military population before promoting oneself as a practitioner of veteran massage. An understanding of military and warrior culture will inform therapists of the unique approach they will need to provide compassionate client care and help them...
consider how to best modify their technique to help each client feel comfortable.

Many men and women who return from deployment will experience combat stress, which is a very normal period of processing a collection of events and re-establishing physical health and overall physiological balance. This process of decompression is similar to what many of us go through at various points of our lives; perhaps at the conclusion of a busy season at work, after a time of supporting a family member through an illness or coming out of a period of financial stress. With time, rest and a little self-care, we feel like ourselves again.

Yet other military members will experience acute combat stress, which can arise from one specific traumatic event that can cause behavioral, mental and physical distress. In this case, time has passed and rest has been possible, yet decompression has not occurred. Returning to one’s old self is not happening. Experiencing prolonged disruption can lay the groundwork for post-traumatic stress disorder (PTSD).

Veteran trauma

Statistically, PTSD affects one in five Iraq war veterans; up to 10 percent of Gulf War veterans; 11 percent of veterans of the war in Afghanistan; and almost 31 percent of Vietnam veterans, according to the U.S. Department of Veterans Affairs (VA).

Military sexual trauma (MST) from sexual assault or repeated sexual harassment is another condition that presents with similar symptoms and affects an estimated one in four women and one in 100 men, according to the VA. Most experts in the field of Veteran care suspect that both of these estimates are low, as many cases may go undiagnosed. It might be because of lack of available services, a lack of desire to get help, or a fear or inability to disclose what they have experienced.

One of the most succinct explanations of how trauma impacts the body comes from trauma specialist Bonnie Owens, L.C.S.W., who says “neurons that fire together wire together.” She explains that in the wake of a traumatic event, the brain is assaulted and many, if not all, systems of the body fire rapidly in an attempt to protect and survive the event. After the event has passed, the brain and body attempt to regulate and put things back in order, but new connections have formed and people can get stuck in patterns of thought or behavior and may be unable to overcome neurobiological disruptions.

Those with PTSD or MST often experience flashbacks that may cause them to go to great lengths to avoid facing reminders of a specific experience. In an effort to avoid a trigger, they may withdraw from family, friends or public places. They can feel like they need to be on guard or hypervigilant. In this state, they will survey a room upon entering, and keep their back to the wall with their eyes on others. Not surprisingly, this can lead to poor concentration, irritability, mood swings and lack of sleep.

As symptoms compile, veterans can end up feeling disconnected and numb. Many who fought in modern warfare also wrestle with moral injury, which is the belief that the acts they performed in combat violate their personal belief of what is right. These symptoms manifest in any number of combinations, but in all cases, the body as a whole carries the burden of the condition.

New pathways

It is encouraging to know that our brains and bodies have the ability to form new pathways after trauma, which means that healing is possible. This notion creates a strong argument for incorporating massage into a veteran’s overall treatment plan. Just as the initial trauma arose from an intense output of physical and mental energy, eliciting a controlled neurobiological response through bodywork can help to re-wire the brain and relax the body.

Additionally, the social engagement aspect of each visit can in itself be healing. In a massage session, nurturing, soothing touch is offered unconditionally. The therapist is there to help the client feel good, with no expectation of anything in return. This helps the client to learn trust and to experience human touch again. These experiences contribute greatly to the healing process especially for victims of MST.

It is important to understand that not all veterans have PTSD nor have they all sustained significant injury. But for those who are injured, it is crucial to be knowledgeable and to be prepared for anything.

The phrase “embrace the suck” is commonly touted in military culture. Service people can be led to believe that in the face of pain and discomfort, they have no choice but to deal with it. Injured veterans often work with a team of doctors at their VA hospital, which usually means they are embracing the suck of a lot of painful treatments as a part of their plan.

Practitioners should know that they become a part of that team when they provide massage to a veteran.

Our brains and bodies can form new pathways after trauma, which means that healing is possible.
those who take the initiative to tell the veteran that massage does not have to hurt and empower them to voice their preferences will contribute to a much more successful session.

A unit that specializes in going through mountains on foot will experience a lot of compressive force injuries.

**Build trust**

More frequently than not, veterans will not provide the information asked of them on their intake forms. Injuries and surgeries will likely not be explained in detail. If asked how they can be made comfortable before the session begins, most will not have an answer.

Practicing patience and being pre-emptive with suggestions to the veteran will help to build trust. Many therapists have learned to read veterans’ bodies as they pull back the sheet to begin work, looking for obvious indications of wounds from knives, bullets or shrapnel. Leading with kindness and understanding, practitioners remark that clients open up as work begins. After a couple of meetings, veterans feel safe.

One practitioner described a client who came to her after a series of appointments at the VA. He was quiet and nervous, and she suspected that what he needed from her was simply to relax and feel good.

He did not explain what his treatments were for, but shortly after she began, she heard him say, “I was hit by an IED.” He then told her that he had chronic, burning pain in his shoulder. It was so bad that he couldn’t take it. He went into his room at his barracks and put a gun to his head. He began to pull back on the trigger when suddenly his commanding officer burst into the room and knocked the gun out of his hand.

Experienced practitioners of veteran massage easily read small movements and behaviors in their clients and can usually tell when they are working with a victim of MST. To help clients feel respected and in control, therapists will not move their arms and legs for them, but will instead ask the client to move his or her own body.

**Be informed**

Knowing the demographics of your area will shed light on what you might expect in your military clients. For instance, a unit that specializes in going through mountains on foot in desert climates engages in a lot of running, moving and carrying heavy bags and equipment, so you can expect to see a lot of compressive force injuries. A post where active military are deployed at home will present with neck, shoulder and low-back issues. Each base, post and branch has a unique pattern, and understanding them can help you prepare.

Educated veteran massage therapists will remain current on contemporary warfare, fighting styles, the nature of injuries sustained and what kinds of experiences are most typical for today’s warriors. Now more than ever before we are welcoming home wounded veterans from contemporary combat who are surviving loss of limbs, severe burns and traumatic brain injuries. Medical care advances because of war, so too should massage adapt in practice.

**Stay flexible**

One of the best skills you can have is to be completely flexible. Individual clients will present differently, emotionally and physically. The same person can be different each time they see you. Don’t do just what is comfortable for you as the practitioner; make it clear to the patient that they have choices.

Veterans with PTSD may want to remain supine with their eyes open. Those with MST might prefer to remain face down and have you work only on their back. Acknowledge that some will be more comfortable by a window or with the door open.

Be sure to take time for yourself to pursue your own avenues of health and wellness practices. Caring for yourself properly will allow you to deliver better care to others.

Serving active military, guard, reserve and veteran clientele requires effort on the part of the practitioner to become well-educated in warrior culture, to practice patience, kindness and adaptability.

Many, like massage therapist Carol A. Schneider, L.M.T., M.M.P., see the effort as well worth it, and, as she said, “I have personally seen dramatic changes in the quality of life in the veterans that I have had the good fortune to massage.”

Kayleen Wilkinson works in the Wellness program at Clear Path for Veterans (clearpath4vets.com) in Chittenango, New York. Clear Path partnered with Crouse Hospital to establish Caring Hands, Caring Hearts, the nation’s first National Certification Board for Therapeutic Massage & Bodywork-approved veteran massage continuing education credit program. The Wellness program offers numerous integrative medicine modalities to active military, reserve, guard, veterans and their families and caretakers.

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Burnout in our profession is notoriously high for a variety of reasons. As someone who has previously employed massage therapists, I know massage therapists commonly leave our profession because they develop pain problems themselves.

Self-care strategies
As a full-time massage therapist for more than 30 years, I understand these challenges firsthand. In this article, I would like to share some of the strategies

Neck Side-Flexion: Anchor your left hand to the bottom of a chair. With your gaze forward, move your right ear toward your right shoulder. Place your right hand on the left side of your head above your ear and apply a gentle stretch. Release the stretch and move your head back to neutral. Do 10 repetitions and then repeat to the left side. On the left side, your right hand is anchored to the chair bottom and your left hand does the stretch.
I have used to stay healthy and pain-free. (In the October issue of this magazine, I wrote about Active Isolated Stretching—AIS—for the wrists, hands and fingers. I hope those of you who read that article are using those stretches to maintain the health of your hands. In this article, I will be discussing AIS stretching for the neck and low back.)

I use the AIS method of stretching to keep my whole body flexible and to reduce any fatigue or soreness I might feel at the end of my workday. I have stretched my way out of acute pain situations such as neck pain and spasm, as well as to relieve minor low-back aches and fatigue, with the AIS method of stretching more times than I can count.

When your neck or low back hurts, or even if what you feel is stiffness, spending 10 to 15 minutes doing these routines can be completely restorative. The breathing component of AIS facilitates the effectiveness of the stretching and acts on the nervous system like a sedative, leaving one feeling calm and relaxed.

Before I go into the how-to of these stretches, I would like to speak more generally about other strategies for ensuring your longevity as a massage therapist.

You are an athlete

Look at yourself as an athlete preparing for an event or race. If you are giving massages for four, five or even six hours a day, that’s a lot of energy output. If your energy reserves are low, your body will be more quickly depleted and susceptible to breakdown than if you have trained for the event—the event being your workday.

Exercise of any kind increases your energy reserves and will give you more stamina. I am not here to promote one type of exercise over another, but rather to emphasize how important it is that you do something to increase your strength and endurance on a regular basis. This can be as simple as a 45-minute walk three or four times a week. Pilates, yoga, weight-training, running, cycling, swimming or water aerobics—any of these activities are good options.

When I am working with my health-coaching clients, I suggest they look for an activity they love and look for a way to incorporate it into their routine at least three days a week. You can combine different activities to make it your own. If you find an activity you love, you are more likely to keep working on it.

The breathing component of AIS acts like a sedative, leaving one feeling calm and relaxed.

Neck Flexion:

Check to make sure your chin is in a tucked position. From a neutral position, move your chin toward your chest. Place both hands on the back of your head. (Elbows forward and fingertips pointing toward your neck.) Gently stretch your chin toward your chest for two counts. Move your head back to neutral and repeat.

Neck Flexion with 45-Degree Rotation:

Grasp the bottom of a chair with your left hand. With your chin in a tucked position, rotate your head 45 degrees to the right and actively move your chin toward the right side of your chest. Place your right hand on the back of your head between your left ear and the center back of your head—fingers pointing toward your neck—and pull your head gently toward your chest to give your neck a gentle stretch. Go back to the starting position and repeat. Do 10 repetitions and then repeat with your head turned to the left.
Living in Balance

Neck Rotation: With the left side of your chin tucked, turn your head to the right side. Place your right hand over your left jaw and left hand above right ear. (The fingers on your left hand are pointing toward your face.) Give yourself a gentle stretch. Turn your head back to neutral between every stretch. Do 10 reps, then repeat to the left side. Left-side hand placement: Your left hand over your right jaw, and your right hand is above your left ear. (The fingers on your right hand are pointing toward your face.)

Neck Anterior Oblique—Flexion: Rotate your neck 45 degrees to the right, and take your left ear toward the left side of your chest. Place your left hand above your right ear and apply the stretch using your left hand, then release your hand and return your head to neutral between every stretch. Do 10 repetitions and then do the left side. For the left side, rotate your head to the left and take your right ear toward the right side of your chest. Use your right hand to apply the stretch.

forward to with anticipation. If it's drudgery, you won’t stick with it.

If you hadn’t considered that the work you do every day as a massage therapist is akin to an athletic event, I hope this article will spur you to action if you need to build up your energy bank. If you adopt just a little of the athlete mentality, I guarantee you will not be as fatigued at the end of your workday.

Prevent pain

The beauty of this system is these stretches can be done no matter how limited or painful the neck or low back may be.

Of course, as massage therapists, we know it is better to prevent the onslaught of pain, and using AIS stretching can help you do just that. AIS is a unique approach to stretching because, unlike traditional stretching, one only holds each stretch for two seconds. In this way, you never trigger the stretch reflex, and most importantly, stretching doesn’t hurt.

Another feature is you move in and out of the stretch. That’s the active part, meaning there is a starting point and an ending point at the end range of motion where you go two to three degrees past your active end-range to apply the stretch. This active motion helps move blood and lymph, which increases oxygen and nutrition.

The other feature of AIS that assists this detoxifying effect is breathing. As you do each stretch, you exhale during the stretching phase and inhale as you move back to the starting position between each stretch. Each stretch is typically repeated 10 times during a stretching session.

Gentle assist

Even if you have pain or very little range of motion in your neck, you can still do these stretches. Because you repeat the stretches, there is no need to push yourself to achieve your deepest stretch on the first one. Especially if you have a tender, sensitive neck, you can actively move to a place where you feel a little pulling sensation then apply a gentle assist with your hands to increase the range of motion, counting 1, 2, 3 as you exhale, then releasing the stretch and moving back to the starting position.

With each repetition of a stretch, you will feel your active end range of motion increase. To incorporate some AIS stretching into your day, I would recommend warming up before seeing clients by using a few of the photos and instructions in this article. You can easily do one or two stretches between clients, and it also feels lovely to decompress before bed with stretching.

If you find yourself reading this article and thinking, “What’s the big deal? It’s just stretching,” here is what I must say to you: You will probably be familiar with most of these stretches, but just try doing them the way I describe: with short duration, moving in and out of the stretch, for 10 repetitions. You have to feel it to understand the benefit, just like someone does with massage.
Spinal Rotation: Rotate your spine to the left. Place your right hand on the outside of your left thigh, while reaching your left hand behind your back as far to right as possible to pull yourself into the stretch. Reverse directions to stretch to the right.

5 AIS Steps
1. Move the body part being stretched to the starting position for the stretch.
2. Gently stretch the body part two to three degrees past the end point and hold the stretch for two seconds (count 1, 2, 3).
3. Inhale during the movement phase of the stretch and exhale during the stretch.
4. Move the body part being stretched back to the starting position between stretches.
5. Repeat each stretch 10 times.

Active Isolated Stretching will enhance the health of your muscles, tendons, ligaments, fascia and joints, and decrease your vulnerability to injury. I hope you will find it easy to make these stretches part of your daily routine.

Lois Orth-Zitoli, L.M.T., C.H.H.C. (fullcirclehealthinc.com) is a public speaker, teacher, massage therapist and health coach. Lois owns Full Circle Health in Chicago, Illinois, and teaches workshops in the Benjamin method of orthopedic massage and injury assessment, as well as stretching workshops. She wrote “Active Isolated Stretching: A Revolutionary Approach to Self-Care” for MASSAGE Magazine’s October 2016 issue.
Both gentle human touch (GHT) and massage therapy resulted in a significant decrease in the urine cortisol levels of premature infants as compared to infants who did not receive GHT or massage, according to recent research.

The study, “Effects of gentle human touch and Field massage on urine cortisol level in premature infants: a randomized, controlled trial,” involved 78 premature infants in a neonatal intensive care unit. These infants were randomly assigned to either the standard care control group, the GHT group or the Field massage group.

The massage group in this study takes its name from Tiffany Field, Ph.D., a pioneer in the use of massage for premature infants and director of the Touch Research Institute in the Department of Pediatrics at the University of Miami School of Medicine.

In this study, mothers of infants in the massage group were instructed to perform 15 minutes of infant massage with sunflower oil three times a day for five days. Mothers of infants in the GHT group were instructed to touch their infants for 15 minutes three times a day for five days. Infants in the standard care control group continued to receive routine care, including Kangaroo care from their mothers.

The main outcome measure in this study was the urine cortisol level of the premature infants, “as an indicator of stress in preterm infants,” according to the study’s authors. To assess this outcome measure, urine samples were collected for analysis at the beginning and end of the five-day intervention period.

Results of the research showed that, compared with the control group, infants in both the GHT and massage groups had significantly lower urine cortisol levels following the five-day intervention period. However, the decrease in this stress indicator was most significant in the massage group as compared to the other two groups.

“The results of the present study showed that both GHT and Field massage therapy techniques reduce the stress hormone levels of preterm infants,” state the study’s authors. “The results of this study, in line with previous studies, confirmed the importance and safety of massage for preterm infants.”

Authors: Malihe Asadollahi, Mahnaz Jabraeili, Majid Mahalili, Mohammad Asgari Jafarabadi and Sakine Ebrahimi.

Sources: Department of Pediatric Nursing, Department of Pediatrics and Department of Biostatistics & Epidemiology, Tabriz University of Medical Sciences, Tabriz, Iran. Originally published in September 2016 in the Journal of Caring Sciences, 5(3), 187-194.
The study, “Massage therapy and quality of life in osteoarthritis of the knee: a qualitative study,” involved 18 people with knee osteoarthritis, all of whom had previously participated in a clinical trial to determine the dosing of Swedish massage therapy for knee osteoarthritis.

The original dose-finding study involved 125 adults with knee osteoarthritis who were randomly assigned to one of five groups: 30 minutes of massage weekly, 30 minutes of massage biweekly, 60 minutes of massage weekly, 60 minutes of massage biweekly or a standard care control group.

In this dose-finding study, data analysis showed significant improvements in both 60-minute groups, and the researchers concluded that 60 minutes of Swedish massage once a week was the optimal dose for knee osteoarthritis, “balancing clinical response and practicality.”

The 18 people included in the second qualitative study were recruited based on criteria such as their adherence to the intervention and other study procedures involved in the dose-finding trial, as well as their willingness and ability to articulate their experience during and after the intervention.

The 18 selected subjects were interviewed by phone and in person in an effort to find out more about their experience in the initial study and whether the Swedish massage they received during that study delivered benefits beyond the osteoarthritis-specific outcomes that were originally assessed.

Results of the research revealed three prominent themes from the interviews with participants. The study’s authors describe these three themes as “1) relaxation effects, 2) improved quality of life associated with receiving massage therapy, and 3) the accessibility of massage therapy in treating osteoarthritis.”

“Participant responses noted empowerment with an improved ability to perform activities of daily living after experiencing massage therapy,” state the study’s authors. “The majority of statements were consistent with their quantitative changes on standard osteoarthritis measures.

“Future research in pain conditions should include health-related quality of life assessments as well as outcomes related to perceived well-being,” the researchers continue, “along with greater exploration of the concept of salutogenic side effects of an intervention in the context of complementary and integrative therapies.”

Authors: Ather Ali, Lisa Rosenberger, Theresa Weiss, Carl Milak and Adam Perlman.

Sources: Yale School of Medicine, New Haven, Connecticut; Yale-Griffin Prevention Research Center, Yale School of Public Health, Derby, Connecticut; Institute for Complementary and Alternative Medicine, School of Health Related Professions, Rutgers University, Newark, New Jersey; Duke Integrative Medicine, Durham, North Carolina. Originally published online in September 2016 in Pain Medicine.

Visit massagemag.com/newresearch to read this month’s online Research Exclusive, “Study Reviews Research on Massage for Surgical Pain Populations.”
2017

The Bowen Center for the Study of the Family
Spring Conference
April 21–22
Washington, DC
thebowencenter.org

Reiki Alliance
Annual Gathering
April 30
Bulgaria
reikialliance.com

Elite CE
Massage Live
May 5–7
Orlando, Florida
massage.elitecme.com

Zero Balancing
Annual Benefit
May 5–7
Frederick, Maryland
zerobalancing.com

World Massage Festival
May 7–10
Cherokee, North Carolina
worldmassagefestival.com

One Concept
American Massage Conference
May 18–21
Virginia Beach, Virginia
oneconcept.com

American Society for the Alexander Technique
Conference
June 14–18
San Diego, California
amsatonline.org

Society of Ortho-Bionomy
International Conference
June 15–18
Denver, Colorado
ortho-bionomy.org

Florida State Massage Therapy Association
Convention
June 20–25
Orlando, Florida
fsmta.org

Touch for Health Kinesiology Association
Conference
July 11–14
Kansas City, Missouri
touchforhealth.us

Alliance for Massage Therapy Education & Commission on MT Accreditation
Educational Congress
July 27–29
Tucson, Arizona
afmtte.org

Alliance of International Aromatherapists
Conference
Aug. 3–6
Rutgers, New Jersey
alliance-aromatherapists.org

Healing Beyond Borders
Energy Healing Conference
Aug. 17–20
Westminster, Colorado
healingbeyondborders.org

The Feldenkrais Method
Conference
Aug. 23–27
Seattle, Washington
feldenkrais.com

Integrative Medicine for the Underserved
Conference
Aug. 24–26
Chicago, Illinois
im4us.org

International Polarity Education Alliance
Gathering
Sept. 8–12
Berlin, Germany
polarityeducation.org

American Massage Therapy Association
National Convention
Sept. 14–16
Pasadena, California
amtamassage.org

Canadian Massage Conference
Sept. 28–Oct. 1
Burlington, Ontario, Canada
oneconcept.com

Federation of State Massage Therapy Boards
Annual Meeting
Sept. 29–30
Tampa, Florida
fsmtb.org

Hawaiian Lomilomi Association
Conference
Sept. 29–Oct. 3
Hilo, Hawaii
lomilomi.org

Academy of Integrative Health & Medicine
Annual Conference
Oct. 22–25
San Diego, California
aihm.org

International SPA Association
Conference & Expo
Oct. 16–18
Las Vegas, Nevada
experienceispa.com

International Council of Reflexologists
Conference
Oct. 19–22
Taitung, Taiwan
icr-reflexology.org

National Association of Myofascial Trigger-Point Therapists
Annual Conference
Oct. 25–29
Rosemont, Illinois
myofascialtherapy.org

Alexander Technique International
Annual Meeting
Oct. 29–Nov. 2
Seattle, Washington
at-net.com

Society for Integrative Oncology
International Conference
Nov. 12–14
Chicago, Illinois
integrativeonc.org

2018

Society for Oncology Massage
Oncology Massage Healing Summit
April 27–28, 2018
Bloomington, Minnesota
s4om.org

Biodynamic Craniosacral Therapy Association of North America
Breath of Life Conference
Sept. 5–9, 2018
Reisterstown, Maryland
craniosacraltherapy.org

International SPA Association
Conference & Expo
Sept. 24–26, 2018
Phoenix, Arizona
experienceispa.com

National Association for Holistic Aromatherapy
The World of Aromatherapy VIII Conference
Oct. 24–27, 2018
Salt Lake City, Utah
nahaconference.com

Fascia Research Congress
Fifth Annual
Nov. 14–15, 2018
Berlin, Germany
fasciacongress.org

2019

Massage Therapy Foundation
International Massage Therapy Research Conference 2019
massagetherapyfoundation.org

2020

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Orlando, Florida
amta.org

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amsatonline.org

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polarityeducation.org

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