

MASSAGE WORLD

THE MESSAGE AND BODY THERAPISTS MAGAZINE

ISSUE 118 2023

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*Does fascia
hold memories?
Part 1*

*Fascia &
Movement*

*Understanding and treating
fibromyalgia*

Therapists Spotlight

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MASSAGE WORLD

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The clocks have changed, and we are slowly moving towards the longer and warmer days. Spring often feels like a time to renewal and growth and this edition of *Massage World* will certainly help you grow your knowledge and skills. There is an abundance of thought-provoking articles aiming to inspire and engage your critical thinking skills and offer insight into different ways that we can promote health.

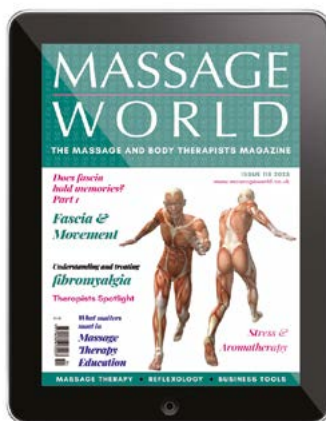
Colleen O'Flaherty-Hilder discusses aromatherapy and stress while Sue Burgess delves into Kinesesthetic Optimum Recovery & Enhancement (K.O.R.E) muscle testing. Owen Lewis discusses uncertainty, postural evaluation and the neural/dural system while Earle Abrahamson's article looks at what we consider what matters most in Massage Therapy Education.

James Earls discusses fascia, movement and the important aspect of interdependency of body systems then we have our therapist spotlight interview with Tamer Morsy titled 'Inspired by Change'. Ruth Duncan looks at the fascial system and historical thinking that it stores memories.

For now, it's time to chill quite literally!

RUTH DUNCAN

Guest Editor



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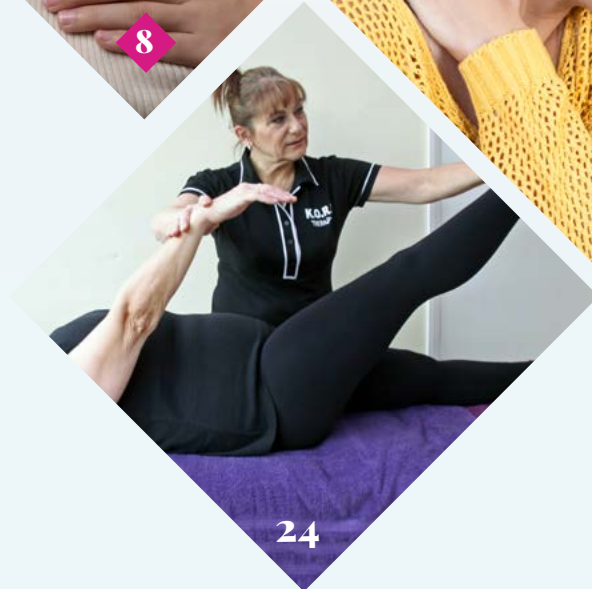
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OM YOGA SHOW RETURNS TO ALLY PALLY LONDON



For nearly twenty years the OM Yoga Show has grown ever more popular, becoming the biggest yoga gathering in Europe, and one of the largest events of its kind in the world. It's the perfect introduction to the ancient Indian practice of yoga, renowned for relaxing the body and de-stressing the mind: the perfect counter to today's busy and stressful world.

A ticket to the OM Yoga Show also includes free entry to the Mind Body Soul Experience.

13th, 14th & 15th October 2023

Opening times: Friday: 11am – 6pm;

Saturday: 10am – 6pm; Sunday: 10am – 5pm

london.omyogashow.com

TMC opens new centre in the North

After building the foundations of multiple massage centres in London, the home counties and Midlands, The Massage Company (TMC) continues to strengthen their rapidly growing portfolio of specialist massage centres with their first location in the North of England. The new centre opened in Altrincham on 9th March 2023 and TMC have more centres set to open over the next few years as they secure more sites across the country with the support of CBRE to add to their portfolio. With the health and wellness industry being worth £26.7 billion in the UK market in 2022, that figure will only surely increase with more people taking responsibility for their health.

Elliot Walker and Charlie Thompson opened their first centre in 2016 after seeing the need for massage in people's lives to alleviate

stress and promote relaxation. Their business model focuses on a membership scheme so people in the community have access to regular high-quality massage. People are becoming increasingly aware of the benefits of massage, and it is considered as part of many people's lifestyle rather than as a luxury experience.

If you are interested in learning more about franchising opportunities, contact Kate Sheppard-Payne at kate@massagecompany.co.uk

Copenhagen calling all MT's

The International Massage Association aim to develop and promote the various massage techniques which are practiced by experienced Massage Therapists worldwide.



The World Championship in Massage 2023 is primarily a competition, but at the same time an opportunity for Massage Therapists to find professional inspiration and networking. By participating in the World Championship, the Massage Therapists will get the opportunity to strengthen and improve their skills. A Diploma will be issued for each participant, enabling the Massage Therapists to brand their business in a new way.

Date and Location: The 6th World Championship in Massage will be held in Copenhagen on June 30 – / July 2, 2023

Register here : worldchampionship-massage.com/registration/

Registration now open for the NMC London 2023



The National Massage Championship (The NMC) will be returning to Olympia Beauty in 2023 for the fifth year! This incredible event welcomes all qualified massage therapists and bodyworkers to compete for a trophy or two in 6 competition categories.

The competition will be taking place on Sunday 15 and Monday 16 October 2023 at ExCeL London and is open to all qualified massage therapists.

Register here : www.olympiabeauty.co.uk/thenmc-2023/



Power Diary Earns Coveted ISO 27001 Certification for its Healthcare Data Security

Power Diary, leading practice management software for allied health practitioners, has announced that it has received ISO 27001 certification for its information security management. This international standard recognises the company's commitment to ensuring the highest global security standards for healthcare data.

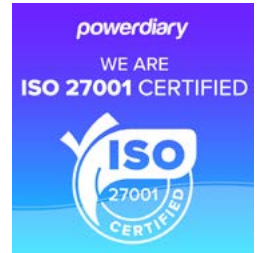
According to Damien Adler, Power Diary co-founder and registered psychologist, "Becoming ISO 27001 certified is a testament to our commitment to maintaining the highest levels of data security. This certification serves as proof of our dedication to ensuring the security of our customers' health information.

Paul Adler, CTO and co-founder, explained, "Our team has ensured our software and operations meet the strict, externally-assessed requirements of the ISO 27001 standard. This certification validates our efforts and provides our customers with the confidence in knowing they have chosen to partner with a company that takes security seriously."

The internationally recognised ISO 27001 certification includes requirements for the implementation, maintenance and ongoing improvement of an information security system. The certification covers all aspects of information security, including risk management, access control, data backup, and business continuity.

Damien Adler added, "With achieving the standards of ISO 27001, Power Diary moves beyond simply being compliant

with health data security standards to being externally verified as actually adhering to global best practices – something we think is crucial when handling sensitive health data."



Power Diary's commitment to security does not end with the ISO 27001 certification. The company will continue investing in its security infrastructure, processes, and best practices to ensure its customers' data is always protected.

Power Diary is an online practice management software trusted by health practitioners worldwide. It includes calendar management, automated appointment reminders (SMS + email), telehealth, online forms, custom treatment note templates, client management, payments, invoicing, online client bookings, 2-way SMS chat, reports and analytics, and a lot more.

Power Diary is designed specifically for health clinics and is used by thousands of practices ranging from solo practitioners to large, multi-location practices. Our vision is to provide the ultimate practice management system that makes running health practices easier, simpler, and more rewarding.

For more information about Power Diary, please visit the website at www.powerdiary.com or contact Danielle Hopkinson, Marketing Manager, at connect@powerdiary.com.

ADVANCED TECHNIQUES - POSTGRADUATE COURSE

3rd & 4th June | 16th & 17th September

While we are waiting for our brand new Level 4 Advanced Remedial Massage Diploma to be approved by the accreditation body, you can get started with the 2-day Advanced Techniques weekend.

These 2 days can be attended as a standalone CPD course, but if you would like to complete the Level 4 Advanced Remedial Massage Diploma then you will need to have attended one of the weekends first – either in June or September where we will focus on techniques including Muscle Energy Techniques (METs), Soft Tissue Release (STRs), Positional Release Techniques (PRTs) and much more. All delivered by Ruth Bell and Louise Mockford! We focus mostly on the application of techniques for this workshop to teach you why, when and how you would use them. If you are then wanting to understand more about how to treat pathologies, chronic issues, understand pain, muscle/soft tissue testing, movement analysis and lots more, then we recommend you complete the 2-day weekend and then join us for the Level 4 Diploma in Advanced Remedial Massage – where you will be equipped with the tools to successfully help your clients remedy their problems.

www.schoolofbodywork.com/advanced-techniques/



School of Bodywork



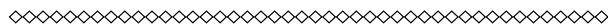


◆ MESSAGE MENTOR ◆

Oncology Massage Therapist



BY SUSAN FINDLAY



As a massage therapist working with cancer there needs to be a greater depth of knowledge and the development of our hands on skills, with that in mind I realized that after having received a couple of questions recently, quoted below, that there is a very real need to develop a greater understanding about what it is to be able to work as an oncology massage therapist, as well as there needs to be a clearer understanding about what a contraindication is, what are we able to work with and when to just say no.



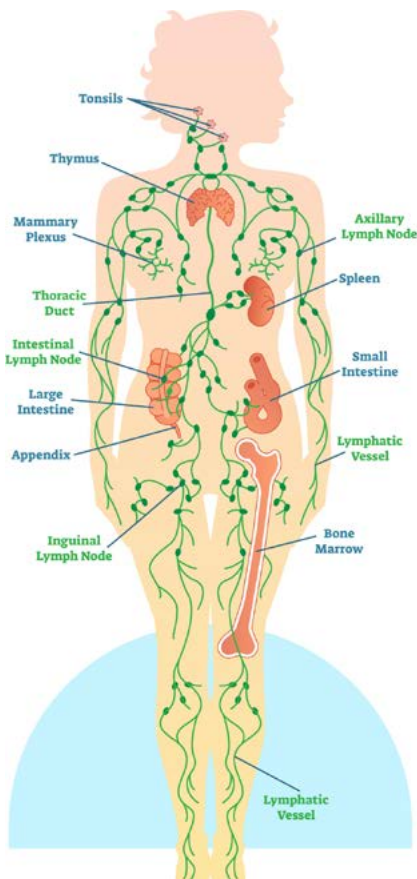
Question 1:

Dear Susan

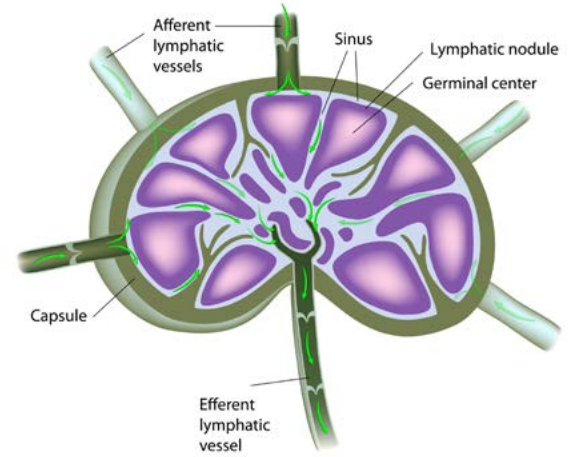
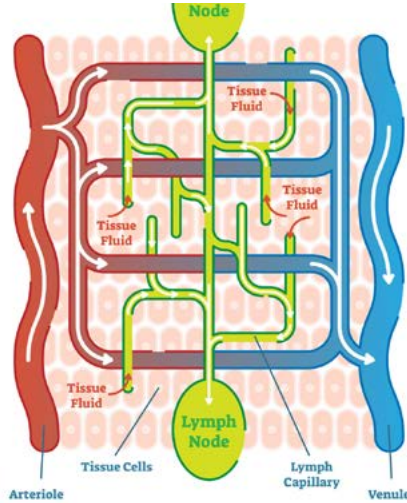
I have a new client coming tomorrow and her daughter just told me that her mum has a mastectomy late last year and has just finished radiotherapy and will start chemo shortly. I'm guessing she can't lie in prone so I can treat side lying but wanted to check any other modifications I should make? I will obviously not go deep and ideally would've guided her to someone trained in Oncology massage, but she desperately wants to come tomorrow. She is suffering with a shoulder problem (the same side as the cancer) and she booked in without me knowing this info so I just want to be safe in the treatment as much as I can be.

CLIENT'S HISTORY:

- Breast Cancer lumpectomy on 8th December
- Lymph nodes removed, no cancer found
- Radiation therapy 5 treatments finished 24th February
- 1st Herceptin yesterday
- Chemo starts 18th April.
- I take medication for cholesterol, high blood pressure, and hiatus hernia.
- Pain is on right upper back, same side as the cancer
- I have had the problem off and on for 20 years



◇◇◇◇ Lymphatic System & Anatomy of a Lymph Node



It is not uncommon for therapists to write me about a client and in this case the therapist is both caring and skilled, however, despite having a top level qualification it does not provide her with the depth of information that is needed to deliver an appropriate soft tissue massage for a cancer client. I understand the desire to help and improve someone's life, to alleviate discomfort, to offer a calm and supportive environment, to provide a caring massage that will address this often frightening diagnosis, but good intentions is not enough to carry you through, no matter how loving it is, it's not a safe one.

Oncology massage must take into consideration the whole person, not just focusing on the complaint like the above client's situation, specifically discomfort in her shoulder, the very same shoulder that has had the lumpectomy. There is a possibility that there are historical, questions we need to consider, such as is the discomfort related to her job which might have a repetitive nature to it, or has she been involved in a fall or accident of some kind, or is she a carer for a disabled husband and does a lot of lifting? These are all possibilities but also it could easily be down to the after effects of the surgery and not the cancer itself, or there might be a tumour still lurking

about. Having the right information is important as it will frame how you put together a treatment session and let me stress this point, you're not trying to fix the person but having a clearer picture will enable you to deliver the most appropriate massage for your client, with the greatest emphasis on safety.

Like other conditions that affect the tissue and the physiology of the body's systems, therapists will need to modify their techniques, the positioning, the duration of the session, the depth, speed and the area in which a therapist can work. A massage therapist will also need to consider the type, the location and the effect of both the disease and treatment. The biggest difference, however, is the actual application of the massage.

My main concern about the client history is the information I do not have, there is a hint that her medical background is much more complicated than just being treated for cancer, she has high blood pressure, and she is also being treated for high cholesterol. Another medical condition is the hiatus hernia, does she also suffer from GERDs? Much of her medical history points to a long-term decline in her health, none of the above has happened overnight, hence I want to know more. Further information that

would give me a better picture would include what her lifestyle looks like, is she active or sedentary, does she have good dietary habits, what is her social and economic status? This will help me to deliver a treatment that meets my client's needs, we offer homecare within my cancer course, but it is client specific and appropriate, hence obtaining the right information will direct a therapist to provide a bespoke session. So can you guess what my response was? Don't treat, too much is going on that requires a greater understanding before you can move forward.

Question 2: (One of a greater concern)

Hi Susan,

I'm treating a client who has had breast cancer. Chemo in 2019, Radio in 2020. Why would she swell up to 24 hours after the session and then swelling disappears after that? She's made amazing progress in the last couple of months. Lymphoedema has relieved. She was told by the oncology consultant that chemicals in the drugs didn't cause the swelling. I don't agree with that. Am I right in my thinking?



My immediate response to the therapist was to ask why she was treating this client in the first place, she lacked the training that would enable her to deliver a safe session? One of the first things I teach all therapists, if there is a lack of knowledge then any treatment becomes a contraindication, you don't know what you don't know! The above question demonstrates exactly that. The Doctor is correct, the drugs wouldn't cause the swelling, the removal of lymph nodes can, surgery can, and the inappropriate touch of a therapist can. Lymphatic massage is something therapists are eager to understand, when it comes to cancer it is important to work safely with both the cardiovascular and lymphatic system to achieve a better outcome. In response to this I am putting together a course that will not only address the lymphatic question, it will address the prevention of lymphoedema, and address stages 0-1. However, if you are working with full on lymphoedema I would suggest a more comprehensive course that is taught over a longer period of time.

Many of my medical colleagues would love to incorporate massage as part of their integrated approach to cancer treatment but are rightfully wary of the quality of training or lack thereof and I agree with them, there are many courses being taught that are not sufficient and aren't taught by well-seasoned therapists or educators, as a result the delivery of practical skills and knowledge are questionable. Alongside this, therapists are making unsupported claims about the benefits of massage, a scary concept because they are not evidence based, so who can the medical professionals trust? Maybe we will be trusted as a profession when our knowledge matches what the research reveals. As a profession

we are going to have to earn the trust of the medical professionals and this will come as a result of well-informed therapists offering a service that is based on evidence and will therefore be something the medical profession can understand. This does not mean that anecdotal evidence is without value but we must be better informed to make our claims and until then, massage needs to be treated with caution before it is part of an integrative cancer treatment approach.

We have a lot to offer and recently in the media there have been some studies about the value of touch and how that affects our health, this is significant and there are some studies being conducted now that will further demonstrate the importance of touch. I have several articles on my website about this subject, including other perspectives about oncology massage that would better explain this.

So to dispel some myths about oncology massage, it is neither light, fluffy or insubstantial, it addresses the needs of the client and how the tissue responds, the most descriptive word I use when teaching this method is 'melt',

to feel what is happening underneath your hands, to be led by the tissue and respond to it, not force your way through in an unthinking way, but to 'melt' into the soft tissue in a considered manner. This form of massage is not exclusive to Oncology, but it is less demanding on those who are suffering with cancer or any condition that is placing a greater stress on the body's systems, the intention of this approach is to assist the client's recovery rather than causing them to recover from the massage.

In both cases above I have strongly suggested that the therapist refrain from delivering a massage and to refer the client to a certified therapist. Please feel free to go to my website which has a tab called 'oncology massage therapist directory' to find someone in your area. You also have to consider the insurance side, are you covered if you are working with a pathology that you have not received the appropriate training for, a condition that requires a greater depth of knowledge, or are you just winging it and working blindly? Please do take care of yourself, but just as importantly be mindful of your client and their safety.

SUSAN FINDLAY

Susan's first love is dance, sport, anything to do with the joy of movement. She trained as a nurse in Canada but soon left the profession when she came to the UK as she wanted a deeper connection with her clients. For many years she worked in both health and fitness, teaching 20+ classes a week and running GP referral schemes. She wanted to make better use of all her knowledge which led her to retrain as a Sports Massage and Remedial Soft Tissue Therapist. Currently she is the director of NLSSM and specialises in teaching Oncology Massage. She is the author of Sports Massage: Hands on Guide for Therapists and is the Sports Massage feature writer for Massage World. She volunteers her time as a board member of GCMT.

You can join her on Massage Mondays for free weekly massage videos
www.susanfindlay.co.uk

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Donna Woodcock
Massage Therapist



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Does Fascia Hold Memories?

Part 1



BY RUTH DUNCAN

Over 15 years ago I wrote an article called 'If your tears could talk, what would they say?' It was published in a national massage magazine at the time called Today's Therapist.



his phrase was often said in my own myofascial training and is the phrase I have often used with clients. The suggestion

is that tears may be associated with life issues or challenges. Creating a safe therapeutic environment and giving the client permission to express their tears can often be a cathartic and meaningful experience. While my MFR practice focuses on working with those experiencing chronic pain, often a story eventually unfolds of life-threatening injuries or surgery, rape, abuse, bullying and claims of torture.

One client described being abducted at age 3, beaten and left for dead. Another described being in prison in the middle east and tortured by electric shock. These clients don't attend MFR treatment because of these issues but do begin to realise that they may play an important role in their pain experience.

Does fascia hold memories? This is

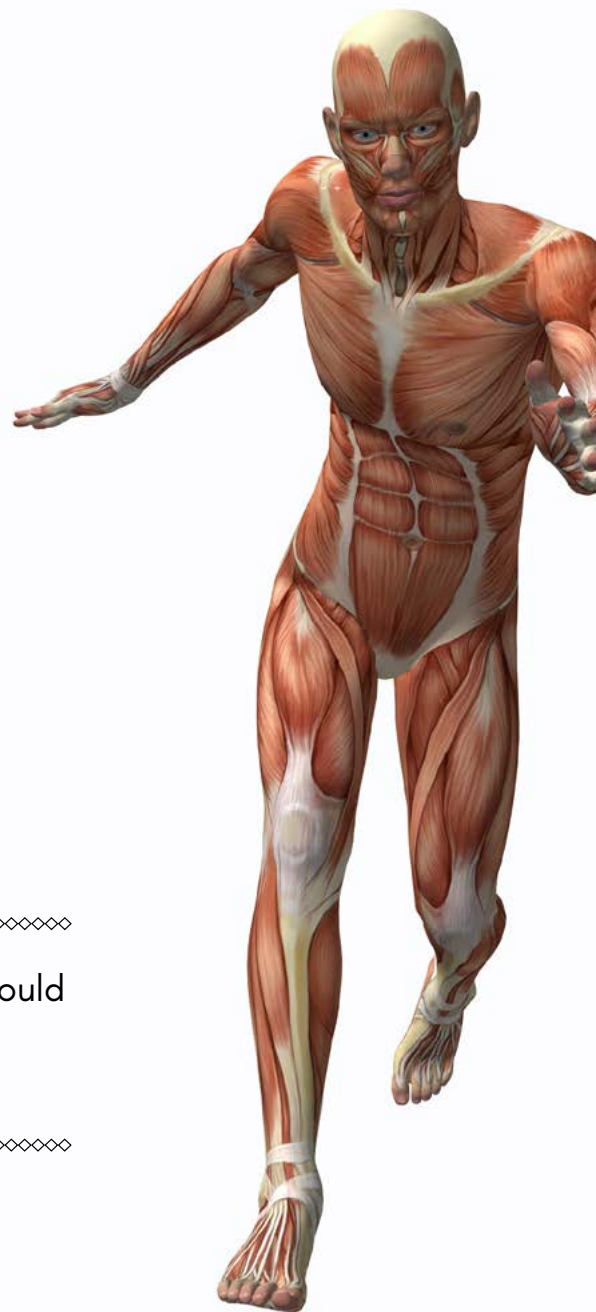
also the title of a 2014 journal study by the Osteopath and Physical Therapist, Paolo Tozzi (Tozzi, 2014). Tozzi describes much of the misinterpretation of this idea and comments that unwinding, a spontaneous movement associated with fascia-related therapies such as MFR said to release trauma, is both controversial and phenomenological. The body is one single organism which constantly adapts to its internal and external environment to preserve life. Therefore blessing or blaming individual parts for an action or reaction suggests a myopic viewpoint. Such is the world of fascia.

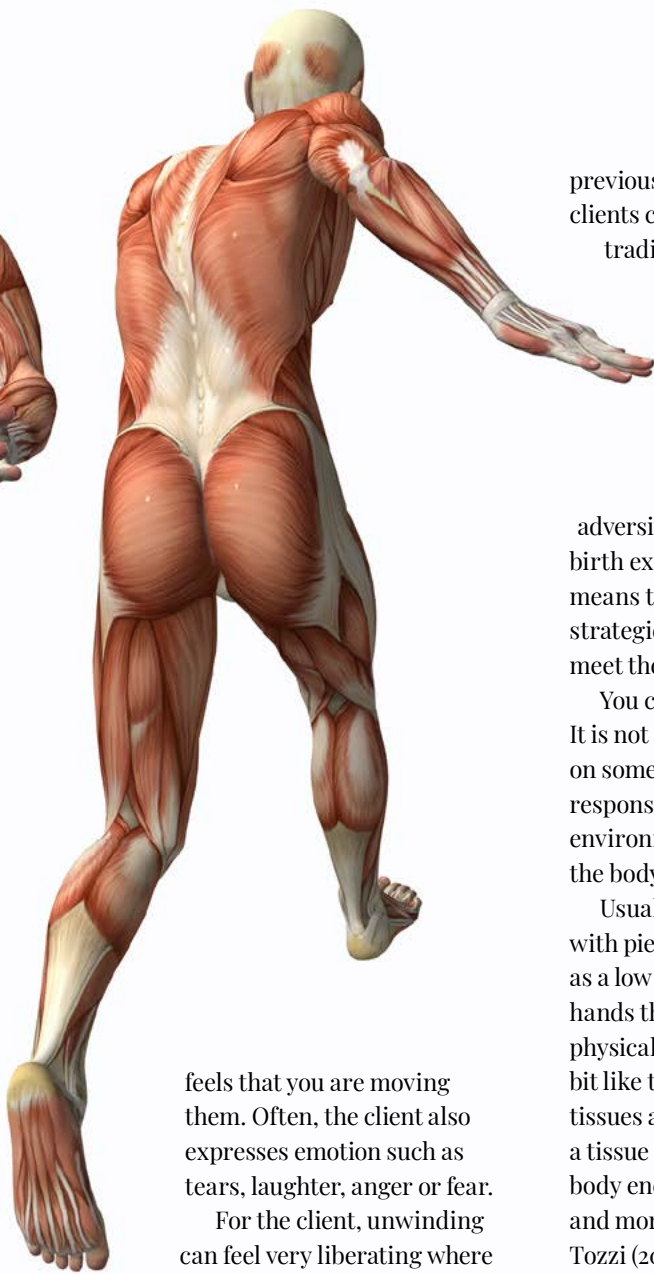
My own MFR training in the USA was hugely experiential sometimes with up to 180 people attending who were a mix of Physical Therapists (Physiotherapists) and massage therapists.

As I began my MFR journey, I was fascinated at the potential for the body to harbour memories said to be stuck in fascia. However, over my career having

taught in a number of different countries, I have come to realise that expression of emotion and the openness of discussing trauma is influenced by culture, belief, attitude and resilience amongst others. It seems that emotion and trauma memories are very openly discussed in the USA, less in the UK and hardly ever in South Korea. Therefore, as I reflect on my writing some 15 years ago, what has changed?

Unwinding is a very generic term which describes body movement as a response to fascia-oriented therapies such as MFR and Craniosacral Therapy. Through gentle and sustained MFR, the client's body will begin to move into patterns that are meaningful to them. However, these movements are unconscious; the client thinks and





previously mentioned. Many of these clients claim to have been let down by traditional healthcare and instead have turned to complementary and alternative medicine (CAM). Additionally, it is not unusual for some of these clients to have beliefs regarding the origins of their pain including past life adversity, inheritance, a challenging birth experience and blocked energy. This means that you are constantly developing strategies to work with your clients that meet their needs without judgment.

You cannot make someone unwind. It is not a technique that is done to or on someone, but it is a spontaneous response to touch in the therapeutic environment thought to be part of the body's self-regulating systems.

Usually, unwinding is synonymous with piezoelectricity which is described as a low load pressure from the therapist's hands that creates a chemical and physical reaction in the tissues. It's a bit like the therapist's hands charge the tissues and the result is movement or a tissue release. Incoherent disordered body energy, electro-magnetic fields and morphic resonance as described by Tozzi (2014) are also thought to change as energy flows through the microtubules of the fascial matrix as information. That information is suggested to be our consciousness. It is said that MFR releases the fascial restrictions allowing unconscious memories to bubble to the surface and tell their story as movement and emotion. Hence, why trauma, considered to be blocked energy, can be resolved with unwinding.

As I step back and reflect, there is plausibility to these concepts. However, not knowing anywhere near enough about Quantum Physics I can't critically evaluate them and as a result I prefer to take a sidestep and have a different viewpoint.

It is true however that this spontaneous movement happens, and I have seen many of clients and workshop students benefit from the experience. But it is not unique to fascia-oriented therapy. The same type of movement is seen in

hypnosis and the evangelical church. Also, when openness to discussing trauma and emotion exist, it does seem to have a positive correlation with the unwinding process; more discussion of emotion seems to equal more unwinding. Does this suggest that fascia is different in different cultures and countries? I think no would be the answer to that question leading us in another direction.

So, what might be the origin of this unwinding movement, and can it help trauma?

It was Viola Frymann, a British doctor who later became an Osteopath after emigrating to the USA, who is attributed with first describing this movement that she called Fascial unwinding (FU) in her teachings of Osteopathy from the 1960's. In 'The Collective Papers of Viola Frymann: legacy of Osteopathy to children', (1998) Frymann states about FU that 'The principle of this profound technique is to place the patient in the position that they were in at the moment of injury, and permit fascia to go through whatever motions are necessary to eliminate all forces imposed by the impact'.

Additionally, Budiman Minasny (2009) also states '...the dysfunctional tissues are guided along the path of least resistance until free movement is achieved.'

Barnes (2020) goes further to describe unwinding as,

'The beauty and power of myofascial unwinding is that it finds positions of past traumas that are somehow embedded in the fascial system. When these positions are found, the subconscious holding patterns, start to release their iron grip on our clients, and the straitjacket of fascial restrictions begin to soften, melt, rehydrate and glide.'

All of these descriptions suggest that fascia is attributed with some form of dysregulation and with the unwinding process.

Some research has suggested that fascia will thicken in response to stress as its main cell, the fibroblast, can adapt and change

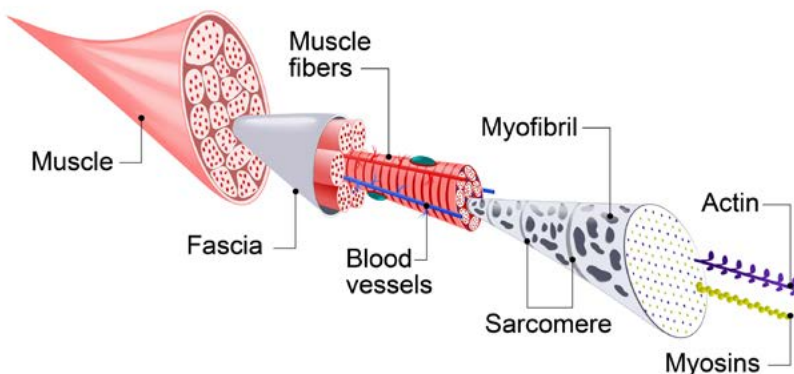
feels that you are moving them. Often, the client also expresses emotion such as tears, laughter, anger or fear.

For the client, unwinding can feel very liberating where they have an opportunity to say and do something they haven't been able to before. The suggestion is that the traumatic memory has caused a dissociation that has never fully resolved and as a result, the trauma is replaying in the client's fascia causing dysfunction and pain maintaining the fight and flight response. It is also suggested that unwinding allows for a re-association of these memories and a resolution of the actions and reactions to historical life events identified. A little like putting the fractured jigsaw back together again.

I'd say at least 85% of my clients over the last 2 decades are those experiencing chronic pain. Working with people who have had long-term chronic pain is very different to working with those experiencing acute pain. The chronic pain client presents with a complex array of physical and emotional symptoms including the life events



Skeletal Muscle



into the contractile myofibroblast cell and could be the origin for low back pain (Schleip et al. 2019). Additionally, chronic inflammation catalyzes a series of changes that initiates an adaptation of the fascial system reducing tissue hydration and glide (Francá et al. 2022), (Pavan et al. 2014) and (Zullo et al. 2017). Fascia contractility has also been studied in the formation and dysregulation of scar tissue (Darby et al. 2014) and (Wipff and Hinz 2008).

However, fascial adaptation takes time, it doesn't happen overnight. An important note here is that chronic inflammation can play a role in fascial dysregulation and ultimately causes what the Steccos' call fascial densification (Parvan et al. 2014). Inflammation can also be caused by a dysregulated SNS derived from very individualistic and unique reasons. Here is where the potential for trauma may fit but, this still does not allude to the storage and subsequent release of memories or emotion from the fascia or the process of unwinding.

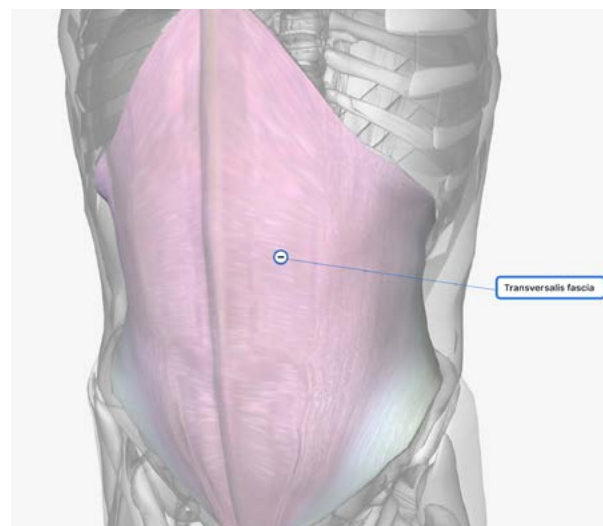
Looking at the concept that fascia holds memories on face value, all cells have memory. This was a big factor during the pandemic that once you had the Covid-19 virus or the vaccine, your adaptive immune system remembered the virus and encoded its cells to respond accordingly. All cells can be programmed to adapt to their environment. Once a cell is programmed to perform a certain action, it can pass the memory of that action to daughter cells. This is no different with fascia. The fascial cells have the ability to memorise what they need

to do to keep fascia healthy. When the cellular environment is compromised, cells can become dysregulated and memorise inappropriate programming that leads to further dysregulation. But this is not the same as fascia replaying a movie of a traumatic event.

Gabor Maté in the movie 'Wisdom of Trauma' describes trauma as 'not what happens to you. It is what happens inside of you as a result of what happens to you.' This is a better viewpoint to take when working with any client experiencing emotion during a treatment.

So far, we have discussed some potentials for cellular memory and trauma. In the next edition, we will go slightly further into the activation of the sympathetic nervous system, self-regulation and take a look at their relationship with unwinding and trauma.

Transversalis Fascia Tissue



If you want to learn more about unwinding, have a look at a recent master session I did online. Use **code MWMFRUK20 at the checkout to pay £5 instead of £25 limited until 1 July 2023.**

MFR UK also runs regular MFR workshops. Visit our website for further information. You can also attend our unwinding workshop if you have prior MFR training from another training provider. See our website for full details.

RUTH DUNCAN

Ruth has been teaching Myofascial Release for over 20 years in the UK and internationally. She is the author of 'A Hands On Guide To Myofascial Release' now in its second edition. She completed a BSc (Hons) in Health Sciences and a PGCert in Pain Science and Theory and has a keen interest in research and evidence based practice.

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Fascia & Movement



BY JAMES EARLS

Extracted from upcoming publication: Functional Anatomy of Movement
Life is a continuous exercise in creative problem solving.
Michael J. Gelb, Brain Power: Improve Your Mind as You Age



It is important to keep in mind that words are a dissection of reality.

As we have seen, traditional anatomy

teaching gives the impression that we can understand the whole by understanding the parts and then using those parts to build the body back up. That cannot be done.

To understand the language of anatomy we must start from the whole body and put that gestalt into the context of movement. The complete, integrated body is the reality, and all the descriptors we use only provide inadequate allusions to its complexity. Any division of the moving body into systems serves us by providing some descriptive power over a few important dynamics. However, the myofascial, or any other, system does not exist independently and cannot be isolated—it is a constructed convenience that facilitates discussion.

Humans have numerous movement strategies to gain more speed and more force, one of which is to start a movement by going in the opposite direction. We saw this with the action of throwing in chapter 2—we use extension to gain more force through the flexion phase. Some of that increased force is due to the improved leverage, and

some is because the countermovement pretensions the fascial tissues. These connective tissues have many properties that improve movement efficiency, especially when they are pretensioned. This chapter provides a working introduction to these mechanisms and gives some suggested reading for further exploration.

The Problems ... Like Finding a Title to a Section

There is no such thing as a problem without a gift for you in its hands.

—Richard Bach, *Illusions*

We have already seen that biology always requires a cost-benefit compromise. Muscle fibers help us move, but they come with quite a few limitations. Muscle fibers provide movement control through their contractions (eccentric, concentric, and isometric) but they require a plentiful energy source consisting of sugars and proteins. Muscle fibers are also delicate and break easily under strain, strain that is often predictable but will sometimes come from a variety of angles. Not only are the muscle fibers delicate, but when they tension

they operate best within only a small range of length and speed—they rapidly weaken when the fibers are too short, too long, or have to contract too quickly. Furthermore, our hunter-gatherer body would be too heavy and too calorie-consuming to survive if the only soft tissues were muscle fibers. Thankfully, the many forms of fascial tissue go some way to compensating for these potential weaknesses.

An array of fascial tissues that encapsulates the muscle fibers ameliorates each of the above issues (figure 3.1). Fascia not only provides a lightweight but strong scaffolding for force transfer to and from muscle fibers, it also helps improve muscle efficiency and balances out the potential weaknesses in muscle performance when the tissues change length or work at high speeds.

We will focus mainly on the logic behind the hierarchical and complementary arrangement of tissue types. Details on the makeup and percentages of the various fascial strands are easy to find, and I have suggested further reading resources at the end of this chapter. Understanding the mechanisms used during our movement is more important for us at the moment.

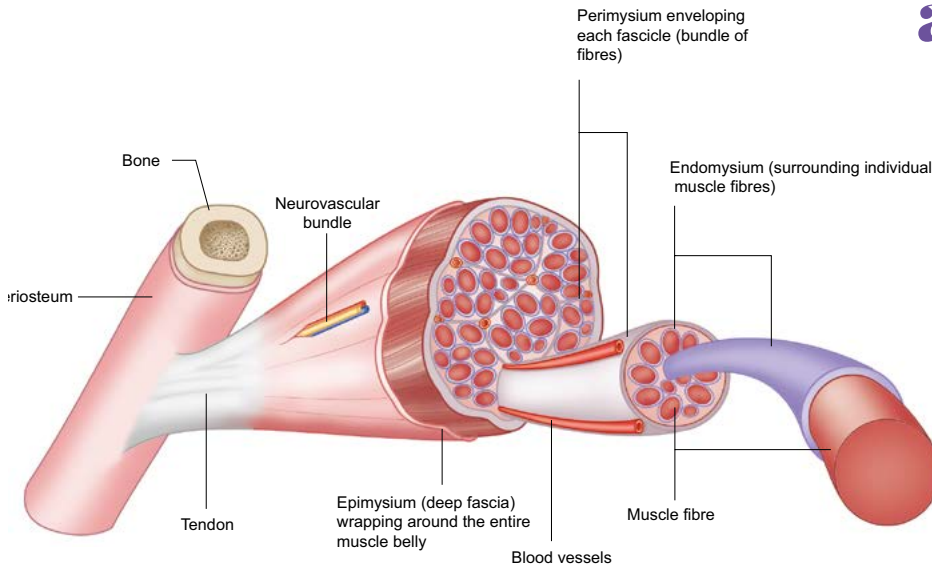


Figure 1. Collagen-rich fascial tissue envelops individual muscle fibers and bundles of them. Seen here as the endomysium, perimysium, and epimysium, these fascial “bags” provide scaffolding for muscle cells and many mechanical advantages. The combination of muscle and fascia—known as myofascia—therefore provides support, assists force transfer, and enhances performance.</>

1

Efficiency and Countermovement

It's not the most powerful animal that survives. It's the most efficient.

—Georges St-Pierre,

FaceBook, May 25, 2011

Many studies have shown how fascial tissue can act as a spring to help reduce the metabolic costs of movement—a useful benefit for survival in our evolutionary past. Fewer calories are used if muscle fibers remain close to isometrically contracted while the body uses gravity, momentum, and ground reaction forces to lengthen the elastic fascial tissues. Collagen fibers within the myofascia can then recycle much of the energy used to stretch them, just like an elastic band will recoil with energy after being drawn into a stretch.

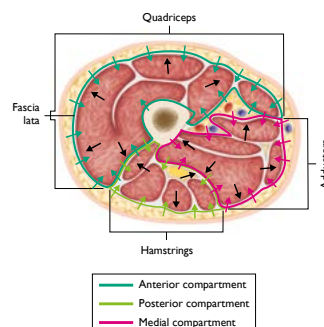
To appreciate how active countermovement works, it helps to see the difference between actively and passively strained tissue (figure 3.2a) and what is meant by “stretch.” In most cases, we use “stretch” when we should use the term “strain.” In common usage, “stretch”

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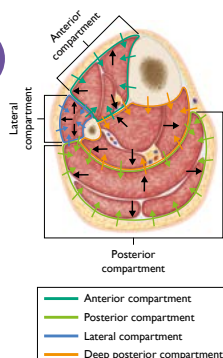
“Many studies have shown how fascial tissue can act as a spring to help reduce the metabolic costs of movement—a useful benefit for survival in our evolutionary past.”

Figure 2. (a) A myofascial unit (i.e., a muscle fiber and its supporting fascia) is lengthened during a passive stretch, but the unit acts differently when it is actively lengthening. As the muscle fibers contract eccentrically to decelerate movement, the overall volume of the muscle increases and the myofascial unit expands in each dimension. (b) Myofascial expansion and auxeticity during eccentric work accounts for the body's propensity for muscle compartments. The body uses a reciprocal arrangement between tensioning compartments (through movement and muscle attachments to the sheaths) to compress the muscles and uses the expansion of the contained muscles to tension the compartment sheaths. ((a) is based on T. J. Roberts and E. Azizi, “Flexible Mechanisms: The Diverse Roles of Biological Springs in Vertebrate Movement,” *Journal of Experimental Biology* 214 (2011): 353–61)</>

2a



2b



2c

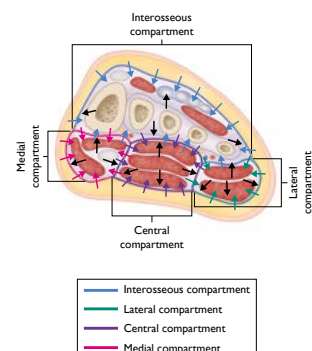
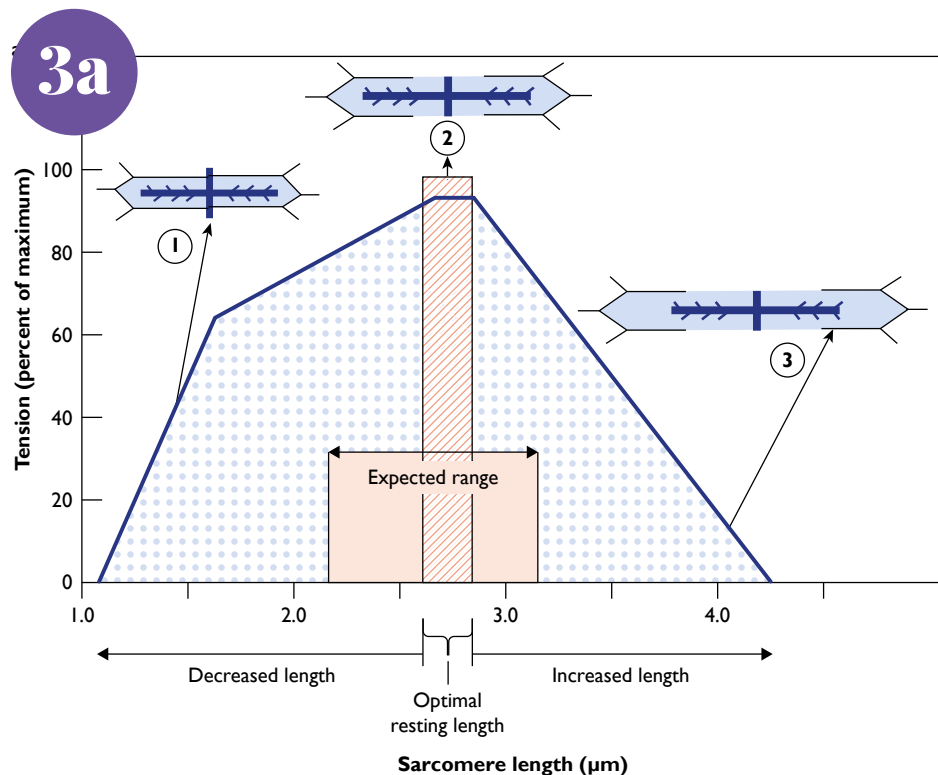


Figure 3(a) Sliding filament theory and many measurements show that muscle fibers produce less force when they are too short (labelled "1") or too long (labelled "3"). When the fibers are too short, the actin and myosin filaments overlap and inhibit further contraction. When the fibers are too long, the actin and myosin filaments have less overlap and fail to fully engage for contraction. It is usually thought that muscles operate optimally across the peak of the force-length curve ("2").



“A fiber recalibrating its length to get stronger as it lengthens makes sense for tissue protection.”

is loosely and poorly defined, and there is much debate as to what it actually means and what is actually happening when we stretch tissue.

Officially, the stretch of the collagen fiber is known as strain, which is the measurement of how much the tissue has deformed. Although commonly seen as a change in length, strain can refer to a change in any dimension—something that is important to keep in mind, as we see only two dimensions on the printed page. When a muscle is eccentrically contracting, it increases not only in length but also in width and in depth. We frequently measure myofascial strain as a change in length, but compare the images

in figure 3.2a—a passive stretch of the tissue simply lengthens it—an eccentric, active loading of myofascial tissue causes the tissue to expand in every direction, a feature of some biological tissues known as auxeticity.

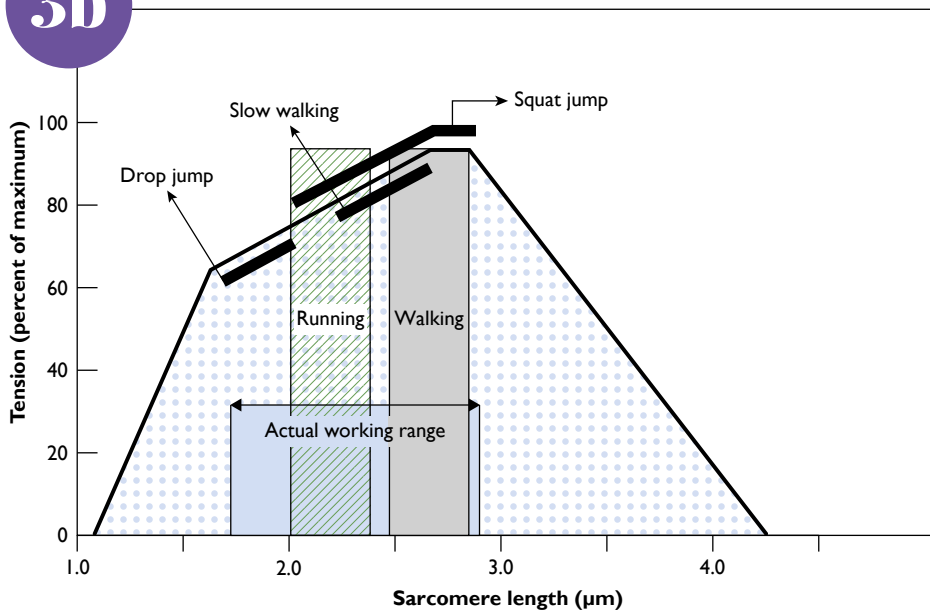
Myofascia wraps around individual muscle fibers, bundles of fibers, and the whole muscle, effectively intertwining it and making it part of its structure. Because of this, its three-dimensional structure will strain in every direction, more like a balloon than an elastic band. The auxetic nature of myofascia therefore helps disperse eccentric loading forces in every direction rather than focusing them between the polar ends of a muscle. This means that fascial containment of fiber bundles improves muscle force output, as the containment creates a stiffened environment that transfers muscle force more effectively and efficiently.

Our movement naturally exploits that fact by preparing for most actions by first going in the opposite direction. To continue with the

example of throwing, it is the body's flexors that will be recruited to produce most of the force into the projectile as the arm goes back. A summary of those flexors would include rectus abdominis, rectus femoris, the psoas, and iliacus, along with the anterior adductors of the back leg and, of course, pectoralis major. Each of these muscles has to work to decelerate extension during the preparatory cocking, and this active eccentric muscle contraction creates lengthening and expansion of the fascial tissues.

It is commonly thought that muscle fibers decelerate countermovement by staying close to isometric, which keeps them within their optimum force-length ratio. This idea is a simplification of the force-length curve seen in many textbooks (figure 3.3a). A number of researchers have shown that muscle fibers adjust their length-tension ratio to work on the so-called “ascending limb” of the curve (figure 3.3b). Muscle sarcomeres change their length in response to the forces acting through them—the higher the

3b



(b) A proprioceptive feedback loop lets a muscle fiber calibrate its length to optimize its ability to control eccentric movement. When external forces are higher, such as during running, the sarcomere length is reduced to give more leeway for the fiber lengthening that occurs during the eccentric phases. By recalibrating itself, the muscle becomes more efficient and helps protect the tissues by reducing the possibility of going over the peak of the force-length curve and becoming too weak to control the eccentric movement. The operating range is now adjusted to fully focus along the ascending limb of the curve and does not cross over the peak of the curve. The readjustment allows the muscle fiber to lengthen without handicapping its ability to create force—it remains strong. (Based on M. Ishikawa, J. Pakaslahti, and P. V. Komi, "Medial Gastrocnemius Muscle Behavior during Human Running and Walking," *Gait and Posture* 25, no. 3 (2007): 380–84)

force, the shorter they will become. The result is that when muscles have to work eccentrically, they are moving toward the peak of the force-length curve.

These findings show that the force-length curve is not fixed and that muscles use a feedback loop to reset their sarcomere length to optimize the system. That optimization allows muscles to become stronger as they lengthen during the eccentric phase of a movement and, despite lengthening, prevent the fiber length

from going over the top of the force-length curve. If muscle fibers lengthen beyond the top of the curve, they rapidly weaken and are therefore less able to control the movement.

A fiber recalibrating its length to get stronger as it lengthens makes sense for tissue protection. Think of the difference between kicking a ball for a child to catch and propelling the same ball across a soccer pitch. When we need more force, we tend to go further toward the end of joint range—we get

more leverage for the intended movement, but we also put ourselves in easily compromised positions (yet another example of cost/benefit). Thankfully, the body has more than one defense mechanism—as the tissues strain, lengthen, and expand they also become stiffer.

JAMES EARLS

James has been a dedicated manual therapist for almost 30 years. During the last 20 years he has specialized in myofascial approaches to bodywork and co-authored 'Fascial Release for Structural Balance' and 'Born to Walk'.

While teaching myofascial anatomy around the world he encountered many interesting models and became especially interested in the functional movement work of Gary Gray. After being awarded the highly regarded GIFT Fellowship from the Gray Institute he managed to blend my understanding of myofascial anatomy and functional movement into his second book – 'Born to Walk' – which has been translated into numerous languages with an updated second edition released in 2020.

His work combines my interests in functional, evolutionary and comparative anatomy to explore the 'truths of movement'. He firmly believes that by understanding normal, everyday movement we are better able to understand the limitations our clients may experience and thereby develop appropriate, fun and individualised movement practices for them.

Beyond Infinity



BY OWEN LEWIS

Like new shoots emerging after an old oak has fallen in the storm the fallibility of old ideas allow new ideas to generate.



For years I, like many, relied on the fallibility of my eyes for visual assessments. Discussions with colleagues often resulted in battling for the 'correct' version of my truth with others perception of reality. Gradually the realisation, coupled with research into perception highlighted the problems of visual assessment. Just consider the work of the Dutch artist Escher (1898-1972) to see how easy it is to confuse and befuddle the eye.

Research into visual assessment shows it to yield consistently inconsistent results. The message from research and clinical experience is that for assessment we cannot rely on our eyes alone.

A new way to assess accurately and consistently needed to emerge. Thankfully this new way is built upon skills we have all been developing throughout our careers as manual therapists, touch. While not perfect, touch is significantly better than sight at accurately assessing the position of structures and is a particularly good tool for movement assessment.



In clinic rely upon touch to feel a pelvic rotation, cranial torsion or a pronated foot is critical to treatment success. This is not to say one must throw away the visual skills this is just a case of placing them second in assessment hierarchy. With refinement and practice hand placement becomes better and accuracy and consistency improved. The skill of listening to your hands enables you to accurately assess both position and movement of all joints in a large variety of movements.

And that is where my problems begun, I was certain. After years in this profession I know that one thing is certain, uncertainty. As soon as you feel you 'get it' something will come along to confuse and create doubt. For majority of clients I felt I could assess with good accuracy, determining the cause of chronic symptoms and predicting the outcome of my interventions. However, there was the occasional client who still confused me. I would assess that my client stood with a pelvic rotation to the left by placing my hands on their ASIS a simple and consistent test. I'd then write this down on my notes, reassess and then doubt my first assessment, the pelvis now felt like it was in a right rotation. Doubt multiplies, that inner voice gets louder, I retest- left certainly nothing to worry about...probably... another retest...right...now I'm going nowhere and I'm losing my clients trust, have I lost my touch? Next client and my touch returns, their rotation is to the right and after three retests, still right, phew! Another week or month might pass and my assessment confidence has returned. I could track down if their headaches was caused by their head, neck, pelvis, knee or foot and treat accordingly often with startlingly good results. And then it would happen again, this doubt this strange inability to accurately assess with that same client or another but not everyone. Why. Was it me or them? If it was them then was there a pattern? And so begun another long road of discovery. With help from the likes of Jean-Paul Barrell and Diane Lee I found the destination,



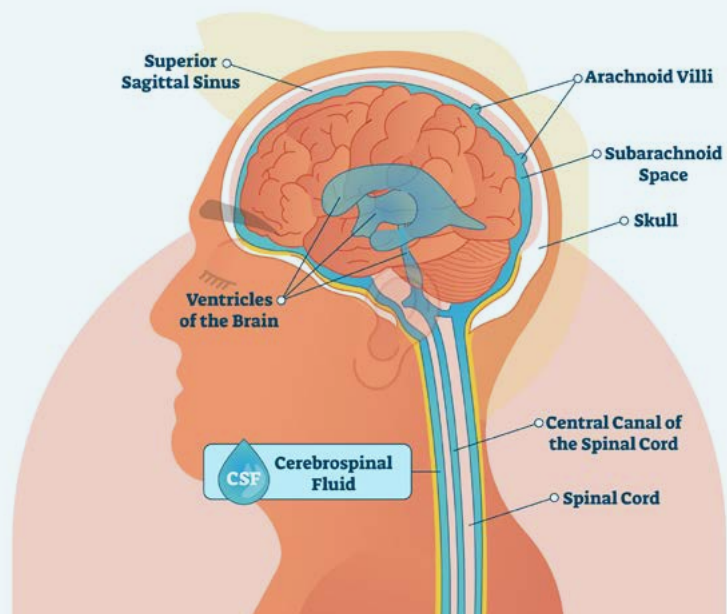
the lateral flux or infinity sign. This sign is one not to create doubt in the practitioners ability to assess but by recognising limitations ones inabilities can become abilities. While touch is still the best way to assess, it is fallible.

The anatomy is significantly complex and it would fill this whole magazine to fully explain the infinity sign. To summarise this sign tells us that the neural/dural system lacks the

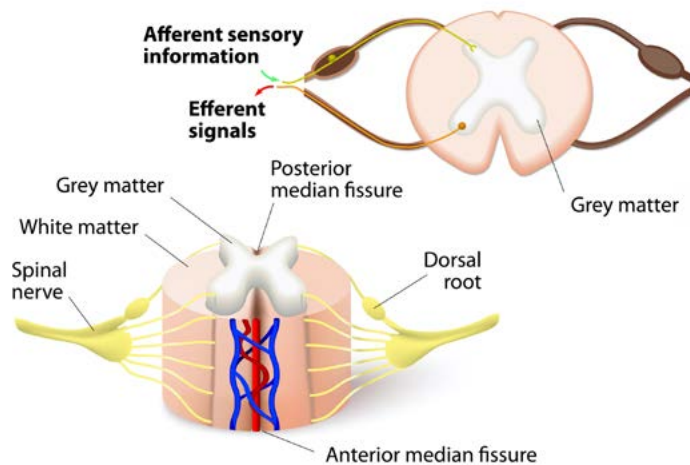
mobility and fundamentally does not fit the surrounding muscular skeletal system, this is most often due to a neural tethering. The result is that the neural/dural system tugs onto the muscular skeletal system creating movement when you'd expect none. The common pattern is that the client has often seen multiple practitioners and nothing seems to work (although there are other reasons for this). It is often associated with pressure symptoms such as pressure headaches or irritable bowel like sensations. It can also be associated with spinal trauma and neurological symptoms. And can be linked with psychological stress. Its worth noting that various other reasons for these symptoms also exist but it is the totality of the story coupled with the hands on assessment that indicate the infinity sign. Perhaps the clearest indicator in a clients medical history is a consistently inconsistent pattern. The clearest indicator for the practitioner is a lack of consistency of positional findings. The pelvis changes between a right and then a left rotation or torsion. This 'walking



Cerebrospinal fluid



Spinal Cord



pelvis' can also be felt elsewhere, such as at the second rib. Feel the right and left 2nd rib, if one is further forward than the other it indicates a rotation. Again, a positive infinity sign would be indicated by the rib rotation changing. The last place to easily feel this consistently inconsistent finding is at the cranium. A cranial torsion will fluctuate between the right and then left, or left and centre and left again, or any other combination, rather than staying in one position neutral, left or right consistently. The absolute key to assessment of the infinity sign is the ability to wait. Assess the pelvis, second rib, or cranium and then wait. I usually give it around 20 seconds, if nothing happens then the findings are negative. If there is a wandering or change of a positional finding then this indicates an infinity sign. You have identified that the cause of the long list of chronic conditions is due to the neural/dural system.

Now what? The simple answer, go treat the neural/dural system. If you know how to elongate the dural membrane and apply neurodynamic movements then this really is a simple answer. If you don't know how to treat this then the answer gets simpler, refer to someone who can treat or go some more training. But perhaps the most important message of this incredible infinity sign is not to doubt your touch. Touch is our greatest tool and one we doubt at our professional peril.

For more information, workshops, online courses, books and publications visit borntomove.com

OWEN LEWIS is a highly experienced and educated clinician. An accomplished teacher of many years he has recently teamed up with James Earls to create Born to Move. Born to Move is a comprehensive set of courses that are not confined to any one doctrine but blends and utilises James and Owen's varied and extensive understanding of the body in movement. Being taught by Owen is to experience simplicity within the complex. Seeds of knowledge watered by a wealth of clinical relevance.

Clinically Owen has gained a distinguished reputation. Grounded in his extensive anatomical and biomechanical understanding he works alongside his clients. Taking a principle based framework that allows the discovery of individually tailored, effective solutions to problems and empower change. His diverse interests in art, anatomy, philosophy and movement to ensure his workshops are a pleasurable part of your training. **borntomove.com**

The dural system

The dura is a thick membrane that surrounds and protects both brain and spinal cord. The dura mater is the outermost layer of three meninges that also includes the pia and arachnoid. It is thought that neural tethering can impact the relative dural length and motion needed for everyday movement.

Neurons consume a lot of fuel in the creation of energy, the consequent of which is waste matter that is flushed from the brain with the cerebrospinal fluid. The cerebrospinal fluid flows from brain into the spinal canal. Between two layers of dura mater are the dural venous sinuses that drains the brain. It is widely thought that insufficient brain drainage may result in reported 'brain fog'. The sub-occipital muscles can be the cause of restricting this flow. Clinically, clients often speak of a clarity of thought after working around the sub-occipitals. Such 'brain draining' is often particularly associated with rectus capitis posterior major (RCPma) as it has a strong relationship with the myodural bridge (MDB). The MDB is located from RCPma and obliquus capitis inferior to the dura mater. This helps to anchor the spinal cord during movements of the head and neck and it is critical for balance and coordination. Curiously it is thought that the MDB is also a monitor of dural tension. Identification if the sub occipitals are causing the dural tension or the dural tension is causing the sub occipital tension is critically important to successful treatment outcome. It is worth noting that a lack of dural mobility will cause the infinity sign. However, short, tight sub occipitals, although can cause similar symptoms, will not cause the infinity sign.



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A Bit More

K.O.R.E

BY SUE BURGESS
MFHT. K.O.R.E DIP.

As featured in Issue 89's case history, the aim of K.O.R.E. Therapy (Kinesthetic Optimum Recovery & Enhancement) is to find the root cause of pain / discomfort, imbalance and injury by using muscle testing. In this article, we explore the techniques involved in more depth, in particular relation to the relationship between compromised vertebra / muscle and related organ.

Let us look at the 'First Protocol' used with clients at the start of their treatment. Many of our clients will present with low back pain, shoulder and neck problems.

The Dynamic Process - is where KORE therapy begins the journey to look for muscular and skeletal imbalances by assessing structure, joints, spine and muscles. Information gained through testing the Five Gaits of Movement gives us a clear idea of where problems stem from and leads the way for the therapist to proceed with any other tests that might give further information regarding spinal dysfunctions, i.e. Fixation, when two or more vertebrae move as one, or Subluxation, when a bone is outside its normal range of motion. There is correlation between subluxations and unilateral muscle weakness, and between fixation and gait or muscle weakness. Dysfunction within the gait will lead progressively to further adaptation

“As we make these tests, imbalances become apparent. Spinal imbalance leads to irritation of the spinal nerves.”

and misalignment of the body.

Organs and their associated muscles affect one another. We can treat organ imbalance by treating the corresponding muscles and vice versa. It is not possible to vomit without the levator scapula forcefully and suddenly contracting, as the stomach expels its contents upwards. Our shoulders and scapula rise. By treating levator scapula, and pectoralis major clavicular we can alleviate the condition of the stomach.

K.O.R.E therapy release techniques will be applied by the therapist after careful consideration of client needs, for the best outcome. Traditional Chinese Medicine modalities may also be used to further enhance recovery.

All muscle tests showing weakness are routinely anchored into Neurological Awareness, i.e. the immune system; this helps to dramatically reduce recovery time and improve the quality of treatment.

To get a ‘feel’ of the client, and to show their relative strength, we test each arm and leg individually by asking the client to resist against slight pressure on the raised limb. This shows us strong indicator muscles, and is important to give us feedback both during primary testing and after treatment to prove to the client their own improved strength.

As we make these tests, imbalances become apparent. Spinal imbalance leads to irritation of the spinal nerves. Torsion and twists are placed upon the dura, sacrum, cranial nerves and digestive organs.

Our first consideration is to unwind the body and rebalance the structure, thus relieving stress on the nerves and nervous system.

5 Gaits of *Movement*

IPSI LATERAL GAIT

At the centre of fatigue here is pelvic fault and ligament weakness. Test by asking the client to hold up an arm and a leg on the same side of the body and resist as a pressure is applied against them. Any weakness is a failure and an indication that there is a sacroiliac strain/separation within the pelvis on the tested side. If there is a longer leg on the same side as the IPSI failure this indicates a lower sacroiliac separation. If there is a longer leg on the opposite side of the IPSI failure an upper sacroiliac separation is present. This will result in a first pattern dysfunction.

Test latissimus dorsi for subluxation or fixation as T6/T5 slip during spinal adaptation. A first rib jam will be apparent, one shoulder may be higher than the other, also temporomandibular joint and the neck become pushed across.

All this results in structural imbalance and nerve irritation.

K.O.R.E release techniques are used.



CONTRA LATERAL GAIT

A Contra Lateral Gait failure indicates a dysfunction within an extremity. Test using the opposite arm to leg across the body. Further test any weaknesses separately: ankle, knee, hip, wrist, elbow and shoulder. The immune system will fail tests if there is a problem.

A bi-lateral Contra Gait failure indicates a temporomandibular joint dysfunction, as a result of a first pattern dysfunction.





PITCH MECHANISM

As we move forward we pitch our weight forward in order that the push from our legs moves us, until we do this our body is upright over our centre of gravity. Pitch dysfunctions can cause such issues as:

- Difficulty going upstairs
- Getting up from a chair
- Stopping quickly
- Instability moving backwards
- Difficulty moving forward in life!

Test is with client supine: bring knees up and place feet on the couch, raise both arms up straight with backs of hands together, lift up head and look at their knees while resisting pressure from our pushing against the arms.

We are testing the ability of the spine to slide backwards and forwards. A test failure signifies a spine problem.



ROLL

When we begin to move forward the spine and pelvis have to allow the contra lateral movement of the arm and leg.

We test the spine and the ability to open up. With the client still in the pitch test position, ask them to drop knees to one side while head and neck turn the opposite way, creating a bend in the spine, head and neck as far as possible. Push both raised arms and ask for resistance. This allows for rotation of the spine. A failure is a back problem probably causing:

- Difficulty taking long strides
- Going downstairs
- Getting out of the car.



YAW

Yaw action is opposite to the roll mechanism, which allows the spine and pelvis to make the 'opening' needed to allow the arm and leg to move. Yaw is the action whereby the spine and pelvis 'close' following the roll.

Test position uses a support under one shoulder and the opposite hip. Use the unsupported upraised arm as S.I.M.

Weakness indicates torsion in the dura - it could be anywhere, showing that it is not free in its movement. This may cause mental and physical tightness, back pain and pressure on the brain due to its attachment at C1/C2 and SL2.

Yaw mechanism dysfunction may result in difficulty reaching across the body or swinging the legs into a car, or going downstairs.

In clinical practice the Lovett Brother Relationship is used to show us the means to resolve imbalance in the spine, as some bones rotate in the same direction, and others rotate in the opposite direction, i.e. a subluxation at C7 will also happen at T11 but in their opposite direction. If a subluxation is resolved without fixing the reciprocal vertebrae, the problem may recur as soon as the client goes through normal gait motion again, and re-activate the original imbalance. Through palpation of the spine we may find a tight and contracted muscle at T2 using Lovett Brother Relationship - we know that the motion and integrity of T9 will be compromised.

When challenging a vertebrae, challenge its related vertebrae; fix both.

IPSI Lateral, Contra Lateral, Pitch, Roll and Yaw are used as the top five diagnostic tools in K.O.R.E. Our priority is to correct the structure, as the pelvis must be correct for the spine to be secure. Further muscle tests will then be used to search more deeply into the cause of client problems, these will show as the relevance between the compromised muscle and its relevant organ.

K.O.R.E release techniques are used, and Traditional Chinese Medicine modalities such as: Cupping, Acupuncture, Tui Na and Anmo Fu Abdominal Massage may also be employed to help our client make a breakthrough to recovery.

SUE BURGESS MFHT. K.O.R.E

DIP is a Complementary Healthcare Specialist with her own successful private practise in Leicestershire. Established for over 10 years. Sue's tried and tested integrated healthcare approach to musculoskeletal disorders utilises K.O.R. E Therapy to identify and treat the root cause of illness and fatigue.

Sue also specialises in TCM, Acupuncture, Aromatherapy Massage and Reflexology. Sue can be contacted by email: sueburgesskore@gmail.com

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Tri-Dosha:

Guided Meditation Treatment for Therapists



BY SUNITA PASSI

As a holistic therapist, you may have trained in manual physical therapy, therapeutic techniques, and massage to treat various symptoms and conditions for your clients. However, you may also feel the need to support your clients with a broader selection of energy-based treatments and therapies. Tri-Dosha, an Ayurvedic training and product academy, has developed a new treatment that combines massage and guided meditation to help clients achieve sustainable changes in their lifestyles while fostering a deeper connection to their inner selves and the world around them.

The rise of meditation and mindfulness in the wellness industry

Meditation and mindfulness are becoming two of the most sought-after skills in the wellness industry. Both practices aim to calm a chaotic mind, develop awareness, and achieve clarity about one's self. Meditation has its origins in ancient history and

was primarily used as a vehicle for spiritual growth. However, meditation techniques, therapies, and methods have been realigned to suit modern-day needs. Meditation can take an individual to different levels of consciousness and bring them to a clear, calm place. There are various types of meditation practices, including visualization, sound meditation, chanting, and breath meditation.

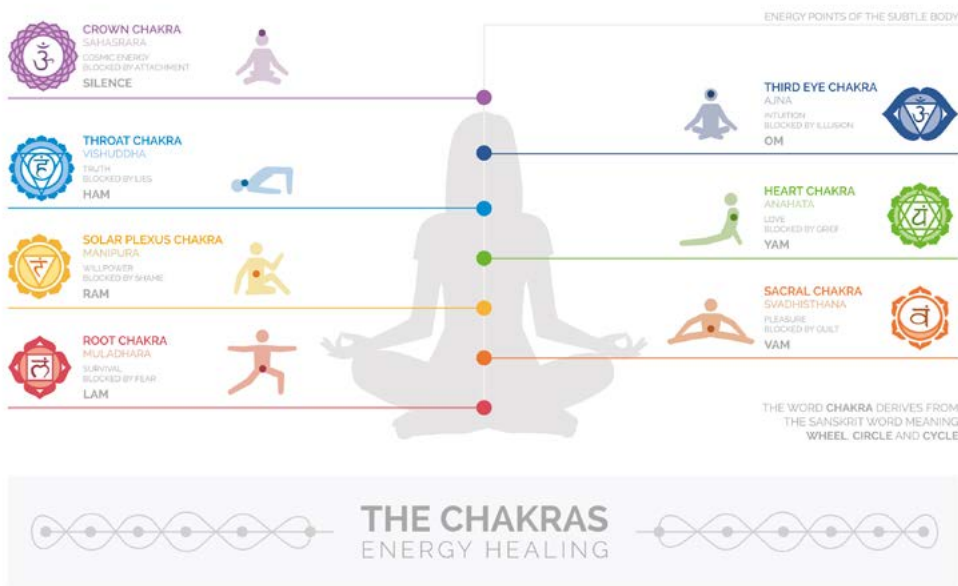
On the other hand, mindfulness is one form of meditation whereby our attention is focused on an object. The object could be our mind or breath, a cup of coffee, a flower, or a picture. Meditation is the broader umbrella term under which the concept of mindfulness is included. Thus, mindfulness can be described as a tool for meditation, and mindfulness techniques help us attain the benefits of meditation. A combination of the two techniques helps focus the mind on the present, which is associated with multiple physical, mental, and emotional benefits. Meditation and mindfulness have their origins in Buddhist philosophy, but the practices themselves have nothing to do with religion.

Mindfulness meditation practices involve directing your attention to

sounds, sights, smells, sensations, and thoughts. Moment-by-moment awareness of our thoughts, feelings, experiences, and environment is called 'mindfulness'. Most of us do not notice these things on a daily basis. With growing stress and tension, most of us tend to worry about multiple things simultaneously and function on autopilot most of the time. The tendency to worry about several things at once interferes with our ability to focus on the present moment. As a result, we tend to function on autopilot and become 'mindless.' Practicing mindfulness helps us to nourish and reinforce our inner ability to restore well-being. Mindfulness is the practice of cultivating conscious awareness of our thoughts, feelings, and environment in every moment without judging the experiences.

Tri-Dosha: Guided Meditation Treatment

Tri-Dosha has developed a guided meditation treatment that combines massage and meditation to help clients achieve sustainable changes in their lifestyles. This treatment can be facilitated onsite or online, one-on-one, or in a group setting. The guided meditation treatment



aims to help clients develop a deeper connection to their inner selves and the world around them. By learning from the natural rhythms of Mother Earth and the universe, clients are empowered to take control of their well-being and develop a more profound sense of purpose and meaning in their lives.

Benefits of: Tri-Dosha Guided Meditation Treatment

The Tri-Dosha Guided Meditation Treatment is an effective way to promote overall health and wellness for clients. This type of meditation helps individuals find balance within their physical, emotional, and mental selves. There are numerous benefits to this type of meditation, including increased resilience to stress, reduced cortisol levels, improved immune system function, and enhanced heart health.

Stress is a common issue for many people and can have negative effects on physical and mental health. Regular meditation can help reduce stress and induce a relaxation response, which in turn controls cortisol levels and improves immune system function. By

promoting relaxation and balance, Tri-Dosha Guided Meditation Treatment can help individuals cope with stress more effectively and improve their overall health.

Improved heart health is another benefit of the Tri-Dosha Guided Meditation Treatment. The heart is not only a physical organ but also an emotional one, with emotions such as peace, love, and compassion. Meditation can help reduce stress and anxiety, which are linked to an increased risk of heart disease and stroke. By promoting balance within the body and reducing stress, Tri-Dosha Guided Meditation Treatment can improve heart health.

Additionally, regular meditation can improve overall brain function

and cognitive abilities. Studies have shown that mindfulness and meditation enhance perception, awareness, and complex thinking. By practicing Tri-Dosha Guided Meditation Treatment, clients may experience increased mental clarity, focus, and creativity.

Furthermore, Tri-Dosha Guided Meditation Treatment can help individuals connect with their inner selves and gain a deeper understanding of their emotions and thought processes. This type of meditation can help clients gain insight into their lives and make positive changes to their behaviours and habits.

The physical benefits of meditation should not be overlooked either. Tri-Dosha Guided Meditation Treatment can help ease tension in muscles, reduce aching in the shoulders and back, and relieve headaches. By reducing tension and promoting relaxation, clients may experience improved muscular health and a decrease in physical discomfort.

Conclusion

In conclusion, the Tri-Dosha Guided Meditation Treatment offers numerous benefits for clients seeking to improve their overall health and wellness. From reducing stress and improving heart health to enhancing brain function and increasing self-awareness, this type of meditation can have a positive impact on all areas of an individual's physical, emotional, and mental self. By incorporating regular meditation into their daily routine, clients can experience a range of benefits that promote overall wellbeing.

SUNITA PASSI

Sunita is the founder of Tri-Dosha, is an Ayurvedic practitioner, author, and holistic therapist educator. Her vision is to help anchor a deeper connection to our inner selves and the world around us. Sunita believes that well-being is ours if we unlearn some of the things we've been brought up to believe and begin treating ourselves and others with joyful respect. At the heart of everything she does at Tri-Dosha is a foundation based on learning from the natural rhythms of Mother Earth and the universe.

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Understanding and treating fibromyalgia through advanced massage techniques



"It is as if all of my joints were locked and I am caught inside, as though imprisoned in a kind of body or an envelope that has padlocks inside, like doors that I cannot open."

Fibromyalgia patient interview
(Valenzuela-Moguillansky, 2012)

Frustrating or fascinating – the complex world of Fibromyalgia Syndrome

Fibromyalgia Syndrome (FMS) can be one of the most challenging conditions to treat as a complementary therapist. Seemingly random and unrelated symptoms such as dizziness, aches, pains, sleep disturbance, 'brainfog', sore throat, heightened sensitivity and exhaustion are typical of the pathology. And that's just for starters! When you add into the mix the commonly co-related stress and mental health issues such as anxiety, depression and post-traumatic stress disorder, you can see why the average therapist's heart can sink a little at the prospect of successful treatment.

To make things even more complex, the delicate balance of the fibromyalgic condition means that it is not unusual for 'normal' massage treatment to result in increased pain and symptoms for the client.

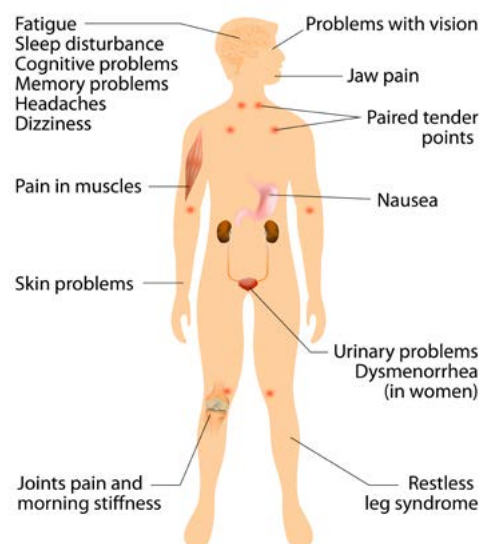
Yet with a little knowledge and time, the well-trained massage therapist can provide great relief for this complex condition. The use of appropriate soft tissue techniques twinned with an understanding of the underlying psychological and physiological processes can bring about radical and long-lasting change.

Fibromyalgia in a nutshell

In a nutshell, fibromyalgia is a 'syndrome' – in other words a name given to a collection of symptoms. The symptoms can be endless (as we will see below) but in short, FMS can be mainly characterized by pain, fatigue, and sleep disruption.

FMS commonly exists with mental health and emotional issues including anxiety, panic disorder, post-traumatic stress disorder, and general depression.

Its prevalence in the general population is around 1%-2% and is more common in women (3.4% for women and 0.5% for men)



1

A 'shopping list' of symptoms

The common symptoms of FMS are literally endless and can appear totally unrelated. (FIG 1) Reading rather like a 'shopping list' of every nasty bodily and cognitive complaint you have ever heard of, the typical FMS client is likely to experience a combination of symptoms including:

- Widespread constant pain in muscles, soft tissue and joints
- Painful and tender skin
- A feeling of burning, tingling, ripping
- Pins and needles
- Shooting pains
- Restless legs
- Numbness and foginess
- Tender points in the body
- Trigger points – 'knots' in soft tissue that can cause referred pain
- A deep aching pain like toothache
- Pain that moves from week to week. Often the client can't identify exactly where the pain is
- Terrible stiffness
- Muscle weakness
- Nausea
- Giddiness, lack of balance, lurching, visual disturbances like blurring
- Dry eyes alternating with watering eyes
- IBS, constipation, diarrhoea
- Allergies and sensitivities
- Heightened sensitivity to light, sound, smell, touch
- Sensitivity to cold
- Constant low grade fever
- Tender lymph nodes in neck or arm pit
- Sore throat
- Increased sensitivity to pain (thought to be because of increase in substance P, a chemical that tells the brain that there is pain in an area)
- No energy, exhaustion, feeling wiped out all the time
- Feeling as if one has 'flu
- Very long recovery time for any type of exertion
- 'Disproportionate response' to treatment and exertion; normal massage or deep tissue treatment will bring days of pain and inflammation; expending too much energy will result in days of not having any energy at all or not being able to get out of bed
- Anxiety
- Depression
- Irritability
- Mood swings
- Inability to sleep, or likelihood of waking up and not getting back to sleep
- Increased REM sleep and less deep restorative sleep, waking up feeling as if they have not slept at all
- Night sweats
- Brain fog – 'fibrofog', poor concentration, memory loss

The symptoms of FMS are so diverse it is common for sufferers to have spent months or years undergoing medical tests in an attempt to find a cause. This process in itself brings intense frustration for clients who may have been told that the symptoms are psychological or exaggerated – there is often an intense feeling of "not being believed" that clients carry around with them.

One big wind up – the importance of central sensitisation in FMS and chronic pain

So what is actually going on in this mysterious and debilitating condition? FMS can be quite difficult to understand as although clients can be in terrible pain, there is no actual damage to any tissues or organs of the body.

Instead, the system that has gone awry in FMS is actually the central nervous system – the brain and spinal cord – which has literally gone into overdrive, often due to stress or trauma. A key factor in FMS (and other chronic pain conditions) is a phenomenon known as central sensitisation. In central sensitisation, the sympathetic nervous system is in a persistent state of high sensitivity (known as "wind up"). This results in the spinal cord and brain acting like a faulty amplifier that literally turns up the volume of any pain signals – the client is in (real) pain even though there is no injury or damage to the tissues or organs of the body. Central sensitisation is somewhat like the oversensitive car alarm that keeps getting triggered even though there is no danger or damage to the car.



Central sensitisation has 2 main features: allodynia and hyperalgesia

- 'Allodynia' – This is when an neutral stimulus is interpreted by the brain as painful – for example, the stroke of a feather feels like being seared by a blowtorch.
- Hyperalgesia- a normally painful stimulus is interpreted as being much more painful

This explains why your client with fibromyalgia might be literally jumping off the treatment table when you are barely even touching them!

In addition, central sensitization can lead to heightened sensitivities across all senses including light, sound and smells and is associated with the cognitive deficits common to FMS such as poor concentration and short term memory. Central sensitization is also correlated with increased levels of emotional distress especially anxiety

It is vitally important when treating fibromyalgia to understand that a main part of our job is to address this faulty and oversensitized alarm system.

Fibromyalgia and Fascia: The missing link

I always joke with my students that if they fall asleep in class and I ask them a question then the answer is most likely to be "fascia" (or "the psoas"). This is definitely the case with FMS as although no definite evidence of muscle pathology has been found, there is some evidence for dysfunction of the intramuscular connective tissue, or fascia, (FIG 2) Research by Liptan (2010) proposes that inflammation of the fascia is the source of peripheral nociceptive input

that leads to central sensitization in fibromyalgia.

Interestingly, the inflammation of the fascia is similar to that described in conditions such as plantar fasciitis and lateral epicondylitis, which also respond well to myofascial techniques.

Massage treatment for FMS

Treating clients with FMS can be challenging due to the extreme sensitivity of their systems. This means that every detail of the treatment process has to be thought through – from the smells in the room, to their positioning on the table, to the techniques and quality of your touch. Literally nothing can be taken for granted. Below are some top tips for working with FMS clients:

- Allow a good half hour for your initial consultation assessment and interview. FMS clients often have complex histories and it is vitally important that they feel truly heard
- Share your treatment plan: Tell them what you are doing and why and expect their input and comment.
- Be extra careful with basic client care. For example, have plenty of blankets ready, and have pillows to hand as basic positioning might be uncomfortable. Check in about temperature as your room might need to be warmer than usual
- Allow clients to change position often if they want. Staying in one position can be painful.
- Expect the tiniest amount of treatment to have a disproportionately enormous effect; don't think you have to pack very much in to one treatment
- Remember the main issue in FMS is central sensitization – an over-reaction to threats. Treatment that is too intense may trigger the warning system and make things worse
- Listen to your client, take their word for everything they say. They really do know best. If they say 'don't touch my stomach', DON'T!
- Keep treatments short if necessary, i.e. 20 – 30 minutes pain release at the most, follow with relaxation massage
- Be very, very gentle, light rather than deep. Find out each time which depth of weight is best for the client: what for us is felt as discomfort can be extremely painful to an FMS client
- With FMS you have to be prepared to be in it for the long haul. Progress can be very very slow over several treatments and often it doesn't seem as if there has been much progress



Treatment techniques and tips

My own approach to treating chronic pain conditions has been developed through clinical practice with thousands of clients. For most chronic pain conditions



including FMS, I recommend a multi modal approach incorporating several elements including the use of heat; fascial techniques, stretching, acupressure and self care suggestions.

A sample treatment for FMS could include the following:

The use of fascial techniques –

Myofascial release without a doubt is the ‘go to’ technique for fibromyalgia. The cross hand stretch is one of my favourite MFR techniques and can be used anywhere on the body”

- MFR cross hand stretches (FIG 3): Place your crossed hands adjacent to one another in the area to be released – they should be a few inches apart at this point. Sink down until you have a sense of being on the deep fascial layers that runs around and through the muscles. Then put a stretch on this tissue so you have a sense of tension between your two hands – like a piece of material being stretched to a barrier. If you tune in with your sense of listening touch, after a while you will start to feel the sensation of the tissue starting to move beneath your hands. Make sure you maintain the stretch and “follow” the tissues until you feel the sense of tissue release described in the

fascial chapter – this whole process takes around 3–5 minutes so you will need to be patient! Repeat cross hand stretches on anywhere that is needed.

- Power effleurage with hot stones (FIG 4): Heat is fantastic for most chronic conditions such as fibromyalgia and rheumatoid arthritis. If you are trained and insured in hot stone work this is a great time to introduce some dynamic stone strokes. Stand at the head of the table in forward Tai chi stance with a hot stone in each hand. Ask the client to take a breath in and let them know there will be heat coming– they should be sure to tell you if it is too much. Apply the stones with a few quick strokes to the top of the clients upper arms first as this is a less heat sensitive area. Then glide down either side of the spine using your body weight to work into the erector spinae muscles with the stones. Work down to the low back with the stroke, working slowly and deeply then come back up with a light return stroke and repeat. Breathe out as you work down the body and imagine energy or qi flowing down your arms
- Acupressure points (FIG 5): Acupressure points that address the emotional component of FMS can be very helpful.

CV 17 is a wonderful point for helping to calm and release emotional energy Conception Vessel 17 (CV 17) “Chest centre”

Location: On the sternum, level with the fourth intercostal space, between the nipples.

Use the third finger to hold the point for 3–5 breaths. It feels nice to have the other hand under the head as you do this

Stretching (FIG 6) – Gentle static stretching can be very helpful in areas of pain. The stretch shown is helpful for low back pain.

- Self-care suggestions: Fibromyalgia clients often feel out of control so self help techniques that allow them some sense of empowerment are vital. Teach your clients gentle stretches and meditation/ breathing exercises for home care. Fibromyalgia is such a complex condition that a multi disciplinary approach works best for treatment. Referring your client to resources that can offer talk therapy such as CBT (cognitive behavioural therapy), gentle yoga, strength training or meditation will be extremely helpful in their recovery.

Most of all, help your client to feel that there is hope. Recovery is certainly not quick but it is possible and as an understanding and well trained massage therapist you can be a key piece in this process.

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RACHEL FAIRWEATHER

Rachel is author of the best selling book for passionate massage therapists – ‘Massage Fusion: The Jing Method for the treatment of chronic pain’. She is also the dynamic co-founder and Director of Jing Advanced Massage Training (www.jingmassage.com), a company providing degree level, hands-on and online training for all who are passionate about massage. Come and take part in one of our fun and informative short CPD courses to check out the Jing vibe for yourself!

Rachel has over 25 years experience in the industry working as an advanced therapist and trainer, first in New York and now throughout the UK. Due to her extensive experience, undeniable passion and intense dedication, Rachel is a sought after international guest lecturer, writes regularly for professional trade magazines, and has twice received awards for outstanding achievement in her field. Rachel holds a degree in Psychology, a Postgraduate Diploma in Social Work, an AOS in Massage Therapy and is a New York licensed massage therapist.

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Yoga Anatomy Made Simple: Your Illustrated Guide to Form, Function, and Posture Groups

Written by Stu Girling &

Illustrated by Bug Fawcett

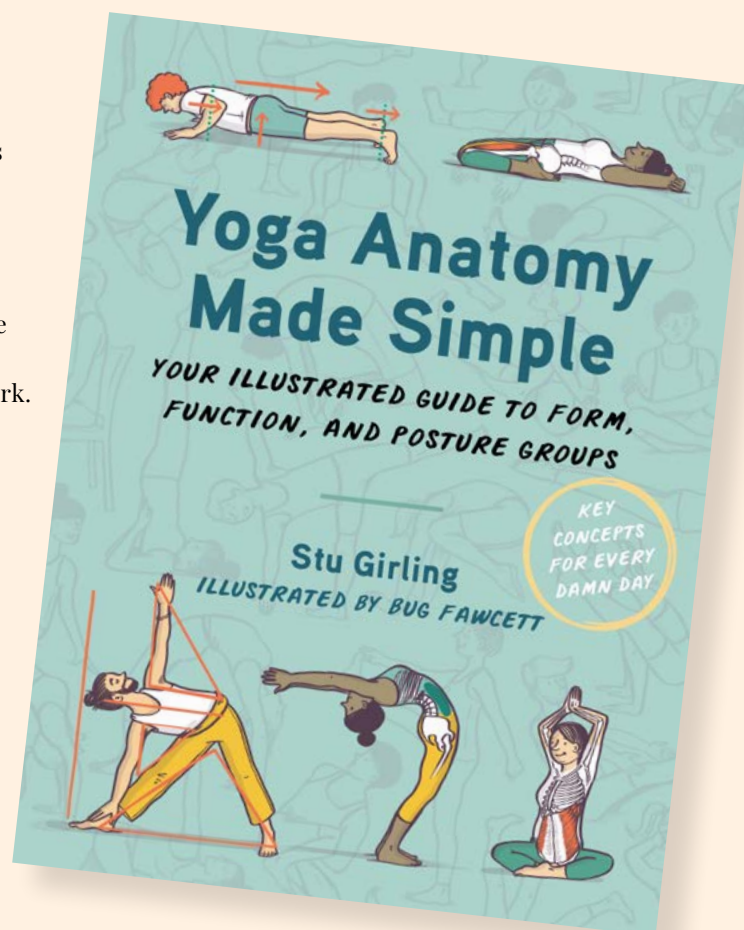
Here at Massage World, we know the importance of anatomy as a bodyworker, and when it comes to teaching exercise classes. The subject tends to be dry and somewhat difficult to digest, however, we are excited to introduce this fun introductory guide to yoga anatomy for new and experienced yoga teachers, practitioners, and enthusiasts. It's a go-to guide to functional yoga anatomy, written for yoga practitioners looking to jump in and start applying key concepts to their work.

Experienced yoga teacher Stuart Girling pairs his expertise with real-life examples and colourful, jaunty illustrations by Bug Fawcett to create a book that serves as an easy-to-understand introduction and refresher course for yogis, teachers, and trainers.

Yoga Anatomy Made Simple provides simple explanations of key yoga-anatomy concepts, like patterns, variety, breath, and strength. The illustrations are diverse, inclusive, joyful, and fun—and mirror the author's own accessible, unpretentious approach to practical yoga anatomy. Concepts are demonstrated on different body parts, as well as the following posture groups:

- **Forward bends**
- **Hip rotations**
- **Backbends**
- **Twists**
- **Postures involving the shoulders**
- **Inversions**
- **Arm balances**

Girling ties everything together in a holistic framework with a playful touch on every page—one that embraces each student's lifestyle, environment, and life history. Yoga teachers will learn to elevate their ability to analyse yoga postures from a physical perspective, sequence more effectively, avoid unnecessary injury, and appreciate the importance of individuality within postural yoga.



If you are interested in learning more about yoga anatomy, order your copy now at amazon.co.uk

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Designing the Massage Learnscape

Considering what matters most in Massage Therapy Education



BY EARLE ABRAHAMSON

The empowering lyrics from the Sound of Music's do a deer "when you know the notes to sing, you can sing most anything" provides a useful analogy of how massage educators conceptualise the building of massage skills and knowledge. For me, the lyrics suggest an orchestration of musicality and ability to know how the notes work individually and collectively to create the melody we have come to recognise and appreciate.



he construction of the melody requires a careful balance of knowing what works.

Taken in isolation, we could simply argue that orchestration is the arrangement of notes. I suggest that the principles of orchestrating notes are aligned with the development of knowledge and skills. In massage training there is an emphasis on needing to cover the content within

a syllabus. Students are expected to learn techniques, develop knowledge, skills and professional competencies and use the workspace to gain experience of application. In designing massage therapy learning experiences the focus needs to shift from content to context by enabling students to become students i.e. to learn how to learn. How best do we design the learnscape

and consider what matters most in teaching and training future therapists? The learnscape, is similar to a landscape but centres the learner within the learning. It provides a conceptual map of considering how best to position learning content so that the learner is able to acquire the necessary skills for success. In this article I explore strategies for designing effective learning



environments. I reposition the alignment between learning and teaching and posit that the tutor becomes a facilitator of learning. In this sense I suggest a call to move from passive to active learning strategies predicated on social construction of knowledge. I further challenge the concept of knowing and knowledge and weave these through the design of both learning and learner outcomes.

My education philosophy is modelled on the Scholarship of Teaching and Learning (SoTL), a framework used to inquire into student learning by attending to context, partnerships and appropriate public sharing of outcomes. SoTL resides within the corridors of Higher Education but has value and reach for all educational environments. Peter Felten, a renowned SoTL scholar, wrote about what matters most in educational experiences. He delved into the delicate fabric of education to expose the architecture of learning. In his collaborative work he explains that the learning experience is modelled upon a common set of commitments that serve to define and enhance student learning. These commitments can be sub-divided into six core themes.

1. Learning Matters:

Represents a spectrum from student to curriculum learning, by adapting to change and repositioning the core challenges inherent in the learning environment (in our instance the learnscape)

2. Relationship Matters:

Expands the importance of connected learning experiences across curricular and professional domains. This supports how students develop co-created partnerships with staff to resolve problems and develop employability skills.

3. Expectations Matters:

Outlines the relevance of carefully considered expectation outcomes so that students and staff understand requirements and outcomes

4. Alignment Matters:

Here the importance of structural and contextual alignment of policy, learning practice and student voice merge to provide a cohesive learning environment.

5. Improvement Matters:

This theme supports the asking of critical and directed questions to enable improvement and often transformation of policy and practice.

6. Leadership Matters:

This final theme represents leadership and shared vision with purposefully directed change to enrich learning and learning development.

These themes connect to foreground how learning experiences develop, succeed and shape career aspirations. Equally if there is malalignment between themes, there may be a deficit in student application of knowledge leading to a disconnect between knowledge and knowing. Erroneously some message training focusses on the transmission of knowledge and not the skills of knowing. I argue that knowing is active inquiry into components of knowledge. When knowledge makes sense and has agency it transforms one's ability to know.

The message therapy learning environment provides opportunities to explore and experiment with learning content. The diversity of student groups further affords a rich learning experience by recognising culture within the curriculum. More recently there has been a move towards inclusive learning strategies by creating a space for students to co-

design the learning content. Typically message therapy training revolves around setting learning outcomes and ensuring that students satisfy these through practice and assessment. However, there is often a hidden curriculum, one that many assume unfolds alongside the main taught curriculum. This hidden curriculum is enveloped in believing that students should be autonomous learners and take responsibility for their learning. To this end, expectation of learning content may not necessarily align with prior learning experience. What becomes apparent is purposeful connections between lived and learned experiences. One key aspect of message therapy training should be to consider the inclusion of evidence-based practice by strategically providing students with resources to understand, analyse, challenge and possibly produce research and scholarship that serves to inform decision making and the

reframing of practice-based questions. Professional training curricula are often determined by professional association requirements. Tutors are required to teach set skills and assess core competencies. This then, informs practice rights and insurance. Whilst some curricula are clearly developed many unfortunately are not, often leaving the tutor to discern what matters most and how content should be taught. The length of training differs considerably and this further presents problems with quality and standards regulation. Whilst it is beyond the scope of this article to delve into the intricacies of standards and curriculum design, it is worth mentioning these simply to remind the reader of the greater issues that surround message therapy education.

Returning to the question of what matters most, I now consider practical strategies for engaging students by positioning them clearly within



the learning environment. In doing so I build a culture for lifelong learning and redirect thought that a good course is one that simply teaches skills for passing assessments. I further suggest that tutors should reflect purposefully on the reasons for educating therapists by designing curricula that enable practitioner success through application of knowledge in practice, ability to use research to make informed decisions, and knowing how to learn.

How best do we reach students? What strategies work? Through my professional and educational journeys, I have discovered many strategies and learned many lessons. In fact, my greatest teachers have been the students I have taught. They have taught me to look at learning through different lenses and learn to see the unseen. My students have enabled me to ask three types of questions: “what works” questions “seeking evidence about the relative effectiveness of different approaches,” “what is” questions “describing what it looks like,” and “visions of the possible” questions framing learning experiences in a new way. These three questions connect to support my SoTL philosophy around what works best with the students I teach. In designing educational experiences it is important to reflect on these questions and work at not simply doing things better (improving practice) but doing better things (transforming practices).

What works

The strategies below are examples of learning activities and skills that foreground the impact of teaching on learning. They are modelled on understanding learning dynamics and creating safe spaces for being creative and innovative in the design of learning experiences.

1. **Start lessons with introductory hooks.** Get students excited about the learning.
2. **Connect learning to real world examples.** This principle motivates tutors to teach and assess authentically. It further promotes interest in learning by connecting the individual learning experience with the work experience.
3. **Get to know the students.** Once we know our students, we can design learning that supports individual needs. Focus on learner outcomes not necessarily learning outcomes. Remember education is not passive transmission of knowledge but rather the excitation of exploring together possibilities, practices and problems.
4. **Read the room.** This principle is fundamental to learning. It is important to notice what happens in the classroom not simply normalising the behaviour. This thesis of noticing vs normalising is central to compassion pedagogy.
5. **Promote inquiry and co-creation.** It is important to provide opportunities for students to discover research and connect what they learn to an evidence-base. This is often achieved through group work activities and collaboration.
6. **Good educational experiences are often scaffolded enabling students the opportunity to experiment with aspects of their learning.** Remember students are in the process of becoming professionals. They are not there yet, so need tutor support in mastering competencies.
7. **Ask good questions.** By asking good questions we stretch student thinking and create challenge within the learning environment. It is more important to teach the asking or framing of good questions in contrast to giving answers to questions asked. I am not advocating we avoid answering questions, but rather a repositioning of how we ask; and what questions are useful in directing learning outcomes.
8. **Allow time to think.** Give students the time to think through answers. At times some tutors are more obsessed in completing curriculum content, that insufficient time is given for developing thoughts and applications.
9. **Try new things.** Do not be afraid to experiment. Include students in the decision making and ideas that will impact their learning experiences. Invite students to suggest new activities and things they enjoy most. This will give students agency and voice and could promote a more inclusive learning environment
10. **Be personable and human.** Allow students to recognise and appreciate the person behind the practice. We all make mistakes and have all been students. Remember learning success stems from interaction, discussions and meaningful relationships.

Through this article, I have focussed on what matters most in designing massage therapy education by relating personal to professional experiences. I have suggested that active learning strategies and the asking of three questions to discover what works best is imperative for designing meaningful learning. As we move towards educating the therapists of the future, so too, must we as educators stop, reflect, and rethink what matters most. We need to revisit impact, value and reach and carefully design education that works in an evolving world and learnscape. Whilst content may be important, context, culture, creativity and collaboration, become the fabric around which we weave our learning and teaching threads.

EARLE ABRAHAMSON is an award-winning educator passionate about inspiring students and enabling them to achieve their full potential. He is a strong advocate for widening participation and access in higher education. He has pioneered student engagement through his award-winning and internationally recognised peer mentoring programme that develops students holistically.

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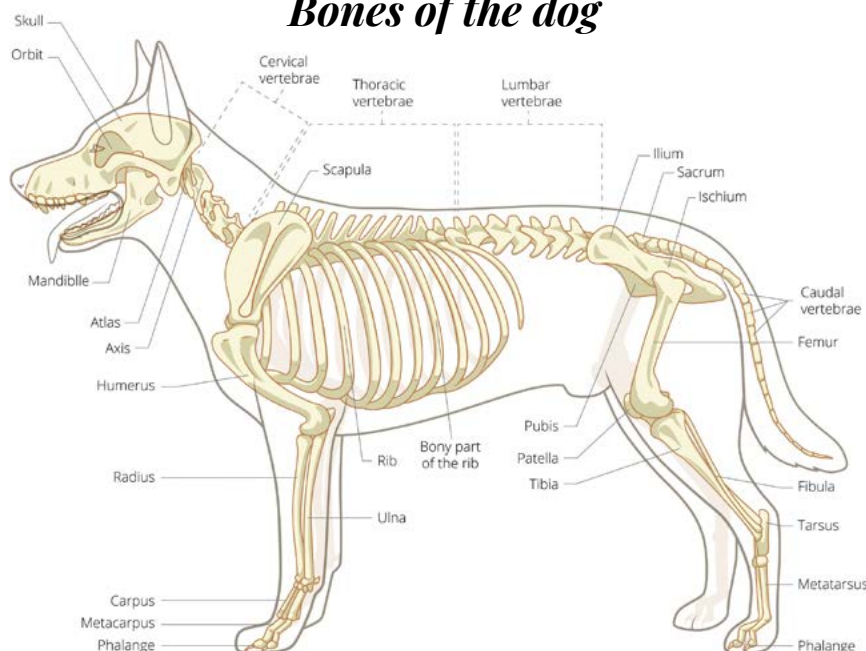
Recently, the world's first clinical trials into canine massage therapy were performed by Winchester University, an interdisciplinary centre that undertakes research, teaching and public engagement in the field of animal welfare. With the results published in the peer reviewed journal 'Vet Record' by the British Veterinary Association, it clearly demonstrates how complementary therapies, both for humans and our animals, are finally becoming more visible and are in demand now more than ever. As many of our readers will appreciate, the more evidence based research out there on massage the better for our industry as a whole, and these ground breaking clinical trials asked the question "Can canine massage demonstrate a scientifically proven effect on reduction of pain and improvement in quality of life?". No doubt this is a question you'll be asked when it comes to results in your human practice, so what happens when massage is applied to dogs? What are the indicators? And importantly what outcomes and changes can be expected with our four legged friends?

Read on to find out more....

Evidence based treatment provided by Canine Massage Guild Practitioners

In June 2021, the results of a comprehensive quantitative collaborative study between the University of Winchester, the Canine Massage Guild and the Canine Massage Therapy Centre were published in the Vet Record, the official journal of the British Veterinary Association, using a cohort of 527 dogs treated by 65 Canine Massage Guild Practitioners. Results showed that there were significant reductions in reported pain severity scores for all recorded pain indicators over sequential treatments ($p < 0.001$) and that post-treatment, dogs were significantly more likely to have a 'positive' quality of life (Riley et al, 2021).

Bones of the dog





Which canine patients may be suitable for clinical massage therapy?

Below is a list of some of the presentations where patients may benefit from receiving clinical canine massage (Canine Massage Guild, 2019; Formenton et al, 2017; Corti, 2014):

- ◆ Soft tissue or muscular injury rehabilitation
- ◆ Arthritis pain management
- ◆ Intermittent lameness
- ◆ Inconclusive X-Rays or MRI scans
- ◆ Hyperalgesia
- ◆ Behavioural change due to pain
- ◆ Gait or postural issues
- ◆ NSAID contraindication or intolerance
- ◆ Sports Medicine
- ◆ Luxating patella, particularly Grades I & II
- ◆ Subclinical signs of pain
- ◆ Mobility support for neurological patients
- ◆ Chronic pain patients
- ◆ Sporting dogs with subclinical performance issue(s)
- ◆ Fasciculations or exaggerated panniculus reflex
- ◆ Dogs on crate rest or conservative management programmes
- ◆ Unwillingness to be petted / groomed / examined
- ◆ Subclinical changes in activities of daily living
- ◆ Post-operative support e.g. TPLO
- ◆ Difficulty in going up / down stairs, in / out car, on / off sofa
- ◆ Contracture of a limb after surgery / accident
- ◆ To assist with weight management when there is an inability to exercise
- ◆ Emotional trauma / abuse cases

Contraindications for massage include (Formenton et al, 2017):

- ◆ Infectious skin conditions (e.g. ringworm)
- ◆ Shock
- ◆ Acute inflammation
- ◆ Cancer

Massage techniques

The Lenton Method® uses a three tiered approach for treatment of musculoskeletal pain in dogs as illustrated in figure 1 and was developed by Natalie Lenton of the Canine Massage Therapy Centre. The method uses “a structured and scientific method of muscular and myofascial assessment via advanced palpation skills, bodymapping by the therapist to identify precise areas of soft tissue injury and fascial problems and a set of direct myofascial release protocols that return dysfunctional muscle and fascia to mobile, supple muscle in no more than 3 sessions” (Canine Massage Guild, 2019).

Breaking down the disciplines

In order for the general public and veterinary industry to understand the approach, communications around the paper had to differentiate the different styles used by the therapists. Professional human massage therapists will appreciate just how all massage can often get lumped into one category so it's interesting to read how, just like with humans, the variety of styles and approach will affect and also help structure the outcome the effects of treatment.

Sports Massage is not just for performance sports dogs but also is used to rehabilitate soft tissue injury and support areas of orthopaedic



concern. Sports massage targets issues such as muscular injury e.g. strains, trigger points, hypertonia and restrictive tightness caused by protective muscle splinting associated with orthopaedic pathologies (Canine Massage Guild, 2019). Swedish Massage is the most commonly used type of massage and is also referred to as “classic massage”. It involves five basic strokes: Effleurage, Petrissage, Tapotement, Friction and Vibration / Shaking (Muller, 2019). Swedish massage stimulates the muscles to relax and soften and mainly focuses on superficial muscles (Canine Massage Guild, 2019).

Deep tissue massage techniques are aimed at the deeper tissue structures of the muscle and fascia. Most deep tissue massage techniques aim to work on the layers of fascia which support the muscle tissues and loosen the bonds between the layers of connective tissues (Beck, 1999:564).

Myofascial release describes the breaking down of tight fascia (Muller, 2019) and is used to alleviate tension, restrictions and adhesions in the myofascial tissue (MFR, 2019). Myofascial release is a technique which involves application of gentle

sustained pressure into the Myofascial connective tissue. A gentle pressure applied slowly allows the fascia to elongate due to the piezoelectric phenomenon (Barnes, 2020); the fascia acts as an “electrically conductive medium” which allows the tissue to rehydrate under sustained pressure, this rehydration then allows the fascia to elongate, reducing pressure (Barnes, 2010). Myofascial pain originates in “trigger points” within the myofascial tissue. Myofascial release uses focused manual pressure and stretching used to loosen up restricted movement (Bauer, 2019). Clinical massage practitioners deliver myofascial release via training in two disciplines (Canine Massage Guild, 2019):

Indirect Myofascial Release

This is a slow and gentle treatment which produces a thixotropic effect on the fascia.

Direct Myofascial Release

This branch of techniques work on areas of somatic dysfunction of the musculoskeletal system helping to restore structural balance and is the focus of the Lenton Method®



Trigger point therapy in dogs

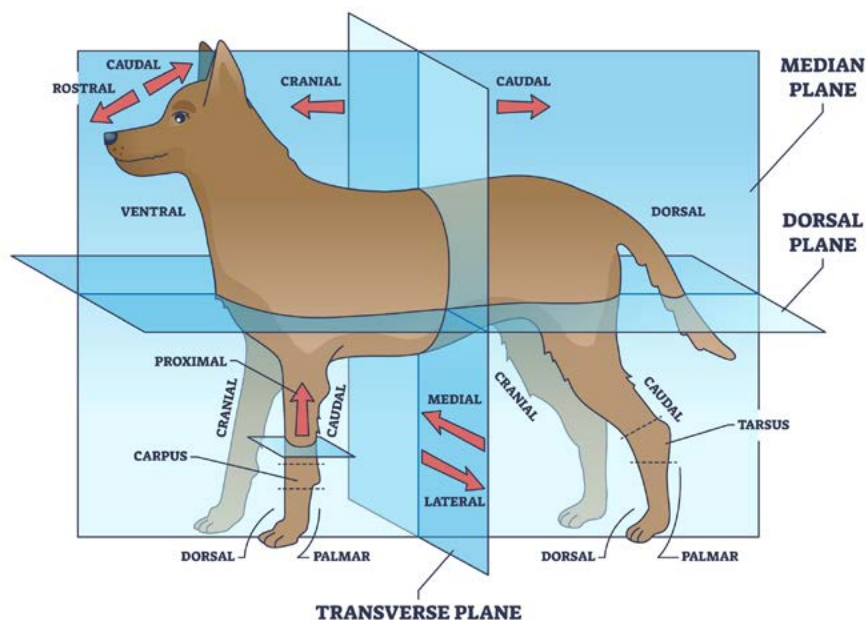
A trigger point is a “discrete, hyperirritable nodule in a taut band of skeletal muscle which is palpable and tender during physical examination” (Shah et al, 2015). Trigger points can be classified as either active or latent. Active trigger points cause pain at rest; a latent trigger point is painful when pressure is applied directly over the area (Alvarez and Rockwell, 2002). Below are six possible causes of a trigger point (Alvarez and Rockwell, 2002):

- ◆ Acute trauma, e.g. sprain
- ◆ Repetitive microtraumas
- ◆ Activities of daily living – e.g. slipping on laminate flooring
- ◆ Orthopaedic disorders
- ◆ Scar tissue from previous injury
- ◆ Poor posture – inappropriate sleeping/bed

Trigger points and myofascial pain usually do not respond to NSAIDs and can present similarly to other conditions such as (Canine Massage Guild, 2019):

- ◆ Exaggerated cutaneous trunci response
- ◆ Early onset fatigue in exercise
- ◆ Anxiety/Stress
- ◆ Stiffness
- ◆ Worsening of orthopaedic conditions
- ◆ Premature symptoms of ageing, slowing down

Directional terms in dog anatomy





“The physiology of treatments points is the same in dogs and humans however the aspect of their treatment carries with it profound differences due to the behaviour of the dog and the treatment of a non-verbal client.”

Mobilisation of the fascial tissue by massage can help to release trigger points (Riley et al, 2021) and their associated symptoms.

The physiology of treatments points is the same in dogs and humans however the aspect of their treatment carries with it profound differences due to the behaviour of the dog and the treatment of a non-verbal client. Can you imagine applying trigger point therapy to a client who is exhibiting a patient jump response whom you can't explain through normal verbal means what is happening and why?

So, ultimately, is canine massage the same as human massage? To a degree yes, but to a degree no as there are some very clear differences in the approach and application of canine massage which, as with any job working with animals, especially those in pain, also carries greater risk. An earlier article published in *Massage World* (edition 116 in 2022) defined some of the differentiating safety and training factors as well as insurance and ethical factors around the necessity of gaining written veterinary consent to comply with the Veterinary Act 1966 and Exemptions Order 2015 as well as the importance of having completed a hands-on practical training course to allow facilitation, so unfortunately it isn't not just a case of starting up with dogs as a continuation of human practice and requires specialist training and knowledge to do the job safely and to do it well.

Liz Phelps from Cheltenham, Clinical Canine Massage Practitioner and human therapist with over 13 years of experience specialising in Thai Bodywork says “As a human massage therapist with over 13 years of experience, I knew that I needed to find the best possible training course to pursue my passion for canine massage. After conducting extensive research into various courses, both in the UK and abroad, I decided that the 2 Year Clinical Canine Massage Practitioner Programme delivered by the Canine Massage Therapy Centre was the perfect fit for me. I had read about the ‘Lenton Method’ and recognised the importance of myofascial release for humans so of course it goes without saying the same would apply to dogs.

The structure, content, and professionalism of the course were

outstanding and far surpassed any other option I had considered. What's more, the it covered advanced techniques that I hadn't found in any other training program including all of the human courses I had attended! The Lenton Method was quite honestly mind blowing, the time, dedication and expertise that has gone into developing this method is unlike anything I've seen and the results it got were just incredible, even after the first session with the dog. The clinical trials have added a whole new dimension to this industry not only for dogs but in terms of research for humans too”



For details on training to enable you to start your dual species practice please visit www.k9-massage.co.uk for details on their 2-year programme. To see a full list of practitioners of the Lenton Method visit www.k9-massageguild.co.uk

For the full research paper you can visit Next month: Part 2 – find out how the research was facilitated via the categorisation of indicator as well as the final result and how it could potentially help your human clients....

Rights of Erasure

What to do when your client requests that you destroy all of the notes that you hold on them

BY CLAIRE SQUIRE, BALENS LTD

Have you ever thought what you would do if a client told you that they want you to erase all of the data that you hold on them? What does this mean? What would the implications be if they later made a complaint or claim against you, and you had no records of what was said or done, in order to defend yourself? This short article will explore individuals legal Right of Erasure as defined by the 2018 Data Protection Act, and your rights as a practicing Therapist to retain information to defend yourself in the event of a potential Claim situation.

RIGHT OF ERASURE

The 2018 Data Protection Act provides all Natural Persons with a Right of Erasure, where a business or organisation holds personal information related to them. However, this Right is not absolute, and there are certain circumstances in which the business or organisation may refuse such a request for data to be deleted. These as noted on the Information Commissioners Office website as:

- ◆ to exercise the right of freedom of expression and information;
- ◆ to comply with a legal obligation;
- ◆ for the performance of a task carried out in the public interest or in the exercise of official authority;
- ◆ for archiving purposes in the public interest, scientific research historical research or statistical purposes where erasure is likely to render impossible or seriously impair the achievement of that processing; or
- ◆ for the establishment, exercise or defence of legal claims.

HOW LONG SHOULD DATA BE KEPT?

Insurance policies are contracts, and thus legal documents, between the Insurer and the Insured, and will have Terms and Conditions attached to these that both parties will need to comply with. For a Professional Liability Insurance policy these will typically

include Record Keeping requirements, with a condition for the notes of any Treatment sessions to be kept for a specified period of time. For example Balens Professional Liability Insurance policy requires therapists to hold client records for a period of 7 years. The policy wording specifically notes:

- ◆ The record shall be kept for at least 7 years following the last occasion on which
- ◆ treatment was given. In the case of treatment to minors, it is advisable that records
- ◆ should be kept for at least 7 years after they reach the age of majority (18).

The policy wording notes 'at least X years' to account for the Statute of Limitations on the different types of Claims that the policy will cover. When treating minors, it is important to note that the period of the Statute of Limitations is from the date when they reach the age of majority, not the date of the treatment, or when an issue that may give rise to a claim was discovered. However, there are certain instances when these Statutes may be extended, for example in the case of 'vulnerable adults' depending on the vulnerability, hence the term 'at least'. The practitioner may choose to stipulate an extended period under specific circumstances, where they can justify this need.

Therapist's records will form part of their defence should any client wish to make a claim against them, which is why insurers require the records to be kept. As noted above, the 2018 Data Protection Act allows for records to keep 'for the establishment exercise or defence of legal claims', and therefore relinquishes individuals and businesses from any Right of Erasure request that they may receive, until at least the period stated within their insurance policy wording has elapsed. This principle is not personal to any one practitioner or

client of theirs. It is standard for all Professional Liability Insurance policies where the Insurer requires records to be kept, as noted within their Terms and Conditions, and policy wordings.

PRIVACY NOTICES

In the UK all business and organisations that hold personal data about any living Natural Person, by law must have a Privacy Notice, that advises their clients of how they will process their personal data. Within this document, it should note the business Data Retention policy, i.e. how long personal information will be held. As noted above, if your insurance policy documents require client information to be held for a minimum of X years, or X years past the age majority for minors, this should be noted within the Privacy Notice.

Anyone who processes Special Category data, which for many Health and Wellbeing Professionals would include their client's 'Health' data, must have a Lawful basis for processing this information. Following consultation, the UK 2018 Data Protection Act has included the processing of this special category data under 'processing in the substantial public interest for Counselling etc.' and 'insurance'. This information should also be noted in your Privacy Notice if and where applicable.

WHAT INFORMATION TO RETAIN?

The 2018 Data Protection Act notes that records should be kept for 'no longer than is necessary', but does not stipulate what this means in terms of types of information or length of time. It would be for the individual therapist to determine what information is required for them to retain for the purpose of complying with their insurance policy terms. At Balens, we note that the purpose of the records is to provide a defence in the event of a potential claim, and therapists therefore need to record, as a minimum, details of the Treatment provided - specifically

related to processes and procedures. These should include a record of:

- ◆ Dates, times, locations of the treatment given and for whom;
- ◆ What treatments were performed / given;
- ◆ Details of any products used;
- ◆ Confirmation of patch testing where necessary (check product and policy wording requirements);
- ◆ Any advice given including after care;
- ◆ Details of medical information, but only where this may result in a contra indication, for example it would be relevant for a Massage Therapist / Aromatherapist to know and note in their records if a client is pregnant or has a nut allergy, as this would have an impact on the oils that are used.

It will generally not be necessary for you to retain other sensitive personal information that a client may have divulged, although your Professional Association may have additional requirements regarding record keeping, and for Counsellors or similar professions the therapist may determine that there are specific elements that will need to be kept, that may be relevant to the therapeutic process.

HOW TO RESPOND TO A RIGHT OF ERASURE REQUEST

Where a therapist has received a request from their client regarding a Right of Erasure, they will need to respond to this within one calendar month.

We would recommend the therapist to advise their client that they (the therapist) need to comply with Insurers Terms and Condition, as allowed by the Data Protection Act, and retain the records necessary for them to be able to provide defence of a legal claim should this be required. Any additional or supplementary data that is not relevant to the defence of a potential claim can be deleted as required. We would also suggest that therapists advise their client that they will make a note of when the insurance



policy terms regarding retention have lapsed and will then be able to erase the full records at that point, as has been requested. These details should then be noted on the client's file and the erasure acted upon at the appropriate time.

IN SUMMARY

Whilst Individuals do have a Right of Erasure, this Right is not absolute.

Therapist and practitioners have a Right to retain notes on their clients, where these are required to defend themselves in the event of a potential complaint or claim situation.

Privacy Notices are required where you retain client information, these should note your Data Retention periods, and that any special category data (e.g. Health information), is retained under the Lawful Basis of 'processing in the substantial public interest for Counselling etc.' and 'insurance'.

“ *Whilst Individuals do have a Right of Erasure, this Right is not absolute.* ”

Not all information needs to be retained, and if a Right of Erasure is exercised, the documents can be put beyond use once the requirements of the data retention for insurance purposes period has lapsed.

If you have any doubts, please contact your Insurance Broker, or the Information Commissioner's Office.

Balens are a Specialist Insurance Broker for Health, Well-being, Fitness and Beauty Professionals.

Further articles and information regarding insurance and risk management may be found on Balens website at www.balens.co.uk

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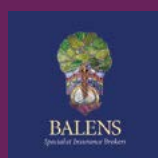




Image by Freepik

Stress & *Aromatherapy*



BY COLLEEN O'FLAHERTY-HILDER

Stress is a word that has become part of our everyday vocabulary and, unfortunately, with that familiarity, the more accepting we are of it as being a part of our lives. Stress affects our mind, body and behavior in many ways and is often an early indicator of that which needs to change. When someone is out of their comfort zone on any level they trigger the release of stress hormones.



Stress is the result of a response in our brain which interprets a situation as being a threat to our survival and the body produces chemicals which activates the 'fight or flight' syndrome. The function of this mechanism evolved in primitive man for use in short bursts when confronted with a real threat to his survival. In modern times this mechanism is activated as a result of any challenging emotional, physical, social, economic, or other factor that requires a response. When people experience high levels of stress chemicals for prolonged periods of time it will eventually impair physical and emotional health. Equally, repeated episodes of stress train the brain to prefer stress and that emotional set point is what leads to 80% of health problems.

Over the past twenty years research has demonstrated that stress increases neuroendocrine hormones and an overproduction of these "stress" hormones has detrimental effects on lymphocyte populations, lymphocyte proliferation and antibody production which results in lowered immune systems. The effects of producing too many stress hormones are many and various and every system of the body can be affected. e.g. high blood pressure, digestive disorders, sleep dis-regulation, and panic attacks. It would appear that one of the many triggers of stress is the workplace. The latest estimate from the Labour Force Survey (LFS) shows that the number of days lost due to work related stress, depression or anxiety in

2013/2014 was a staggering 11.3 million. Work-related stress is defined as a harmful reaction people have to undue pressures and demands placed on them at work. Equally, one man's stress is another man's challenge so stress is a totally subjective and individual response to pressure.

Now more than ever there is a need to find a natural response to these escalating stress related health issues. The benefits of the therapeutic application of Essential Oils

Inhaled essential oils – Olfaction – activate the release of neurotransmitters such as serotonin, endorphins, and norepinephrine in the hypothalamic pituitary axis and by altering mood, reducing anxiety, and interrupting the stress response signals to the limbic system, the part of the brain involved with emotions, learning and memory.

Essential Oils can be added to a vapouriser, hot water for steam

digestive problems that are directly related to stress, one could use a blend which effectively addresses both conditions. Whilst each oil in the blend has its own therapeutic properties, the synergistic combination of oils brings another therapeutic layer to the blend. The aromatherapy massage is an ideal solution for stress management and, in addition, the therapist can provide the client with blends for home use – to add to a bath, compress, diffuser or nasal inhaler – allowing for the therapeutic benefits of the essential oils to be incorporated intelligently into their daily lives.

Finally, here are some examples of recommended oils which have calming and uplifting properties and therefore ideal for combating the symptoms of stress:

“Now more than ever there is a need to find a natural response to these escalating stress related health issues.”

– Clinical Aromatherapy – has been known since ancient times, is currently taught in French medical schools, prescribed by European physicians and has a long legacy of addressing the many and varied effects of stress on the mind and body.

In many countries of the world essential oils are taken internally as medicine but in the UK there are two main routes for the absorption of essential oils:

◆ **Olfaction via the sense of smell,**

◆ **The skin via massages, baths and compresses.**

Aromatherapy, like stress, has become a word that is quite common place and over the last three decades essential oils seem to be included in everything from air fresheners to washing detergent. When we talk about therapeutic qualities of essential oils we are talking about essential oils that have the correct chemical profile. This means that the production of oils has to be specific and scientifically controlled otherwise the result will be an oil that has a pleasant odour but of no measurable therapeutic value. Essential oils have physiological effects on the human body i.e. bactericidal, anti-fungal, anti-inflammatory, expectorant etc, and emotionally by calming, sedating and uplifting.

inhalation or a nasal inhaler which can be kept in a pocket or handbag.

The health benefits of massage for both emotional and physical well-being are well documented and with aromatherapy massage, the essential oils are absorbed into the blood stream via the skin. Studies involving lavender oil have shown that traces of linalool and linalyl acetate (the active principals) in the bloodstream reach peak levels after 20 minutes. These traces disappear after 90 minutes but the psychological benefits remain for much longer. A clinical aromatherapist chooses a selection of two or three oils – blended in a carrier vegetable oil – and the percentage dilution is tailored to the individual. The style of massage has to be specifically adapted when using essential oils to ensure that they are absorbed effectively but are not overwhelming or overburden the elimination pathways of the body. Whilst the oils are being absorbed via the skin during massage it must be remembered that they are also being inhaled and will directly affect the limbic system.

The therapist will also look at all the symptoms of the client and choose a blend of oils which has a therapeutic synergy to suit the needs of the individual. With stress a client might present several symptoms from different systems of the body. By blending oils synergistically the therapist can address the background condition of the individual i.e. the stress trigger, as well as the symptoms. As an example, if someone is suffering from

- ◆ **Geranium**
- ◆ **Roman Chamomile**
- ◆ **Lavender**
- ◆ **Neroli**
- ◆ **Petitgrain**
- ◆ **Vetiver and**
- ◆ **Ylang-Ylang.**



COLLEEN O'FLAHERTY-HILDER

Colleen is the current Chair of the International Federation of Aromatherapists. She has been a complementary therapist for over thirty years and an Aromatherapist since 1990. She initially trained with Eve Taylor in the UK and has undergone many trainings in Europe gaining valuable knowledge from medical practitioners who have a long history of using essential oils therapeutically. Colleen specialises in treating disorders of the Endocrine system and the effects of stress on the mind and the body. She has created a formula for change on all levels – physically, mentally, emotionally and spiritually called Alchemical Transformation Programmes. Whilst she has many tools in her tool box of therapies, essential oils are always used on some level not just for their individual therapeutic properties, but she finds that they have the ability to add another dimension to assist in the transformation process. Colleen has a practice in Sonning Common, South Oxfordshire and London.



◆ THERAPIST SPOTLIGHT ◆

Inspired by Change

INTERVIEW WITH TAMER MORSY
BY MADELAINE WINZER

Exploring the world of health and wellness from a different perspective for three months led him to massage therapy where he found joy in helping people improve their health.



fter working in the corporate world as a process analyst for over 12 years, Tamer Morsy

decided to change direction and pursue a career in massage therapy.

Tamer enjoyed being a process analyst in the business transformation and process excellence field as it provided an ongoing intellectual stimulation, however, he felt like he was able to solve problems instantaneously, thus losing his sense of fulfilment. Tamer thrives off challenge and wondered if the corporate world was a sustainable environment for the rest of his working life. He understood it could be demanding and weighed up the potential gains and losses of leaving the corporate world in order to pursue a more meaningful career.

Exploring the world of health and wellness from a different perspective for three months led him to massage therapy where he found joy in helping people improve their health. Tamer enrolled at the London School of Massage qualifying in 2018 with a level 3 VTCT body massage diploma, deep tissue massage, chair massage, trigger

point therapy, manual lymphatic drainage and pregnancy massage. He was able to explore the holistic approach to health and wellness which furthered his understanding of the mind-body connection, helping him understand that pain experienced by individuals is just the symptom of the underlying cause.

Since qualifying, Tamer has set up his own school International Massage Education, where teachers (including him) who are specialists in their chosen fields teach CPD courses to help others understand the function of the body and how massage can improve overall health and wellbeing. Tamer also works privately doing remedial treatments for his clients where he believes massage provides an effective solution to problems with a preventative approach. Tamer addresses the root causes of the issues his clients have been struggling with for years and treats

them through massage therapy so they can move without pain, and once again take pleasure from the small moments in life. On a more personal note, Tamer was able to grab control of his life again enabling him to spend more time with his family and further his education in the field of health and wellbeing.

What's more, Tamer regularly puts his massage skills to the test by competing in various massage championships around the world with his most notable achievements including a gold medal at the National Massage Championships in London in the chair category, a bronze at the European championships and a gold in the western freestyle at the world championships in Copenhagen. He is an inspiration in the massage industry and dedicates a lot of his time to helping others see the potential they have – so far seven of his students have gone on to win medals at major championships while gaining the knowledge to build their own successful businesses.



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Competitive membership fees - when the price of everything around you seems to be going up – we hold our membership fees! For the 5th year we have decided not to increase our membership fees because we understand how challenging it is to run a business through difficult times.

Insurance – we all hope we never need it, but if you do, our comprehensive insurance scheme offers competitive rates

for students, newly graduated and fully practicing members and our dedicated Secretary is always on hand for advice and support if things get tricky.

Protection – our industry can be challenging, where do you go if you feel compromised or unsafe with a patient? Our experienced team are there for you for advice and support on how to handle these difficult scenarios so that you can concentrate on what you do best!

Support – many of us are self-employed lone-workers but we all know the benefits of getting together with people who really understand each other. The LCSP Register run regular online drop-in sessions in the form of Coffee Mornings and Peer-Support Supervision where members come together to share news, chat, problems and challenges.

Mental Health First Aid – as practitioners we all know how draining it can be

working closely with patients day in day out. We endorse Mental Health First Aid training and advise that members consider this training for their own wellbeing, and so that they can give their best to each patient at all times.

Regulation – the LCSP Register has for many years been at the forefront of setting standards and regulations within our industry, working closely with the GCMT and CNHC to protect the public and promote therapists interests.

Communication – you won't only hear from us when your renewals are due! We issue a quarterly newsletter and are in touch with members regularly to keep you abreast of any news, regulatory changes or requirements. Our social media feeds are updated weekly with the latest CPD opportunities, news and offers.

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Twins Pedal for 24-Hours to Support Men in Suicidal Crisis

BY MADELAINE WINZER

I can't think of many things more demanding than pedalling on a static bike

for 24-hours straight, however, it did not deter Fabian and Julius from taking on the challenge to support a great cause. They were well prepared stocking up on fuel in the days leading up to the cycle to ensure their glycogen levels were topped up, so they were ready to go.

Taking place at boutique indoor cycling studio Ride Republic situated in the heart of Fulham, followers of former Made in Chelsea star Julius and former English cricketer Fabian were invited to stream their epic

Twins brothers Fabian and Julius Cowdrey completed a 24-hour cycle to raise awareness and donations for James Place, a charity with centres in London and Liverpool that support men who are experiencing a suicidal crisis.

24-hour cycle via Instagram live. With only one toilet break allowed per hour, Julius said "it will be one of the hardest things we have ever done but for an amazing cause."

Cycling for that duration of time is as much a mental challenge as it is physical, and they both experienced the highs and lows

that come with pedalling for a solid 24-hours. Friends, family and local businesses showed their support by providing food and drinks throughout their ride, so much so that passers-by thought it was a night club as the tunes flowed to keep the momentum going on the Friday evening.

When it came to Saturday morning, they had pushed through the early hours of the morning and were back climbing at 9am on Saturday with others pedalling by their side to bring them to the final stages of their challenge.

During the ride, Fabian and Jules chatted to people where some shared their experiences of losing friends and loved ones to suicide with one commenting:

Fabian and Julius passion for health and wellbeing shines through in their day-to-day life as co-founders of Safe Space Global, a place where individuals can discuss their life experiences in a group setting leading to fascinating discussions, new theories, and significant growth. They raised over £5500 for James Place and recovered with ice baths and massages provided by Urban Massage.

“I had a friend who committed suicide a few months ago. I would say it is something we need to speak about. He was friendly and open guy living in London. He lived a luxurious lifestyle with a 6-figure salary that enabled him to travel around the globe. What I regret as his friend is that I couldn't listen to him. I wanted to and we planned to meet. It was unfortunate what happened to him.

I learnt that we shouldn't judge anybody, no matter who they are. It doesn't matter about their gender, sexuality or income. Do not hurt someone. If you have friends who feel alone, talk to them, listen to them and understand what they are going through. Do not hurt someone.”
Milan Arora (chef)

“Mental health is described by the World Health Organisation as an epidemic that needs more attention. For men especially, expectations and gender roles dictated by society mean they are less likely to seek help when they are experiencing mental health problems – there is still a consensus that they need to look or behave a certain way – and this can be harmful. Yet, it is something we are all too familiar with!”

Health and wellbeing is an industry that continues to grow and it is important to be aware of ourselves and our clients. To move forward, we need to drop the stigma and discrimination attached to those suffering with mental health issues, and foster acceptance – it can be a gateway to oneself and for others.

If you would like to find out more about James Place or donate, go to www.jamesplace.org.uk

If you are a massage therapist interested in volunteering in your community, check out what events are happening in your area. It is a great way to support a cause you care about while sharing your skills and educating people about the wonderful benefits massage therapy can provide.



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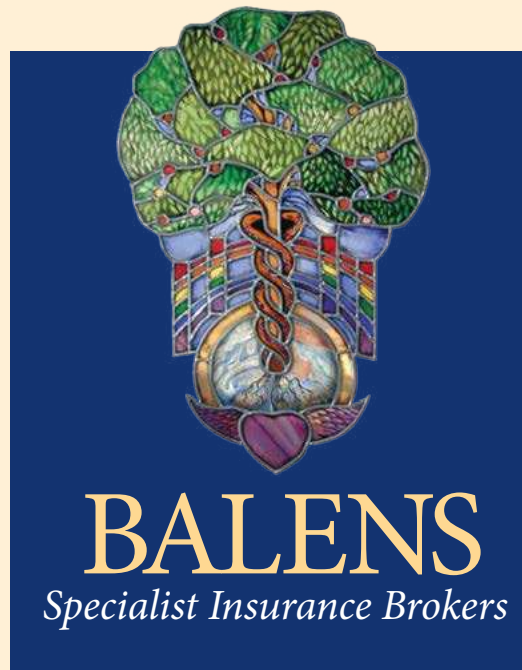
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