California Currents

NEWSLETTER FOR THE CALIFORNIA CHAPTER OF THE AMERICAN MASSAGE THERAPY ASSOCIATION Winter Issue 2017-2018

Inside this Issue:

Greetings from Your President

Greetings to all AMTA-CA members and welcome to those of you who have recently joined us. As we begin this new year 2018, I would like to announce some exciting news. We have hired a new management company to assist us with our administrative needs. While we are grateful to Capital Hill Management Services for their assistance over the years, we felt that it would be more beneficial to our members to employ a company in California. It gives me great pleasure to welcome Jeff Milde from Calma Management Services, who will be our new Chapter Administrator. He brings a wealth of experience from a career of more than 20 years in this field and I certainly look forward to our working together.

I would like to announce a structural change in our current AMTA-CA Unit composition. In past years, our Chapter has been divided into 10 Units, each with their own board of directors, which were elected by members of these Units. At the National Board meeting on September 12, 2017, it was decided that the Units will no longer be run by elected boards, but rather will have education coordinators who will be appointed by the Chapter President and ratified by the Chapter Board. This education coordinator will have the ability to enlist volunteers as needed to organize meetings either social affairs or education workshops. Our appointed Southern and Northern Representatives will still be in place to assist as needed. If anyone is interested in exploring this volunteer role of education coordinator, please contact southernrep@amta-ca.org or northernrep@amta-ca.org for further details.

Our annual education conference is rapidly approaching, and I encourage all of you to take advantage of the excellent education opportunities we have for you this year. Please join your Chapter Board and presenters **Jeff Forman**, **Susan Salvo**, **Carole Osborne**, **Johnnette du Rand**, **Julie Porter**, **Donna Sarvello** and **Tony Siacotos** at the **Wyndham Orange County Airport Hotel** in Irvine for a weekend of networking and education.

We will be holding elections for Chapter Board positions at our business meeting, Saturday, March 17, as well. I invite all members interested to email coc@amta-ca.org to apply for an elected position. We are electing the following: **President** 2-year term, **Board Member** (former VP position) 2-year position and **Secretary** 2-year position. This is a wonderful way to make a difference in your organization and ultimately in our profession and your volunteer efforts will be most welcome. For more information on these elected positions, please contact southernrep@amta-ca.org or northernrep@amta-ca.org or myself at president@amta-ca.org.

We also invite you to join us Sunday, March 18th for our Awards breakfast where we will be honoring members who have demonstrated outstanding service and devotion to our Chapter through their efforts.

As always, thank you all for your continued support of the American Massage Therapy Association through your membership. Remember, this member-driven organization exists to advance the massage therapy profession and therefore, your Chapter Board is here to serve ***you***. We encourage you all to reach out to us with any ideas, suggestions or constructive criticisms, as it is through this that we can grow as and organization.

Jeannie

Saturday, March 17

8:00 am	Registration and Check In
9:30 am	Keynote Speaker
11:30 am	Vendor Hall Opens
12:00 pm	Lunch, Business Meeting, Elections
2:30 pm	Workshops

Susan Salvo, Massage Through Time: Connecting Past, Present and Future

Jeff Forman, The THERABAND® Kinesiology Tape Method

Julie Porter, Dermoneuromodulation (DNM)

Sunday, March 18

7:15 am	Breakfast, Awards and Special Recognition
8:30 am	Workshops

Susan Salvo, Massage and Pharmacology

Carole Osborne, Prenatal Massage Therapy Safety Essentials

Jeff Forman, Balance and Postural Stability Training for Massage Therapists

12:30 pm	Lunch, Business Meeting Concludes with Election Results, and Government Relations Presentation
2:00 pm	Workshops

Susan Salvo, Massage Through Time: Connecting Past, Present and Future (Repeat)

Carole Osborne, Prenatal Massage Therapy Safety Essentials (Continued)

Johnette du Rand, Oncology Career Mapping

2018 Annual AMTA–California Education Conference

Class Sessions: Saturday, March 17 and Sunday, March 18

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Keynote Speaker, Donna Sarvello

Donna Sarvello is the VP of Educational Support with NCBTMB. Her background with NCBTMB includes developing or revising several of NCBTMB's programs, as well as building relationships with school personnel and the entire profession.

She has also assisted in the development of NCBTMB's Online Practice Exam and its newest addition, Specialty Certificates. Donna also works closely with the Certification Board.

Graduating from Chicago School of Massage Therapy in 1998, she began working immediately for 2 separate Chiropractors, a Physical Therapist, and a Holistic Therapy Center. This led her into teaching and managing a massage therapy program for a large corporation. As the program manager, she taught the full curriculum and assisted in rewriting a large portion of the corporation's 750-hour curriculum.

Donna is passionate about elevating the standards of education and uniting the massage therapy profession through continuing education, Board Certification and Specialty Certificates. Throughout the years, Donna has continued her education by taking courses in different areas from massage therapy continuing education to business management courses, and completed her MBA at Everest University.

2018 Annual AMTA–California Education Conference

Class Sessions: Saturday, March 17 and Sunday, March 18

Susan Salvo, Massage Through Time: Connecting Past, Present and Future

Saturday, March 17, 2:30 pm—5:30 pm and Repeats on Sunday March 18, xx

Hop aboard a time capsule with you tour guide Susan Salvo. She will begin the journey in ancient China, through Japan, Egypt, and then toward India as she discusses massage therapy's ancient history. Next, you will be transported to Greece and Rome, and to the 19th Century Western Europe to visit Per Henrick Ling ay the Swedish Royal Central Institute of Gymnastics. Find out why most massage terms are French. Why did massage popularity soar in the1980's? What is the role of professional organizations? What is the role of research? What are current issues that surround our profession? As we look ahead, where is massage therapy going? Join us for a look back, a tour of the present, and a glimpse into the future. (3 CEUs, Tables are not required for this workshop)

Jeff Forman, The THERABAND® Kinesiology Tape Method

Saturday, March 17, 2:30 pm—6:30 pm

- History and research
- Indications and contraindications
- Theory of application
- Technique and demonstrations
- Hands on practice applying tape to the neck, shoulder, elbow, wrist, low back, knee, ankle, and foot
- How to add Kinesiology taping to your practice

(4 CEUs, Tables ***are required*** for this workshop.)

Julie Porter, Dermoneuromodulation (DNM)

Saturday, March 17, 2:30 pm—6:30 pm

Participants will learn hands on applications of Dermneuromodulation (DNM). DNM is addressing the nervous system via the skin to allow the client to create change. DNM concepts are gentle, slow, light, and responsive. Participants will also learn the neurology of pain and pain science concepts applied to manual therapy. The first half will be lecture, followed by hands on work. This course serves as an excellent entry point for any manual therapy professional, especially those new to pain science and its applications in their work. Lecture will be followed by 2 hours of hands on practice.
(4 CEUs, Tables ***are required*** for this workshop.)

75 YEARS amta american massage therapy association®

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Johnette du Rand, Oncology Career Mapping

2018 Annual AMTA–California Education Conference

Class Sessions: Saturday, March 17 and Sunday, March 18

Susan Salvo, Massage and Pharmacology

Sunday, March 18, 8:30 am – 11:30 am

Most of your clients take medications regularly. Reasons why they take medications are pain, high blood pressure, diabetes, and depression. Some of these medications impact the massage session. This course gives you important guidelines on how to minimize the risk of massage techniques aggravating medication side effects. Included is information on medications that require special attention and which drug side effects require referral. Pharmacology and Massage will give you the information you need to make safe practice decisions. (3 CEUs, Tables are not required for this workshop.)

Jeff Forman, Balance and Postural Stability Training for Massage Therapists

Saturday, March 17, 8:30 am–12:00 pm

Reduced Balance is an unfortunate part of the aging process that frequently results in fractures, head injuries, and premature death for older adults. In this class students will learn how massage and sensory motor training can positively influence balance and prevents falls.

Topics include:

- The anatomy and physiology of balance, which includes the relationship between the musculo/skeletal system, central nervous system, and vestibular system
- Balance terminology and concepts such as: center of gravity, visual, and vestibular systems
- Automatic positional response, proprioception, and Static, dynamic, and functional balance
- Hands on practice of balance influencing massage techniques for the feet, ankles, lower leg, sacrum, and pelvis
- Sensory motor training concepts and the practice of static, dynamic, and functional motor training activities
- How to add safe postural stability training activities to their practice

(4 CEUs, Tables ***are required*** for this workshop.)

Johnette du Rand, Oncology Career Mapping

Sunday, March 17, 2:30 pm-6:00 pm

If you are already a seasoned oncology massage therapist and want to develop you existing practice and explore oncology related areas to specialize in then join us to hear first hand from therapists already successfully working in the field about which career pathways and practices have served them best. Panel guests include massage therapists who work as sole proprietors or in spa and hospital based settings and specialize in the fields of oncology massage, aromatherapy during cancer care, lymphedema management, scar tissue mobilization following mastectomy and radiation, and hospital based massage. This panel program is moderated by Johnette du Rand, founding director of Greet the Day.
(3.5 CEUs, Tables are not required for this workshop.)

2018 Annual AMTA–California Education Conference

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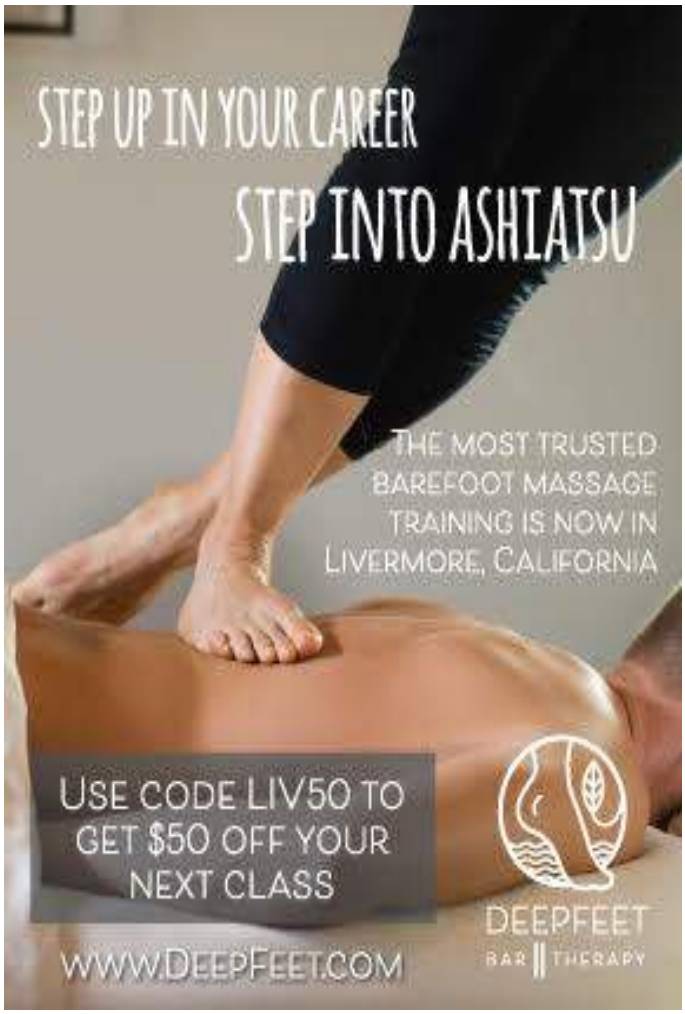
Carole Osborne, Prenatal Massage Therapy Safety Essentials

Sunday, March 18, 8:30 am-12:00 pm—2:00 pm-5:30 pm

With more and more expectant women enhancing their pregnancy experience with massage therapy, you need to know the essentials:

- What are the normal physiological and functional changes women experience?
- How do I safely and comfortably support her position on my therapy table?
- What kinds of adaptations to my usual techniques should I make to cause no harm?
- What are the signs of medical complication in pregnancy?

This one day face-to-face workshop is where many massage therapist's get started in prenatal massage therapy or begin to take their work to a new level. By featuring each body system's normal prenatal adaptations, we give you both the WHY and HOW of prenatal MT safety basics. if you need a solid foundation for working with a woman who is having a normal, low risk, uncomplicated pregnancy, this is the introductory workshop for you. (7 CEUs, This workshop ***requires tables, bolstering/pillows***. This workshop is **all day**, with a lunch break. Credit is only given for attending the full day.)



Susan Salvo, Massage Through Time: Connecting Past, Present and Future

Sunday March 18, 2:00 pm—5:00 pm

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(3 CEUs, Tables are not required for this workshop)

About Your Speakers

Susan Salvo is a board certified massage therapist with over 35 years of experience. She has a doctorate in education and is the principal instructor at the LA Institute of Massage Therapy. Susan's mission is to advance the massage therapy profession through education and research. She accomplishes this by writing and presenting quality information in seminars, in scholarly journals, and in massage textbooks. Susan evaluates case reports for the Massage Therapy Foundation and is the 2014 AMTA Lifetime Achievement Award Recipient.

Jeffrey Forman Ph.D. BCTMB, CMT- Retired as professor and massage program coordinator at De Anza College, Cupertino, California, he continues his career as a speaker, author, consultant, expert witness and researcher. The AMTA California Chapter named him the 2017 Educator of the year. He is vice chair of the California Massage Therapy Council (CAMTC) and chair of the CAMTC's school committee, on the Scientific Advisory Board for Performance Health Inc. and an appointee to the graduate faculty of Wichita State University's Department of Human Performance Studies. His most recent book is "Managing Physical Stress with Therapeutic Massage" Cengage Learning (2007). His most recent research is project "The effects of a therapeutic massage with and without the First Step to Pain Relief (FSPR) on pain, and function among individuals with low back pain" Jeffrey Forman PhD BCTMB, Lynda Solien Wolfe LMT, Kara Solem, BS, RN, Robert Topp, RN, PhD., 2017

Julie Porter started her first career involving helping, supporting and inspiring people in 1991. It was then that she received her Bachelors of Nursing from the University of San Francisco and continues to practice as a bedside nurse to this day. In 2006, she decided to take on a second career involving helping, supporting and inspiring people, it was then that she started her training as a massage therapist with the National Holistic Institute (NHI). In 2007, she open her private practice in Campbell and started teaching for NHI. Julie taught at NHI for almost 10 years, teaching the core program and the advanced neuromuscular program for the last 6 years. Julie's practice has evolved over the past 11 years and her passion lies in client's management of pain. Since 2012, Julie is providing massage in the Oncology infusion center for PAMF. In 2013, she co-founded the Institute of Manual Neuroscience with Dr. Jeff Rockwell. Their goal is to provide educational workshops to manual therapists and the public about evidence based practice in manual therapies. In 2017, Julie became the President of the Silicon Valley Unit for the AMTA-CA. Besides all the professional stats, Julie is happily married, has two grown daughters and two four legged girls at home.

Johnnette du Rand, a licensed massage therapist, lymphedema therapist and esthetician, works in hospital, hospice and spa settings. She coordinates and supervises oncology massage programs for several cancer centers, including three southern California teaching hospitals. A Society for Oncology Massage Charter Member and former board member, Johnnette was recognized for her work in the clinical setting with an award from the Women's Cancer Research Foundation, and accepted the Distinguished Service Award on behalf of Greet The Day from the Chao Family Comprehensive Cancer Center, University of California Irvine, in 2013. A massage therapist since 2002, her professional practice includes adult and pediatric in/outpatient, end of life, and spa.

About Your Speakers

Carole Osborne is a practitioner, course developer/instructor, mentor in the somatic arts and sciences. Since 1974, she has been in private practice and has worked in osteopathic, psychological, and women's medical settings. Her work facilitates somato-emotional and neuro-muscular integration, specializing in childbearing, trauma, substance/eating disorders, and nurturing. Her highly regarded textbook, *Pre-and Perinatal Massage Therapy*, reflects her curiosity in the spiraling connections between physical, emotional, mental and spiritual experience. She was AMTA's 2008 National Teacher of the Year, a career high point.

California Chapter to Propose Bill to Create a Registry of Massage Establishment Owners.

AMTA-CA is considering proposing a Bill to the California Legislature that would establish a registry of massage establishment owners. The purpose of this registry is to allow local governments to distinguish people who run massage establishments from those who only claim to be doing so, and to give them the tools to more easily close commercial sex establishments posing as massage businesses.

It is necessary for this bill to strike the proper balance between the needs of the profession and those of local government. By striking that balance we believe we can move cities and counties away from punitive regulations that presume that our massage establishments are actually commercial sex businesses, and toward screening applicants to better determine the true nature of their enterprises.

The Purpose of Our Proposal

The purpose of this registry is to allow local governments and law enforcement to have a method for screening, tracking, and tracing owners of massage establishments in their jurisdictions.

Business owners who succeed in passing the screening, but whose establishments are later found to be commercial sex businesses will be removed from the registry and be ineligible to own and operate another massage business.

But isn't it already hard enough and expensive enough to open a massage establishment right now? Why on earth would we want an additional layer of bureaucracy and fees on top of the burden massage businesses already carry?

Fair point. The purpose of the registry is to replace current regulatory strategies that presume that our massage establishments are actually commercial sex businesses with one that instead registers business owners. Applicants that cannot pass a background check will be unable to open a business. Those accepted into the registry and subsequently caught in violation of massage regulations will have their establishments closed and will be prevented from opening up others.

The essence of this idea is that, as massage therapists and massage business owners, we have never been reluctant to tell local governments who we are and what our businesses are. The opposite is true of those who run commercial sex businesses or trafficking enterprises under the name of massage.

This initiative also reflects the shift in enforcement efforts from arresting prostitutes and trafficking victims to targeting the owners of these establishments. A massage establishment owner registry would create more tools for law enforcement to hold owners accountable for crimes and regulatory violations that occur in enterprises only posing as massage establishments.

This proposal is new, and its final form is still being worked out. Our goal is to work with local governments, law enforcement and the massage profession. In that process it will undergo much debate as details are added to the bill.

I invite you to part of that debate. If this short introduction has already has already caused you to smile with hope or scream with dread, then I would very much like to hear from you.

Please send your reactions, bright ideas, and criticisms to gr@amta-ca.org. If you are going to be at the Chapter's Educational Conference in Irvine in March, we will have much to discuss, over a delicious lunch, at the Government Relations presentation on Sunday, March 18 at 12:30. I will look forward to seeing you there.

If you are not at the table, you are on the menu.

Tony Siacotos, AMTA-CA Government Relations Chair, gr@amta-ca.org

Arm and Leg Pain in Pregnancy

Carole Osborne, Author of Pre– and Perinatal Massage Therapy, 2nd

In the tale of prenatal musculoskeletal pain, relaxin stars as both heroine and villain. Depending on levels and overall joint integrity, elevated relaxin, in synergy with progesterone, softens all connective tissue and increases ligament laxity. This thankfully helps to accommodate the growing fetus; unfortunately it can also compromise postural integrity and weight-bearing structure. This article will help you to understand and be better prepared for pregnant clients with extremity pain.

Feeling It

If you will stand up for this next paragraph and "get pregnant," you might notice some characteristic shifts. As your imaginary baby's weight tips your pelvis anteriorly, notice and exaggerate the similar cervical spine collapse. Jut your chin out well ahead of a vertical plumb line standard. Feel the shortening and the deep tension of your posterior neck muscles, vertebra, and especially in the sternocleidomastoid and scalenes. Let your pectoral girdle anteriorly rotate, compressing and collapsing across your upper torso. Hyperventilate while pressing into your solar plexus to imitate maximum uterine growth and to feel the resulting scalene tension.

Notice your need for knee hyperextension to keep from being pulled forward. More weight probably is both toward your toes and on your medial arch, particularly after you make this next adaptation. For further stability, widen your stance beyond your shoulder width, and then externally rotate your femurs. Wander about for a moment feeling the resulting waddling, side to side gait. This will all be relevant when we get to leg specifics later in the article. First, the arms.

Hand and arm pain

If you haven't released yourself from this imaginary pregnancy, go ahead. Shake out where needed, and let's consider this posture's contribution to prenatal arm and hand pain.

Even at 15 weeks, increased breast weight begins rotating the pectoral girdle anteriorly. By the final 10 weeks, the superior ribcage often shifts considerably more posteriorly while the inferior section juts anteriorly. This alignment tends to create blockage of fluid return and brachial plexus pressure. Resulting carpal tunnel and thoracic outlet symptoms involve pain, tingling, numbness, and sometimes arm and hand weakness and dysfunction.

Your pregnant clients may be surprised by these symptoms. They might have expected backache, but what's up with the hands? Often they are the most slouched and collapsed and in their third trimester when the effects of forward abdominal weight are most pronounced. Relieving thoracic outlet arm and hand numbness is about

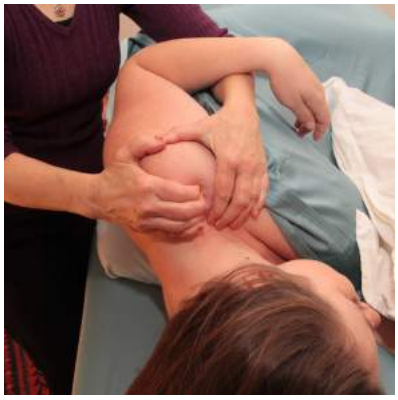
(Arm and Leg Pain in Pregnancy continues on page 12)

Carole Osborne is a mentor-supervisor, author, and instructor of Pre- and Perinatal Massage Therapy and other somatic arts and sciences. In 2008, she received AMTA's National Teacher of the Year designation, a 44-year career high point. See her workshop and supervision-mentor group schedules at www.bodytherapyeducation. Contact her at carole@bodytherapyeducation.com or via Facebook Carole Osborne's Prenatal and Deep Tissue Massage Training.

Find an expanded discussion of this topic, including specific techniques in her book, *Pre- and Perinatal Massage Therapy*, 2nd edition. Free videos at www.bodytherapyeducation.com.

(Arm and Leg Pain in Pregnancy continued from page 11)

freeing the brachial plexus from compression. Try direct techniques such as deep tissue and friction especially to pectoralis major and minor and scalenes. Relax tight muscles and stretch ligaments with all types of mobilizations, stretching, positional release, and other more indirect techniques. (Figure1 *Side lying position offers you access to maximize pectoral girdle mobility, decompress impinged nerves, and initiate excess fluid movement from extremities. Photo credit Al Gardner 4 Video*)



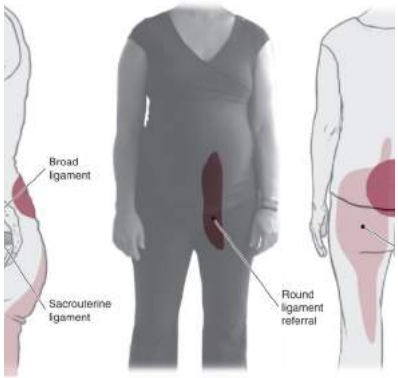
Normal fluid volume increase can result in arm/hand edema, particularly if there is mechanical restriction from poor alignment. If unrelieved, the median nerve can have little space in the carpal tunnel. Then pain, numbness, burning or weakness can develop in the thumb and next 2 to 3 fingers. Carpal tunnel syndrome is sometimes associated with systemic edema.

Safety Priority: Systemic edema is one of the signs of gestational hypertension a potentially life-threatening condition when it is extreme. Be sure to evaluate if any hand swelling is pitting or lymphodynamic edema. Some other signs of gestational hypertension: protein in urine; rapid weight gain; shortness of breath; severe mid-back to shoulder pain, especially on right and near kidneys; pain mimicking heartburn; violent headaches accompanied with vomiting, visual disturbances; convulsions especially with pressure readings in excess of 160/110. Refer any clients with any of these symptoms to their maternity healthcare provider for diagnosis and treatment.

Work with prenatal carpal tunnel symptoms first by draining excess fluid. Starting in the axillary region, apply superficial strokes systematically through the upper arm and then the lower arm. After thoroughly working down to the hands to reduce fluid pressure on the nerve, look to addressing overuse, tension and trigger point components. Of course there are other types of hand pain, but these two are the most likely to develop prenatally. Before we leave the upper extremity, locate the junction of your thumb and index finger on the dorsal surface. Press in with your opposite thumb at another of those points that are traditionally needled by an acupuncturist to promote uterine contractions, among other effects. Avoid pointed pressure here. Similarly, avoid deep, pointed, repeated compression at the mid-point between acromioclavicular joint and the back of the neck at the highest peak of the shoulder. Notice that I didn't caution you to not touch these points entirely; it takes repeated, focused and energetically potent pressure on these and a series of other energetic points to potentially elicit a uterine response with manual pressure. There is no need to be terrified of these points, just respectful.

Prenatal leg pain

All of the hip joint structures absorb the compression of pregnancy's extra weight, particularly the ligaments and bursa. Excessive femoral external rotation will stretch anterior structures and shorten posterior ones. With a waddling gait, hip joints and movers function differently. Simply described, with the leg externally rotated, iliopsosas cannot properly stabilize or flex the pelvis or the thigh. Instead, the gluteus medius must abduct the leg to initiate each step. This overuses and tires gluteus medius, spawning trigger points here and sometimes in other hip movers. Localized and referred pelvic and leg pain results. Another factor in thigh pain is referral from uterine ligaments, especially the round ligaments and broad ligaments. (Figure 2 *Myofascial referral zones from the supportive uterine ligaments are lesser-known but key contributors to leg and pelvic pain. From Pre- and Perinatal Massage Therapy, 2e, by Carole Osborne. Used with publisher permission.*)



(Arm and Leg Pain in Pregnancy continues on page 13)

(*Arm and Leg Pain in Pregnancy continued from page 12)*

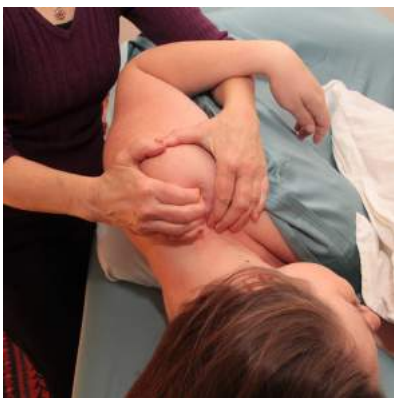
As abdominal weight rests more on the inguinal ligament, significant fascial restriction develops there and in the surrounding fascia. Hormonal changes, gravitational effects, and restrictions often produce swelling in the lower extremities, contributing to leg and foot pain. In addition to this normal fluid and femoral venous pressure buildup, this also puts pressure on many nerves of the lumbosacral plexus creating further hip and leg pain. Nerves become irritated by entrapment in the piriformis/sciatic notch or the inguinal ligament/anterior pelvis, for example. Of those most affected perinatally, the two more commonly problematic and most readily addressed through bodywork are the sciatic and the lateral femoral cutaneous nerves.

The lateral femoral cutaneous nerve supplies the skin of the lateral thigh. It may become compressed by the gravid uterus and by traversing through a tense iliopsoas. If it gets pinched near the ASIS by inguinal fascial restriction, then there's a painful, burning sensation in the anteriolateral thigh. Its superior neighbor, the ilioinguinal nerve, is actually carried in the inguinal ligament fascia. It is also sometimes compressed by the baby's weight, creating inguinal pain. Entrapment of the sciatic nerve secondary to increased tone and shortening of piriformis is very common prenatally due to the tendency toward a wider, externally rotated stance. As the fetus nestles down into the relaxin-softened pelvis and pelvic floor, its head can further compress both the sciatic nerve and obturator nerves running through another external rotator of the femur, the obturator. The fetus will also compress on many of the other pelvic nerves.Most MTs recognize that sciatic nerve compression creates numbness, burning pain in the buttocks, down the posterior leg, sometimes down into the calf. What else might cause similar sensations in these areas prenatally? Referred pain from the uterine broad ligament; trigger point referrals; tension in the hamstrings; and blood clots. Remember the contributors as we later discuss choices about leg techniques.

Informed Prenatal Leg Work

Lateral recumbent (sidelying) positioning provides superior access to relieve hip and some thigh pain. Small amplitude, rhythmic passive movements are a favorite modality of mine. Not only do they induce profoundly relaxing effects, these undulatory movements help me to assess client mobility and integration, showing me soft tissue restrictions that I need to work into more precisely. Along with myofascial release and deep tissue techniques, rhythmic passive movements can ease hip joint structures and compression on nerves. All types of movement modalities, are especially effective in this area, particularly if spider veins in the region or high thombii risks make direct pressure questionable.

Any stretching or joint movements need to stay well within each structure's normal range of motion. Pushing beyond that, risks overstretching relaxin-softened connective tissue. Take additional caution and make further adaptations if there is stabbing, central pelvic pain characteristic of symphysis pubis instability.



If there are no spider veins to consider, you may safely work deeply melting away gluteal tension. Deep pressure and friction to the posterior hip ligaments, myofascial spreading throughout lateral and posterior pelvis and the anteriolateral thigh, and extinguishing any relevant trigger points are beneficial. Be sure to keep this deeper work from being alarmingly painful; pleasure on the borderline of pain will be best. (Figure 3 *Use fists, knuckles and elbows to get sufficient depth to reduce leg pain from hip ligaments and movers, uterine broad ligaments, and gluteal TPs. Photo credit: Al Gardner 4 Video*)

As weight settles into women's legs and fluid buildup increases, generalized achiness and local areas of pain may develop. Numbness around the medial

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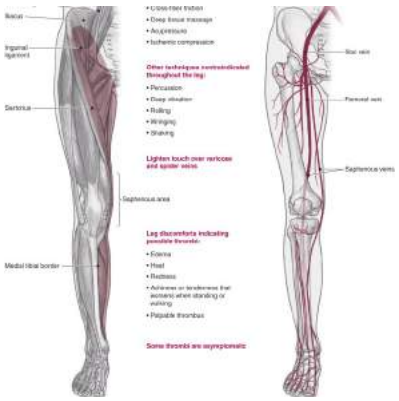
(*Arm and Leg Pain in Pregnancy continued from page 13)*

"restless legs". Relaxin softened ligaments in the feet, weight imbalance toward the toes and medial arch, and edema make feet achy too.

Thrombii Precautions: With leg massage therapy, there are critical precautions involving blood clots to observe. Let's take a quick review of the physiology involved: Hormonally-induced circulatory system changes, uterine compression, and activity levels all create an environment more or less conducive to thrombi formation. Where pooling of blood occurs, especially where valves in the femoral veins collapse, varicose veins and blood clots are more likely. Because of the many contributing factors, you should always consider that clots might be the cause or part of the cause of leg pain, especially in the calves, and particularly if unilateral.

There are common thrombi signs, but none may be present: edema, especially more in one leg than the other; heat and redness; achiness, worsened with activity; palpable ropy or hard linear tissues; and other signs even in other areas including dilation of superficial veins, cyanosis in nailbeds or skin, or low grade fever of unknown origin.



As you ease edema or perform any leg work, there are critical precautions for working safely on the legs. Understand and consistently follow them to prevent possible thromboembolism, a blood clot that circulates to the lungs. This is the most likely and most serious negative consequence of ill-informed or careless massage therapy and bodywork during pregnancy and postpartum. These are precautions are summarized in Figure 4 (*This overview of recommended safety precautions to prevent clot-related complications while maximizing therapeutic effectiveness for leg pain should be considered, along with many other individual client factors, when choosing appropriate leg techniques. From Pre- and Perinatal Massage Therapy, 2e, by Carole Osborne. Used with publisher permission)*, and explained a bit more below.

Because the most likely veins harboring thrombi, the iliac, femoral and saphenous veins, traverse the medial thigh and leg, greatest caution seems prudent there. Additionally, leg precautions need to be most restrictive and conservative with those clients who have a greater risk of thromboembolism. The more inactive your client is, the higher the likelihood of more and larger clots, particularly if placed on extended or total bedrest by the doctor or midwife to treat a medical complication. That said, physicians whose patients I've cared for, sometimes have requested significant leg massage; however easing safety precautions should only happen with direct medication supervision. These high - risk, medically complicated pregnancies are more safely in the hands of a prenatal massage therapy specialist.

Take particular care on the calves and feet to avoid specific, deep thumb or digital pressure to certain points on the feet and calves believed to stimulate labor or strengthen weak labor contractions. There are varying opinions on these points' potency. With minimal data to convincingly confirm or dismiss them, I suggest avoiding ischemic compression or bone-to-bone pressure on and superior of the calcaneous, between the big and second toe, and four finger-widths superior of the medial malleoli. I am particularly cautious during the first trimester and when risks of miscarriage or prematurity are higher.

Other types of contact are both safe and certainly appreciated. One of the most persistent and misleading myths about prenatal massage is that one should never massage the lower legs or feet of a pregnant woman. This is an exaggerated precaution, but, conveniently, if you are following the clot precautions about medial leg pressure, you won't contact most of these points deeply anyway.

(*Arm and Leg Pain in Pregnancy continues on page 15)*

(Arm and Leg Pain in Pregnancy continued from page 14)

Positioning Considerations Sidelying positioning's primary advantage with these complaints is the ideal access to the most needy structures. Some clients' left shoulders and hips are achy from lying primarily on their left side. This restriction is necessary only if the midwife or doctor recommends it (another example of fear-based and limited pregnancy understanding, so common in our culture). Encourage all others to switch sleeping sides, and be sure to work both during your sessions. If either side is more problematic, spend more time with that side "up". There's more stability and joint protection when your client extends the table-side leg, and then you place bolsters and/or pillows beneath the flexed ceiling-side leg. Align her hip, knee and foot horizontally with sufficient density and sized supports. This level alignment of torso/lower extremity will also reduce her tendency to roll forward with deep gluteal work and otherwise prevent rotational strain and pull to the hip, pelvic and lumbar joints. (Figure 5, *Safe, comfortable side lying positioning requires horizontal alignment of the ceiling-side hip, knee and foot, belly support, and sufficient space for head, shoulder, and arm. Photo credit: Oakworks. Used with permission.*) If she has sharp, anterior pelvic pain from symphysis pubis instability, she will likely prefer supports between her legs, forgoing stability for comfort. Maintain optimal leg alignment as your session progresses.

Add cushioning if either hip or shoulder joint compresses the table's foam down to its plywood base. Oakworks' Side Lying Positioning System and the bodyCushion usually provide more shoulder joint space preventing these discomforts. Sometimes a flat pillow placed across the table gives a bit more shoulder room, but much less ideally than either system's comfort. Having sufficient and firm head height protects the shoulder and the cervical spine too, but avoid extensive head sidebending. If her hip joint is off the torso cushion, then insert a small wedge under her hip. Place a higher pillow under the arm to help fluid drainage. Often elevating it to face level helps ease carpal tunnel symptoms by further mechanical drainage.

Semireclining or supported supine positions usually give best access to the inguinal area and thigh. Remember to avoid inguinal and medial deep pressure,

With so many hormonal, structural and emotional changes to adapt to, pregnant women have many common discomforts and needs well-addressed by the practitioner who understands these changes. On March 18, I will be explaining and demonstrating many of the essential physiological, functional and practical foundations of prenatal massage therapy in a 7-hour workshop at our CA-AMTA Educational Conference in Irvine. I'd love to see you there!

References Consulted

- *Field T, Hernandez-Reif M, Hart S, et al. Pregnant women benefit from massage therapy. *J Psychos Obstet Gynecol* 1999;20:31–38.
- *Field T, Diego MA, Hernandez-Reif M, et al. Massage therapy effects on depressed pregnant women. *J Psychos Obstet Gynecol* 2004;25:115–122.
- *Gibbs RS, Karian BY, Haney AF, et al. *Danforth's Obstetrics and Gynecology*. Baltimore: Lippincott Williams & Wilkins, 2003.
- *Howard F. *Pelvic Pain: Diagnosis and Management*. Baltimore: Lippincott Williams & Wilkins, 2000.

(Arm and Leg Pain in Pregnancy concludes on page 16)

(*Arm and Leg Pain in Pregnancy continued from page 15)*

- *Noble E. *Essential Exercises for the Childbearing Year*. 4th edition. Harwich:New Life Images, 1995.
- *Osborne C. *Pre- and Perinatal Massage Therapy*, 2nd Ed. Baltimore: Lippincott, Williams, and Wilkins, 2011
- *Ostgaard HC, Andersson GBS, Karlsson K. Prevalence of back pain in pregnancy. *Spine* 1992;17:53–55.
- *Ricci S. *Essentials of Maternity, Newborn, and Women's Health Nursing*. 2nd Ed. Baltimore: Lippincott Williams & Wilkins, 2009.

A Few Videos I've Posted Related to this Topic

1. Top Ten Tips for Great Sidelying Positioning https://bodytherapyeducation.com/category/videos/
2. How to Approach Piriformis Syndrome in the Side Lying Position https://www.facebook.com/BodyTherapyEducation/videos/590705437627505/
3. Body Mechanics for Easy, Effective Side Lying Sessions https://www.facebook.com/BodyTherapyEducation/videos/304231556323474/
4. A View into Carole Osborne's Pre- and Perinatal Massage Therapy technique immersion workshop https://www.facebook.com/BodyTherapyEducation/videos/730732870340005/
5. Decision Making for Perinatal Massage Therapy https://bodytherapyeducation.wistia.com/medias/cyue9cl5wb

CranioSacral Therapy- *A Conversation Between Therapist and Client*

By Lori Leitzel Rice, LMT, CST-D, Delta Holistic Therapy Center

Effective communication involves active listening on both parts of the conversation. In a CranioSacral Therapy session, listening may be the most important tool for both the client and the therapist. The conversation begins with spoken words between therapist and client, but then the experienced hands of the CranioSacral Therapist "listen" through layers of tissue and tension. That's when the story unfolds.

To fully understand why communication is essential in CranioSacral Therapy, let's look at the craniosacral system in the body and its impact on the body.

Cranio- *the cranium or head.*

Sacral- *related to the sacrum or tailbone.*

Though named after bones, the cranium and the sacrum, the craniosacral system consists of the membrane around the brain and spinal cord, and the fluid that nourishes and protects them.

The membrane (known as the dura) attaches inside the skull, around the opening at the base of the skull and continues to the tailbone. The cerebral spinal fluid within the dura is produced and reabsorbed through the system creating a "pulse" or craniosacral rhythm of 6-12 cycles per minute. The craniosacral rhythm is distinct from the cardiac pulse or respiratory rhythm and can be felt throughout the body.

Assessing the strength of the craniosacral rhythm, and how it feels from one side of the body to the other, enables a CranioSacral Therapist to pinpoint restrictions in the body. Using this evaluation tool, which is really the craniosacral rhythm "communicating," allows the therapist to address the core of an issue, rather than focus only on the symptoms.

The Birth of CranioSacral Therapy

The principles and techniques in CranioSacral Therapy (CST) are based on the discoveries of Andrew Taylor Still in the late 1800s, and William Sutherland in the early 1930s. Dr. John Upledger built upon the work of these early pioneers with his work at Michigan State University in the 1970s. Later, Dr. Upledger coined the term "CranioSacral Therapy" and co-founded a teaching institution that bears his name. The Upledger Institute is dedicated to the natural enhancement of health, and is recognized worldwide for its groundbreaking continuing-education programs, clinical research, and therapeutic services.

Upledger CST begins with releasing physical restrictions and balancing the membranes at the core of the craniosacral system that may impair the function of the central nervous system. Since the physical body does not exist separately from emotional and energetics CST techniques can also help clear energetic and emotional effects of

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Lori Leitzel Rice, LMT, CST-D, received her Techniques Certification in CranioSacral Therapy from the Upledger Institute in 1997 and has gone on to earn her advanced "Diplomate" certification. She has been in practice for over 25 years. Her practice is at Delta Holistic Therapy Center in downtown Frederick. www.DeltaHolistic.com

(CranioSacral continued from page 17)

trauma.

CST may seem somewhat mystical. The therapist may notice a restriction in the hips after placing hands lightly on a client's ankles. You might ask: "How can they tell?" The answer lies in fascia.

Fascia- The Communication Network of the Body

Fascia is the web of connective tissue that surrounds all the bones, muscles, nerves, organs and blood vessels. When something shifts anywhere in the body, the change is telegraphed through this connective tissue. Sometimes there is a subtle change in fluid or temperature, and the alignment of tissues may shift to compensate. It is through the fascia that the therapist is able to feel the craniosacral rhythm, which may become erratic in response to the tension pattern, unbalanced from one side to the other, or barely palpable. This is the fascia "talking to" the therapist.

A Light Touch

CST is performed with the client fully clothed and lying on a comfortable massage table. Using touch that is usually about the weight of a nickel, the therapist evaluates or "listens to" the body for tension patterns and imbalances.

The craniosacral system is accessed and treated using the bones and connective tissue. Skilled CST Therapists can enhance fluid flow and balance membrane tension, helping to bring increased vitality to the system. Releasing chronic tension patterns and enhancing fluid motility allows the body's healing mechanisms to operate more effectively, imparting greater balance and ease.

CST offers a safe and effective way to address a wide range of conditions. It can help alleviate migraines, TMJ syndrome, and traumas to the head and spine. Since the craniosacral system provides the environment for our central nervous system, CST can have profound effects on other common disorders, such as anxiety, asthma, fibromyalgia, and more.

As you can see, listening and effective communication is a big part of CST. Not only is there a conversation between therapist and client, but the craniosacral system is willing to talk too. As long as there's a therapist willing to listen and respond, it is a conversation that may help put you on a path to physical, energetic, emotional and spiritual well-being.

Combining Facilitated Stretching with Soft-Tissue Injury Care

By Bob McAtee BCTMB, CSCS

As massage therapists, we have the ability to work with injuries to the soft tissues in a way that few other practitioners do.

If you think about it, massage practitioners are really the primary source for the hands-on care for most minor soft-tissue injuries. How many people you know go to the doctor for minor aches and pains? How many of your clients ask you to treat these same aches and pains? This is well-within our scope of practice, as long as we are able to properly evaluate the injury, and determine if it's a problem we're qualified to treat. However, treating the injury without determining its source leaves the client susceptible to re-injury.

Broad Based Knowledge Needed

To get to the source of the injury, we must be knowledgeable in many areas, including effective evaluation and assessment techniques, biomechanics, basic diet and nutrition, and the myriad details related to the clients' activities and how they affect the body. We must then apply this knowledge as appropriate, to help our clients recover from their injuries, and to help prevent their reoccurrence.

Soft-Tissue Healing

Injured soft-tissue typically heals by forming scar tissue, also referred to as fibrotic tissue or fibrosis. If healing progresses properly, the injury heals with no further complications. In many cases, however, a minor injury can heal with improperly formed scar tissue, leading to chronic and nagging aches and pains, limited joint mobility, or both.

Tissue healing proceeds through three phases, which overlap each other in a continuous sequence. These are inflammation, proliferation, and remodeling.

Inflammation

The inflammation stage of healing is characterized by heat, swelling and pain. During this phase, typical treatment includes methods for controlling heat and swelling, such as cryotherapy, anti-inflammatory medication, and rest of the injured tissue. Uncontrolled inflammation may interfere with the normal progression to the next healing phase, and set the stage for chronic low-grade inflammation to persist.

Proliferation

The second stage of healing is called the proliferation, or granulation, phase. In this phase, the body manufactures scar tissue to repair the damage. If healing proceeds appropriately, the scarring will be minimal and the damaged tissue will be able to function as designed. If healing is compromised, then the scar will form

(McAtee continues on page 20)

Bob McAtee, BCTMB, CSCS is a sports massage therapist and flexibility specialist, with over 37 years' experience. He owns and operates Pro-Active Massage Therapy in Colorado Springs, CO and regularly presents workshops on facilitated stretching, massage, and soft-tissue injury care nationally and internationally.

He the author of Facilitated Stretching, 4th edition published by Human Kinetics Publishers. The book has sold over 125,000 copies worldwide and has been translated into Spanish, Italian, Portuguese, and Japanese.

Bob will be teaching two seminars in Fullerton, CA May 5-6, 2018. For more information, see the ad in this issue of the newsletter (page 9), visit his website: www.stretchman.com, or call him at 719-475-1172.

(McAtee continued from page 19)

as a dense, inflexible mass.

Remodeling

Remodeling, the third phase of healing, is a continuous process of adding and taking away until the scar is just the right size and shape. When healing progresses naturally, this leaves the injured tissue as functional as it was prior to the trauma. When chronic sub-acute inflammation continues in the tissue, the remodeling seems to shut down before it's complete, leaving a non-functional scar that limits pain-free movement and may irritate surrounding, healthy tissue, leading to more pain.

Facilitated Stretching Combined With Soft-tissue Work

One technique that is extremely useful as an adjunct in the treatment and rehabilitation of soft tissue injuries is facilitated stretching. When used appropriately, facilitated stretching can safely and effectively help restore suppleness and flexibility to injured muscles.

Massage alone can be effective in reducing pain and restoring flexibility to fibrotic tissue, but the addition of facilitated stretching can foster a dramatic reduction in the overall healing time and the restoration of pain-free motion.

Facilitated Stretching in Three Easy Steps

Facilitated stretching uses a three-step protocol to achieve increased range-of-motion (ROM):

- 1. Actively lengthen the target muscle to its current pain-free end-range.
- 2. Contract the target muscle isometrically for 6 seconds.
- 3. Actively stretch the target muscle to a new ROM.

When using facilitated stretching in conjunction with massage techniques to help rehabilitate injured tissue, we can focus the isometric contraction and subsequent stretch to a specific area of the muscle, like a patch of scar tissue to which we have just administered transverse friction work or some other form of deep massage. The isometric contraction further activates the muscle and prepares the fibers to lengthen. It may also help to break free adhesions that have just been softened by the massage technique.

The stretch phase of the facilitated stretch occurs when the opposing muscle contracts concentrically, reciprocally inhibiting the target muscle, thereby allowing it to stretch more easily. The limb can be positioned so that the client feels the stretch through the area that we've been working, thereby maximizing the effects of the stretch to that area. Once again, we are theoretically breaking unwanted adhesions and cross-links in the collagen fibers as the muscle lengthens, restoring pain-free motion.

Treating the Hip, Side-Lying

An example of a session that combines stretching and soft-tissue work will help bring it all together.

The side-lying position provides excellent access for working on the hip abductors. The majority of clients we have treated over the years have had abductor involvement, no matter their primary complaint. Because the abductors act more as postural muscles than as prime movers, they can become extremely hypertonic, fibrotic,

(McAtee concludes on page 21)

(McAtee concludes from page 20)

and tender to palpation, even if the client is not experiencing any overt symptoms.

The side-lying position also allows easy access to the oblique abdominal muscles, the quadratus lumborum, and the latissimus dorsi. These muscles can all be involved when the client has "hip issues."

Client Positioning

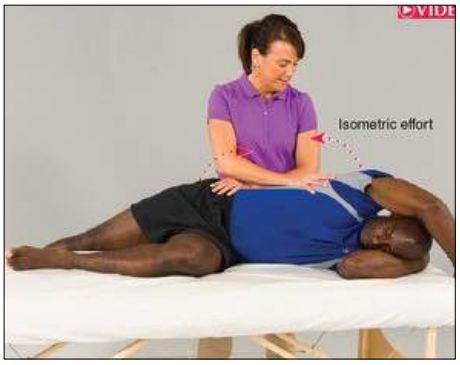
Position the client side-lying, hips stacked vertically, bottom leg flexed toward the chest (to prevent excessive lumbar lordosis), top leg hanging off the back of the treatment table. This is the starting position for facilitated stretching the hip abductors (Figure 1, *Figure 1. Side-lying hip abductor stretch.*).

At this point, the client can usually pinpoint an area of slight to moderate discomfort in the hip abductor group.

Facilitated Stretch and Soft Tissue Work

Try using a couple of rounds of facilitated stretching to reduce or eliminate the identified discomfort, then ask the client to notice any continuing sense of restriction or discomfort. Typically, this will be a very small area or point of restriction.

Apply some form of soft tissue work (like transverse friction, myofascial release, etc.) to the site of restriction for a minute or so; then check with the client to see if anything has changed (Figure 2, *Applying brief, specific friction to the area of discomfort*). It's not uncommon to see a spontaneous improvement in ROM and for the client to report that the discomfort is now gone.



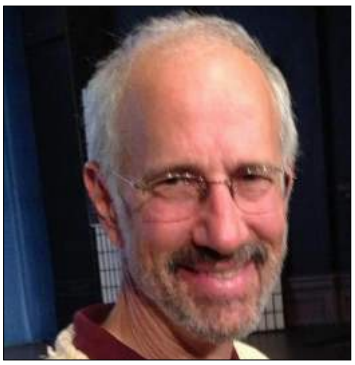
The client will also usually be able to identify a new area of discomfort, most often higher up on the iliac crest, along the attachments of the oblique abdominal and/or the quadratus lumborum muscles. You can continue to repeat the sequence of stretch and soft tissue work until the entire area has been addressed (Figure 3, *Positioning for the quadratus lumborum stretch.*).

Results

I've been using massage and facilitated stretching together for many years now and am continually amazed at the effectiveness of this combination when working with soft tissue injuries. I believe you'll find it to be a useful addition to your repertoire of skills.

'Change Maker?'

My Ortho-Bionomy Journey To Becoming A 'Change Maker'



What inspires someone to be a "Change Maker"?

- Frustration?
- Hitting rock bottom?
- The passion for wanting something more?
- Feeling stuck?
- Feeling a fire inside you driving you forward?
- Pain?
- Believing deep inside that there must be a better choice?

When I was in college studying sociology and psychology, I kept feeling that we humans are more than just our emotional stuck patterns. One day as I was counseling a young boy, who was acting out, I saw that his body was so tense that it seemed to not allow him to think clearly. It was at that moment I knew I wanted to learn more about how our body affects us, including the mind.

At the same time in my life, I had just broken off a deeply meaningful relationship. I was recognizing that the way that I had been relating to others was not working for me. I was playing out in my relationships the way that I saw my family interacting- arguing, making others wrong for what they feel, trying to force onto others their own belief systems, not listening to others, not allowing others to feel validated for their own experience.

All my life I've watched myself and other people struggle to be seen for who they are. I've observed how so often in our society others are trying to tell us what to do. Never really seeing us for who we are and the skills and gifts we have to offer. They often tell us what to feel, what is right for us, what to believe in, not having us pay attention to what we are really feeling inside our body in the moment.

I knew that I needed to try a new way of relating to others, and finding a new way to relate to myself.

I was drawn into massage to see if that modality could bridge for me the body and the mind, allowing me to see and feel my stuck patterns, and offer me new options.

The answer was yes and no.

Let's pause for a moment and let me explain my viewpoint. If you knew me, or having studied with me, you would know that I do not believe that there is only one massage technique that is right for all people and all situations. I think that a really good practitioner has a basket of many tools to draw forth from to be able to work on a variety of different people. There is no right or wrong technique, just what is appropriate for the client's situation and what is right for the practitioner.

(Jim Berns' story concludes on page 23)

Jim Berns is an Ortho-Bionomy® Registered Advanced Instructor and has taught internationally for over 30 years.
He is co-author of ORTHO-BIONOMY A PRACTICAL MANUAL (North Atlantic Books, Berkeley, CA).
Jim has been trained directly by the founder, English osteopath, Dr. Arthur Lincoln Pauls.
Jim was awarded the 'Educator Of The Year' by the AMTA-CA in 2013.
He has lectured to and trained over 7,000 health practitioners in his career.
Jim brings to his teaching- detailed information, a compassionate heart and a "unique" sense of humor.

(Jim Berns' story concludes from page 22)

So, when I got out of massage school and was using many of the techniques I learned- deep tissue, reflexology, trager, sports massage, etc., the feedback I was getting was that my clients really enjoyed my work.

Part of my personal growth at that time, was recognizing and believing that the human body and spirit has an incredible wisdom in it. It is trying to protect, survive and evolve in all that it is doing.

Yet, after a few years of working doing the massage, something wasn't feeling right inside me. I was changing inside me and not wanting to struggle and fight in relationships, yet during my work I was struggling with my client's body all day. They come in with certain holding patterns, and based on my massage school training, I was trying to force them to be different than who they were.

Once again in my life, I saw that I was trying to make someone be something that they were not being at that moment in their life.

I felt that I couldn't continue doing this kind of work if I were to try to live with my own integrity of how I wanted to interact with others.

Well, when the student is ready…

One day I went to a spa to try to relax after working really hard all day doing sessions. I had my "boulders in the shoulders" tension and was trying to find relief. I asked a massage therapist at the spa who I knew if he could work on my aching shoulders. He said "Sure, I have 10 minutes before my next client, lay down. Can I try something new on you?" I said "OK, but get in there and work deep in those 'boulders".

He monitored my "boulders" with one hand and then simply turned my head in a very comfortable position and just held me there. I was thinking to myself, "Oh here we go, another California woo-woo technique." In about a minute he said I was done. I told him, "No" I needed him to dig in deep to relieve those "boulders". When I reached up to show him the boulders again, they were 80% gone! I couldn't believe it. He didn't dig in hard, he wasn't doing cross fiber work, and he wasn't pressing on a trigger point. What the heck did he do? He said it was "Ortho-Bionomy." He smiled and told me to lie down again to work on the rest of the 20% left. This time I was really watching him. All he did was move my head and shoulders in the direction of the contraction to allow it to complete what it was doing and then it let go. I had never seen anything like that. No creating pain in order to help pain. No digging in deep and forcing the body to do something that was going against what it was doing in order to protect itself.

I felt like I came home. I finally found a massage modality that was not about forcing someone to change, but rather exaggerating what the body is doing in order to give it a deeper experience of who it is, and then allowing the body to self-correct. I found a way to work that was going with my new way of how I wanted to relate to others and myself. I could do work that was living the principles of how I wanted to live my life.

I went on to train in Ortho-Bionomy, which uses osteopathic-based principles, and found that I could work on the same variety of clients that I like to, but do it in a way that didn't hurt them and was easy on my body. I could integrate it into my massage in a creative and fun way.

I finally found a technique that works with the body rather than against what the body is doing, connect the body and mind, and allow an injury to feel safe in order to let go.

I was finally able to "do" what I have been wanting to "be".

Building Your Practice.

Meet Donna Sarvello, LMT, BCTMB, MBA

She will be available at the Chapter Conference, March 17-18

As a massage therapist for 20 years, I have been honored to work with therapists of all kinds, as well as other key stakeholder organizations within our profession. Throughout the years, I have taught and studied our history as massage therapists and bodyworkers—where we've come from, where we are now, and where we desire to be in the future. A large part of this history—and that our future—has a lot to do with the various changes I have witnessed within our profession, as well as the things that have remained stagnant.

Like any other profession, growth requires knowledge of past events to evaluate outcomes that may have positively or negatively impacted decisions and movement. Massage therapy is no different. We must learn and digest the information from the past to strengthen our career pathways, and the pathways of our future therapists.

Presently, I am the first to proclaim that it is a very exciting time to work within this profession. Many things are changing—career pathways are being carved out, and we are making decisions based on research, which only further validates our positioning as massage therapists into the medical and integrative healthcare arenas. We are learning that there is a place for massage therapy in all areas of healthcare, whether working in a hospital, spa, hospice center, or home.

In the spirit of this positive momentum, we must realize that the decisions we make now will impact the future of our profession. We are a community of professionals that is not only working towards strengthening our own businesses, but we are also building for our future therapists. Just as our great leaders and educators have cleared the way for us to excel in a plethora of directions, we too must mentor students and new therapists, so that they may carry out our vision and work in a professional, ethical, and educated manner for years to come.

If you have questions about being Board Certified or any of the specialty certificate programs offered through NCBTMB, Donna will be available to answer your questions. If you unable to make it to the conference, she can be reached via email, at dsarvello@ncbtmb.org.

Just in time … Taking Care of Your Taxes—a few pointers that will help take the pain out of filing your taxes. On Line Continuing Education

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Manual Therapy to Eliminate Multiple Nerve Compression Patterns of the Upper and Lower Body

By James Waslaski, AA, LMT, CPT (NASM)

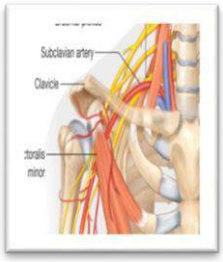

Fig.1

Fig.2

Fig. 3

In the upper body, the current traditional medical system so often confuses severe clinical conditions such as Thoracic Outlet (Fig. 1), Pronator Teres Syndrome (Fig. 2), and Carpal Tunnel Syndrome (Fig. 3). This training was developed to bridge the gap between chiropractors, physical therapists, osteopaths, and massage therapists. Many clients that get treated for upper body nerve compression patterns will have nerves chronically compressed in multiple areas between the brain, spinal cord, neck, shoulder, arm, wrist, hand and fingers. Too often just addressing the area of the brain and spinal cord, spinal nerve root compression, and joint fixations on nerves is not enough to treat the various nerve compression patterns seen in our clients. Scar tissue can play a significant role, so nerve glides and nerve flossing are critical after properly treating abnormal scarring adhesions that compromise nerve conductivity. This article, and our dynamic multimedia presentation will highlight cervical, shoulder, arm, wrist and hand work to eliminate multiple nerve crush phenomenon.

Therapists need to understand and apply specific tests such as the Spurling Test indicating spinal nerve root compression. Applying the Adson's Maneuver Test indicates scalene involvement on nerve and vascular compression between the 1st and 2nd rib and clavicle. Applying the Eden's Test indicates costoclavicular syndrome, followed by the Wright Abduction Test indicating the role of the pectoralis minor on the brachial plexus of nerves. Applying the bicipital aponeurosis tendinosis test indicates scar tissue blocking the medial nerve at the elbow. Once those nerve patterns are cleared, you then perform the Pronator Teres Test indicating the role of the pronator teres on the median nerve. You will finish with tests such as the Phalen's Test, Tinel's Test, and the Tethered Median Nerve Stress Test indicating true and rare carpal tunnel problems.

The highlight of the seminar portion, will be the hands on techniques that will eliminate the musculoskeletal cause of each area of nerve compression, starting from the brain and spinal cord area, before evaluating and treating nerve compression patterns further down the kinetic chain into the shoulder, arm, elbow, wrist, hand

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(Multiple Nerve Compression continued from page 25)

and fingers. It is important to release each single area of nerve compression, by treating the cause of the Spurling test before proceeding to the Adson's and Eden's test. By following this protocol, the manual therapist will avoid getting false positive tests in the distal extremity, such as those that indicate rare and isolated carpal tunnel syndrome condition. In my experience, and based on a lot of patient testimonials, many carpal tunnel surgeries would not be necessary if this process of assessment and treatment was followed. If you think of a garden hose; when a garden hose has multiple kinks in it, we know you cannot go to the last kink and expect to restore flow of water when the previous kinks have not been addressed. The axoplasmic flow through nerves are very similar to that garden hose example in that if nerves higher up the kinetic chain are not released first, the flow further down is severely compromised producing false positive nerve tests. In addition to evaluating and releasing multiple areas of nerve compression in the upper body, therapists will learn life changing techniques to release complicated frozen shoulder (Fig. 4) problems. This will be vital to addressing the treatment of the Wright Abduction Test, as it involves stretching the pectoralis minor muscle without compromising the joint capsule of the shoulder.

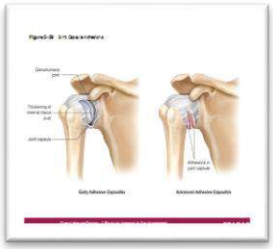

Fig.4

Manual Therapy to Eliminate Multiple Nerve Cush

Phenomenon of the Lower Body

Based on myofascial pain studies presented at Harvard Medical School, and research dating back to 1946, participants will learn new techniques that will forever change the way they approach myofascial pain, joint fixation pain, ligament pain, muscle-tendon strain pain, and nerve entrapment pain in the low back, hip and lower extremities. Too often the clinical diagnosis will focus too much on the area of clinical symptoms when dealing with peripheral nerve entrapments, without freeing up the proximal nerve entrapments that feed the peripheral nerves. Examples are people diagnosed with conditions such as foot drop, anterior lateral myofascial pain syndrome (shin splints), tarsal tunnel syndrome, tibial and fibular nerve compression deficits, and Morton's neuroma that have multiple uncorrected areas of nerve entrapment in the low back, hip, thigh and knee areas. Aligning the spine and freeing up nerve compression from the brain, spinal cord, and spinal nerve roots is not enough. Manual therapists must also remove the soft tissue restrictions that cause compression, bulging and various stress situations on discs and spinal nerve roots. In the low back, about 90% of patients suffering from disc injuries and spinal stenosis probably do NOT require surgery.

These innovative structurally-oriented routines offer pain-free multi-modality methods for achieving immediate and permanent results for nerve entrapments throughout the kinetic chain of the lower body. We must look beyond things like disc herniation, compression of lumbar nerve roots, and spinal stenosis. You must start by evaluating for leg length discrepancies using the Weber-Barstow Maneuver (Fig. 5), and by eliminating things like an up-slipped sacrum, sacral torsion patterns (Fig.6), and other contributors of spinal stenosis. You can do

(Multiple Nerve Compression continues on page 27)

(Multiple Nerve Compression continued from page 26)

Fig.5

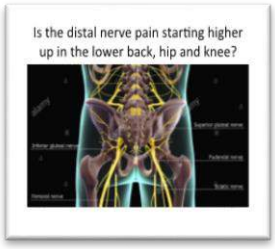

Fig.6

the Straight Leg (Laseque's sign) and Bragard's test (Fig. 7) to evaluate for L5/ S1 bulges and herniations, but if there is an un-corrected leg length discrepancy, up-slipped sacrum, or sacral torsion, causing an un-level sacral

Fig.7

Fig.8

base for L5/S1to sit on, the therapies to treat the cause of the bulging or herniated disc are never successful.

After restoring a level sacral base, the slump test will identify the role of hamstring strains, and adductor strains affecting the sciatic nerve. Treating that scar tissue must be followed up with specific nerve flossing and nerve glide techniques and other corrective exercises. You must then evaluate and treat fixiated fibular head patterns and tibial tortion patterns (Fig 9.) blocking the tibial, fibular and peroneal nerves.You must then evaluate and eliminate the cause of tarsal tunnel. Tarsal tunnel is often the result of excessive over-pronation that stretches the tibial nerve, or excessive supination of the ankle that compresses the tibial nerve or simply a hyper-mobile or fixated ankles that can affect the nerves at the ankle (Fig 10). Abnormal scar tissue that develops from ankle sprains or strains must also be addressed, followed by specific nerve flossing techniques and additional corrective

Fig.9

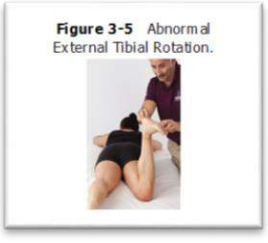

Fig.10

exercises. Even Morton's neuroma (Fig. 11), which can often be compromised by deep tissue therapy and joint mobilization techniques, needs proper assessment and treatment protocols. In addition, improper footwear plays

((Multiple Nerve Compression concludes on page 28)

(Multiple Nerve Compression concludes from page 27)

a vital role in foot strike and metatarsal compression patterns that contribute to tarsal tunnel and Morton's Neuroma. You cannot treat clinical conditions like sciatica, tarsal tunnel, or Morton's neuroma if you do not free up the multiple fascial nerve adhesions and entrapments that adhere to and compromise nerve conductivity.

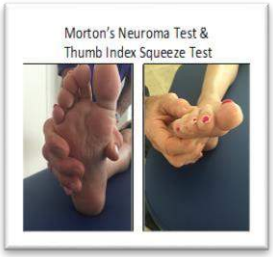

Fig.11

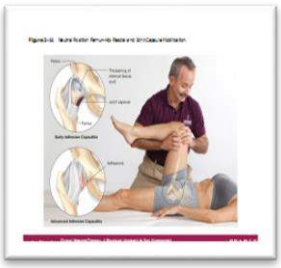

Fig.12

The seminars will incorporate dazzling 3-D functional anatomy and human dissection models to support this multi- disciplinary approach for assessment, treatment and correction of multiple nerve entrapment pain. Revolutionary techniques to release advanced stage hip capsule problems (Fig.12) will be highlighted in this presentation. Pelvic stabilization, for low back and nerve problems, is never complete without releasing the hip capsular patterns, and activating the glutes using muscle spindle cell techniques.

I would like to thank a number of my colleagues that have influenced me writing this article; Whitney Lowe for introducing me to the importance of Orthopedic Assessment and Clinical Reasoning, Benny Vaughn, and Michael McGillicuddy for mentoring me in Clinical Sports Massage. Erik Dalton for mentoring me in Myoskeletal Alignment Techniques. Randy Clark and Paul St. John for teaching me the importance of evaluating for true leg length discrepancies, and Aaron Mattes for his emphasis on Corrective Exercises. I have many other great teachers and mentors, but these industry pioneers have influenced this article and have contributed to my consistent growth in this amazing world of manual therapy.

References; Dr. Erik Dalton- Myoskeletal Alignment Techniques; *Paul ST. John & Randy Clark-Neurosomaitic Educators & Posturology; Whitney Lowe –Functional Assessment in Massage Therapy; Aaron Mattes-Active Isolated Stretching; James Waslaski-Clinical Massage Therapy-A Structural Approach to Pain Management.*

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Email _____
Years in massage _____ CAMTC # _____ Massage license? _____ City/County _____
Massage school attended/# of hours _____
Date of completion _____ Other related schooling _____
_____
I am interested in volunteering in the following areas: (details can be found on the Chapter website)
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__Education __Officer's Education __Website __Board of Directors: __President __Secretary
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List AMTA Chapter (C) and Unit (U) Offices held with dates (include committees): _____
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_____
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Other Qualifications _____
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Signature Date

Please submit Candidate and Volunteer Resume Form to **info@amta-ca.org.** If you have any questions about the position, please ask any of the current board members. Additional information on all roles can be found on the chapter website, **www.ca.amtamassage.org**. Thank you for your submission.

2018-2019 CALIFORNIA CURRENTS PUBLICATION INFORMATION

The American Massage Therapy Association, California Chapter newsletter, ***California Currents***, is scheduled to have 4 issues a year. Currently, the *California Currents* has a circulation of over 6,000, reaching our members and massage schools. **All issues will be sent green, via email, posted to our Chapter website (www.ca.amtamassage.org) and to our Unit and Chapter Facebook pages.**

Issue	Last Date for Submissions	Date to be Published
Spring	April 30, 2018	May 14, 2018
Summer	July 23, 2018	August 13, 2018
Fall	October 15, 2018	October 29, 2018
Winter	January 21, 2019	February 4, 2019
Spring	April 29, 2019	May 13, 2019

***dates are subject to change.*

Submissions of articles, pictures and advertising should be sent in .jpg format and/or word document. Submissions should be sent to Michael Roberson, Chapter Newsletter Editor, at editor@amta-ca.org

The following are Board-mandated policies regarding submission & rates.

1. First-Come, First-Served: Paid advertising in the newsletter is limited to no more than 25% of total content for each issue. Therefore, advertising will be accepted on a first-come, first-served basis based on the receipt of payment date by the Newsletter Editor.

2. One Full Page is the maximum amount of advertising that will be accepted from each advertiser for each issue.

3. Bulk Discount: Advertising rates shall be discounted by 10% when paid in advance for four advertisement placements within five sequential issues. If canceled prior to all four placements, the refund will reflect the standard single-issue rate less a service fee of 10% of the unused balance.

4. Specific Page locations: Add a 20% surcharge to the rates quoted below.

5. Only Camera Ready advertisements will be accepted – meaning ready for digital or print publications. Ads should be submitted in color as .jpg files.

Advertising space is available at:

Ad Size	Dimensions	Rate
Full Page	8x10	$300
Half Page	8x5	$175
Half Page	4x10	$175
Quarter Page	4x5	$100
Eighth Page	4x2.5	$75
Business Card	4x1	$50

Ad Copy Requests and Article Submissions should be submitted to Michael Roberson, Chapter Newsletter Editor at editor@amta-ca.org and payments (in the form of checks) should be made out to **American Massage Therapy Association, California Chapter** and sent to **John Lambert, c/o AMTA-CA, 2844 Cardinal Drive, Lincoln, CA 95648**. Ads will not be published until payment has been received. Your support to AMTA-CA is very much appreciated.

California Currents Contacts

Chapter Board

President
Jeannie Martin
president@amta-ca.org

Secretary
Nathan O'Hara
secretary@amta-ca.org

Financial Administrator
John Lambert
treasurer@amta-ca.org

Board Member
Liz DiGiulio
1stvp@amta-ca.org

2nd Vice President
Bonni Kelley
2ndvp@amta-ca.org

Southern Representative
Michael Roberson
southernrep@amta-ca.org

Chapter Website
www.ca.amtamassage.org

****NOTE****
California Chapter's Phone Number
800.696.2682
and EMAIL ADDRESS
info@amta-ca.org

Appointees

Northern Representative
Patricia Rusert Gillette
northernrep@amta-ca.org

Government Relations Chair
Tony Siacotos
gr@amta-ca.org

Newsletter Editor
Michael Roberson
editor@amta-ca.org

Appointee to CAMTC
Mark Dixon
mdixon@camtc.org

Elected Delegates

1) **Mark Dixon**
2) **Michael Roberson**
3) **Lydia Tilus**
4) **April Van Buskirk-Rader**
5) **David Ireland**

Alternate Delegates

6) **Rio Safford**
7) **Patricia Rusert Gillette**
8) **Viki Ius**
9) **Roseline Brown**
10) **Dana Hubbard**

Welcome **Jeff Milde** from

Calma Association Management, LLC,

our new **Chapter Administrator**

Unit Presidents

Northern Units

East Bay Unit
Rick Anderson
ebpresident@amta-ca.org

Golden Gate Unit
Irene Diamond
ggpresident@amta-ca.org

Redwood Empire Unit
David Ireland
represident@amta-ca.org

Silicon Valley Unit
Julie Porter
svpresident@amta-ca.org

Far North Region
Greater Sacramento Area
Monterey Bay Region
Napa Valley Region

Southern Units

Orange County Unit
Brian Arakaki
ocpresident@amta-ca.org

Los Angeles-South Bay Unit
Rene Mooshy
lasbpresident@amta-ca.org

San Diego Unit
Crystal Fortman
sdpresident@amta-ca.org

Desert Resorts Region
Gold Coast Region
Inland Empire Unit
Mid State Region

2018 AMTA California Chapter Calendar

January 2018

Sunday, 25, Chapter Board Meeting, Novato
Sunday, 28, SVU, Meeting/Workshop with
Carole Osbrne

February 2018

Friday, 2, Unit Service Awards are Due
Tuesday, 13, Chapter Board Meeting, Call In
Sunday, 25, SDU Meeting/Workshop with
Brian Utting, 8CE
Saturday, 28, SVU, Workshop, Cadaver Lab

March 2018

Friday, 16, Chapter Board Meeting, Irvine
17-18, AMTA CA Chapter's Annual Massage &
Bodywork Educational Conference, Irvine

April 2018

Saturday, 7, California IRONMAN®, Oceanside
Saturday, 21, Sea Otter Classic, Monterey

May 2018

Sunday, 6, OCU Meeting/Workshop with
Cynthia Ribeiro, 8CE
Sunday, 20, SDU Meeting/Workshop with
Nicola McGill, 8 CE

June 2017

July 2018

TBA, Stand Down, San Diego

August 2018

8-11, American Massage Therapy Association
National Convention, Washington, DC

September 2018

Saturday, 8 Camp Pendleton Family Day,
Del Mar Beach, San Diego
Saturday, 8, Best Buddies Challenge, Hearst Castle,
San Simeon
Sunday, 16, SuperFrog® IRONMAN®,
Imperial Beach, San Diego

October 2018

TBA MS Bay to Bay Ride, Carlsbad
21-27 National Massage Therapy Awareness Week

November 2018

December 2018

Sunday, 31, Chapter Scholarships Awards Due

It's the holidays!
Enjoy the time with your family, loved ones and friends.

Keep Current with our Education Opportunities and Community Outreach Events by checking often the
Chapter Website www.ca.amta-ca.org