California Currents

NEWSLETTER FOR THE CALIFORNIA CHAPTER OF THE AMERICAN MASSAGE THERAPY ASSOCIATION Spring Issue 2018

Inside this Issue:

Greetings from Your President

Greetings fellow California chapter members and a warm welcome to all of our new therapists who have recently joined us. Proudly, our membership is now **6,502**, making us the chapter with the most members in the nation.

As it is our Spring Edition, it is time once again to introduce our current Chapter Board Members, Delegates and Appointees. Chapter President, Jeannie Martin, Secretary Patricia Rusert Gillett, Financial Administrator, John Lambert, Board Member Liz DiGiulio and Board Member, Bonni Kelley. Our appointees, Southern Representative Michael Roberson, Northern Representative, Patricia Rusert Gillett, Northern California Education Chair, Riya Suising, Government Relations Chair, Tony Siacotos, and our appointee to California Massage Therapy Counsel, Mark Dixon. Our Delegates are Rio Saford and Patricia Rusert Gillett. I am proud to serve our Chapter with these dedicated volunteers who make it possible for our Chapter to flourish.

We had a successful annual education conference this year in Irvine, with excellent instructors, informative presentations and the wonderful hospitable staff at the Wyndam. It was delightful to see those of you who were able to attend and a pleasure to interact with members some of whom I met for the first time. I would like to express my gratitude to our members who offered their services in various volunteer positions during the conference weekend. Thanks to these folks, our event ran smoothly and was an enjoyable experience for all.

AMTA was honored to be asked to present in 2 panel discussions at the Business and Professions Committee hearing in Sacramento on April 30. Patricia Rusert Gillett and I gave testimony on the state of affairs with regards to local massage regulation. We expressed our concerns as to how many cities are imposing egregious ordinances making it difficult for qualified therapists to open businesses. I am happy to report that the senators listened attentively, asked intelligent questions and agreed that more change is in order. Tony Siacotos gave a brilliant presentation on the panel regarding best practices in which he was able to give examples of cities with excellent massage ordinances that function well and contrast with examples of city ordinances that do not serve the public or the profession of massage. We also heard informative testimony from the representatives of California Police Chiefs, the California Massage Therapy Counsel and the League of Cities. Thank you to those therapists who gave up their day to travel to the capital and speak during public comment as well. In all, the day was a success.

We are beginning the planning process of our regional workshops and would welcome your input. If you have an idea as to a presenter or a topic you are interested in, please contact Riya at sveducation@amta-ca.org or Michael at southernrep@amta-ca.org . Of course, you are always welcome to contact me at president@amta-ca.org with any suggestions of workshops, ideas on how we can improve your Chapter experience or any other concerns you have. We truly appreciate your continued membership and I wish you success in your profession and in life.

Jeannie Martin

A Special Thank You

To Wyndham Hotel Irvine, their staff and especially, Scott (Bellman), Hector (Bartender), Carina Santana (Banquets) and Shane Wilkinson (Banquets) for your outstanding service to our group!

To Our Chapter Board: Jeanie Martin, John Lambert, Nathan O'Hara, Liz DiGiulio, Bonni Kelly, Michael Roberson, Patricia Rusert Gillett

To Our Government Relations Chair, Tony Siacotos, Our Awards Chair, Mark Dixon, Our Sargent At Arm, Bobbi Sanford, Our Commission On Candidacy, Stacey DeGooyer

To Our Speakers, Donna Sarvello, Susan Salvo, Jeff Forman, Julie Porter, Carole Osborne, Johnette Du Rand

To Our Vendors: California Massage Therapy Council, InnerPeace, Massage Warehouse, Promassager.com, Comfort Craft, Reflexology Hand and Foot Chart, Young Living Oils and Universal Companies

To Our Volunteers: Adriana Alverado, Krystal Barton, Bobby Bihr, Akthia Daigre, John Holman, Yolanda Mendibeles, Mary Romaine, Sue Perterson, April Skinis, Kate Sullivan and Sharon Witte, Chris Volteral, Cynthia Ribiero

To Our Attendees: Anna Beltran, Kate Sullivan, Lola Garza, Riya Suising, Wendy Gonsalves, Joana Brown, Gina Abrescy, Lisa Acosta, Dr R Todd Hartle, Kate Simmons, Bobbi Sanford, Harvey Fetsch, Shanteala Cryns, Mary Gaffney, Susan Peterson, Sharon Witte, Hector Mario Leon-Toledo, Geri Leon, Adrienne Marchiano, Jo Bischof, Michelle Scotto, Sheryl Mattson, Cynthia Hayes, Samantha, Burgess, Akiko Mashburn, Stacey DeGooyer, Gilda Bruce, Debra Yost, Teri Rogers, William Kennamore, Darlene Shaw, Catherine Whitsett, Yolanda Mendiveles, Roseline Brown, Mack McCoy, Ginger Gibbs-Kettering, Russell Chaves, Sanny Mallers, Beverly May, Lueree Barton, Louis Shapiro, Chunrong Yao, Shuzhong Han, Kim Lee-Thorp, Yulia Chekan, Elony Bejarano-Rosado, William Hwang, Carol Young, Grace McCloud, Monica Wtrada, Nicole Deasy, John Holman

Without You, This year's Educational Conference could not have been the success that it was. We look forward to seeing you again at the upcoming, regional, educational events. Keep checking out the Chapter's website for updates and opportunities.

2018 California Educational Conference Memories!

(and if you have some, please share them with us at editor@amta-ca.org and they could be shown on the website)

Jeff Forman, The Theraband® Kinisiology Tape Method with Riya Susing being taped up.

Julie Porter, Dermoneuromodulation (DNM) with the great demo model, Stacey DeGooyer

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

Riya Ssuing showing off her Kiniso taping in front of our new California Chapter banner

California Chapter President, Jeannie Martin, addressing the membership at the annual general business meeting

Carole Osborne, Prenatal Massage Therapy Safety Essentials

2018 California Educational Conference Memories!

(and if you have some, please share them with us at editor@amta-ca.org and they could be shown on the website)

Terry Russell with

Universal Companies providing quality massage products

Rebecca Precious-Rosenberg with Young Living Oils

Inner Wellness with Denise Fultz and Raina Colvin for Reflexology Hands and Feet Charts

Dr. Edward Noble with ProMassagers.com

Northern Rep Patricia Rusert Gillett and Secretary, Nathan O'Hara getting some time in at the Welcome Table

California Massage Therapy Council answering questions and assisting certificate holders

2018 California Educational Conference Memories!

(and if you have some, please share them with us at editor@amta-ca.org and they could be shown on the website)

GR Activist Award

Bonni Kelly

CA Chapter Meritorious Award

Bobbi Sanford

Myk Hungerford Sports Massage Award

Tom Benson

Bill Muller Educator of the Year Award

Johnnett du Rand

Perry Pluth Award for Long and Consistent Service

Cathy Underwood

President's Award

Nathan O'Hara

Change Makers:

Our Members In Acton at Sea Otter Classic, Monterey

Sea Otter Classic
April 21st in Monterey

It was a beautiful day in the neighborhood, on Saturday, April 21st.
Eleven therapists provided about 330 massages to elite Gran Fondo cyclists, who pushed up the Monterey hills for as much as 100 miles.
Special thanks to Rosy and her students from CET. And to Allys, Wendy, Amber, Ambra, Laura, and Francis, all slugged away, bringing much needed relief to weary bodies.
It was a long DAY, and we had a great time. If you don't volunteer for events like this, I ask "***why not?***"
I look forward to working with this group again at the Best Buddies Challenge at Hearst castle, Saturday, September 8th. Contact me for information or to participate (cynsykes46@gmail.com).

SEA OTTER CLASSIC

Government Relations Report, Spring 2018

Tony Siacotos, GR Chair

On April 30th, the California Chapter of AMTA was invited to speak at a hearing in the Senate Business and Professions Committee. The hearing was titled: *Update on the Regulation of Massage Therapy in California: Business Oversight and Best Practices.*

Our testimony is available on demand at Calchannel: http://calchannel.granicus.com/MediaPlayer.php?view_id=7&clip_id=5445

While clocking in at 3-1/2 hours, the entire hearing is actually worth watching, very instructive on our current regulatory moment. The Chapter's testimony can be found at 34:23 and 2:33:38

In addition to our testimony, our National Board sent the following letter in response to this invitation, reproduced below for your edification:

April 28, 2018

The Honorable Senator Jerry Hill, Chair State Capitol, Room 5035

Sacramento, CA 95814

CC: Senate Standing Committee on Business, Professions and Economic Development. Senator Jean Fuller, Senator Bill Dodd, Senator Cathleen Galgiani, Senator Steven M. Glazer, Senator Ed Hernandez, Senator Josh Newman, Senator Richard Pan, Senator Scott Wilk

Dear Senator Hill and Members of the Committee:

We are writing on behalf of the American Massage Therapy Association (AMTA) to provide the Association's position in record for the *Update on the Regulation of Massage Therapy in California: Business Oversight and Best Practices.* AMTA is the largest non-profit, professional association serving massage therapists, massage students and massage schools. The Association was established in 1943 and represents more than 82,000 members nationally and over 6,000 members in California. AMTA works to advance the profession through ethics and standards, the promotion of fair and consistent licensing of massage therapists in all states, and public education on the health benefits of massage therapy.

It is without question that Massage Therapists in California are subjected to some of the most egregious local ordinances in the country. It is the position of our Association that this is, in part, due to the lack of a practical licensing system overseen and enforced by state law. As is the case in the 45 states that have a licensing system in place with a clearly defined scope of practice, preemption language for the practice of massage, disciplinary and penalty provisions that are customary for the regulation of other health care professions in the state and free from any requirements to obtain an establishment license not required of other state licensed health care practitioners. In these 45 states we have been able to successfully communicate with cities and counties that have had challenges with illicit businesses and offer them solutions for writing responsible requirements and our most successful tool is being able to refer to state law.

We acknowledge the challenges that California has had with the regulation of massage therapy, massage schools and massage establishments over the years. We also respect the process and what is in currently in place in the State of California. We do, however, believe that a number of the issues that plague the massage profession in your state could be eradicated by developing a true regulatory process as is the case with all division 2 healing arts professions.

Massage therapy has always been a viable practice in comprehensive integrative and complimentary care in pain management recognized and provided by a number of California health systems including Stanford, Kaiser Permanente, and UCLA. A wealth of recent scientific research; recommendations by the National Institute for Health (NIH), the Joint Commission, the American College of Physicians and the Federation of State Medical Boards and the opioid crisis that is plaguing our nation has accelerated the role that massage therapy plays in the for treating pain and a number of other acute and chronic conditions. In order for massage therapy to continue on this path of evolution would require state licensing and legally recognition as qualified health care professionals (QHCP) – the measure by which all health insurance payers deem a provider qualified to be in that system.

We welcome the opportunity to speak with you to offer further information on the efficacy and value of massage therapy and elaborate on our position. We have a repository of research and supporting evidence that we feel would support your current and any future initiatives.

We appreciate your direction and we hope you consider AMTA to be an active participant in California's journey to properly regulate the profession of massage therapy.

Sincerely,

Joan Nichols, President AMTA

Christopher Deery, President-Elect, AMTA

Dolly Wallace, Immediate Past President, AMTA

Reflexology

Reflexology

"If reflexology never accomplishes anything more than combating stress with relaxation, it is serving its purpose very well"

Kevin Kunz, author, Reflexology: Health at your Fingertips

As a massage therapist for the last 22 years, I've spent 17 of these years working for a local hospice agency as a Massage and Energy Therapist. I remember being referred to a female patient with hip pain. Her adult daughters were anxiously awaiting my visit. One was a massage therapist; however, she was hesitant to work on her mother for fear she may do something to hurt her. I had enough experience and training to assess that her hip pain was most likely a bursitis. Bursitis is an acute inflammation in protective sacs around joints and is intensely painful, even to the slightest touch of the skin. Reflexology seemed the best course of treatment; however, the patient was apprehensive about being touched.

I suggested we just get to know each other on this visit, thinking that maybe the inflammation might go down and by the next visit I could massage her. I sat at the foot of her bed and, as we talked, I gently traced the outline of the hip reflex on the side of her foot. I continued over the next 30 minutes, gently massaging the entire hip/knee/leg reflex, my energy and my intention focused on the painful hip. My touch was so light and slow, the patient was not even aware that my hand was on her foot. We agreed I would check in with her the following week.

I did not have to wait long. Nurses report the next morning that her hip pain had subsided. The patient could actually turn onto that side and the hip could be touched.

This is just one of a hundred or more cases from my hospice experience and my private practice of the success in using reflexology to ease a patients' discomfort.

Brief History

Modern reflexology is based on an ancient form of therapy. There is evidence of some form of foot and hand therapy being practiced in China as long ago as 4,000 B.C. and also at the same time in Egypt, as depicted in the hieroglyphics found in the physician's tomb.

(Reflexology continues on page 9)

.Denise Fultz HHP CCH CAMTC is a California Licensed Massage Therapist, Nationally Certified Classical Homeopath and a Nationally Accredited Massage Therapy Instructor with 22 years of experience. She is the author of Comfort Care: Natural Symptom Solutions for Palliative and Hospice Care.

For information on her self-published reflexology charts please visit: www.innerwellness.org.

For more information on her book, visit www.denisefultz.com.

To see more of Raina Colvin's art, visit: www.rainacolvin.com

(*(Reflexology continued from page 8)*

The Chinese Classic, "The Yellow Emperor's classic of Internal Medicine", which was written around 1,000 B.C., has a chapter on "Examining Foot Method" and is the beginning of discussions in print about the connection of the life force with points and areas on the feet.

Dr. William Fitzgerald, (1872-1942) is credited with being the father of modern reflexology. He learned a foot therapy practiced by the "Red Indians". Several tribes of North American Indians used pressure to the feet as a source of healing. Jenny Wallace, a full-blooded Cherokee Indian from North Carolina says the clan of her father, (Bear Clan) believes feet are important.

"Your feet walk upon the earth and through this your spirit is connected to the universe. Our feet are our contact with the earth and the energies that flow through it". Bear Clan

Dr. Fitzgerald found that by applying pressure to one part of the body (hands and feet) he could relieve pain in another part of the body. This led him to believe they were linked by a flow of energy. After much research into the phenomenon, he came to develop a healing system he called Zone Therapy. He applied this technique to anesthetize patients for surgery.

"When the nerves of the hands and feet are understood, great healing will take place" *Dr. Wm. Fitzgerald*

Dr. Fitzgerald's work was expanded by Dr. Shelby Riley, who developed a map of horizontal zones going across the body and a detailed map of reflex points on the feet and hands. He also suggested pressure points on the outer ear.

Another prominent figure in the development of reflexology was Eunice Ingham, a physiotherapist who worked for Dr. Riley. In her research with zone therapy's pressure points, she found the feet to be the most sensitive and responsive. She developed the foot maps and reflexology charts still in use today and introduced reflexology practices to the non-medical community in the 1930's.

How It Works

Reflexology is a science that deals with the principle that there are reflex areas in the feet and hands, which correspond to all the organs, glands and parts of the body. Nerve endings in the feet and hands have extensive interconnections through the spinal cord and brain with all the areas of the body. When reflexes are stimulated, the body's natural electrical energy (piezoelectricity) works along the Peripheral and Central Nervous Systems to clear any blockages in the organs, glands and parts of the body. Reflexology also breaks up the crystallized deposits located just below the skin which may interfere with the electrical energy, which is known to travel through these areas where the body contains its fascial system.

The goal of reflexology is to trigger the return to homeostasis, a state of equilibrium or balance. The most important step towards achieving this is to reduce tension and induce relaxation, remove blockages in the

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(Reflexology continued from page 9)

energy system and increase circulation.

General Benefits:

- ✓ Reduces stress
- ✓ Stimulates parasympathetic nervous system
- ✓ Increased blood circulation
- ✓ Helps balance endocrine system
- ✓ Pain control through release of endorphins
- ✓ Break down calcium deposits (crystals) in the feet
- ✓ Assists the body to normalize metabolism
- ✓ Complements all other healing modalities

I remember another patient, a retired Lieutenant Colonel in his late 80's. The main issue I was called in for was constipation. It had been an issue for him for a while and it was getting increasingly more uncomfortable for him. I decided foot reflexology would be the best course of action and proceeded to massage the reflexes that correspond to the large intestines on both feet. By the next morning, things were moving, gently and easily, according to the nurse's report. The RN case manager requested reflexology 2 times per week for this patient to keep him comfortable.

My Experience

As a massage student, I had two very profound experiences that led me to my passion for reflexology. The first one was in my basic circulatory training. When it came time to work on the feet, my partner was massaging my big toes pretty deeply and thoroughly. I became extremely nauseous and uncomfortable with the work. I did not understand until I took my first reflexology class what was happening. I have a herniation in my brain and it descends into my spinal column. I have to be very careful with head and neck massage. I cannot experience deep work in this area. How amazed was I when I remembered my initial experience with having my big toes worked on. The reflexes for the entire head, neck and brain are on the big toe.

My second experience took place in my reflexology class. I couldn't wait to go see my mother who had been suffering with constipation brought on by medications she was taking. I was so excited (too excited). I worked on her feet, reflexing the points that correspond to the large intestine. I worked and worked and worked some more, pressing deeper and deeper as I went. I didn't give any thought to my mother's age, disease status or sensitivity. Well, for several days after she suffered with diarrhea. My mother was a very good sport. My work, which was obviously too aggressive, took her from constipation to diarrhea, which is also out of balance. I

(Reflexology continues on page 11)

(Reflexology continued from page 10)

learned a great deal from that experience.

- ✓ You do not have to press hard
- ✓ You do not have to work very long
- ✓ Always consider the state and sensitivity of your client

Ways to use Reflexology

Clients with injuries:

You will have clients who say, "My neck is killing me, can you concentrate on it? Oh, and my left elbow too, my tendinitis is acting up, but I still want you to massage me all over!!!!!"

When you spend the bulk of your session working on specific injuries or painful areas, reflexology, even 5 minutes on each foot can make your client feel as if they had their entire body massaged. With 7000 nerve endings in the each foot, you really are massaging their entire body, satisfying the need and desires of your client.

Stand-alone therapy:

I like to fill a tub with warm soapy water with essential oils. While their feet soak, I do about 5-7 minutes of reflexology of each hand, then finish with 45 minutes or so on the feet. In my practice, this is my clients go to session for pure relaxation.

New to Massage or Anxious client:

Reflexology is a very calming modality and since it is done fully clothed can be extremely beneficial for the anxious, shy or new client. It is a great introduction to your touch, or touch in general.

Can't get to it:

Reflexology is extremely beneficial when the area of discomfort cannot be touched, i.e.: broken bones, open wounds, recent surgeries, bedsores, digestive/elimination issues, cancer metastasis, bursitis…people suffering digestive issues may not be comfortable with having their abdomen worked on.

As an instructor:

I currently teach Reflexology at Healing Hands School of Holistic Health in Southern California where I have been a staff instructor for over 20 years. A general philosophy we teach at our school is "Energy follows intention". Where intention and thoughts go, healing energy will follow. I teach that "The difference between a great foot massage and Therapeutic Reflexology is the practitioners' ability to focus attention on and intention to the specific reflexes".

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(Reflexology concludes from page 11)

In 2014, I collaborated with my co-teacher and dear friend Raina Colvin who is also a fine artist. I really wanted to have my own chart for teaching. Raina designed, drew and painted the original paintings for our now self-published reflexology chart. As instructors, we designed them with the student in mind. They are a tri-fold design which makes them easy to view on the table during instruction and the hand charts are oriented in the direction that you actually work on the hands.

**You can find approved educational providers through

NCBTMB.org,

Other Resources:

Reflexology Association of America

Reflexology Association of California

Change Makers:

Our Members In Acton at IRONMAN® Oceanside

On an early Saturday morning, April 7, AMTA California Members made their way to Oceanside for the annual California Half IRONMAN® competition.

Coordinated by Brian Arakaki, and working alongside a medical team (who were our "warm up" crew) provided post-sports massage on the athletes who completed the 70.3 mile course (Swim 1.2 miles, Bike 56 miles and Run 13.1 miles), and those that received a massage, were thankful for the service! For some of us, we were able to cheer on and welcome our private clients who endured this strenuous event!

(Pictured are our team of volunteers, the medical team getting our "warm up" massages, and the elements of IRONMAN, swim, bike and run!) Thank you to our volunteers! The 110 athletes we serviced, appreciated your time and touch!

THE MYTH OF THE PAIN RECEPTORS

by **Whitney Lowe** on February 20, 2018 in **Clinical Massage**, **Orthopedic Massage**

This is an exciting time to be in the massage profession, with research that is shedding new light on different facets of our work. Pain is the most common reason people seek the care of a massage therapist, and the more we understand about pain, the better we can participate in a comprehensive solution to address it. A key misunderstanding with a number of treatment strategies is the role of nociceptors (which many call pain receptors).

Many of us in the healthcare professions today were taught a relatively simple, and decidedly mechanistic, physiological explanation for how pain is perceived and transmitted in the body. This model actually goes back to the time of the philosopher, Rene Descartes, in the 17th century. Descartes' philosophy has carried through to form the philosophical foundation of our perspective of the body. When you hear the term, "Cartesian", in relation to mathematical or scientific ideas, that means to some extent it follows Descartes' influence.

Our understanding of pain transmission has, of course, evolved since the time of Descartes, but there is a great deal of similarity between his original ideas and those of our recent training. Yet much of the 'body as a machine' philosophy – i.e. the mechanistic view of the body - continues. Descartes suggested that when there is a noxious stimulus, like getting too close to a fire, a pain stimulus traveled from the contact point along a pathway of pain fibers to the brain (Image 1). Based on this idea, the predominant methods of pain management involved trying to block pain fibers before they got to the brain. This idea has continued to influence modern pain management to a significant degree.

Image 1: The drawing from Descartes indicating pain pathways

More recent neuroscience has modified these ideas, but many are still taught that the body has pain receptors that once stimulated, send a pain signal to the brain. However, there aren't actually 'pain receptors' so to speak. But, before we get into the finer details of how pain interpretation actually works, let's explore a simple example to see why that idea doesn't pan out.

If you were crossing the street in a quiet neighborhood with no traffic and suddenly sprained your ankle while in the middle of the road, there's a good chance you would feel pain right away and then calmly limp to the side of the road. If, however, you were crossing a very busy street when you sprained your ankle and also noticed a large bus bearing down on you, your reaction would be quite different. Most likely you would sprint to safety on the side of the road first. Only then would you begin to feel pain in your ankle. If there were pain receptors in your ankle, they would send pain signals to the brain immediately in either instance. In the second example, the ankle pain may have kept you from focusing on the more important survival

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Whitney Lowe, *directs the Academy of Clinical Massage, offering certification and advanced training to therapists worldwide. His career spans two decades and includes extensive clinical work, research, publication and teaching in advanced and orthopedic massage. He is the author of* Orthopedic Assessment in Massage Therapy. His Academy of Clinical Massage can be found at:

https://www.academyofclinicalmassage.com/

Where workshops, blogs (like this one), books and other resources are available for your use.

(Myth of Pain continues from page 14)

task of the moment—getting out of the way of the oncoming bus!

We now recognize that pain is far more complex than previously thought. Pain signals do involve sensory receptors connected to nerve fibers that go to the brain. The sensory receptors responsible for sending information about a noxious stimulus, like when you sprain your ankle, are called *nociceptors*. They are sensitive to chemical, mechanical, and thermal stimuli. But pain isn't felt until the brain receives those signals and interprets the input as pain. This activity happens instantaneously and it isn't under conscious control.

It is helpful to think about pain as an alarm that is generated by our body, just like the alarm system that may be protecting a home. Multiple sensors around the house are detecting motion or sound and the system is determining which ones are minor (like a leaf falling in front of the door) and which ones are important (someone breaking into the house). The alarm signal doesn't go off with every sensor change, only with the ones that are indicative of a potential threat. Just like that alarm system for your house, the nociceptors send many signals to the brain but the alarm (pain) isn't set off until that information is processed and it is determined that a significant threat exists.

Therefore, we now talk about pain being an output of the brain and not a 'pain signal' that is coming from the periphery and traveling to the brain. It is very much like the other senses we have. For our hearing, sound waves are captured by the eardrum, but it is not conceived of as a recognizable sound until the brain organizes the information received from the sensory receptors in our ear. The idea that pain is an output of the brain should not be confused with dismissive statements that are often given to patients whose pain is still a mystery to their healthcare provider. In some cases when a healthcare professional has not been able to identify a clear biological cause of pain, the patient or client may be told the pain is psychosomatic or "all in their head." That is NOT what is being implied by stating pain is an output of the brain.

Pain can come from many factors and pain without obvious tissue damage is just as real as pain felt by the person who has an observable injury. It is common to find people who have very little or no apparent tissue damage but a great deal of pain. Conversely, it is also easy to find people who have significant tissue damage, but no pain (or pain that comes on much later than the initial tissue insult). Examples include highly competitive athletes or soldiers where individuals were severely injured but did not feel pain because there was something more important that the brain was focused on (winning the competition in the athletic example, or staying alive in the event of battlefield injury). Both of these situations produce a clinical conundrum that is hard to explain with the former Cartesian model of pain receptors sending pain signals from the periphery to the brain. So how do pain signals actually work?

To fully grasp how pain sensations are produced, it is helpful to review some basic principles of neuroanatomy. Not all massage therapists are taught these details about the nervous system in their basic training, so this is a great opportunity to polish your understanding of these concepts.

Nerve fibers are classified according to their diameter. There are 4 primary types of nerves that play a major role in our experience of pain. They are named with letters from our alphabet as well as the Greek alphabet. These four primary types of nerve fibers and their key characteristics are shown in Box 1

Box 1:

Fiber Type Name	Myelinated	Primary Responsibility
Aα (alpha)	Yes	Proprioception: muscle spindle and golgi tendon organ
Aβ (beta)	Yes	Mechanoreception
Aδ (delta)	Thinly myelinated	Free nerve endings & nociceptors for touch and pressure, cold receptors
C	Non-myelinated	Nociceptors and warmth receptors

When a nerve fiber is myelinated, that means it is covered by a myelin sheath (Image 2). The myelin sheath helps the nerve impulse travel along the length of the nerve at a much faster rate. The rate of signal transmission plays a crucial role in pain perception and also how that sensation can be magnified or diminished.

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(Myth of Pain continues from page 15)

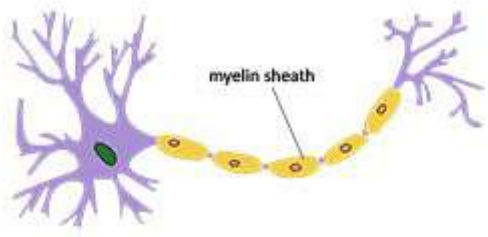

Image 2: Myelin sheath surrounding a nerve fiber
Image courtesy of Wikipedia

Nerves that carry nociceptive signals are primarily the Aδ and C fibers, although there is some indication that nociceptive input can travel along the Aβ fibers in some cases. Often when you have an acute injury you feel a sudden sharp and strong pain first that is followed by a more persistent dull aching pain afterward. The strong and sharp pain is mostly from Aδ fiber signals which arrive at the brain before the slower, non-myelinated nociceptive signals from the C fibers. The C fibers are responsible for the latent dull aching pain that comes on after the immediate pain from an injury. There is also an indication that C fiber nociceptive signals are mainly responsible for many of the chronic pain complaints that persist for long periods of time.[1]

In 1965 two researchers, Ronald Melzack and Patrick Wall, published a paper outlining a new theory of pain modulation that emphasized an expanded role for the central nervous system and de-emphasized the notion of pain receptors in the periphery and the idea they were sending 'pain signals' to the brain. This theory has come to be known as the *Gate Theory* of pain. While it has been modified from its original presentation, there is still strong evidence to support the idea that signal transmission and the experience of pain can be modified the way they originally described it. Let's take a look at how that works.

Nociceptive signals are sent from specialized sensory receptors in the periphery of the body. Once those sensory receptors are activated they send a message primarily along the Aδ and C fibers. But the body is also getting sensory information from other receptors simultaneously. Proprioceptive signals about the body's position in space and signals about joint position from mechanoreceptors are traveling on the much faster Aα and Aβ nerve fibers. They get to 'processing stations' in the spinal cord and central nervous system faster than the nociceptive signals traveling on the Aδ and C fibers (Image 3).

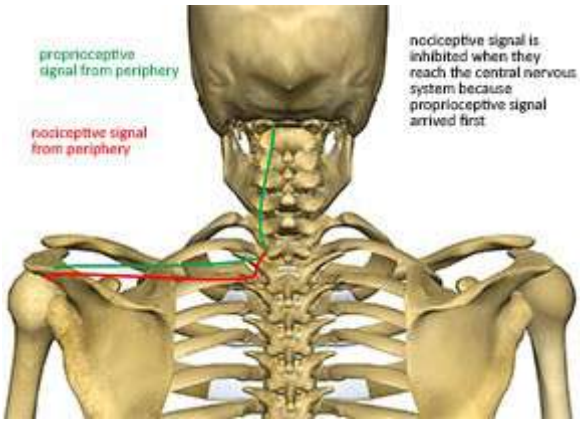

Image 3: Schematic representation of the Gate Theory

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(Myth of Pain concludes from page 16)

The gate theory suggests that there is a neurological 'gate' (not truly a mechanical gate, but a metaphorical one) in the spinal cord that closes down to limit the amount of information being sent to the brain for processing. When the proprioceptive signals arrive at the gate first, the gate shuts down to the slower-traveling nociceptive signals. With fewer nociceptive signals getting through, there is decreased pain sensation. The benefit of mechanoreceptors and proprioceptors outpacing the nociceptive signals means that the most important stimuli is perceived by the brain first, as in the example of the person with the sprained ankle sprinting to the sidewalk to avoid a bus. This mechanism also explains why rubbing a painful body area reduces the pain experienced in that moment.

Massage therapists should take note that some of the positive effects of massage related to pain management may very well be attributed to mechanisms described by the gate theory. We have yet to research this fully, but certain techniques like active engagement methods where there is simultaneous massage along with concentric or eccentric muscle engagement may be capitalizing on the pain gating process. It is likely that proprioceptive information coming from the massage technique along with the joint movement and muscle contraction closes the gate on nociceptive signals and thereby decreases pain.

Our current understanding of pain signal transmission also sheds some interesting light on pain experiences our clients present to us. When nociceptive signals reach the central nervous system they travel through the spinal cord and then ascend through the lower, mid, and upper portions of the brain until they are fully processed. As they travel through these different sections, the intensity of the signals can be altered. Various factors can cause pain signals to be amplified; this is called *ascending facilitation.* Think of it as 'turning up the volume' on the nociceptive signals that are arriving. Ascending facilitation can create two characteristic clinical experiences; *hyperalgesia* and *allodynia*. Hyperalgesia is when something is much more painful than it ordinarily should be. Allodynia is when something is painful that shouldn't be (like when a client reports that gently stroking the skin is painful). Obviously our goals of pain treatment are to decrease any ascending facilitation that may be occurring.

There is a corresponding process that 'turns down the volume' on nociceptive signals and is very helpful for decreasing the client's pain experience. When various pleasurable sensations (like massage) are experienced, the upper portions of the brain can send signals to the lower sections and block a certain amount of nociceptive input, decreasing the person's sensations of pain. This process is called *descending inhibition* (or descending modulation). There is some research that now suggests this may be one of the most important benefits of massage when it comes to pain management.[2]

There are fascinating new developments in our understanding of how pain is experienced and the various strategies we can use to help manage our client's pain. The more we understand about the pain process, the better we will be at adapting our massage treatment to take the best advantage of how pain transmission occurs in the body. In upcoming installments we will further explore some of these important concepts about how to use this new research to best help our clients.

1. Moseley L, Butler D. *Explain Pain Supercharged*. Adelaide, Australia: Noigroup Publications; 2017.

2. Vigotsky AD, Bruhns RP. The Role of Descending Modulation in Manual Therapy and Its Analgesic Implications: A Narrative Review. 2015;2015. doi:10.1155/2015/292805.

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Nichelle Smith
Uyen Uong Scheel
Wendi Davis
Wilbur Anderson

15 Year Celebrations

Alba Tucker
Amanda Leitner
Andrea Rumery
Bryan McCoy
Daniel Halpain
Danielle Ritchie
Dora Bendahan
Elizabeth Elliott
Eva Borken-Hagen
Jeanne Bass
Judith Noon
Karite Ahkiong
Kevin Burns
Kinu Dells
Martha Nicchitta
Robert Rudelic
Taylor Shogren

20 Year Celebrations

Anina Grossman
Ann Sims
Dana Fonte
Deean Decker
Dianna Lyda-Savich
Jeffrey Forman
Joana Brown
Katcha Minot
Kyle Taylor
Mia Nomoto
Richelle Drake
Valerie Seldon

25 Year Celebrations

Debora Torkington
Jan Bardot
Mary Casha
Susan Powell
Wendi Jack

30 Year Celebrations

Bernice Austin
Mary Ann Alexander
Robin Stull
Rosemary Takeda

35 Year Celebrations

Arthur Mosogfian
Jane Kasdan
Jean Dufty
Paul Tuff

75 YEARS amta american massage therapy association

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

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Northern: Ryia Suising
Central: Megan Martin
Southern: Sarah Berkke

Elected Delegates
1) Rio Safford
2) Patricia Rusert Gillette

Northern Units

East Bay Unit
Golden Gate Unit
Redwood Empire Unit
Silicon Valley Unit
Far North Region
Greater Sacramento Area
Monterey Bay Region
Napa Valley Region

Southern Units

Orange County Unit
Los Angeles-South Bay Unit
San Diego Unit
Desert Resorts Region
Gold Coast Region
Inland Empire Unit
Mid State Region

Chapter Website
www.ca.amtamassage.org

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

Chapter Administrator
Jeff Milde
Calma Association Management, LLC

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
Tuesday, 10, Board Meeting, Conference Call
Saturday, 21, Sea Otter Classic, Monterey

May 2018

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

June 2017

Sunday, 3, Board Meeting, Novato
Friday, June 29-July 1, Stand Down San Diego
(Kevin Whitfield, resettherapyfitness@gmail.com)

July 2018

Tuesday, 21, Board Meeting, Conference Call

August 2018

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

September 2018

Tuesday, 4, Board Meeting, Conference Call
Saturday, 8 Camp Pendleton Family Day,
Del Mar Beach, San Diego
(Kevin Whitfield resettherapyfitness@gmail.com)
Saturday, 8, Best Buddies Challenge, Hearst Castle,
San Simeon
(Cynthia Sykes, cynsykes46@gmail.com)
Sunday, 16, SuperFrog® IRONMAN®,
Imperial Beach, San Diego
(Michael Roberson, southernrep@amta-ca.org)

October 2018

Saturday,20, MS Bay to Bay Ride, Carlsbad
21-27 National Massage Therapy Awareness Week
Sunday, 28, Board Meeting, Face to Face

November 2018

Sunday, 25, Board Meeting, Novato

December 2018

Sunday, 31, Chapter Scholarships Awards Due
It's the holidays!
Enjoy the time with your family, loved ones and friends.

January 2019

Tuesday, 8, Board Meeting, Conference Call

February 2019

Tuesday, 12, Board Meeting, Conference Call

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