California Currents

NEWSLETTER FOR THE CALIFORNIA CHAPTER OF THE AMERICAN MASSAGE THERAPY ASSOCIATION Winter 2018-2019

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Online Registration Now Available!

Annual California Educational Conference and Business Meeting

Hilton Arden West, Sacramento

Friday, 15, Welcome Reception

6pm – 8pm

Saturday, 16, Education and Business Meeting

Courses:

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with Tami Goldstein, WLMT, CMT, BCTMT

Introduction to Instrument Assisted Soft Tissue Mobilization for Self Care and Treatments (4 CEs)

with Dr. Jeff Forman, Ph.D., BCTMB, CMT

Know Pain: Introduction to Pain Science (4 CEs)

with Julie M. Porter

(Details of each workshop inside this issue.)

Register Now

www.ca.amtamassage.org

Greetings from your President

Welcome to 2019! As we enter the new year your board is focused on Conference. I invite all of you to attend our Annual conference, Saturday, March 16, at the Sacramento Hilton. This year conference is a one-day format with 3 educational opportunities. Our business meeting will occur during lunch. This year elections will happen before conference as we have adopted electronic voting. If you haven't saved the date do so now. We would love to see you.

I would like to give a special thank you to Patricia Rusert Gillette. After many years of service, Patricia is stepping away from the board. Patricia, we appreciate the work and time you have put in for our association. Having worked with you in the Greater Sacramento Unit, I know I will miss you and the work you have done. Thank you for volunteering with our Chapter.

In the upcoming year we are looking to plan more educational events for our members so look out for those emails for classes you want to attend. Thanks to everyone attending our conference and for those that cannot attend, we hope to see you at a class near you.

John Lambert , CMT #278

Electronic Voting

Allowing your voice and choice be heard!

AMTA California Chapter to Hold Online Elections for First Time in 2019

For the first time ever, in early 2019 all AMTA-California Chapter members will have the opportunity to vote online for AMTA-California Chapter elected board members and delegates from the comfort of their homes.

AMTA members at the October 25 Chapter Membership Meeting approved a standing rule permitting this Chapter to conduct annual elections for chapter board positions via online voting. We would like to thank the members that voted in favor of this standing rule which provides an opportunity for a larger portion of our Chapter membership to exercise their member benefit and vote online for Chapter officers and delegates.

This process goes is to effect for our 2019 election cycle. Please be on the lookout for emails with the Call for Candidates and the online ballot. Exact due dates will be shared as we know them.

- January 2019: Call for Candidates with Candidate Application emailed to all AMTA-CA Professional Members (this includes Professional, Retired, Inactive, and Graduate Members)
- February 5, 2019: Due date for candidate applications
- February 19, 2019: Members sent confidential online ballot. Voting is anonymous.
- March 16, 2019: Election results announced at AMTA-CA Annual Meeting

We are excited to join 30 other AMTA chapters that have been successful participating in online voting. If you have any questions about the online elections process, or are interested in volunteering with the Chapter, please contact info@amta-ca.org.

Open Chapter positions that will appear on the ballot:

President	1 year term (2019-2020) *Special 1 year term
Secretary	1 year term (2019-2020) *Special 1 year term
Board Member	2 year term (2019-2021)
Financial Administrator	2 year term (2019-2021)
Delegate – 2	2 year term (2019-2021) and 1 *Special 1 year term (2019-2020)

The candidate application process began in **January 2019**. Position descriptions and eligibility requirements for each of the above positions can be found on the Chapter website, www.ca.amtamassage.org. We hope that you will consider volunteering as a way to give back to the profession and engage in the AMTA community through education, advocacy, and networking.

Conference Schedule

Friday, March 15, 2019

Welcome Reception

6pm - 8pm

Hosted by AMTA-CA and Exhibitors

Saturday, March 16, 2019

Registration and Workshops

8am -12.30pm

Upledger's CranioSacral Techniques for Autism (All Day)

Introduction to Instrument Assisted Soft Tissue Mobilization (IASTM) for Self-Care and Treatments (Half Day)

Lunch and Business Meeting, Elections' Results, Awards and Special Recognition
12.30pm - 2pm

Workshops
2pm - 6.30pm

Upledger's CranioSacral Techniques for Autism (Continues)

Know Pain: Introduction to Pain Science (Half Day)

Conference Concludes at 6.30pm

2019 AMTA CA Annual Educational Conference

Upledger's CranioSacral Techniques for Autism

Tami Goldstein, WLMT, CST, BCTMB

9hrs/9CEs
8am-12.30pm, 2pm-6.30pm (full day)

Massage Therapists are in a position to provide hands-on work to individuals on the autism spectrum. The current autism prevalence is 1 in 59 children. To effectively work with those affected by autism, you need to understand the unique and varied presentations. This course will provide; education about autism and tools for effective therapy: education on how different touch modalities address sensory systems in the body, how understandings and individual's particular presentation of their disability can lead to successful and beneficial therapy sessions, tools for preparing the therapy environment and example of pertinent additional health intake questions will be shared. The course will also cover neuroanatomy and the differences between a neurotypically developed brain and the brain of a child with autism. Learning and understanding autism, its characteristics, and how SPD (Sensory Processing Disorder) impacts the individual will prepare the massage therapist for success when working with clientele. The course instructor will use her extensive background working with this population both personally and professionally and will combine storytelling with role-playing and group activities to air instruction.

Tami A. Goldstein is certified in Upledger CranioSacral Therapy (U-CST) from the Upledger International Institute, Board Certified and an approved continuing education provider through the NCBTMB. She has been a Wisconsin license massage therapist since 2004. Ms. Goldstein owns and runs A Therapeutic Touch by Tami, LLC. She has fourteen years' experience as a therapist, advocate, international speaker, and educator of bodywork specializing in individuals on the autism spectrum, and or neurodevelopmental disorders. She's the international award-winning author of "Coming Through the Fog," an autism recovery journey, a contributing author in Cutting Edge Therapies for Autism (2014 Edition), and other books & publications. Ms. Goldstein is a 2018 World Massage Festival Hall of Fame inductee, the founder of Wisconsin for Vaccine Choice and the parent of an individual with recovery from autism.

2019 AMTA CA Annual Educational Conference

Introduction to Instrument Assisted Soft Tissue Mobilization for Self-Care and Treatments
Dr. Jeff Forman

4hrs/4CEs
8.30am-12.30pm (half day)

Introduction to Instrument Assisted Soft Tissue Mobilization (IASTM) for Self-Care and Treatments

Instrument Assisted Soft Tissue Mobilization (IASTM) is an advanced form of myofascial mobilization, similar to deep-tissue massage. It is primarily used to detect and release scar tissue, reduce pain, increase flexibility and improve circulation. IASTM can be used to provide force to a broad area or focus force on a specific area. It is highly effective in treating tendinopathies and speeding up the rehabilitative process. This technique is not intended to replace the hands but to supplement and enhance treatments while reducing fatigue and strain on the therapist. Class will cover IASTM theory, indications and contraindications and how to use and care for the tools. Students will also experience how to properly use the tools for self-care and on clients. Demonstration and practice will include as time permits the fingers, thumb and hand, forearm flexors and extensors, common flexor and extensor tendons, biceps and triceps, knees, ankles, feet, neck and shoulders.

Jeffrey Forman Ph.D. BCTMB, CMT- Retired as professor and massage program coordinator- De Anza College Cupertino, California, he continues his career as a speaker, author, consultant, 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 schools advisory committee. He is also a certified advanced HawkGrips IASTM practitioner and instructor. His most recent book is "Managing Physical Stress with Therapeutic Massage" Cengage Learning (2007). His most recent research is the project "The effects of a therapeutic massage with and without a Pain Relief kit on pain, and function among individuals with low back pain" Jeffrey Forman Ph.D. BCTMB, Lynda Solien Wolfe LMT, Kara Solem, BS, RN, Robert Topp, RN, PhD., 2017.

2019 AMTA CA Annual Educational Conference

Know Pain – Introduction to Pain Science
Julie Porter, RN

4hrs/4CEs
2pm-6pm (half day)

Know Pain: Introduction to Pain Science

This is a fun fact filled four-hour class in which we will explore key concepts around current pain science. We will briefly discuss the history of pain science. We will look at the difference between chronic versus acute pain. We will delve into some common questions around Pain, that our clients have; "why does it hurt if I haven't injured anything?" or "No gain without pain right". We will examine the role of our nervous system, as Pain is an output of our nervous system. We will look into current research about pain. Why take this class? A top reason why clients come to see you is to get help with an issue, most likely pain related. As a massage therapist be current on key concepts, that can help your clients. A key theme in this class is, how to get clients to understand and help themselves with their pain.

Julie Porter has two occupations she loves, and both involve helping people. She is a registered nurse, now for 26 years and a massage therapist since 2006. She graduated from the San Jose campus of National Holistic Institute. Julie opened a private practice in Campbell after graduating from NHI. She taught for the National Holistic Institute for 9 years, including the Advanced Neuromuscular therapy program for her last 6 years with NHI. Seven years ago, she became very interested in pain science and education. This led to co-founding the Institute of Manual Neuroscience with Dr. J. Rockwell. This is an educational company that provides continuing education for manual therapist based on scientific support. Julie currently has a private practice specializing in persistent pain.

Technique Focus

How Massage Fits Into Modern Pain Management Plans

By Justin Cottle, LMT

Pain—and pain management—is something of a mystery.

On a superficial level, it seems obvious that pain is a response to tissue damage, such as a papercut or broken arm. Once the injuries are treated, the pain should disappear, and everything should return to normal.

The problem with this line of thinking is that when you start to probe a little deeper, things become murky, leading to more and more questions that we don't yet have answers to.

The Mysteries of Pain

Phantom pain has stumped physicians for a long time. Why is it that individuals who've had an amputation can still feel intense pain in a limb that no longer exists? After all, the pain receptors in the limb are now gone, so shouldn't the sensations subside?

Equally strange, research now suggests that low back pain increases after an early MRI, meaning that patients get worse once they see that something is wrong.

Interestingly, some individuals don't even have back pain at all until they receive the MRI, showing they have an issue. If pain is simply alerting you to an injury, why do the sensations increase if nothing has physically changed?

Even the expectation of pain seems to make the sensation more intense than it originally would have been. It's as though our brains are making the situation worse than it needs to be.

These are just a few examples of the mysteries facing pain researchers today. Progress continues to be made, but there is still a long way to go.

Now that we see that pain science isn't so simple, what role can massage therapy play when it comes to pain management?

The answer may surprise you.

Perception vs. Reality

When it comes to pain, things aren't exactly as they seem.

Pain researcher Lorimer Moseley, PhD, states in a 2007 paper that as pain persists over time, both pain receptors and the brain itself become overly sensitized, making the injury seem more painful than it originally was, even if it didn't get worse.

It's almost as if the body is becoming more obnoxious in its attempt to get your attention.

(Pain Management continues on page 9)

Justin Cottle, LMT, teaches Anatomy, Physiology, and Pathology for the Cortiva Institute at the Utah College of Massage Therapy, as well as instructs future EMTs, Medical Assistants, Dental Assistants, Estheticians, Massage Therapists, Structural Integrators, and Yoga Instructors at the Institute of Human Anatomy.

This article appeared in Massage Magazine, November 13, 2018 and was allowed to be reprinted in this issue of the California Currents with permission of the author and Massage Magazine. Thank you.

(Pain Management continued from page 8)

As a massage therapist, this should make complete sense.

As clients guard and protect their injuries, the surrounding tissue tightens up, and the pain intensifies. There are times where the bodywork isn't deep at all, yet the clients nearly jump off the table in pain.

It's not that the light pressure did any damage, it's that the body has become overly sensitized to prevent further injury.

The client is perceiving a worse injury than they truly have, and it's this perception that could be hindering their recovery process.

Now, this doesn't mean we should be telling our clientele to "toughen up" or that it's "all in their head."

It also doesn't mean that we should be assuming their pain isn't relevant to their actual injury — the pain they feel is real, even if the issue isn't as bad as it seems. Worsening the injury due to your negligence doesn't help anything.

We should be coaching our clients on the importance of gradual improvements by pushing cautiously through painful sensations.

As massage therapists, we can guide them through this process in a session, breaking up scar tissue and slowly bringing back movement.

Movement is the key here. Without it, there can be no recovery.

Movement = Health

As anyone who has spent time in a hospital bed can tell you, the sooner you're able to start walking around, the better the healing process is going.

There's a reason why the hospital staff wants you to get out of your bed and move around — movement lessens scar tissue development, increases blood flow, and speeds up the healing process.

Obviously too much movement performed too quickly can be a bad thing, but in the right amount with a proper speed it can work wonders.

As a massage therapist, we have the capability to move our clients through passive stretching and range of motion during our sessions.

Through repatterning exercises, we can coach our clients through the process of moving with pain in order to retrain the nervous system to not send an unnecessary pain signal.

Remember, the client's perception of the injury is worse than the actual reality. There's wiggle room when it

(Pain Management concludes on page 10)

(Pain Management concludes from page 9)

comes moving without making things worse, and this is what they need to aim for.

Clients need to be coached on how to listen to their body, slightly push past their comfort zone, but never push harder than they need to.

Massage as a Piece of the Pain Management Puzzle

As researchers continue to unravel the mysteries of pain, treatments will evolve, becoming more specific to the pathology, and less dependent upon broad ranging medications that have dire long-term consequences.

With evidence showing that pain is a multivariable problem, massage therapy is in the perfect position to play an integral role in its treatment.

Massage therapy has already been shown to be effective in the management of both acute and chronic pain, but studies also show that the effects are short lived, usually lasting up to a month or so.

Rather than be discouraged by this, we need to embrace it. We as massage therapists need to realize that our profession isn't the singular answer to pain management. Instead, we are an incredibly important piece to an extremely complicated puzzle that still has a long way to go before being completed.

Massage therapy can literally change a client's perception of pain. By increasing movement in joints and muscle tissue, bodywork can accelerate the healing process and increase the quality of life.

This by itself is immensely powerful, but when it's added to meaningful and precise surgeries, quality physical therapy, well developed nutritional plans, and strong mental and emotional support, our clients have the best chance of eliminating chronic pain.

If you are interested in learning more about pain management,

check out these on-line workshops provided by AMTA.

[Relieving Sciatica]

[Relief Within Reach: Massage & Stress]

[Receptor Techniques for Painful Necks]

[MS: Fighting Back with Massage]

[Massage Therapy for Post-Operative Pain]

[Massage Therapy for Osteoarthritis]

[Massage Ramifications of the Anatomy and Physiology of the Spinal Cord]

[Lower Back Pain and the Role of Massage Therapy]

[Joint Replacements: The Patient's Surgical Journey]

[Helping Clients Manage Migraines]

[An Evidence Based Guide to Treatment of Fibromyalgia for Massage Therapists]

For the lists of over 70 on line workshops, go to www.amtamasssage.org/courses

Technique Focus

Pain Exposure Therapy

Erik Dalton, Ph.D.

Mired in Controversy

I'm aware this may be an unpopular statement, but I don't completely agree with the idea of pain-free bodywork.

In an environment that promotes relaxation under the guidance and reassurance of a qualified bodywork professional, I believe a client's brain can be trained to associate slow, precise, graded-exposure stretching maneuvers with security instead of pain. Pain is essentially a threat warning, so pain exposure therapy (PET) requires time for the brain to process these bodily changes.

In the myoskeletal application of PET, therapists and clients use active feedback while working at the feather edge of the client's painful barrier, just above comfort level. Muscle energy, fascial hook, and pin-and-twist maneuvers, such as those demonstrated in Images 1 –3, encourage the client to engage the painful barrier with active movements and gradually push the discomfort level a bit further with each repetition. By progressively introducing stretch to areas that have been problematic in the past, the nervous system begins associating the new movement with safety instead of pain.

Image 1: With the client's hip flexed, the therapist slowly extends the knee to the first restrictive pain barrier. The client gently knee flexes against the therapist's resistance to a count of five and relaxes. Working with the client's nervous system, the therapist again extends the knee to the feather edge of the painful barrier and repeats the action until functional range of motion is restored.

Erik Dalton serves as Executive Director of the Freedom From Pain Institute, a school committed to the research and treatment of chronic pain conditions. Dr. Dalton shares his wide therapeutic background in massage, Rolfing®, and osteopathy in his entertaining continuing education (CE) workshops, home study courses, books, and videos.

With over thirty years educating massage therapists around the world, Erik Dalton is among the best teachers a professional bodyworker could ever study with. He has worked tirelessly to develop a system of manual therapy that addresses and heals pain patterns at their very core. Armed with a comprehensive understanding of the intricate interplay between mind and body, structure and function, massage therapists who've studied Myoskeletal Alignment Techniques with Erik Dalton are changing the face of chronic pain the world over. For more information on Erik Dalton and his Mayoskeletal Alignment Technique, please go to: www.erikdalton.com

(Dalton continues on page 13)

(Dalton continued from page 12)

Image 2: The therapist's extended fingers hook the constricted tissue and stretch to the first painful restrictive barrier. The client performs slow pelvic tilts while the therapist gradually increases pressure working with the central nervous system at the feather edge of pain.

Image 3: The therapist's left hand braces the client's arm against their body and pins the restricted pectoralis minor muscle with their right elbow. The client's arm is taken to the first restrictive external rotation barrier. They are instructed to deeply inhale while the therapist's right elbow holds constant pressure. The client controls the degree of discomfort by exhaling (to decrease) or inhaling (to increase). Repeat until the protective guarding is reduced.

Throughout a series of sessions, I've noticed a marked decrease in protective muscle guarding, and an increase in pain tolerance and joint range of motion when following these key guidelines:

(Dalton continues on page 14)

(Dalton continued from page 12)

- Create a safe environment with active client feedback and participation.
- Work at the feather edge of the painful restrictive barrier, and introduce graded-exposure stretches to diminish discomfort.
- Include novel stimuli during sessions by exploring new movement patterns that attract and hold the brain's attention.
- Offer home-exercise suggestions that reinforce the new movement patterns.

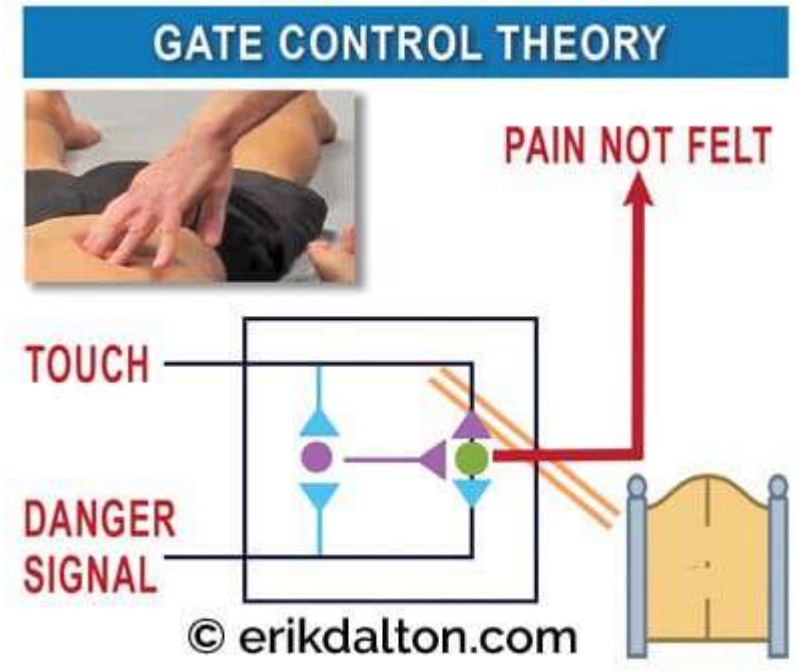

Image 4: Gate control theory of pain

How does Pain Exposure Therapy work?

We've all seen how pain can reduce strength, flexibility, and endurance, as well as create a sense of fatigue. The brain is trying to do anything it can to avoid what it believes may cause injury. With a built-in adaptive mechanism, it can determine whether the body needs less or more protection at any given time. There is little doubt that traditional stretching routines produce an immediate increase in muscle extensibility due to the viscoelastic nature of muscle, but these effects quickly dissipate. The more permanent extensibility seen in PET is likely the result of two factors: the client's willingness to tolerate the discomfort associated with stretch, and muscle, ligament, and joint pain gating.

According to the gate control theory, pain sensations are affected by descending modulatory influences from the brain, which can make the stretch either more or less sensitive to pain (Image 4).1 When danger-signaling nociceptors are stimulated by excessive stretch, mechanical compression, and inflammation, the stimuli are fast-tracked to different parts of the brain. The brain then quickly interprets the information based on things such as prior therapeutic experiences, elevated mood, and confidence from positive expectations of stretch benefits. If performed correctly, afferent input from muscle and joint mechanoreceptors during a stretch can interfere with danger signals and inhibit an individual's perception of pain.

For example, during a forward-bending hamstring stretch, the farther the person bends forward (stretch torque), the closer they can reach toward their toes. This results from mechanoreceptive pain gating in the hip and low-back joints, as well as an increased willingness to tolerate the discomfort associated with the stretch. The controlled manipulation of tissue and facilitated movement during PET offer added safety from overstretching into the painful barrier by providing tactile feedback that prevents the brain from guarding the area with protective muscle spasms.

Several steps can be taken to further avoid exasperating a client's symptoms during PET. First, practitioners must develop subtle palpation skills to differentiate quality, range, and end-feel when assessing soft tissues such as ligaments, muscles, fascia, and particularly joint capsules. Mentally ask yourself the following questions: During end-range of motion, does this tissue have a boggy, leathery, spasmodic, or hard end-feel? When comparing side to side, are there areas of bind in one limb and greater ease of movement in the other?

(Dalton concludes on page 15)

(Dalton concludes from page 14)

Client uses both hands to grasp her bottom knee towards her chest.
Therapist's left hand grasps client's right ankle and his right hand grasps her knee
Therapist steps behind client's knee as it is brought into flexion
With right hand on her knee and his left securing her ankle, the therapist can create knee flexion or hip extension
Therapist gently extends client's hip to painful femoral nerve barrier and backs off to the inter-barrier zone
The client tucks her chin to traction the femoral nerve
To floss the nerve distally, the therapist gently adds knee flexion as the client brings her head back to neutral
In hypermobile clients, the therapist removes his left hand from ankle and places it on client's hip
A counterforce is created as the therapist extends clients hip by pulling with is right hand and resisting with his left
Knee flexion can also be added if needed
Repeat this pain-free nerve flossing technique 5 – 10 times and reassess for reduced femoral nerve pain. Repeat on opposite leg

Efficiency of movement and improved function are the desired outcomes of any bodywork strategy. Tension, trauma, and even overly aggressive bodywork can result in excessive soreness and stiffness, which compromises fluid movement. Such stiffness typically results from nonoptimal neuromuscular firing due to altered brain maps, rather than passive stiffness based on adhesions, scar tissue, or degenerative changes. Remember that the body's physical and mental states interact bidirectionally, so we can decrease pain by moving better, and we can move better by decreasing pain.

Summary

A PET desensitization approach is aimed at normalizing sensation by providing consistent stimulus to the affected area for short periods of time. The brain will respond to this sensory input by acclimating to the sensation, thereby gradually decreasing the body's pain response to the particular stimuli. Good clinical assessment and the appropriate application of PET, combined with self-care advice, can be successfully used in conjunction with other therapies to build an effective pain-management program.

Notes
1. R. Melzack and P. D. Wall, "Pain Mechanisms: A New Theory," Science 150 (1965): 971–9.
Femoral Nerve Mobilization
(L2- L4) (left sidelying)

Do you have a topic, modality or technique you would like to know more about? Send an email to editor@amta-ca.org and we will do our best to get your choices into an upcoming California Currents issue. This newsletter is a resource for you. How can me make it work to meet your needs?

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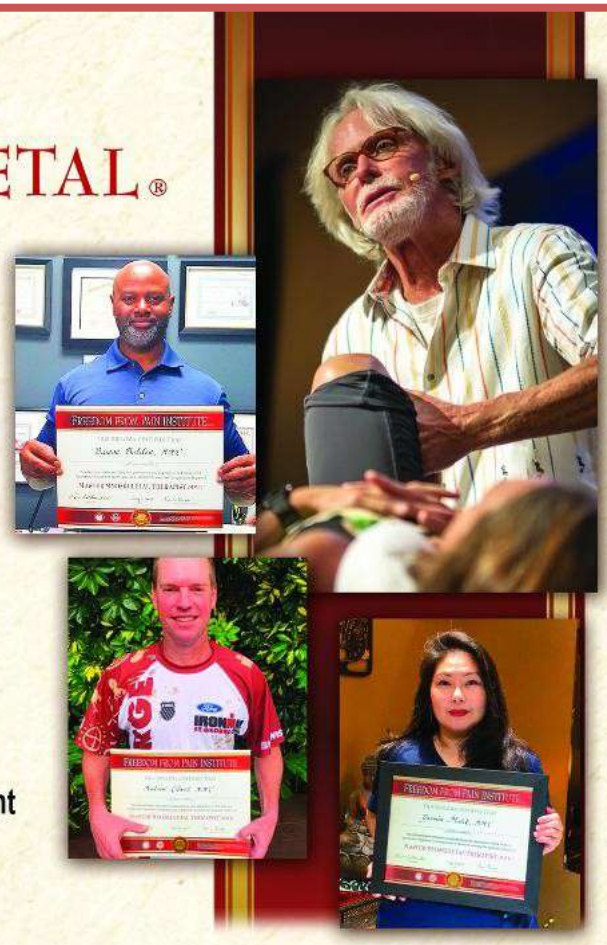

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"Having been a long time bodyworker, one of the most amazing things to me about MAT theory and practice is it's accessibility to both beginners and seasoned professionals. I've been through the standard higher educational system and have spent time studying many different systems of thought and always refer to MAT as where "the rubber hits the road." ***Andy Libbert, MMT, Oregon***

"Last year my Master Myoskeletal Therapist goal was finally accomplished and I was able to complete the 210-hour program in only one year. I am honored and proud to now be a part of the MMT team and the first in London, England. I want to thank Erik for his inspiring workshops, DVD's and books. My hands-on skills and client relationships continue to improve as I keep reviewing all the material. Every day I feel I'm better able to help my clients improve function and reduce pain." ***Yasmin Malik, MMT, London***

Visit the website for complete information on courses and Myoskeletal workshops

Erik Dalton *- Oklahoma City / Costa Rica*
Paul Kelly *- Houston / Kansas City / West Palm Beach / Asheville / Boston*
Aubrey Gowing *- Dublin, Ireland / London, England / Soon to Australia*
Andy Libert *- Oregon*
David Clinger *- NW Ohio*

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Technique Focus

Pediatric Massage: Highlighting Autism Spectrum Disorders

Tina Allen | Liddle Kidz Foundation

Autism spectrum disorder (ASD) is defined as a complex developmental diagnosis with specific signs typically appearing during early childhood and affecting that person's ability to communicate, as well as, interact with others socially. ASD is defined by a specific set of behaviors and is a "spectrum condition" that may affect children in various degrees.

Some of the behaviors associated with autism may include delayed learning of language and difficulty engaging in conversation, lack of eye contact, narrow interests and poor motor skills. A child with an ASD diagnosis may have many of these behaviors or just a few. These behaviors make it difficult for children with ASD to communicate with others, leading to frustration and in many cases social isolation.

Additionally, many children with ASD are characterized as having difficulty with sensory integration and then may be co-diagnosed with other diagnoses such as SPD (Sensory Processing Disorders). Families and healthcare professionals often report that children might have an aversion to touch and tactile stimulation.

Number of Children Diagnosed on the Rise

Data from the Centers for Disease Control and Prevention (CDC) states that there are approximately 1 in 59 eight-year-old children identified as having autism, according to the report published by the CDC (CDC's Morbidity and Mortality Weekly Report (MMWR) Surveillance Summary). The data utilized to generate this report was provided by the CDC's Autism and Developmental Disabilities Monitoring (ADDM) Network. ADDM Network is a tracking system that provides estimates of the prevalence and characteristics of autism spectrum disorder among more than 300,000 8-year-old children. This new data suggests the rate of Autism is twice as high as it was in the 2004 rate of 1 in 125 and could calculate to as many as 1 in 54 boys affected.

With the data suggesting the number of children affected by Autism is on the rise, it is more important than ever before to help ensure families have access to a variety of therapies and approaches to best care for their children.

Benefits of Pediatric Massage for Autism

The common belief that children with autism do not like to be touched is false. Autism is characterized with sensory malfunction and dysfunction of the tactile system, often making a child averse to certain sights, sounds, smells or touch.

Given that children with autism have been reported to be opposed to physical contact, it is interesting that many of their parents, as well as massage therapists are finding great success in the use of massage therapy.

Sleeping is a significant issue with children of all ages, and maybe more so with children who have Autism. It is reported that between 56% and 83% of children with autism spectrum disorders experience sleep disturbances, including refusal to

(Tina Allen continues on page 18)

Tina Allen, founder of leading children's health and nurturing touch organization Liddle Kidz® Foundation, is largely credited with popularizing pediatric massage therapy. Ms. Allen is the premier expert and authority on infant and pediatric massage therapy. She is an internationally respected lecturer, educator, and award-winning author of the best selling book "A Modern Day Guide to Massage for Children". Ms. Allen is a proud tribal member of Wyandotte Nation.

Her innovative approach to children's health has allowed her the unique opportunity to educate caregivers and healthcare professionals throughout the world and create pediatric massage programs in 100+ medical institutions; including the Mayo Clinic, Children's Hospital Los Angeles and Children's Hospital of Philadelphia.

Tina's work with children around the world has garnered international honors including the Massage Therapy Foundation Humanitarian of the Year and the American Massage Therapy Association Award for Distinguished Service. She travels 365 days a year in a tour bus with her husband and their awesome son, Otis!

(Tina Allen continued from page 17)

go to bed, getting out of bed, tantrums at bedtime, early waking, requiring a parent to sleep with the child, and hyperactivity at night. One study introduced the use of touch to several families with ASD children. Not only did the parents feel more in control and closer after the touch training was done, but also gained the perception by parents of the children as having improved sleep patterns, children were more relaxed after receiving the massage and appeared more open to touch.

Children with autism spectrum disorders (ASD) can often have trouble with attention behaviors which impact social development. One study observed children's responses to aromatherapy massage. Results indicated that the children's shared attention behaviors and other positive behavioral changes increased during aromatherapy massage.

Studies have shown that massage therapy can improve behaviors such as wandering, resistance to teachers, negative responses to touch and on-task behavior compared to those in a control group. Others reaffirm the use of massage therapy to improve social relatedness behavior during play observations at school and reduce sleep-related problems at home.

People with autism-spectrum disorders often struggle with increased sensitivity to sensory stimuli, including tactile stimulation, and pediatric massage provides a comforting experience of tactile stimulation, while also helping to decrease pain amplification through desensitization.

Practical Tips | Massage for Children with Autism

It is important to remember that each child with an autism spectrum disorder will have his or her own individual symptoms and behaviors. A diagnosis is only one factor in considering the best care of the pediatric client. As a practitioner working with children with Autism, be prepared to take your time and proceed slowly. There is a great possibility you may not introduce massage therapy at your first session together, and this is normal. Start out by first trying to make the child feel comfortable.

The child must feel safe and that respectful connection takes time. Take your time to allow the child to become comfortable with the environment and you. This is especially important if you have entered their safe space. Never insist that a child participate in the massage session. Speak calmly and lovingly, take your time and introduce slowly. Request that caregivers have items the child likes available during the session. A favorite blanket, toy or flashlight could become the engagement item the child needs to be comfortably present.

You want to give the child the opportunity to participate in the session as much as possible and feel empowered by providing choices. For many children with Autism, there is susceptibility to sensory overload. So, it is important to begin with gentle, but full contact and gradually work deeper, while being very aware of all cues the child is giving you. Some children may not use the same verbal skills as other pediatric clients, so it is imperative to be mindful of all non-verbal communication as well.

Always speak to the child with the intent that he or she understands. Be aware and observe cues which indicate permission to touch. You may not receive direct eye-to-eye contact or a verbal “Yes”. Vary your pace and pressure while recognizing the child’s needs.

Investigate what forms of communication are being used (i.e. ASL, picture boards, spoken language and written language). To the best of your ability, incorporate these communication methods in the session, with the guidance of the family and other healthcare professionals.

Deeper pressure is often better received by many children who have been diagnosed with ASD. Consider providing touch over clothing or cloth and beginning with the hands and feet may be more comfortable.

(Tina Allen concludes on page 19)

(Tina Allen concludes from page 18)
Utilize structure around your sessions. Children with autism often prefer routine and structure. They may have difficulty with transitions and unexpected changes.

Pediatric massage therapists working with children on the autism spectrum should be aware of their possible anxiety about touch and susceptibility to sensory overload. This may stem from tactile hypersensitivities and previous touch being interpreted as painful or confusing.

Therapists should move cautiously and respect the child's cues. Take time to recognize a child's likes and dislikes associated with types of touch, textures, sensory considerations and type of lubricant.

In addition to parental permission, we must also obtain the child's permission. Children may not always provide direct eye-to-eye contact or a verbal "Yes." Establishing nonverbal communication and using slow transitions are important. If a child does not prefer direct eye-to-eye contact, do not force it, as it may feel confrontational. All children require nurturing touch to thrive, and for those on the autism spectrum, specialized touch therapy is required. Using specialized touch and massage therapy, we may offer these children care and affection.

It is advised to schedule multiple sessions, while also teaching parents simple techniques that they can use with their child at home. It is imperative that the child is engaged and involved in the session, and this requires permission along with respectful communication. At the beginning, sessions may last just a few minutes, and over time, children become more accustomed to receiving touch therapy, so sessions will begin to last longer.

Every session you may have with a child should be unique and individualized. No two clients are identical, and when you practice care and caution you will find a strategy for success.

Special Training and Education Required

For pediatric massage therapists who wish to consider working with children affected by Autism Spectrum Disorders, specialized training and education is required, so that you understand the safest approach.

The Liddle Kidz Foundation offers comprehensive pediatric massage courses specifically for massage therapists and health care professionals to enhance their skill set for safely and effectively providing touch therapy for children.

During the Touch Therapy for Liddle Kidz with Autism Course, participants learn about;

- Autism and Autism Spectrum Disorders (ASD)
- Commonly observed symptoms associated with ASD
- Various therapies currently being employed with children who have a diagnosis on the spectrum
- Pediatric massage techniques and methodology
- Adaptations utilizing tactile introduction, sensory stimulation & integration, oral stimulation and oral-sensory activities
- Evidence-informed benefits
- Importance of communication and attachment in building healthy emotional relationships
- Pediatric massage techniques for treating children with varied physical, developmental, and emotional difficulties are demonstrated and practiced during hands-on in class sessions. The benefits and importance of individualized adaptations, including cultural considerations, for using massage therapy will be explained during the comprehensive course.

Technique Focus

Exploring Current Views of Tendon Pathology and Treatment
by Whitney Lowe

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.

**This article was published in the November 2018 issue of Massage Magazine and can be found on Whitney's blog.*

Massage therapy is used with much success for treating chronic overuse tendon pain, which is one of the most common soft-tissue disorders.

However, there are also situations in which the treatment seems less effective.

Current research is helping us learn more about tendon structure, function and what is behind painful tendon disorders. A better understanding of these common tendon disorders helps us be more effective in the treatment room.

Tendons are composed of multiple strands of collagen fibers primarily oriented in a parallel direction. This parallel fiber orientation provides the greatest tensile strength in a longitudinal direction.

The primary mechanical load on tendons is the pulling force of muscle, so longitudinal tensile strength is very important.

The main function of tendons is to connect muscle to bone and thereby transmit the pulling force of muscle contraction to the bone. The shape and size of the tendons are dictated by the muscles they are attached to and the force loads those muscles generate.

Some tendons are small and rounded, such as the distal wrist flexor tendons. Others, such as the iliotibial band, are large and sheet-like, so there is much more surface area for muscle attachment.

Tendon Pathologies

Figure 1: Tendon compression at the distal Achilles tendon attachment. Images used with permission by 3D4Medical's Complete Anatomy application

The main pathology involving tendons is pain from chronic overuse or repetitive loading. Previously this condition was called *tendinitis* as it was believed to be an inflammatory reaction to excessive loading.

Once research studies established the absence of inflammatory activity in many tendon disorders, these problems were more commonly referred to as *tendinosisor tendinopathy* simply indicating some type of pathology in the tendon.

The primary clinical symptoms of tendinopathy included localized tendon

(Whitney continues on page 21)

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pain (especially with loading), tenderness to palpation (usually increased when the tendon is loaded) and impaired function.

Tendinopathy can usually be traced back to one or more key factors:

- **Chronic tensile loading** (excess pulling from muscles). The chronic tensile load frequently occurs with repetitive motion disorders, such as those present in many occupations or recreational activities.

- **Compressive loading**. While tensile loading from repeated muscle pulling is the most common cause of tendon disorder, repeated tendon compression can also cause tendinopathy.

There are numerous locations where tendons are compressed against a nearby bony prominence. An example is the insertion of the Achilles tendon at the calcaneus (Figure 1). The repeated compression of the tendon can lead to degenerative changes in tendon structure.[1]

- **Friction.** Similar to compression pathology excessive friction during repetitive movement plays a part in tendon pathology. Tenosynovitis (inflammatory reaction between the tendon and surrounding synovial sheath under retinacula in the distal extremities) is a good example of friction stress on the tendon.

- **Medications.** We have known for some time that corticosteroids (cortisone injections) and a family of antibiotics called fluoroquinolones are associated with tendinopathy.

Medication induced tendinopathy appears to affect large tendons (those attached to powerful muscles and significant tensile loads) the most. However, smaller tendons such as the wrist and hand may be affected as well.[2]

Despite our understanding of these common causes of tendinopathy, there are still some mysteries of its presentation. It is baffling why tendon pain is so prevalent, persistent and why it comes and goes with little reason in many cases.

Starting in the 1980s high-tech imaging studies caught many clinicians and researchers by surprise when they showed an absence of inflammatory cells in many overuse tendon disorders. Since that time there has been a consistent move away from focusing on an inflammatory component of these problems.

Figure 2: Retinacula in the distal extremities often cause tendon friction.

However, more recent research has suggested that there may actually be inflammatory activity going on in some cases and at certain stages, so the idea of an inflammatory component should not be abandoned.

The model of the tendon pathology continuum described by Cook and Purdam (described later in this article) gives a good explanation for why we may sometimes encounter inflammation and other times not.[3]

What Makes Tendons Hurt?

Formerly the primary idea behind the pain of tendinopathy was that the pain was a direct result of tissue damage within the tendon.

The presence of localized pain that is persistent with palpation and specific tendon loading reinforce this idea.

(Whitney continues on page xx)

(Whitney continued from page 21)

However, recent imaging studies have called that idea into question as there are numerous cases of tendon damage evident on imaging with no pain at all. This would suggest other factors may also be involved in chronic tendon pain.

So, what causes a tendon to be painful? It is clear that excess tendon loading is a primary factor in most painful tendon disorders. However, dysfunctional signal processing in the nervous system is now recognized as a likely cause for pain in many of these conditions, and this has important ramifications for treatment.[4]

Another interesting pattern with tendinopathy is that there seems to be a warm-up effect. Patients frequently report symptoms gradually diminish with activity, but often recur with great intensity after the activity has ceased. It is likely that there is some type of neurological gating or nociception inhibition during activity that is involved in this process.

Current research suggests a role for the central nervous system in ramping up the alarm of the body's pain system. Essentially this occurs when the central nervous system gets out of calibration and sets off the pain alarm when it shouldn't.

This is a process called *central sensitization* and it appears to be linked with many chronic pain conditions. It is likely that long-duration tendon disorders may have some degree of central sensitization as a primary cause of the persistent pain.

One possible suggestion for the cause of tendon pain is a 'mis-regulation' of tendon load and the perception of potential damage which then leads to persistent pain. If this type of central neurological processing error is occurring, then local tissue-based interventions aimed directly at the tendon may have limited effectiveness.

A New Model of Tendon Pathology

Cook and Purdam suggest that common overuse tendon disorders may not be just one type of pathology, but instead lie on a continuum. This could be one reason that various symptoms are inconsistent and treatments are inconsistent in their effectiveness. Treatment success is more dependent on what stage of the continuum the condition is at.(3)

Cook and Purdam's three stages of the continuum(3):

- **Stage 1: Reactive Tendinopathy**: non-inflammatory phase with tendon thickening—often from a burst of physical activity. May be either excessive compressive or tensile loading—often seen in younger individuals.

- **Stage 2: Tendon Dysrepair**: similar to reactive tendinopathy but with greater matrix breakdown. Hard to identify this stage, but there may be some focal tendon thickening and some more significant changes visible on imaging studies. An older person with less tendon adaptability may move more quickly into this stage of degeneration.

- **Stage 3: Degenerative Tendinopathy**: seen more common in elderly people, but also present in younger individuals with chronically loaded tendons that have not been able to adapt. Typical presentation is middle aged athlete (the weekend warrior) with Achilles tendon pain and thickening.
-

There are often repeated bouts of tendon pain that seem to occur as the person is gradually working toward some degree of adaptation. If extensive, degenerative tendinopathy can lead to rupture. It is much harder to rebound from degenerative tendinopathy once it has reached this stage.

There is a strong suggestion that tendon loading and soft-tissue treatments like massage are beneficial in the

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(Whitney concludes from page 22)

healing process, especially at specific stages along this continuum. Some of the benefits may be related to actual mechanical loading of the tendon and in other cases it may be related to regulation of neurological processes that help decrease pain.[5]

Key Takeaways for Assessment and Treatment

- Physical examination is still very important to identify potential tendon pathology and evaluate if there is consistency with diagnostic imaging results that may have been performed. Presentation clinical factors are very important, so comprehensive physical assessment is crucial.
- Consider that the tendon pathology may be at varying stages depending on your client's age and activity levels, for example.
- Treatment approaches should focus on methods that are not just tissue oriented (like friction). Those that engage higher-order neurological processes (like active engagement techniques) may have added benefit for tendinopathy.
- The more frequently treatment, loading and movement strategies are reinforced, the better and more long-lasting those effects are likely to be.

Tendon disorders are very common in clients seeking massage therapy. Keeping up with current research, such as that presented in this article, helps us better understand these conditions, which helps us deliver the most effective treatment strategies for our clients.

Footnotes

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Change Makers:

Our Members In Acton

Several our members brought the New Year in the right! Right into a Community Outreach Event; **Super Bowl Sunday** at the American Legion-VFW Post in Newport Beach, which played host to 3 buses, filled with Marines from Camp Pendleton and visiting Veterans from the area to enjoy a day away from the base. This was the 10th Annual Super Bowl Military Party (and our 9th year participating).

Massage therapists (coordinated by AMTA member, Diana Catsoulas) are the highest requested and most appreciated part of the day; even over The Game, itself. (We did close to 200 grateful massage sessions!)

Our host, and a number of sponsors, made sure this day away was filled with lots of recognition (beginning with a RED-CARPET Welcome to closing with a Polynesian Fire Dance) lots of entertainment opportunities throughout the day, live gospel choir, cover bands, USC Marching Bard, sports celebrities, Chargers' Cheerleaders, Casino, Wrestling, Video Games. Food, Food, Food, and more Food! (breakfast, lunch, dinner, and everything in between), Harbor Cruises, **MASSAGES** and THE GAME! Plus, raffle prizes which made sure that everyone return home with something no matter what Team you were rooting for.

February 9-10, the Chapter hosted a 2-day, 16 hours/CEs, "Vodder's Approach to Manual Lymphatic Drainage for the Neck and Face", workshop in San Diego. The workshop sold out quickly! 30 attendees took advantage of the affordable and quality continuing education. Thank you to Sarah Brekke, Crystal Harizal and Nicola for making this event a success!

(Read Nicola McGill's article about MLD on page 25).

Technique Focus

Manual Lymphatic Drainage: The Vodder Technique

Nicola McGill, LLSA, LMT, BCTMB, CLT

The lymphatic system is often thought of as the body's detoxification system. Did you know that apart from it playing a crucial role in the body's immune response, without it being able to recycle the body's proteins, we would die within a 24-hour period?

In 2018, I came across an article that soon became a hot topic in the world of body work therapists about a new-found organ, "The Interstitium". Researchers have identified this space not only beneath layers of the skin, but also within the tissues of the body's organs, vessels and muscles. It has been described as a strong, flexible, supportive mesh like network containing fluid filled compartments that could provide major insight into the development and workings of disease.

Twenty years ago, I was introduced to the concept and the basic purpose of the interstitium, also known in certain literature as the extracellular matrix or ground substance, whilst training as a Vodder Method Manual Lymphatic Drainage therapist. I began to visualize this mystery organ, that I was manipulating with the gentle skin stretching hand movements, not just as the matter between cells but as a cushioning apparatus, providing a supportive structure for blood and lymph vessels, nerve fibers and cells. Guenter Klose , founder of Klose Training and Consulting, has described the interstitium as Jell-O, with pieces of fruit inside it. That Jell-O can be likened to the cells and structures that are supported by the interstitium. It behaves like a medium by which nutrients passing across the blood capillaries can be received by the cells and waste products from the process of cell metabolism can be removed by way of the lymphatic vessels and some small venules.

Alfred Pischinger, a professor of Histology and Embryology at the University of Vienna, authored the book "The Extracellular Matrix and Ground Regulation" in which he discusses the extracellular matrix as a regulatory system, a functional system consisting of the blood capillary bed, connective tissue cells, ANS endings, extracellular fluid and lymphatic vessels.

Professor Hildegard Wittlinger reported that research into the interstitium and the lymphatic system is not new at all. In fact, research of the lymphatics started back in Europe in the early 1600's. Jean Pecquet (1622-1674) was a French scientist, famous for his discovery of the lacteals, major lymph collectors responsible for the absorption of fats and fat-soluble vitamins in the small intestine, and that the Thoracic Duct, the largest lymph vessel in the body, leads into the left subclavian vein. Olaus Rudbeck (1630-1702), a Swedish scientist, also known for his pioneering work in the study of the lymphatic system, discovered the pathway of lymph fluid leading from the tissues, into the lymph vessels then back to the thoracic duct into the cardiovascular system. These scientists led the way for the practical application of a massage technique that would change the way the medical world would view the lymphatic system.

Dr Emil Vodder (1896-1986), a Danish physician and massage therapist is widely known as the originator of the Manual Lymph Drainage, hence MLD, the Vodder Technique. He studied the works of these early 16th century physicians, gaining enough knowledge to further his interest and intrigue into the workings of the

(Nicola McGill concludes on page 26)

Nicola McGill, has over 15 years of experience in the field of massage and bodywork both in the U.S. and the United Kingdom. She is a graduate of the London School of Aromatherapy and received diplomas in Reflex Touch and Vodder Method of Manual Lymphatic Drainage in Professional Practice at Anglia Polytechnic University, U.K.

Upon relocating to the U.S., Nicola received extensive training in the field of oncology massage - including scar tissue release for post-mastectomy patients.

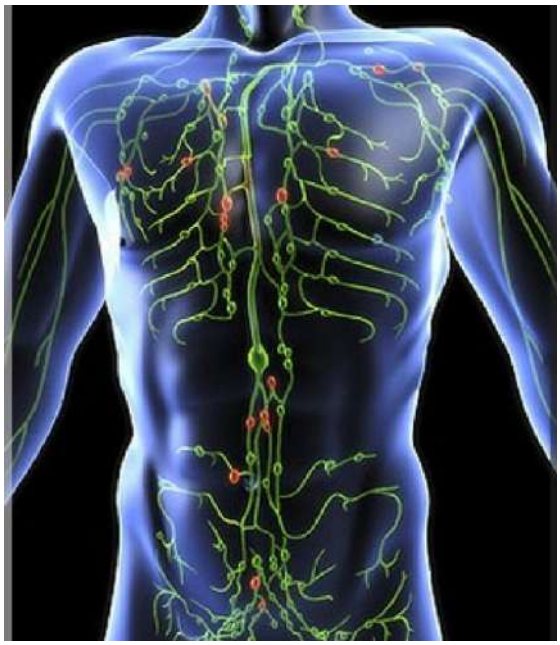
Nicola has been a MLD Instructor with Klose Training and Consulting since 2011. She travels to various locations within the US providing certification classes in Manual Lymphatic Drainage.

Since May 2008, Nicola has been on staff at Boulder Community Hospital (BCH) as an Oncology Massage and Lymphedema Therapist. She promotes education and lymphedema risk-reduction practices at cancer support groups and individual treatment sessions while working alongside the Rocky Mountain Cancer Center (RMCC) and the BCH team of healthcare providers.

Nicola is also a team member of the Boulder Cancer Survivorship Program at Avanti Therapy where she provides lymphedema education and restorative and comfort-oriented bodywork treatments for individuals undergoing treatments for a cancer diagnosis and those who have completed their treatment.

Contact Information:
Nicola@klosetraining.com

(Nicola McGill concludes from page 25)



lymphatic system. In 1929, Dr. Vodder and his wife Estrid, moved to southern France where they treated patients experiencing swollen lymph nodes as a result of respiratory infections. Dr Vodder witnessed favorable results following gentle rhythmic massage of these palpable nodes and surrounding tissues where lymph vessels were located. It is important to remember here that working with the lymphatic system in such an upfront manner was considered a taboo during this part of the 20th century, even for physicians. However, having witnessed such positive results, Dr Vodder made his findings public back in 1935, then in 1936 when he presented his method as "Manual Lymphatic Drainage Ad Modum Vodder" to the world at a congress in Paris. From here, the use of lymphatic drainage became a reality and the medical world began to recognize the positive impact MLD had on the human body, initially for edemas then for other co morbidities that coincided with the workings of the lymphatic system.

The techniques that the Vodder's created and perfected were designed to follow the anatomy and physiology of the lymphatic system. There are four basic MLD techniques, which when applied correctly, should provide a gentle circular stretching of the skin that has a direct effect on the epifascial lymph vessels, thus stimulating the movement of lymphatic fluid along the numerous lymph vessels that lead from the interstitial space, to lymph nodes and then into deeper lymph vessels that empty lymph fluid back into the cardiovascular system.

Although MLD has initially been promoted as an invaluable tool for the resolution of edemas, many MLD therapists utilize the modality for its soothing and calming effect on the nervous system. Many individuals that we as bodywork therapists often work with, have an overactive sympathetic nervous system, the "fight or flight" response. This sympathetic response can lead to a variety of ailments as a result of this long term stress. In my years of experience with MLD and as an MLD instructor, I have found that most of, if not all, of my clients, respond favorably to MLD due to the reactivation of the parasympathetic nervous system, also known as our "night time" or "rest and digest" response.

Of recent, pain has also been a huge topic of discussion, especially with the increase in the awareness of the long-term effects of opioid's and their misuse. MLD has been supportive in cases where alternatives or complementary methods for pain management is required. It is believed that MLD promotes the accelerated drainage of nociceptive substances from the tissues as a result of an injury that stimulates pain receptors. The light pressure maintained with MLD can provide a stimulus for the "gate control" whereby pain signals can be prevented from reaching the brain.

With such comprehensive access to current research we more fully understand the role of the lymphatic system and with purposeful lymphatic fluid movement, such as with Dr Vodder's Manual Lymphatic Drainage, we can aim to provide a healthier environment for our cells and tissues.

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Welcome to Our New Members

(November, December and January)

New Student Members

Arron Maclachlan, Anderson
Arron Roitsch, Cathedral City
Aaylah Jones, Roseville
Adam DeMello, Rorestville
Adriana Canez, Monrovia
Aida Hairapetian, Clovis
Aki Vasquez, San Diego
Alan Almada, Watsonville
Albert Lemus, Rohnert Park
Alex Canola, Costa Mesa
Alexandra Boyd, Redding
Alexandria Ragis, El Cajon
Alexis Prayer, Fresno
Alicia Johnson, North Highlands
Aliza Baltazar, Fontana
Allison Cuskey, Antioch
Allison Thomas, Redding
Alyssa Chu, Fresno
Amanda Wheldon, Weed
Amanda Morey, Santa Rosa
Amber Merino, Sacramento
Ameerah Mahdee, Lancaster
Amit Shoval, Huntington Beach
Amy Breckenridge, Milpitas
Amy De Leon Lepe, Santa Rosa
Amdre Morales, El Centro
Andrea Stull, Desert Hot Springs
Andrea Troutner, Bodega Bay
Andrei Martynov, Anaheim
Andrew Perkins, Greenwood
Andrew Castaneda, Fountain Valley
Andrew Banks, North Hollywood
Andrew Dawson, West Hollywood
Andrew Wong, Riverside
Andrew Dawson, West Hollywood
Angelia Reiber, Orangevale
Angelika Reyes, Boonville
Angelita Ferreira, Oceanside
Anjel Dasalla, Palm Springs
Anna Vazquez, Freson
Anthony Proffitt, Arroyo Grande
Antonio Cardenas Penagos, Granite Bay
April Moen, Oak Run
April Robert, South Pasadena
Ara Pilosian, Placentia
Arlene Calderon, Huntington Beach
Ashley Dang, Sacramento
Athena Abary, Calexico
Athena Renderos, Anaheim
Audra Lacumsky, Yucaipa
Austin Elsborg, Fresno
Autumn Brown, Anaheim
Avrie Stoker, Yorba Linda
Baltazar Gomez, Chatsworth
Barbara Schroeder, Mountain View
Beatrice Hall, Los Angeles
Belilin Torres Carrera, Fullerton
Benjamin Maddox, Mountain Valley
Benjawan Wichapoon, Reseda
Bettina Flores, San Jose
Bianca Alaniz, Garden Grove
Bibo King, Downey
Billie Butler, Fresno
Bobby Benson, La Quinta
Brad Conn, San Jose
Brady Johnson, Santa Clara
Brandi Barnett, Redding
Brandon Hom, San Jose
Brandon Galindo, Anderson
Breanna Harlow, Madera
Brenna Pajita, Rohnert Park
Brian Jaramillo, Irvine
Brian Stine, Redding
Brian Gravitt, Upland
Brianna Becerra, Elk Grove
Carie Williams, Los Angeles
Carla Hair, San Pedro
Carmen Macedonio, Mount Shasta
Carolyn Russell, Redding
Carrie Martinsson, Torrance
Cassandra Lopez, Perris
Catherine Archuleta, Corona
Catherine Cornes, Fresno
Cebrina Dieli, Garden Grove
Celia Goodwin, Redding
Cemal Blue, North Hollywood
Cesar San Miguel, Redding
Chad Snowball, Lincoln
Chandler Freeman, Palm Desert
Chantelle Finley, Spring Valley
Chaya Polonsky, Saugus
Cheryl Jolie, Sacramento
Cheyenne Wiley, Orange
Chris Skinner, Clovis
Christian Rodriguez, Sacramento
Christina McAlester, Los Angeles
Christina Goddard, La Puente
Christy Fraser, San Rafael
Chrystian Mobus, Redding
Cindy Wang, Redwood City
Cindy Vo, Santa Ana
Cody Neskahi, Tulare
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Dominic Jefferies, Lincoln
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Dylan Rogenmoser, San Jose
Ebone Jackson, Long Beach
Edgar Cardenas, San Bernardino
Eduardo Villamar, Hacienda Heights
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Elaine Gleming, Sacramento
Elias Gaytan, La Honda
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Eric Gibson, Moreno Valley
Erica Coulture, Menifee
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Hadley Brito, Sacramento
Hannah Bolton, Mountain, View
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Hiroe Matsuo, Oxnard
Holly Ebig, Ventura
Holly Gillan, Fairfield
Hong Feng, Santa Monica
Hongwei Xu, Concord
Hourig Gourdikian, Moreno Valley
Hualan Li, Folsom
Hun Lee, Petaluma
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James North, Oak View
Jamie Cruice, Santa Clara
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Jane Galatioto, Santee
Janna Mooy, Santee
Jarrett Davis, Ceres
Jasmine Pooley, Stanton
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Javier Frazier, Sacramento
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Jazmine Bailey, Woodland Hills
Jeffery Prusmack, Oakland
Jeffery Bishop, Long Beach
Jeffrey Tam, Oakland
Jennafer Lamb, Dixon
Jennifer Bomer, San Leandro
Jennifer Friess, Carmichael
Jeonggeum Kim, Citrus Heights
Jeremy Monson, Oxnard
Jessica Ortiz, Pico Rivera
Jessica Abair, Modesto
Jessica Kennedy, Apple Valley
Jessica Oemisch, Whittier
Jessica Johnson, Emeryville
Jessica Johnes, Anaheim
Jessica Trujillo, Roseville
Jiawen Zha, Roseville
Jillian Gamboa, Oakland
Jillian Johnson, Modesto
Jinfang Guan, Oakland
Joe Silva, Oakland
Joel Case, San Jose
Jonathan Cordova, Carson
Jordan Johnson, Los Angeles
Jordan Johnson, Antelope
Jordan Santiago, Rancho Cucamonga
Jordan Langston, Citrus Heights
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Juan Guan, Oxnard
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Karina Winkler, Tustin
Karla Ramirez, Oakland
Karmo Kosso, Chula Vista
Katelyn Gist, Los Angeles
Katherine Sciford, Santa Ana
Kathryn Delgado, Santa Barbara
Katie Bender, Roseville
Katrina Castaneda Martinez, San Leanardo
Kayla Werner, Santee
Kayla Garcia, West Hollywood
Kayla Dolberg, Sacramento
Keenan Maleki, Sacramento
Kelley Hughes, Santa Paula
Kelly Hancock, Apple Valley
Kendrick Diaz Carillo, La Puente
Keshawn Jones, Rosemead
Ketwimon Romero, Yuba City
Kimbery Arnold, Port Hueneme
Kimberly Foran, Los Angeles
Kimberly Soler, Long Beach
Kisin Wong, Oakland
Kojakorn Sriruk, Ventura
Krista Goodman, Fontana
Kristina Earle, Monterey Park
Krystal Garcia, Alta Loma
KukChun Yuen, San Jose
Kyeanna Kennard, Los Banos
Kyle Scantlin, Newhall
Kyle Jenkins, Folsom
L.C. Cole, Rowland Heights
Lacey Zaycher, Ripon
Lara Spence, Los Angeles
Laura Meraz, Fullerton
Laura Westbrook, Sacramento
Lavonna Garrett, Yucaipa
Leah Baize, Novato
Leah Gitts, Castro Valley
Leilani Maclang, Stanton
Leslee Kufferath, Carmichael
Leslie Shahinian, Coalinga
Li Liu, Glendale
Linda Feldt, San Diego
Linda Iwasaki, Stockton
Lindsey Olsen, Ojai
Ling Sun, Oxnard
Liqun Su, North Hollywood
Liwei Su, Gardena
Liyan Sun, Sunland
Lorene Cllier, Carson
Lori Connerley, Imperial Beach
Louise Denslow-Selders, Hayward
Lourdes Eulloqui, Los Angeles
Lucille Mueller, El Dorado Hills
Lucky Star, Sherman Oaks
Lucy Le, Norwalk
Mackenzie Cohen, Corona
Mackenzie Rowen, Sunnyvale
Madeline Khorshidchehr, Monterey Park
Madison Hawkins, Los Angeles
Makeda Jones, Fontana
Malgorzata Goluszek, San Gabriel
Manuel Espinoza, Santa Ana
Mao Chungxiang, Wilton
Margaret Wolfe, Ventura
Maria Lopez, Oakland
Maria Conejo, San Gabriel
Maria Wallace, Manteca
Mariah Ausk, Hacienda Heights
Maribel Ayon, San Jose
Marie Lozano Mancilla, Burlingame
Marie Wilson, Rancho Cordova
Marie Rodriguez, Chino

Marisa Beltran Del Rio, Sacramento
Marisa Wood, Oakland
Marisela Gomez, Los Angeles
Mark Pfeiffer, San Diego
Martha Ramirez, Sacramento
Martin Mina, Monterey Park
Mary Pulasi, Rancho Cordova
Mary Pellerin, Fair Oaks
Mary Mejia, Oxnard
Mary McKirdy, Berkeley
Mary Jane Wisniewski, Santa Rosa
Matthew Leon, Roseville
Matthew Kruse, Valencia
Matthew George, San Leandro
Maura Glisenti, Sacramento
Maya Primus, Riverside
Mayshonna Bates, Lockeford
Megan Griffin, Torrance
Meggyn Nichols, Brea
Melanie Martinez, Gelton
Melissa Banks, Modesto
Melissa Thompson, Berkeley
Melissa Hebrard, Tujunga
Melissa Stevens, Oakland
Michael Huynh, Gardena
Michael Bozek, Ceres
Michele Miguel, Los Angeles
Michelle Hewitt, Oakland
Michelle Baron, Lakewood
Miguel Guillen, Los Angeles
Miho Yishioka, West Covina
Mimi Wang, Vacaville
MingXiang Chen, Sunnyvale
Minh Duong, Long Beach
Misty Smith, Porter Ranch
Mohammed Choudhury, San Francisco
Monica Martinez, Menlo Park
Monique Brunelle, Tujunga
Moon Seok Kim, Los Angeles
Morgan Krizan, Fullerton
Nairy Kurchian-Lopez, Merced
Nancy Wiseman Segoviano, Hacienda Heights
Naomi Young, Oxnard
Narumon Saelu, Lincoln
Natalie Lopez, Wheatland
Nataly Gonzalez, Apple Valley
Nataly (Cicely) Morales, Pasadena
Nhan Pham, Hercules
Nhung Nguyen, Fontana
Nicole Gates, Daly City
Nikolas Melendez, Antioch
Noah Smith, Santa Rosa
Nycole Shepard, Santa Clarita
Parichard Lee, Costa Mesa
Patricia Perry, Mission Viejo
Patricia Moore-Blais, San Jose
Patricia Gonzalez, Oakland
Patty Phanmook, Oakland
Patty Bais, Inglewood
Paul Richardson, Van Nuys
Peyton Smith, Santa Rosa
Ping Li, Carmichael
Prapatsorn Kansong, Chino
Priscilla Lopez, San Jose
Qiuling Liang, Chino Hills
Quentin Zahara, Citrus Heights
Quinn McAvoy, Sacramento
Rachael Mollin, Woodland Hills
Rachel Fisher, El Dorado Hills
Rachel Cape, Richmond
Rachel Mandel, Monterey Park
Rachel Suen, San Ramon
Rajah Holmes, San Jose
Raquel Davila, Sacramento
Regina Heilig, Auburn
Ricardo Mendez, Fair Oaks
Ricardo Avila Felix, El Dorado Hills
Richard Bautista, Vista
Richard Colantuono, Carson
Risa Spence, Santa Ana
Robert Nava, Westminster
Robert Ajitomi, Cayucos
Robert Sarfatty, Berkeley
Roger Park, Adelanto
Roman Ferguson, San Jose
Rong Liu, Santa Monica
Rosemary Cauich, Modesto
Rowena Arancon, Glendale
Roxanne Martinez, Rocklin
Ruben Garnica, Tujunga
Ryan Weeks, Tustin
Ryan Pettway, Anaheim
Sabrina Machado, Monterey Park
Saenchuen Choonet, San Gabriel
Samantha Wade, Chula Vista
Sandra Jimenez, Sierra Madre
Sara Wyrick, Ventura
Sarah Dore, Oakland
Sarah Apple, Modesto
Sarah Thai, Simi Valley
Savannah Anderson, Hayward
Sean Moran, Petaluma
Sean Mcdonald, Temple City
Seojin Kim, Sacramento
Seth Zielicke, Long Beach
Seth Frazier, Petaluma
Shanetra Young, Sacramento
Shanina Turner, Oakland
Shannon Flores, Fountain Valley
Shauna Jared, Los Angeles
Shawna Cope, Daly City
Shayla Bradford, Fontana
Sheila Aiello, Sacramento
Shelby Duckworth, Los Angeles
Shelly Englert, Los Angeles
Sherler Harris, Los Angeles
Sherri Nahhas, Oakland
Sherron Blackstone, Pasadena
Sheshena Widitor, Garden Grove
Shiloh Parkerson, Roseville
Shirley Xian, Long Beach
Sirinuch Lertpiboonwong, Santa Ana
Siriphan Suadet, Los Angeles
Skye Altis, La Habra
Somchith Panasirkasem, Rialto
Sophia Maas, Anaheim
Sourannha Chaarani, Santa Clarita
Staci Bettencourt, Pasadena
Stella Honorel, Fontana
Stephanie Collins, Monterey Park
Stephen Bullock, San Jose
Suzanne Richey, Pasadena
Sydney Sitko, Hollywood
Tadao Nakahara, Redwood City
Takako Ware, Yorba Linda
Tamara Kok, Shafter
Tamara Duncan, Los Angeles
Tara Jackson, Los Angeles
Taron Britt, Irvine
Taryn Keef, Los Angeles
Tasia-Renee Crawford, Gardena
Tatanisha Goss, Los Angeles
Tatum Browne, Costa Mesa
Tatyana Volynets, Los Angeles
Taylor Ramos, Rialto
Tangiz Nozadze, Long Beach
Teresa Soto, San Jose
Terisha Roselin, San Jose
Theodora Ricks-Jones, Torrance
Therese Willis, Apple Valley
Thomas Yang, Los Angeles
Thomas Goodwin, Pacoima
Thuy Thanh Dang, Costa Mesa
Tiki Jackson, Sacramento
Timothy Secco, San Diego
Trina Gaundeen, Orange
Troy Ferguson, Montebello
Tyler Ziel, Hesperia
Valerie Le, Los Angeles
Vanessa Larroca, Murrieta
Vanessa Mercado, Los Angeles
Vanessa Maciel, Concord
Vasili Golub, San Clemente
Veronica Vera, Anderson
Veronica Benitez, Oceanside
Vianey Cruzbalvaz, Hacienda Heights
Victor Trujillo, Fontana
Victor Zamora, Oakley
Victoria Cerda, Milpitas
Victoria Brown, Beverly Hills
Victoria Dyugovsky, Lakewood
Virginia Radden, Monterey Park
Virunpatch Kruaaree, Los Angeles
Visalia Dobie, Los Altos
Vivian Hernandez, Carlsbad
Walker Sessley, Fair Oaks

Walter White, Los Angeles
Weiwei Liu, West Covina
Wendy Nelson, Newcastle
Wenyu Teng, Panorama City
William Purdy, Los Angeles
William Powell, San Jose
William Meader, Anaheim
Winona Birgy-Krasnoff, Los Angeles
Xingying Kuang, Sacramento
Xiomara Maher, Baldwin Park
Yaquin Han, San Pedro
Yavonne Bolanos, Apple Valley
Ying Huang, Elk Grove
Yingjin Jin, Ontario
Yoni Ulloa Figueroa, Long Beach
Yvette Arroyo, Julian
Zhao Li, San Jose
Zhenguo Lin, Vacaville
Zhifang Lu, Venice

New Graduate Members

Alexandera Graciela Mungcal, Walnut
Amber Williams, Bakersfield
Ashley Marx, North Hollywood
Aubrey Myers, Sacramento
Aura Kremhelmer, Thousand Oaks
Brittney Hernandez, Chula Vista
Chelsea Doolittle, Malibu
Cortney Milton, Woodland
Darlene Yazza, Oceanside
Eva Smith, Los Angeles
Faith Gu, San Gabriel
Gabriel Guo, Mill Valley
Jacques Glatau, Woodland Hills
Jessica Moseley, Los Angeles
Kai Mathur, Redlands
Kanpitcha Nightingale, Huntington Beach
Kyong Mi, Hodges, Hyampom
Lucas James, Truckee
Meagan Lashbrook, Simi Valley
Margo Contreras Garcia, Baldwin Park
Mark Haan, Imperial Beach
Michiyo Aboaf, San Francisco
Oliva Wongnan, Los Angeles
Pramool Rodgers, San Diego
Sarah-Grace Steidley, San Diego
Sheila Promtong, San Diego
Stephanie Garcia, Woodland
Tanisha LaPlante, Chicago Park
William Netsch, Monerey
William Rodriguez, Stockton
Yujuan Kim, San Francisco
Yvonne Simond, Corona

New Professional Members

Adrian Sanchez, Riverside
Alissa Williams, Sacramento
Alma Sanchez, Valley Village
Amanda Bookman, Azusa
Amy Alcala, Rancho Cordova
Ana Belloso, Westminster
Andrea Rubin, Cypress
Angela Carr, Compton
Ann Soliman, Lancaster
Ariel Sun, San Jose
Brenda Thompson, Concord
Catlin Espinach, Sacramento
Catlin Fuller, Benicia
Carla Andrade, San Jose
Charles Suarez, Hayward
Chaz Bell, Walnut Creek
Chunlan Wei, Mission Viejo
Dayna Payne, Los Angeles
Denise Swaim, Salinas
Donny Chau, Baldwin Park
Doreen Byers, Cypress
Elizabeth Breen, Vista
Elizabeth Mack, Mission Viejo
Erica Lane, Oakland
Evan Pagaran, Manhattan Beach
Evelyn Mazariegos, Petaluma
Fabiola French Garton, Turlock
Felicia Laroco, Fullerton
Felisa Rawlings, Victorville
Gina Geng, Santa Barbara
Gladys Artiga, San Francisco
Hayden Barnes, North Highlands
Jazmina-Christina Li-Tang, Monterey Park
Jennifer Sullivan, Anaheim
Jennifer Surgeoner, San Diego
Jim Stockton, Oakland
Joley Guevara, Redwood City
Jonathan Caris, North Hollywood
Jonathan Hartnett, San Juan Bautista
Joseph Brawley, Lancaster
Joy German, Carlsbad
Kara Perez, San Francisco
Lathy Brown, Pauma Valley
Kelly Whitney, Paramount
Korin Cameron, Sylmar
Kristian McAdams, Topanga
Laura Castle, Santa Barbara
Lauren Smith, Port Hueneme
Laurice Balmores, Bakersfield
Louis Lopes, Ojai
Luz Aguirre, Los Angeles
Lynnel Miller, Alhambra
Lynora Simmons, Salinas
Marshel Ruccio, Fresno
Matthew Gallardo, Nevada City
Melanie Summers, Oceano
Meng Blackmon, San Francisco
Michelle Persky, Los Gatos
Miranda Montoya, Sacramento
Natasja Hewitson, Petaluma
Nicole Enquist, Alta Loma
Perla Kelly, Redlands
Rachelle Anne Rodriguez, Sacramento
Rochell Torrence, San Diego
Samuel Holguin, San Diego
Skye Zavala, Sun Valley
Somjit Pouniyom, Weaverville
Somsamai Perreria, Truckee
Sophia Beetham, North Hills
Susanne Ekfakir, San Diego
Tabitha Patton, Atascadero
Tamara LaSala, Garden Grove
Tiesia Harris, Los Angeles
Tina Castillo, Rolling Hills Estates
Yong Buell, Los Gatos
Yutao Tian, San Diego

Send us your feedback about this and the past issues of the California Currents and let us know what you would like to see in future issues. After all, this newsletter is for YOU!

Recognizing Special Anniversaries

(November, December and January)

5th Year Anniversary
Abraham Torres
Adrienne Colt
Ali Fernandez
Andrea Aguilar
Andrew Paliobagis
Amma Belarmino
Anne Valta
Ashley Feltz
Ashley Besch
Brad Kenaga
Brianna Worthington
Bryan Mortensen
Carlos Calderon Granados
Chelsea Sutra
Connie Fung
Daryll Santuray-Begonia
Dawn Grey
Dena Shulruff
Eileen Calvan
George Lopez
Heather Selby
Ileen Blanco
Janice Herradora
Jeanette Cortez
Kai Amdur
Kelley Schaffer
Kelli Preston-Bolling
Lidija Snicarenko
Linda Souders
Lisa Konet
Mariza Kaufman
Mary Snider
May Nelson
Michelle Field
Nicholas Wheatly
Nicole Smithson
Rachael Davis
Rachael Phelps
Samantha Vargas
Shealyn Dobbs
Stephan Gregory
Susan Wichmann
Susana Farley
Timothy Gemzon
Tonya Taylor
Van Brant
William Ford
Yolanda Zapata

10th Year Anniversary
Carlos Campos
Daniel Lundberg
Dylan Jawahir
Edgardo Abulencia
Emily Hoda
Jeffrey Simancek
Lucy Wojskowicz
Lynne Paschal
Mari Seidler
Mark Theodor
Penny Milton
Reed Davis
Sonia Lansberg
Tiffanie Craver

15th Year Anniversary
Cherie Haas-Swiak
Christine Packet
Joan Ishibashi
Kristine Mar
Maritza Stovall
Michael Roberson
Scott Olsen
Victoria Barrett

20th Year Anniversary
Bernadette Murray
Rochelle Port

25th Year Anniversary
Debbie Leppo
James Cowin
Terry Shrader
Theresa May
Wendy Harrison

30th Year Anniversary
Cynthia Ribeiro
Ellen Bec
Gay Lee Gulberandson
H Patrice Booney
Laura Samartino
Maria Summers
Mark Dixon
Ron Andrews
Sandra Jackson
Sheri Hershy
Sheryl Mattson
Taum Sayers

35th Year Anniversary
Louisa Curley

75 YEARS amta american massage therapy association

MASSAGE THERAPY FOUNDATION

New Issue: *International Journal of Therapeutic Massage and Bodywork*

A new issue of *IJTMB* has arrived! Check out all the new articles and commentaries, including a study regarding **massage therapy for low back pain**, an editorial on making massage therapy accessible to older adults, a survey of LMT's on skin cancer prevention and detection activity, and more.

Check out the most recent issue here and share with your colleagues: Vol 11, No 4 (2018)

IJTMB is **open-access, peer-reviewed, and indexed in PubMed.** It is the official journal of the Massage Therapy Foundation and is supported by the **Registered Massage Therapists' Association of British Columbia**.

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 6,800, 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 Chapter Facebook page.**

Issue	Last Date for Submissions	Date to be Published
Spring	April 29, 2019	May 13, 2019
Summer	August 5, 2019	August 19, 2019
Fall	November 4, 2019	November 18, 2019
Winter	January 27, 2020	February 3, 2020
Spring	April 27, 2020	May 11, 2020

***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 20% 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 **Michael Roberson, c/o AMTA-CA, 1924 Wallace Avenue, B101, Costa Mesa, CA 92627**. Ads will not be published until payment has been received. Your support to AMTA-CA is very much appreciated.

AMTA-CA CHAPTER
Candidate and Volunteer Resume Form

Please print or type Yr joined
Name _____ AMTA I.D. # _____ _____
Home Address _____
Phone (w) _____ (h) _____
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)
Board of Directors: __President __Secretary __Financial Administrator __Board Member
__National Convention Delegate

Appointees/Chairs: __Awards __Exhibitors __Parliamentarian __Budget (Member At Large) __Government Relations
__Sergeant at Arms __Committee on Candidacy __Newsletter Editor __Social Media __Conferences/Workshops
__Sports Massage __Education Chair (Region: __N__C__S) __Website __Northern Rep __ Southern Rep
__Other_____
You want to serve, but not sure where? What skills do you have? and How much time do you want to give? Let us know and we will reach out to you._____
_____
_____

Relevant community or professional experience _____
_____
List AMTA Chapter (C) and Unit (U) Offices held with dates (include committees): _____
_____
_____
_____
Other Qualifications _____
_____
FOR THOSE SEEKING A BOARD OF DIRECTOR POSITION How many hours a week do you estimate will be required to perform the duties of this office?_____ Are you currently able to commit the appropriate time for the performance of your duties? YES NO
What are your reasons and objectives for seeking this office? _____
_____
_____
_____
At Board meetings, I understand that I must be present, focused and courteous; that I must put aside my private life for the duration of the function; that I will refrain from introducing distracting influences to other Board Members and that I will be prepared to transact the business of the Association.

_____ _____
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.

California Currents Contacts

Chapter Board

President
John Lambert
president@amta-ca.org

Secretary
Patricia Rusert Gillette
secretary@amta-ca.org

Financial Administrator
Michael Roberson
treasurer@amta-ca.org

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

Board Member
Bonni Kelley
2ndvp@amta-ca.org

Appointees

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

Southern Representative
Michael Roberson
southernrep@amta-ca.org
949.292.9207

Government Relations Chair
Open
gr@amta-ca.org

Newsletter Editor
Michael Roberson
editor@amta-ca.org

Appointee to CAMTC
Mark Dixon
mdixon@camtc.org

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

Northern Regions

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 Regions

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

Elected Delegates
1) Rio Safford
2) Patricia Rusert Gillette

Chapter Administrator
Jeff Milde
Calma Association Management, LLC

****NOTE****
California Chapter's Phone Number
916-382-8542
and EMAIL ADDRESS
info@amta-ca.org

Follow Us on Facebook
Amta-CA-American-Massage-Therapy-Association-California-Chapter

And National:
American Massage Therapy Association - AMTA