

California Currents

NEWSLETTER FOR THE CALIFORNIA CHAPTER OF THE AMERICAN MASSAGE THERAPY ASSOCIATION $\,\,$ SPRING 2019

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President's Message

Thank you to everyone that made it to conference in March. We had a great time learning together. This meeting was different than in years past as we had online elections for the first time ever. Our participation increased four times the usual number of voters. This makes me happy that every member had the chance to vote



in this election cycle and every cycle thereafter. We had over 100 people attend our conference. With the 1-day format we were able to have more people attend and not miss out on an additional day of work locally. Next year we look forward to presenting great classes in the south.

We have some fun classes coming up and the first on the slate is Brian Utting in Emeryville. He will be presenting valuable information on the cervical spine June 15 and 16. His schedule is full and we are lucky he was available this year for us.

Look for more information on future classes to hit your email boxes. I hope you have as many clients as you wish this summer.

A huge thank you to our conference vendors, presenters, and volunteers. Without you this would not be possible. Jeff and Sedina from CALMA, our management company, played a big part in helping things run smoothly. Next year should be equally as fun. We look forward to seeing you there.

John Lambert, CMT #278

Thank YOU

The Staff at Arden Hilton, Sacramento

Our Speakers: Tami Goldstein, Jeff Forman, Julie Porter and Jen Hartley

Our Volunteers: Rio Stanford, Bernadette Murray, Bobbie Sanford, Chris Voltarel, and Phil Owazaki

Our Chapter Board: John Lambert, President, Michael Roberson, Financial Administrator, Patricia Rusert Gillette, Secretary, Bonni Kelley, Board Member, Liz DiGiulio, Board Member and Administration Staff from Calma Association Management, Jeff Milde and Sedina Sinanovic

Our Exhibitors:

Bodywork Business Pro

California Massage Therapy Council (CAMTC)

Center for Barefoot Massage

Cloud Quilts and Creations

The Compassionate Touch

Integrative Healers Action Network

John G Louis Massage by Acuforce

Massage Warehouse

Master Home Products

Sacramento Integrative Massage Therapy

AND Everyone who attended this year's Educational Conference

PICTURES FROM CONFERENCE



















This was such a fun evening!

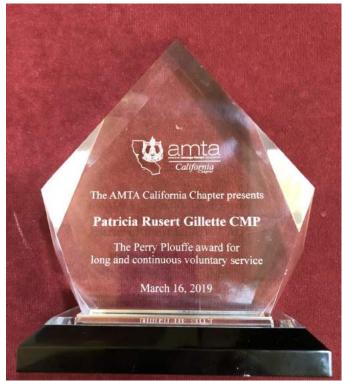
PICTURES FROM CONFERENCE





The Perry Plouffe Award for Long and Continuous Voluntary Service

As presented by Bonni Kelley



Patricia Russert-Gillette

I've had the pleasure to serve on the Board with Patricia for the past 3 years. With her support, guidance and enthusiasm to her fellow board members.

First event with AMTA 1972ish in Santa Cruz education event with Lauren Barry was the speaker. 1995 CAMTA member

She became active When Melissa Coburn reignited the Greater Sacramento Area Unit, filling the roll of Unit Secretary/Treasurer.

CA AMTA was looking to fill the roll of Northern Rep, so Patricia stepped up to volunteered starting in 2007, and has been elected a the position on the board ever since. Most recently Northern Rep. and Secretary when Nathan O Hara left the Secretary position last year.



private massage practice in Nevada City.

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Patricia has served in the last House of Delegates
2017 and the 1st assembly of Delegates last
year. Patricia has participated in the Government
Relations committee since it was created with
Amanda Whitehead as GR chair.

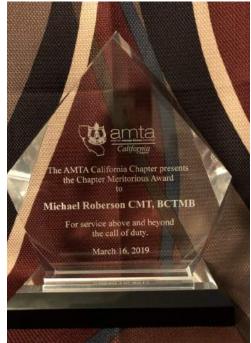
Little know facts Patricia has volunteered since 1997 for Hospice of the Foothills committee. Patricia is call for ministering to those in need at her local hospital. As well as serving many through her

The common thread is service for her community and throughout the state for the betterment those in need of support and the wonderful profession we all share.

Thank you Patricia for your selfless service. Congratulations!



Chapter Meritorious Award



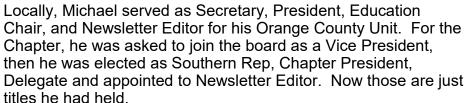
California

This award, which was established in 1969, honors an individual by acknowledging diligence in volunteerism accomplished in an altruistic (showing a selfless concern for the well-being of others) manner, is the highest award bestowed upon an AMTA member by a chapter.

This year's recipient is Michael Roberson, CMT, BCTMB

Michael has been practicing and studying massage therapy since his junior year of high school and has been an AMTA member for 15 years.

Michael has been a volunteer for most of his time with AMTA, but his joy in community service began long before AMTA. Good parenting, church events, scouts and merit badges, school activities, and college requirements all helped form volunteerism into a way of everyday life.



He had been the coordinator or participant in many community outreach events: Special Olympics Reginal Games, Camp Pendleton Family Day, Super Bowl Sunday Military Party, Stand Down San Diego, Best Buddies Challenge (both West and East Coast), Susan G Koman Race to a Cure, Disney Fun Runs, Ronald MacDonald House, Ride 2 Recovery, Phoenix Society World Burn Congress, Oceanside and SuperFrog IRONMAN

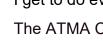
events, MS Rides, and Angel City Games are just some of the events Michael has volunteered his hands and passion towards.

While donating his time to these events seems a bit much, he often uses these very same events to encourage other massage therapists to become involved within their communities and within the association. Taking this even further, he has been mentoring 2 massage therapists, sharing his skills and knowledge with them. The challenge is for them to find another colleague and share the knowledge with them ... you have to keep passing the touch of knowledge to the next generation.

This could be enough, but he does not stop there; he actually gets his clients behind or beside him at some of those events listed. "I love it when I have a client at an event and come into the massage tent to see their therapist cheering them on and making their table ready for recovery!"

What makes a great volunteer? A willing heart and making availability. And why does he do this? "I get to see immediate changes in someone's life, and those changes came from touch. I love what I get to do everyday!"

The ATMA California Chapter is proud to present this year's **Chapter Meritorious Award** and nomination for the National Meritorious Award to Michael Roberson. Congratulations!



Myk Hungerford Sports Massage Award



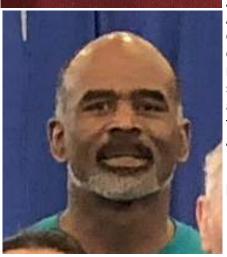
Kevin Whitfield

A massage therapist since 1993, with a pull towards sports, and clinical massage. Kevin has lived in San Diego County. The people of Southern California are very active in athletics/performance activities. This SoCal lifestyle gives way to opportunity to educate athletes on the benefits of adding massage/bodywork to their training/recovery/rehabilitation regime.

As a teacher of massage and bodywork related courses since 2004, at various collages in San Diego, CA., Vista CA and Oceanside, has presented many opportunities to expose and mentor the students within the massage program through community outreach events.

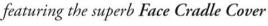
Over the years we have been able to lend helping hands to various charitable organization in the San Diego County, such as the Stand Down San Diego/ Stand Down San Diego- North County (Veterans Administration, Veterans Village), National Multiple Sclerosis Society, American Diabetes Associations, Camp Pendleton athletic and family events, and charities through the San Diego GranFando cycling events. These events provide opportunities to interact with a large number of people through communication and massage/ bodywork services. These opportunities provide therapists with conditions to apply their skills and analytical reasoning. Working these events are filled with real time accomplishments for Teacher, Therapist and Athlete.

For his willingness and example, the California Chapter is proud to present this year's **Myk Hungerford Sports Massage Award** to Kevin Whitfield. Congratulations!





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Technique Focus

Homolateral Gait, Righting Reflexes, and Neck Strain Erik Dalton, Ph.D.

Before an infant learns to crawl, he moves using lateral movements, which involve one side of the body, as the right hand and leg, jutting forward simultaneously reaching and kicking activities. Throughout this primitive developmental stage, the right cerebral hemisphere controls the child's right side, and the left hemisphere controls the left. The resulting uncoordinated movement continues until he begins to cross-crawl. This new contralateral movement pattern then reorganizes his central nervous system so all bodily systems work together as a team (Image 1). Here are some signs cross-patterned movements could use sharpening: poor balance, neck stiffness, lack of coordination, difficulty reading, stuttering, clumsiness, and learning disabilities such as dyslexia.

In certain people, a smooth cross-patterned gait simply failed to develop, partially due to well-meaning parents who prematurely encouraged the child to move from crawling to walking before a strong neurological bridge through the corpus callosum had been established. In others, things like traumatic injuries, bracing, prolonged inactivity, and lumbar fusion surgeries have shocked the body and jumbled nerve impulses, causing the brain to revert back to a previously mapped homolateral pattern. Clients presenting with remnants of homolateral gait not only need cross-crawling home retraining exercises to help strengthen whole-brain neuronal connections, but also good bodywork to correct compensatory muscle imbalance patterns that have formed.

During gait evaluation, we occasionally see clients sporting homolateral remnants that cause them to walk in a block-like fashion, with the shoulder girdle and pelvis rotating as one unit. Notice in Image 2, how this gentleman's homolateral pattern forces him to right sidebend his head as he bears weight on his left leg. This unbalanced position not only unlevels his eyes, but produces excessive energy expenditure, due to altered head over leg positioning. Unleveling of his eyes triggers head-righting reflexes that set the stage for whole-body



stress and cervicogenic strain.

One of the evolutionary advantages of erect posture is that it establishes ease of head rotation around the vertical axis, which serves to widen one's horizon. In early man, the

need to stabilize this sensory platform to track a target was essential for survival. Optimal head-on-neck positioning should allow easy access in all directions, limited only by skeletal architecture rather than any muscular impediment from protective (Dalton continues on page 11)



Image 1. Cross-crawling helps organize the child's central nervous system.



Image 2. Homolateral gait unlevels the eyes, initiates head righting reflexes, and distorts balance.



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 continued form page 10)



muscle guarding. A walk that does not land in balance forces the body's posture to compensate via muscular contraction, particularly in the cervical spine.

Balance is greatly enhanced when the head is vertically aligned with the stance foot, eyes looking straight ahead. This cervicocranial positioning allows gravitational forces to transmit effortlessly through the body.

Before offering cross-patterned home retraining exercises such as the ones outlined below, therapists must first make sure all kinetic-chain

Image 3. To assess for contralateral rotation between the thorax and pelvis, the client's right hip is flexed, femur internally rotated and her knee is slowly brought toward her left shoulder to the first restrictive barrier. To treat, client gently extends hip against resistance to a count of five and relaxes. A graded exposure stretch toward the left shoulder helps reinforce contralateral movement to the brain.



Image 4. To test and treat head-shoulder girdle contralateral movement restrictions, the therapist right rotates the client's head to barrier, allowing their right shoulder to lift off the therapy table if necessary. The therapist's left hand gently depresses the client's right shoulder to barrier. The client



slowly lifts their shoulder against the therapist's resistance to a count of five and relaxes. The therapist applies a pain-free graded exposure stretch to reinforce contralateral "uncoupling" at the cervic-othoracic junction. Repeat on opposite side.

Image 5. To test and retrain torso-pelvis contralateral rotation, the therapist braces the client's shoulder and adducts the client's arm behind their back. The therapist's hands right rotate the client's shoulder girdle to barrier and the client is asked to slowly lift their left extended leg off the table to a count of five and relax. The maneuver is repeated 3-5 times, with the therapist increasing the counter-rotation stretch as needed. Repeat on opposite side.

kinks are removed, and the neck, thorax, lumbar spine, and pelvis are able to sidebend and rotate symmetrically to encourage a smooth cross-patterned gait.

Images 3-5 offer technique suggestions for dealing with the type of protective compensatory spasm I see in many muscle guarding. A walk that does not land in balance forces the body's posture to compensate via muscular contraction, particularly in the cervical spine. (Dalton concludes on page 12)



(Dalton concludes from page 11)

Image 6. To test and retrain pelvis-torso contralateral rotation, the therapist's hands create a counterforce by left rotating the client's pelvis while resisting the rotation through the lumbar spine. The client is asked to push their right anterior superior iliac spine toward the therapy table to a count of five and relax, and the therapist slowly brings the pelvis-torso to the new pain-free contralateral restrictive barrier. Repeat on opposite side.

Cross-Lateral Exercise

Try this cross-lateral exercise at work: Stand with your feet apart and your arms open parallel to the ground. Shift your weight to your right foot, then lift your left knee and touch it with your right hand. Step back to both feet, then immediately shift weight to your left foot as you lift your right knee and touch it with your left hand. Repeat this several times in a comfortable, upbeat, rhythmic way. If the situation allows, get down on the floor and practice cross crawling. Such crosslateral exercise provides a fantastic break from mentally over-focusing and can serve as a handy neurological tool to help bring both body and mind back online.



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Purchase any home-study course and get the eCourse for FREE ... a \$249 value "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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AMTA CA EDUCATIONAL WORKSHOPS with BRIAN UTTING

National Holistic Institute, Emeryville Campus

5900 Doyle Street, Emeryville, CA 94608

Day 1 Class: Muscle-Specific Deep Tissue Techniques for the Posterior, Lateral, and Anterior Neck

Date: Saturday, June 15, 2019 Time: 9:30am-6:30pm CE Hours: 8

Day 2 Class: Assessment and Treatment of Cervical Ligaments

Date: Sunday, June 16, 2019 Time: 9:30am-6:30pm CE Hours: 8

Please note, attendees may register for one or both classes. However, it is highly encouraged that you have taken the Day 1 Class prior to attending Day 2's Class to assure you begin the second class with an adequate amount of prior knowledge and understanding of concepts. If you have never taken the Day 1 Class, we recommend you do so.

Individual Class Fees:

Member: \$125 Non-Member: \$150

Both Days Fees: Member: \$200 Non-Member: \$225

CLICK HERE TO REGISTER

Course Descriptions

Day 1: Muscle-Specific Deep Tissue Techniques for the Posterior, Lateral and Anterior Neck

The neck is a strong, vulnerable and complex structure. It is the most movable part of the spine, and yet is strong enough to balance and support the head (10-11 pounds), even with chronically poor posture. Skillful deep tissue work in this area is not about

brute force; it's about precision and strategy, informed by knowledge of the anatomical structures. It's rare to find massage therapists who really know how to massage the neck in a precise, specific way-especially around the small muscular attachments to the transverse processes-even though this is often where the muscles are most frayed and/or inflamed. In the morning you will learn specific techniques for releasing the cervical posterior paraspinal muscles (longissimus, semispinalis capitis, multifidus), suboccipital triangle, levator scapula (especially the cervical attachments), facet joints, splenius capitus and cervicis, posterior, middle, and anterior scalenes, sternocleidomastoid, and masseter. In the afternoon we will focus on deep muscle-specific techniques

(Utting Workshops continue on page 15)



Brian founded the Brian Utting School of Massage (Seattle, WA) in 1982; his 1000-hour professional licensing program was considered one of the best in the United States. Brian has been teaching continuing education internationally since 1990. He designs his classes and programs so that the students truly "get" the material and can immediately apply it in their practices, rather than just being exposed to it. With over 30 years of experience, Brian teaches with a rare blend of passion, anatomical precision, humor, common sense, and depth. He was awarded the AMTA's Robert N. Calvert Award for Lifetime Achievement in 2009, and was inducted into the Massage Therapy Hall of Fame in 2014. Brian now owns and operates the Pacific Northwest School of Massage. Visit his website at www.pnwschool.com

for the anterior neck. Many people learned in massage school to avoid this area, but it responds safely and well to skilled and precise touch. We will focus on the scalene, suprahyoid, infrahyoid, and longus capitus and colli groups. This is really helpful work for clients who have been in car accidents, have emotional issues with their necks or throats, or use their voices professionally (eg, singers). These are straightforward, musclespecific techniques that can be immediately applied in practice. The work is well-suited to either treating cervical injuries or improving your spa massage, and will increase your precision, palpatory sensitivity, and effectiveness. Body mechanics will also be a focus of the class as well as proper use of fingers to save wear and tear on joints. "I honestly learned more in your neck class than any other CE I've taken, and I've been at it almost 13 years." -Tracey Brandt "This is the best neck class I've ever taken." - Barbara Rue "I love neck work, and this class took things to the next level." - Heather Finch

Day 2: Assessment and Treatment of the Cervical Ligaments

The neck is one of the most common areas of client complaint, injury and dysfunction, and it can be a challenging area to treat effectively. Injured or irritated neck ligaments can be particularly vexing; besides causing deep pain, they can provoke a guarding response in the nearby muscles, causing additional pain, tension, and limitation of movement. In this class we will explore the deeper terrain of the neck, concentrating on the key ligamentous and related muscular and fascial structures that, when injured, often create chronic neck pain and tension. The cervical ligaments are every bit as important as the muscles, bones, and fascia, but are often overlooked by massage therapists, chiropractors, and physical therapists. You will learn assessment and palpation skills that will help you to identify the ligamentous structures that need treatment, make sure it is appropriate to do so, and treat the injured structures. A primary focus of this class is to help you refine your accuracy in both palpation and treatment, and to help you develop more confidence, specificity and thoroughness in your neck assessment and treatment. Clients notice the difference right away when they feel you touch the "right spots", and their chronic pain and tension begins to dissolve from the inside out. "This class was ridiculously useful. I will be using these techniques immediately and daily." - Robin Mayberry "I think more than any other technique or series of movements I've incorporated; this neck work has had the most consistent and specific effects. Every person who has received the work has said they've felt lengthened, their neck felt freed and that they slept very soundly that night, often feeling very relaxed the next couple of days. Thank you!" - Dawn Geula

What to Wear/What to Bring

Day 1: MSDT Posterior, Lateral, Anterior Neck:

Please bring sheets, a pillow (optional), a pillowcase, and non-spilling massage oil or lubricant.

Day 2: Tx of Neck Ligaments:

Please bring sheets, a pillow (optional), a pillowcase, a gel ice pack, two washcloths, a large hand towel or small bath towel (a gym towel is the perfect size), and non-spilling massage oil or lubricant. Please also bring 6 colored pencils or highlighters (not marking pens) for coloring the ligaments.

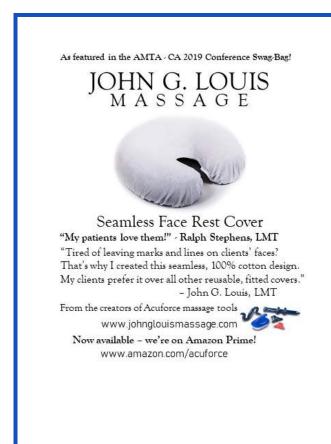
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Registration is now open for the AMTA 2019 National Convention taking place October 24-26 in Indianapolis, IN.





Technique Focus

Integrated Manual Therapy & Orthopedic Massage Training

By James Waslaski LMT, CPT, AA

Integrated Manual Therapy and Orthopedic Massage is so much more than just a single massage therapy modality. Specializing in just one modality or manual therapy discipline limits your ability to treat multifaceted musculoskeletal pain conditions. Integrated Manual Therapy begins with performing detailed orthopedic assessment and postural evaluations. This groundwork provides vital critical thinking and clinical reasoning skills that will allow the therapist to match the most appropriate modality or manual therapy discipline to the exact underlying pathology of each specific clinical condition.

Based on the client history and detailed assessment, therapists will blend multiple modalities and disciplines such as Myofascial Release, Orthopedic Massage, NMT, Posturology, Myoskeletal Alignment, Anatomy Trains Knowledge, Scar Tissue Mobilization, Joint Capsule Release, Joint Mobilization Techniques, Stretching Tight Facilitated Muscle Groups, and Activating and Strengthening Weak, Inhibited Muscle Groups. This total structural and postural based program will bring the musculoskeletal system back into balance for pain free living and performance enhancement. It will also treat the cause of pain patterns rather that simply treating the resultant clinical symptoms. Following each treatment, the client will be given specific corrective exercises based on the initial assessment to maintain the outcomes of each treatment session.

Since therapists vary in their learning abilities, each seminar presentation brilliantly blends auditory, kinesthetic, and visual learning styles to assure every participant can comprehend each and every technique. Participants will literally be looking inside the human body with our state of the art multimedia presentation format utilizing 2 screens in every presentation. Up to date research, and current clinical studies will be referenced in every presentation to make sure participants are getting accurate up to date information. Seminar participants include LMTs. PTs, Athletic Trainers, Chiropractors, Osteopaths, Physicians, Nurses, Chartered Physiotherapists, and other health care professional sharing their diversified manual therapy knowledge for the best interest of the clients we serve.

This article will elaborate on the topics that will be covered at the Five Day Intensive Orthopedic Massage Seminar July 31-August 4th, 2019 in Santa Ana California. However, it is also a great explanation of how we teach all other parts of the body. The highlight of these particular presentations will be to share the capsular work critical to treating complicated shoulder and low back conditions. As I travel the world teaching manual therapists in every discipline, I realize that understanding capsular patterns is the weakest link in the manual therapy world. Therapists will be looking inside the body to thoroughly understand how these capsular patterns form, and learn the most effective treatment plans to resolve these complicated patterns.

The following shoulder capsule image (Figure 1) and hip capsule image (Figure 2) can only be found in **fresh dissections**, because the interosseous adhesions that form within joint capsules will be eaten away when cadavers are preserved using formaldehyde.







James Waslaski is an Author & International Lecturer who teaches approximately 40 seminars per year around the globe. He's served as AMTA Sports Massage Chair and FSMTA Professional Relations Chair. He's developed 8 Orthopedic Massage and Sports Injury DVDs, and authored manuals on Advanced Orthopedic Massage and Client Self -Care. His new book: Clinical Massage Therapy: A Structural Approach to Pain Management, was published by Pearson Education in 2011. James is a Certified Personal Trainer with NASM. He presents at state, national and international massage, chiropractic, and osteopathic conventions, including keynote addresses at the FSMTA, World of Wellness, New England Regional Conference, the World Massage Festival, and Australian National Massage Conventions. His audience includes massage and physical therapists, as well as athletic trainers, chiropractors, osteopaths, nurses and physicians. James received the 1999 FSMTA International Achievement Award, and was inducted into the 2008 Massage Therapy Hall of Fame. James was awarded Massage Therapist of The Year in 2012 at the Canadian Massage Conference. He was also nominated and awarded by his peers and colleagues the designation of Teacher of The Year 2015 at the World Massage Festival.

(Waslaski continued from page 17)

That is one of the reasons clinical studies and scientific research is lagging behind the hypothesis of this amazing work for releasing capsular patterns in shoulders and hips. The words "Frozen Shoulder" and "Frozen Hips" are not correct in describing these clinical conditions, as there is not a thermodynamic relationship in either of these adhesive patterns. Through positional release, this updated capsular technique becomes mainly a neuro technique. That is because positional release eliminates the fear of more pain, and let's the brain know the body is safe so that the unconscious secondary muscle guarding can let go.

In the Integrated Manual Therapy Class for Complicated Shoulder Conditions, participants will learn how to evaluate and release complicated capsular patterns in a single session. They will also learn to assess and correct conditions such as shoulder impingement, rotator cuff injuries (Figure 3), bicipital tendon strains, scapular dysfunction patterns, fixated 1st and 2nd rib problems, thoracic outlet (Figure 4) and thoroughly understand how to correct 'Upper Crossed Syndrome" patterns so common in in most of our clients, especially overhead athletes.





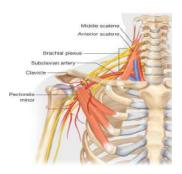


Fig. 3

Fig.4

Therapists will also be given the research that proves that cross fiber friction does not re-align the scar tissue in strains and sprains. It is the movement and concentric and eccentric forces after frictioning that re-aligns the scar tissue. Therapists will also be given the tools to treat multiple nerve compressions patterns in the shoulder that so often cause the majority of carpal tunnel symptoms. Corrective exercises will be given for each shoulder condition, after treatment, to prevent the clinical conditions from returning.

In the Integrated Manual Therapy for Low Back and Hip Condition class, therapists will learn how to assess and treat a wide variety of clinical conditions. I personally think the most important information that will be taught is understanding the role of capsular patterns inside the hip (Figure 5), that play a vital role in almost every chronic and complicated low back and hip condition. Without resolving the capsular patterns, as mentioned earlier in this article, most manual therapy techniques will not be successful in eliminating the cause of chronic back and hip pain. We will also be addressing the treatment of correcting sacral torsion patterns, and restoring normal muscle firing patterns of the low back to resolve complicated SI joint pain. This is the incredible Myoskeletal Alignment work I learned from my dear friend Dr. Erik Dalton. We will also be addressing his ascending syndrome patterns to teach therapist that the back pain can be coming from an over-pronating foot that ascends into the low back, spine and neck. Therapist will also learn why it is critical to be doing "Pain Free" Iliopsoas work (Figure 6), especially in patients with pre-existing conditions such as spondylolisthesis, bulging discs, ruptured discs, and chronic SI joint pain. Proper assessment and treatment of lumbar strain patterns will also be addressed (Figure 7). Again you will be looking into the human body to understand the underlying pathology of each clinical condition throughout the entire presentation.

(Waslaski continues on page 19)

(Waslaski continued from page 18)







Fig, 5 Fig.6 Fig.7

Clinical conditions covered in the low back seminar will include understanding causes for bulging and ruptured discs. SI joint pain, Sciatica, Sacral Torsion Patterns and how to address ascending syndromes that cause low back pain. We will also be briefly talking about the amazing Posturology work of Paul St. John and Randy Clark and the role of a hemi-pelvis or leg length discrepancies causing unresolved back pain problems. In addition we will be discussing the scar tissue research of Susan Chapelle, from Canada, that allowed me to go from a total hip replacement to teaching a hands on class to 80 therapists without pain meds, or a walker or cane only 12 days after surgery. This protocol will address early scar tissue mobilization, pre-surgical cupping techniques, and pre and post surgical lymphatic drainage techniques that will revolutionize post surgical joint replacement rehabilitation.

The other presentation at the Santa Ana Five day Intensive will be Integrated Manual Therapy and Orthopedic Massage or Complicated Elbow, Forearm, Wrist & Hand Conditions. Again research will shed a light on the difference between tendinitis and tendinosis. Participants will clearly understand why cross fiber friction does nor re-align scar tissue and why people should not be doing 6 minutes of deep cross fiber friction to treat strained fibers of the elbow. I was sad to see that some schools are still telling their students to do 6 minutes of deep cross fiber friction and that cross fiber friction re-aligns scar tissue. We will share research from Cook and Kahn on tendinosis dating back to 1990 that will convince therapists to stop using old school techniques that can actually cause nerve damage to the elbow. Conditions covered in this class will be Carpal Tunnel Syndrome (Figure 8), Pronator Teres Syndrome, De Quervain's Tenosynovitis. Medial Epicondylosis (Figure 8)), Lateral Epicondylosis (Figure 9), Fixated Radial and Ulnar Head patterns, Carpal Bone Fixations, Depuytren's Contracture, Trigger Finger, and progressive Joint Arthritis. Once again we will take a look inside the human body to better understand the pathology of each clinical condition throughout the seminar.









Fig. 8

Fig.9

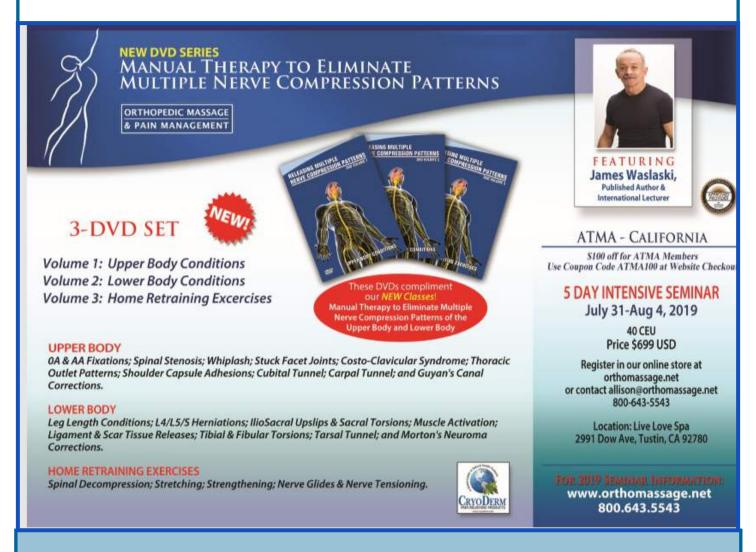
Fig. 10

Through doing a detailed client history and good orthopedic assessment, therapists will be better at clinical reasoning. In about 1996 I attended a class taught by Whitney Lowe, where he stated "Through good orthopedic assessment and clinical reasoning, manual therapists must learn to match the most appropriate modality, or manual therapy technique, to the exact underlying pathology of each specific clinical condition." That one statement made me realize I needed to become an expert in Orthopedic Assessment, and that information had one of the greatest influences on my career.

(Waslaski concludes on page 20)

(Waslaski concludes form page 19)

In 1990, I was fortunate to have started my career by choosing and attending a great massage school, Suncoast School of Massage in Tampa, Florida. As a student, I was exposed early in my career to the amazing work of industry leaders like Benny Vaughn and Mike McGillicuddy (Sports Massage); Aaron Mattes (Active Isolated Stretching); George Kousaleous (Core Myofascial Therapy); and Paul St. John (Neuromuscular Therapy). I now have the blessing and opportunity to share the integrated manual therapy techniques from so many great teachers and mentors in my seminars throughout the world. As I teach each year at Osteopathic Conferences, Chiropractic Conferences, Athletic Training Conferences, Physical Therapy Conferences, The College of Sports Medicine, and places Like The Olympic Training Center in Australia I realize that so may different manual therapists have influenced the work I feel blessed to share. Now I just want to "pay it forward" to facilitate healing throughout the world.



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Technique Focus

KINESIOLOGY- MAY THE FORCE BE WITH YOU

by Whitney Lowe

There is no question about it – kinesiology is cool! That's what I think anyway, and it boggles my mind when others are not as intrigued. But I think it is just that some simply do not realize the benefit of this fascinating field of study. In many cases knowing kinesiological principles is not just useful, but absolutely essential. Anyone working with pain and injury complaints should have a solid working knowledge of the primary clinical sciences.

Using kinesiology to its full extent is one of the things that will set you apart from other massage therapists and other healthcare professionals. Surprisingly, kinesiology is one of the clinical sciences least understood by soft-tissue practitioners. Many confuse the science of kinesiology with what is called, "applied kinesiology," which is not really related. More challenging for others is not knowing how to effectively apply these principles in a clinical setting. Yet, kinesiology's real value is revealed when it fully informs your clinical work.

Sadly, for many this captivating subject got boiled down to mind-numbing memorization of muscle attachment sites and actions in massage school. Notably, it is the passive learning style that predominates in kinesiology education in both basic and continuing education. Read – memorize – take a test. However, if you take a moment to explore the key elements of kinesiology you might just discover a host of valuable ways to incorporate this science in your own clinical work.

What is Kinesiology?

Kinesiology is the exploration of *human movement* and integrates three disciplines: *musculoskeletal anatomy (form)*, *neuromuscular physiology (function)*, and *biomechanics*. Kinesiology is that area in which these three disciplines intersect (Figure 1). Having a good foundation in these clinical sciences as they relate to soft-tissue treatment is a great starting point. By default, understanding kinesiological principles returns a better understanding of human structure and function.

(Lowe continues on page 22)



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.academyofclini calmassage.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.

(Lowe continued from page 21)

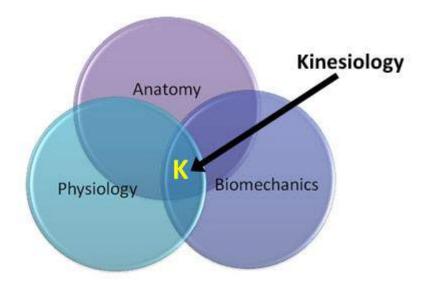


Figure 1: Three branches of kinesiology

Anatomy (Form)

Your basic education started you out with a solid foundation in muscular anatomy. Soft-tissue therapists should know what the structures are under the skin to which they will be applying softtissue treatment. Those working with any level of pain or injuries *must* know these tissues to have an idea what might be playing a role in their client's dysfunction.

The clinical knowledge necessary for the rapeutic treatment does not stop with muscle names, or with muscle attachment sites. In fact, it should not stop with muscles at all, but should progress to ligaments, tendons, nerve, and fascia – the other soft-tissues often needing to be addressed in various conditions. While muscle tissue is the most common structure massage therapists work with, it is by no means the only cause of soft-tissue pain. If you are not aware of other soft-tissues that may produce pain, you will miss important characteristics of the client's condition.

Physiology (Function)

While anatomy is the study of structure, physiology is the study of function. The second key element of kinesiology is the function of the locomotor tissues, specifically the neuromuscular connection. Movement occurs because of neurological impulses delivered to muscles causing them to contract. When there is a disruption or irregularity in neuromuscular activity or control, movement disorders and pain can result.

Massage treatments frequently incorporate this fundamental understanding of neuromuscular physiology even though you might not be aware of it. Consider the way in which PNF stretching

(Lowe continues on page 23)

(Lowe continued from page 22)

takes advantage of neuromuscular control principles such as post-isometric relaxation. Other methods such as active isolated stretching rely upon specific positions so as not to initiate the neuromuscular stretch reflex. The client who has postural dysfunction and painful trigger points is treated with methods based on physiological principles of how to best deactivate and neutralize these dysfunctional trigger points.

Biomechanics

Biomechanics is the third intersecting clinical science of kinesiology. It is the study of structure and function of biological systems through mechanical physics, basically the study of physical forces. It is sometimes confused with body mechanics, which one learns in applying massage strokes. Performing biomechanical analysis requires an understanding of both anatomy and physiology. To determine how a structure might respond to various mechanical forces you must be familiar with its physiological characteristics in response to mechanical stress. Evaluating a soft-tissue injury requires exploring the forces applied to the body during injury or activity: their direction, velocity, and intensity. Through this mechanical analysis the practitioner evaluates whether those forces were sufficient to cause specific tissue injuries and consequently how those tissues should be treated.

Putting it Into Practice

As you can see not only is kinesiology a much broader science than you may have realized, but it is an integral part of becoming a highly skilled soft-tissue therapist if you are working with pain and injury complaints. An arsenal of techniques is essentially your bag of tools. However, even with a great bag of tools, if you don't understand when to use a wrench and when to use a screwdriver and how much force to use when you apply it, your work will be so much less effective.

How to learn more

Understanding kinesiology is exceptionally important when you treat clients having pain and injury complaints. Yet it isn't easy to find formal coursework in kinesiology that is directly applicable to your massage practice. Most university courses in kinesiology are aimed at physical education professionals and not at manual therapists or healthcare professionals. A continuing education course specifically on kinesiology would ideally integrate the other sciences and clinical reasoning required for application. There are some excellent books available on kinesiology but many people find kinesiology textbooks overwhelming and are not sure how to use the books.

One of the most effective ways to learn kinesiology is through activities that put the information directly into practice and require creative thinking and clinical reasoning by the individual. Choosing CE courses that emphasize kinesiology in conjunction with other clinical sciences as they are

(Lowe concludes on page 24)

(Lowe concludes from page 23)

applied to various situations is an efficient way to learn these principles. Courses that include problem-based learning, case study evaluations, or scenarios include deeper levels of analysis and allow the individual to immediately apply kinesiology to their coursework.

You can also improve your application of kinesiology by just watching simple movements you see someone performing and analyzing them. Watch someone walking, raking the yard, or working at a checkout stand and analyze what type of forces are being applied to the tissues involved in the activity. When you can apply these principles in the context of your day-to-day work activities, they are much more likely to stick and become meaningful for you.

Massage therapists are ideally positioned to use kinesiology as a valuable and indispensable tool for both assessment and treatment. Putting greater emphasis on applying kinesiology in your practice will pay off with significant rewards of increased treatment success and satisfied clients.



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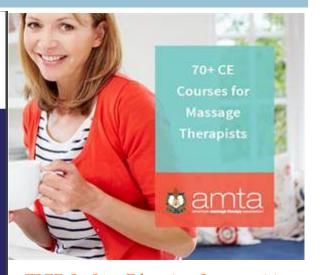
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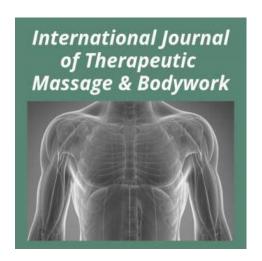
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Sarah Hammond	JoAnne King	Tlietlaxu Miykel	Rochelle Phraner
Michael Julian	Daniel Morello	Deborah Herring	Mark Sidhu
Debbie Lindsay	Vilinda Read	Emily Yin	Carmelita Velasquez
Ronald Maher	Anne Runyeon	Sonja Burnand	



New Issue: International Journal of
Therapeutic Massage and Bodywork



Celebrating 10 Years	Michelle Draper	Joseph Jaimes	Tina Mitchell
Jon Pierre Atenccio	Jacqueline Turner	Arcely Paredes	Elizabeth Risner
Barbara Carrera-Torres		Michael Campas	Teresa Hernandez
Kathryn Depre	Celebrating 5 Years	Ashley Nelson	Bryan Aquino
Laure Fitzpatrick	Adam Bowman	Tammie Martinez	Kevin Avelar
Mechele Foley	Amara Irizarry	Michael Susoev	Faith Cooper
Arlene Fukuhara	Brad Jeffries	Cheol Yi	Rosa Figueroa
Lori Hamilton	Alan Ewers	Melissa Douglas	Sandra Fintel
Laura Lorrain	Robert Byars	Ivana Kurian	Kristine Gill
Van Nguyen	Mimi Lopez-Steele	Bair Manzarkhanov	Wendy Mbagara
Mary Romine	Mario Serban	Beatriz Marquez	John Paulsen
Dianne Tyrcz Sreba	Heather Burttschell	Veronica VanKirk	Kelly Phipps
Wanda Bowles	Miguel Solis	Michaela Chairs	Eddie Swims
Hector Leon-Toledo	Ilan Churi	Karen Krogh	Vernice Alvarez
Lorraine MacFarlane	Morgan Amado	Johnathan Levy	Rachel Bailey
Lori Officer	Lenka Batlik	Liana Omar	Michael O'Brien
Mary Pozzi	Phil Okazaki	Robert Ovitt	Angelika Ramirez
Deborah Prettyman	Lindsay Caruso	Jiaying Wu	Wilma Smith
Genevieve Siegel	Alicia Valencia	Maria Porter	
Denise Branch	Maurice Monge	Tracy Thomas	Steven Espoinoza
Marin Escamilla	Ian Clark	Cynthia Helvey	Taylor Holmes
Sheree Ganske	Carly Fulton	Regina Garner	Tracie Livermore
James Gunther	Abigail Kastner	Matt Murdoch	Victoria Rivera
Leslie Jasperson	Joseph Patti	Monica Nava-Jones	Kellie Soles
Nancy Kemp	Rachael Angelese	Eileen Pisanich	Ivan Stame
Mia Miller	Randy Hin	Shannon Cortez	
Cecelia Sullivan	Mia Ochoa	Andrea Shuart	Marie Vasquez
Lisa Gongora	Vanessa Stareselsky	Tramaine Watson	Monika Hallse
John Kirkland	Stacy Conley	Hulie Austin	Tamara Khan
Diahann Chappell	Deborah Costales	Nida Labao	Nathanael Lonky

Angela Abbey Suzette Vergnetti Camille Liu **Jacqueline Anderson** Harold Brown Virginia Aguirre Nicole Madaule Sita Johnson Diana Burdzinski Dennis Borelli Natalie Malyshev Christopher Bellerive Raffaella Guastamacchio Laurie Boswell Anika Miura Cecillia Tom-French Keiko Hamano Scott Campbell Varden Panosvan Renee Taylor Kathryn Jackson Adeline Carlson-Salas Pairach Pilaikiat David Chen **Brittany Roberts** Mary Justiniani Croft Castrell Frances Regal Alaina Kaufman Iulie Dalla Tonia Royston Nancy Cohen Mariana Martinez David Dalla Sharon Sgarlato Irene Rea Marion DeMartini Natalie Sweet Jeffrey Bolduc Jessica McCargar Steven Washington Guadalupe Molina Kristina Eicher James Cooper Richard Randal Alex Gorodetsky Trina Davis Allison Manrique Gale Porcarelli-Klenk David Reves CandyHoleman Daniel Suniga Juana Ruiz Peder Iverson Rodrigo Betancourt Alvsia Torres David Slagle Ronnie Kloak Rhonda Borth Ania Podkanski





2018-2019 CALIFORNIA CURRENTS PUBLICATION INFORMATION

The American Massage Therapy Association, California Chapter newsletter, <u>California Currents</u>, is scheduled to have 4 issues a year. Currently, the <u>California Currents</u> has a circulation of over 7,200, reaching our members and massage schools. All issues will be sent green, via email, posted to our Chapter website (<u>www.ca.amtamassage.org</u>) and to our Chapter Facebook page.

Issue	Last Date for Submissions	Date to be Published
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
Summer	August 3, 2020	August 19, 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		-
	(h)	
Email	CAMTC # Massage license? City/County	
Years in massage	CAMTC # Massage license? City/County	
Massage school atte	ended/# of hours	
Date of completion _	Other related schooling	
	olunteering in the following areas: (details can be found on the Chapter websit PresidentSecretaryFinancial AdministratorBoard Member cion Delegate	re)
Sergeant at Arms	AwardsExhibitorsParliamentarianBudget (Member At Large)Gov Committee on CandidacyNewsletter EditorSocial MediaConferen Education Chair (Region:NCS)WebsiteNorthern Rep Souther	nces/Workshops
	but not sure where? What skills do you have? and How much time do you wa ach out to you	nt to give? Let us
	y or professional experience	
Other Qualifications		
perform the duties of your duties? YES	A BOARD OF DIRECTOR POSITION How many hours a week do you estimate work this office? Are you currently able to commit the appropriate time NO ons and objectives for seeking this office?	•
the duration of the f	understand that I must be present, focused and courteous; that I must put as function; that I will refrain from introducing distracting influences to other Boatransact 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

Appointees

Chapter Board

President John Lambert president@amta-ca.org

secretary@amta-ca.org

Secretary

Phil Okazaki



Northern Representative northernrep@amta-ca.org



Southern Representative southernrep@amta-ca.org



Newsletter Editor

Michael Roberson

editor@amta-ca.org



East Bay Unit

Golden Gate Unit

Silicon Valley Unit

Redwood Empire Unit

Financial Administrator Michael Roberson treasurer@amta-ca.org



Government Relations Chair Open gr@amta-ca.org



Northern Regions

Board Member Megan Martin 1stvp@amta-ca.org



Appointee to CAMTC Mark Dixon mdixon@camtc.org





Educational Coordinators

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

Chapter Administrator **Elected Delegates Jeff Milde**

Chapter Website www.ca.amtamassage.org 1) Stacey DeGoover (2019-2020)

2) Rio Stanford (2019)

Calma Association Management, LLC

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

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And National: American Massage Therapy Association - AMTA

