



California Currents

NEWSLETTER FOR THE CALIFORNIA CHAPTER OF THE AMERICAN MASSAGE THERAPY ASSOCIATION SUMMER 2020

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President's Message

"In every community, there is work to be done. In every nation, there are wounds to heal. In every heart, there is the power to do it." -

Mariann Williamson



Our community is struggling. Our community is suffering. There is no denying how deeply we have been affected by COVID-19. Many of us are face very difficult situations and decisions about our practices, our profession, and our future. There are no easy answers and there is no magical solution that will give everyone comfort and resolution. We are told if we are caught working, our voluntary certifications will be revoked; we are told we are considered essential workers only if we are employed by a health care provider; we are told working is approved as long as it is outdoors. Many of us feel these guidelines are arbitrary. We do not understand why things are happening and the confusion and despair continues to mount.

AMTA National and the California Chapter are having conversations with legislators. We are attempting to educate them about the benefits of Massage Therapy. We are advocating on the State and National level for the acknowledgement of the benefits of Massage. Will these efforts change everything overnight? Unfortunately, no. Is this something the Chapter and National can do on our own? No. **We need your voices.** Our National representation sent information to all members regarding the NoPain Act. Did you respond? Was it shared with friends, family, and clients? We, *as a community*, need our collective voices to be heard. This is one simple avenue to make that happen.

There are additional things we can do as a community. There has been a move to include Massage Therapy as health care. Are we behaving as health care workers? Are we willing to follow protocols to protect our clients and ourselves? Some therapists on social media have indicated their desire to not follow safety protocols because they think it is unnecessary; there are others that are not ready to go back to work under the current circumstances; there are others that want to work but cannot, based on their employment status. There are various opinions to which we are all entitled. If the decision is made to go back to work; please think of the community and consider the ramifications if we do not support appropriate protocols. This issue goes beyond one person, one client, one practice.

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(President's Message concludes from page 1)

During a meeting, I heard a story about a Massage Therapist that was taking clients and followed all the appropriate steps to assure their safety and the safety of their clients. One client informed this Therapist a few days after their session, they had tested actually tested positive for COVID-19 before their appointment, but wanted the massage so badly, they lied. We can all raise our hands in disgust at the unfair behavior of that client and the destructive affect that has on a practice. How is it any different if a Therapist decides the protocols do not apply to them? This behavior perpetuates a cycle that continues to have far reaching ramifications on the ability for any of us to move forward.

Some of us are desperate to return to work. Our clients are desperate for our services. There are practices that are operating and have schedules completely booked out for a month. There are new clients coming into practices that are opening safely and behaving responsibly. Practices are growing; our industry has a future. Will it be the same? No. We can weather this storm and come out on the other side stronger and better. Idowu Koyenikan wrote, *"There is immense power when a group of people with similar interests gets together to work toward the same goals."* Our community needs us; each and every one of us to participate. We need to be thoughtful and responsible. Our response dictates the paths we can travel towards our collective future. What path have you chosen?

Phil Okazaki



**You Board would like to
hear from you.**

**Please send us your
questions ...
open topic.**

"Ask Your Board"

We will get back to you

**as soon as possible with answers and,
with permission,**

**have them highlighted within our
California Currents and Facebook page.**

Send your questions to info@amta-ca.org.

Thank you!

We look forward to hearing from you!



National Convention

To keep our massage therapy community as safe as possible, AMTA has decided to cancel our 2020 National Convention.

We'll Miss Seeing Everyone in Phoenix

We feel this is the best course of action considering input from health experts on the ongoing COVID-19 outbreak, the unknown duration for social distancing for groups our size and hardships our community is facing at this time.

If you already registered for Convention and/or reserved your hotel through the AMTA hotel block:

- All attendee registration fees are automatically being refunded to your original form of payment. Look for that refund to be applied to your credit card statement. (Refunds should have been processed by the time of this publishing.)
- If you booked hotel accommodations in the AMTA hotel block at the Sheraton Phoenix, your reservation is automatically being canceled and any deposits will be refunded to your original form of payment. (Please confirm cancellations for yourself and peace of mind!)

Save the Date

AMTA 2021 National Convention

We look forward to bringing everyone together again for the AMTA 2021 National Convention in Tampa, Florida August 26-28, 2021 to celebrate the massage therapy profession.

Government Relations Update



The last quarter has seen a flurry of activity at both the State and National levels. The National Board and the State Chapter Board have been working diligently to have conversations with legislators to create a change in the perception of Massage Therapy.

In May we reached out to the members seeking volunteers to serve on various committees. We would like to thank those that have been selected to serve on the Government Relations Committee:

Cindy Groeninger Jordan
Denise Tu

Lynn Bukowski
Lynn Smyt

Pam Grewel
Kate Simmons

Edward Little
Riya Suising

The Committee, to this point has been introducing themselves to their local legislators at the City and State levels. They are beginning to establish relationships that will provide opportunities to educate our representatives about the benefits of Massage Therapy and the goal of licensure.

We have been working closely with National and the AMTA lobbyist to craft a position requesting Massage Therapists be exempted from AB5. This is the Assembly Bill utilizes an ABC test to determine whether a worker providing services in California is an employee or an independent contractor. Based on certain licensing and other requirements, there are professionals which are exempted from this Bill which includes:

Doctors (physicians, surgeons, dentists, podiatrists, veterinarians, psychologists)

Professionals (lawyers, architects, engineers)

Professional Services (marketing, human resources administrator, travel agents, graphic designers, grant writers, fine artist).

Hair stylists and barbers (if licensed and they set their own rates and schedule)

Estheticians, electrologists, and manicurists (if licensed)

Through the conversations that were had between AMTA National, our lobbyist, and legislators, the determination is that Massage Therapists that are TRULY independent contractors are already exempt from AB5 if all conditions of the ABC test are met. Those conditions are:

- A. The person is free from the control and direction of the hiring entity in connection with the performance of the work, both under the contract for the performance of the work and in fact.
- B. The person performs work that is outside the usual course of the hiring entity's business.
- C. The person is customarily engaged in an independently established trade, occupation, or business of the same nature as that involved in the work performed.

(Government Relations Report continues on page 5)

(Government Relations Report continues from page 4)

One of the key pieces of information that was received that can assure the acknowledgment of a Massage Therapist as an Independent Contractor is if the Massage Therapist issues a 1099 to the entity from whom they rent their space as the rent paid is considered rental income.

Based on this information, AMTA National has decided there is no need to expend additional effort in the pursuit of an AB5 exemption for Massage Therapists.

In July, all AMTA Members received an email from the National Government Relations Office to sign a petition for the inclusion of Massage Therapy in the Non-Opioids Prevent Addiction in the Nation Act, the “NOPAIN Act” (H.R. 5172/S. 3067). This increases patient access to massage therapy through using non-addictive, non-opioid approaches to pain management. During the crafting of this legislation, Massage Therapy was identified as a valuable component to achieving this goal. The inclusion of Massage Therapy on the list of services would allow Licensed Massage Therapists to work with Medicare and Medicaid to support their clients struggling with chronic pain. Any effort to complete the actions necessary to sign the petition and to disseminate the information to friends, colleagues, clients, health care professionals, and any friend of Massage Therapy would be greatly appreciated. Here is the link to the petition. Again, please complete the information and share it with as many people you know that would support this action:

https://cqrceengage.com/amta/app/write-a-letter?2&engagementId=508735&ep=AAAAC2Flc0NpcGhlcjAxkVXIjv1ZTXIKdoITpoJpSPz9i3XKfMPQgOBmCKsdG0hDcQTW3hg_tG7FvPkPPXHal0Hefzb98ZDCtwx5LYUqTLwywmYga8-EW9I9b3jGQr4&lp=0

We are fully aware that COVID-19 is taking a huge toll on our industry. In fact, the education of future massage therapists is at risk as well. The closure of higher learning institutions and the inability to provide hands-on practice is creating concern for the ability of Massage Therapy schools to continue to enroll new students and remain viable. To address this concern, mid-March CAMTC Executive staff employed emergency powers to issue a temporary policy allowing for the acceptance of Interactive Distance Learning (IDL) hours -lecture topics- towards the 500 hours total minimum required for certification. As in-person classes continued to be prohibited, in July the CAMTC Board approved a temporary policy that further allows for the acceptance of IDL hands-on practice hours towards the 500 hour minimum. Out of the 500 hour minimum required for certification at least **75 hours** must be hands-on hours **in person** under the active and direct supervision of a qualified instructor. . This action is set to automatically terminate 30 days after it is deemed appropriate for in person instruction to begin.

In August, a franchise requested a meeting with National Government Relations, the AMTA Lobbyist, and the State Chapter. The franchise wanted to discuss options to begin operation. There were discussions regarding the, “essential” nature of Massage Therapy. Through the discussion, it was acknowledged that Massage Therapy cannot be considered an essential service on its own because it is not included on the Department of Defense list of essential medical services, which could be address with the inclusion of Massage Therapy on that list through the acceptance of the “NOPAIN” Act.

There have been continuing discussions regarding the essential nature of Massage Therapy. It is currently being accepted that at this time, it is not possible to consider Massage Therapy an essential service without either working with other medical professionals or with a medical referral. We are beginning to see some movement. Recently the California Chiropractic Association released a statement to its members that they consider Massage Therapists that work in Chiropractic Practices to be essential and not fall under the current State classification of a Personal Service. National Government Relations and State Government Relations are currently exploring the possibility of obtaining statements from other State Medical Associations to support the growing need for Massage Therapy.

*(Government Relations Report concludes **with call for action** on page 6)*

(Government Relations Report concludes with a *call for action* from page 5)

Get involved! Have your voice heard! (link to the petition)

Urge your representatives to cosponsor the NOPAIN Act (H.R. 5172/S. 3067) (link to the bill)

The Non-Opioids Prevent Addiction in the Nation Act, the “NOPAIN Act” (H.R. 5172/S. 3067) will help increase patient access to massage therapy through using non-addictive, non-opioid approaches to pain management.

Join AMTA and add your voice for congressional support of the NOPAIN Act, and ask that the Act be included in any forthcoming relief package so Americans have access to non-pharmacological therapies sooner than later. Please write your representative and senators, urging them to help increase patient access to massage therapy.

We will continue to engage with federal, state and local officials advocating for resources that impact massage therapists during the COVID-19 crisis.

Thank you.



[State of California Resources](#) (clink on for links)

[Small Business Owner's Guide to the CARES Act](#)

[SBA Disaster Assistance in Response to the Coronavirus](#)

[SBA Disaster Assistance Disaster Assistance Available](#)

[CA EDD Work Sharing Program](#)

[CA EDD Covid-19](#)

[CA EDD Pandemic Unemployment Assistance](#)

[CA Department of Industrial Relations Covid-19](#)

[FEMA](#) or call 1-800-621-FEMA (3362) or 1-800-462-7585 TTY. **NEW****

Undocumented individuals can find resources and services at

<https://www.cdss.ca.gov/.../DisasterAssistanceGuideforImmigra...> (English)

<https://www.cdss.ca.gov/.../DisasterAssistanceGuideforImmigra...> (Spanish)

[Governor Newsom Executive Order Providing Relief to California Small Business](#)

[US Dept of Labor Paid Sick Leave & Expanded Family and Medical Leave Under the Families First Coronavirus Response Act](#)

You may also need to look at other social services to help in the short term for you and your family:

[WIC](#) [MediCal](#)

[CalFresh](#)

[CalWORKs](#)

[CoveredCalifornia](#)

Meeting Our Members

We reached out to some of our long term members and asked a few questions. Here are just a few of their stories we are sharing with you in this issue. We hope to have more stories to share in upcoming issues (and maybe on our Facebook page).

If you know someone who we should hear about their story, or your own, please let us know at editor@amta-ca.org.

Meet Ken Niehoff AMTA Member for 36 years

Massage Therapist since 1983. Retired February 2020.

Education: I attended the Chicago School of Massage in 1983, completing a 9 month training that was 300 hours.

Modalities: My specialties are Sports Massage for athletic event recovery and athletic injuries, trigger point therapy, Cyriax evaluation and friction techniques, and remedial exercise and postural evaluation.

Favorite AMTA memory: My favorite memory with AMTA was when I traveled to Boston to massage Boston Marathon participants. Massage therapists from across the country did pre and post massage on the athletes, and there was a sports massage workshop included.



A success case: One of my client referrals was moving to another state, but her jaw was painful and locked up and she needed immediate help. I did massage and trigger point therapy on her masseter and temporalis muscles, and showed her contract-relax exercises for the muscles responsible for range of motion of the temporomandibular joint (TMJ). She called me the next day thanking me for resolving the issue. I have many other examples, but I have to say that it was the combination of massage, remedial exercise, and postural/movement advice that worked the best.

Why I lasted this long in massage therapy: After teaching in two massage schools for six years at the beginning of my massage career, I knew my subject thoroughly. I used texts of other bodywork and exercise-oriented specialties, and encouraged my students to use these resources too. For example: sports medicine, physical therapy, chiropractic, anatomy, kinesiology, athletic injury sites, and many others. Now one can get most of that from online research. I considered the time spent researching client injuries and musculoskeletal complaints as part of my continuing education. This knowledge impressed new clients and they appreciated knowing more about their condition, and it kept me interested in bodywork. I continuously added other specialties to my massage practice to stay engaged in my work. My professionalism, knowledge, and successes kept the referrals coming, which was a strong monetary incentive to keep me going.

My advice to new therapists: Stay inspired by being a life-long learner. Use the rule of thumb: only use your thumbs if absolutely necessary. Practice using your elbow and forearm as much as possible. Be acutely aware of your posture when you massage. Take advantage of your body weight by moving back from the body part you are massaging and leaning in when possible. Many therapists use a lower table to take advantage of their body
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weight, but I felt that it took more postural effort to do that. Have a comprehensive exercise program for yourself to stay strong.

Don't rely only on massage to make your living. For example, once I understood that to resolve a low back problem one needed proper lifting mechanics and the strength to do that, I researched the muscles involved. It turned out to be leg, core, and back muscles, which is most of one's musculature. I started teaching my clients strengthening exercises and moved into personal training. For me, it was a much more interesting day and reduced repetitive movement patterns. Ten years ago I received a Master's degree in Science of Human Nutrition and added that to my practice. Since all of my specialties were natural complementary medicine, I changed my title to "health trainer." With that said, massage was still the foundation of my practice until my retirement. (Pictured, my highly trained assistants and my exercise and massage studio)



Meet Sibyl H Piediscalzi AMTA Member for 37 years My AMTA Journey

I preface my story with the acknowledgment that my Life's Journey has been guided by Spirit—from the time I was a small child. I have listened to what some call "The Still Small Voice," and listening to It has blown the winds of adventure into my entire educational experience and schooling. Initially trained as a teacher with a B.S. in Education, I was guided to take yoga and yoga teacher training and from that, the Voice called me to attend a brand-new massage school in Dayton, Ohio. I knew doing massage was another way of helping people that would dovetail with the yoga teaching; I could incorporate yoga therapy into helping my massage clients prevent and heal various diseases.



I graduated from the Self-Health Institutes School of Medical MassoTherapy on December 3, 1982 (a rigorous 16-month training), after which I sat for and passed the Ohio State Medical Board's exam. (In Ohio, massage therapy is a medically licensed profession, and I was granted my Limited Practitioner's License on January 18, 1983.)

Upon being licensed, I immediately joined AMTA, and am still here! LOL! I have and always will be a life-long student with an insatiable desire to learn. That is the first advice I would give to a brand-new therapist. Never stop learning and growing! I did additional training and passed the AMTA exam to be a Registered Massage
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Therapist (February 9, 1988). Because I wanted to be good at what I did, I attended Chapter (State) and National conventions for many years, always coming away with new ideas for my practice. Incidentally, I also served as the Secretary/Treasurer of the Ohio Chapter for several years.

Many of my early clients told me that I had “the Gift of Healing,” so, over the years, took many Energy Work classes (Therapeutic Touch, Touch for Health, Traeger, etc.), but I fully landed in Energy Healing when I became a Reiki Master Teacher. I incorporated Reiki into my massage practice—a natural fit.

One of my favorite memories from an AMTA State Convention is that of an experience that completely changed the course of my practice. I was used as the Demo for the teacher doing an introductory workshop on Craniosacral Therapy. I was blown away by the incredible unwindings and shifts my body made, and, like the light bulb above the head, knew that was the course of my life’s work. I acted immediately and trained with the two leading osteopaths who were doing the work at that time. I completed Dr. John Upledger’s required courses, followed by Dr. Hugh Milne’s 7 classes in Visionary Craniosacral Therapy; I continued my advanced training by serving as a Teaching Assistant with Dr. Milne for 5 classes. I also did 2 years of Shamanic training (including a trip to Peru) with one of his gifted teachers.

My learning continued when I studied with the Tama-Do Academy of Sound, Color, and Movement, and I did all their classes, studying in Malibu and France. As you can tell, my story is one of ongoing learning! I also made two trips to the Ukraine to do Reiki Initiations for victims of Chernobyl, and my Healing Work was propelled exponentially. When you say Yes to Spirit, be prepared for surprises!

There are many stories of healing of pain and trauma in my years of practice, but the most dramatic have been about bringing back folks who were on the edge of Transitioning—and then didn’t, following my re-grounding them back into their bodies.

I have lasted in the Healing Arts because I am fully Present when I am with a client. A second piece of advice: Be fully Present with your client when you are working—if you are thinking about your to do list when you are massaging someone, they will feel it. Look them in the eye and connect with them, so they can see, feel, and hear your compassion. They want to be seen and heard. Thirdly, let go of your own agenda—surrender and allow Magic to occur through you. If you set your ego aside, you will be used to accomplish Miracles.

In summary, keep learning, be fully present, and surrender.

Meet Lou Ann Cane, AMTA Member for 37 years

I received my education in massage therapy from the first professional massage therapy school to open in Phoenix, AZ. It was called then: Phoenix Therapeutic Massage College. It was a 1200 hour program over the span of 1 year. I graduated in 1982.

I specialize in a customized approach utilizing trigger point, lymphatic, polarity, reflexology; whatever is needed. I do love craniosacral as a separate therapy.

My favorite memory was a convention in Colorado in the 90’s when for the first time the instructors spoke about the elephant in the room: ENERGY. We all experienced it with our clients but no one in a teaching format spoke about it till
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then. I guess the world was finally ready. Before that I believe there was fear that it would somehow make professional massage seem less credible.

My greatest massage successes over so many years that stand out are my clients that recognize the value of massage in their lives and they refuse to go without. They would come every week for literally years. I have been so blessed to have many of them.

The thing that has allowed me to last this long in massage therapy is to have diversity. Always learn new things and having many modalities to offer. As I have gotten older I like the ones that are extremely effective like energy work, but not as hard on my body. I also really value personal protection of your biofield when you work.

Advice I would give to new massage therapists is keep learning and discovering new techniques that you resonate with. Be kind to yourself and do get massages yourself as well as self help “toning.” Give yourself a year to a year and a half to develop your style. Then get out on your own as soon as you can paying rent for your own space so you can collect the money you are worth. Take time off if you start to burn out. Enjoy serving others!

My special tips: use vodka in a spray bottle to refresh the feet after you have worked on them and to cut the oil so your client leaves with clean, dry feet!

Be well.

Meet Louisa Curley, AMTA Member for 36 years

I started massage in 1983 and have been a full time massage therapist ever since. I was trained by Regina Pitts in Carmel, CA, who was a hard core therapist by day and taught massage 3 days a week by night. After I finished the basic course, she hired me to apprentice with her and that is when I really learned massage therapy. She taught relaxation massage, but her clientele came with issues more like physical therapy that were very focused on problem areas. I worked for her for nearly 2 years before I moved to the wine country to work at Sonoma Mission Inn and Spa, where I learned hydrotherapy.

After a few years I moved back to the Monterey Peninsula and worked by myself for 15 years. I loved treating weekly clientele. Getting to really know people's bodies and facilitate the whole body mind connection with them was very rewarding.

I first got interested in massage because I loved anatomy and physiology. I was taking my RN classes and took a massage class just for fun, but when it was time to do my clinical I was actually making more as a massage therapist. In hindsight, I wish I had finished RN school. My favorite classes were lymphatic drainage, craniosacral, and cupping. One: because they work, but also because they save your hands!

I am so excited that massage therapy has grown so much since the 1980's. When I learned massage at 19 years old it was still taboo and embarrassing I'm sure for my parents. But now, it's like getting a haircut.

When I learned Jin Shin Jyutsu®, it really saved my hands and body. Even if I only did one treatment a day or finished my treatments with it, it restored my energy and flow. I started incorporating it with massage - during 90 minute or 2 hour sessions I would do 1 hour of massage combined with Jin Shin or 45min/45min and that is a wonderful healing treatment! People love the combo and I would get the benefit of the treatment too. I also incorporate healing crystal bowls for sound healing.

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When clients ask what kind of massage I do, I say “hodgepodge.” When you have been doing it for a long time and have taken all kinds of classes, you learn to just listen to what the body needs. I do not call myself a healer. I am just a facilitator for people to restore and recharge.

My advice to a new therapist would be to have wonderful self care, such as meditation and walks. I personally loved to swim and that kept me healthy and limber. The backstroke was especially helpful to open up my back from leaning over a table.

My advice for working with new clients is to call them back right away and to be on time. I also would encourage no talking during treatments. I did not incorporate that until years later, but found that clients who told me all their problems became a drain. Remind them that this is their time to recharge and quiet their mind.

I think a big part of my success was my dependability! I loved the opportunities to meet interesting people with amazing backgrounds and experiences. I was even flown into Aspen, Colorado one week to treat a family. I did massages for them in the morning, skied in the afternoon, then did treatments again before dinner with the host.

At about the 20 year mark I was starting to burn out, so I took a sabbatical for a summer. My hands were fine, but my forearms and neck were sore a lot. I rented a house in Northern Arizona and made that my home. I worked at Pine Canyon Spa in Flagstaff, a small five-star private club. In Arizona I was able to do face treatments that included cleansing, masking, and massage: another way to save the hands! I loved the camaraderie of working with other therapists after working by myself for so long. I bounced back and forth between Carmel and Flagstaff for years until just this last month, when I moved to northern Arizona due to COVID and no work. It's time for me now to recharge.



**Everyone has Moments of Inspiration.
This is the time to share yours
and Inspire others in this Time of Change.**

We hope to continue to provide you with more stories from our members. We would appreciate to hear from you, who should we reach out to? Who inspires you? Or do you have a story to inspire others?

*During this time, we could all use some inspiration.
What can you share? Let us know at editor@amta-ca.org.*

Communicating With Clients

www.amtamassage.org

Get tips to help you effectively communicate with clients as you manage your massage practice during the COVID-19 era.

If your state has allowed you to reopen your massage practice, helping clients understand how you will help mitigate the risks of COVID-19 as well as any new expectations or requirements you have in place, will be key to a smooth experience. Here are some tips to help you effectively communicate with clients during the COVID-19 era.



Communicate with clients before scheduling appointments.

The earlier you can start communicating with your clients what reopening means for both you and them, the better. Your clients are bound to have questions and will want assurance that you are following protocols that reflect guidelines required from your state and advised by health experts.

Revisit your client files and perhaps do some personal outreach to those you know will benefit most from massage therapy and are likely waiting for your practice to reopen—for example, those clients who came to you for help managing pain.

Doing some of this one-on-one work *before* scheduling any appointments may help you reconnect with clients in a way that feels personal and meaningful, and allows them the time and space to ask any questions they might have before visiting.

Share with clients what they can expect of you and what you expect of them.

Clients are going to want to know how the pandemic has affected your practice. Share with them any changes to how you'll conduct massage sessions in the near-term. For example, how many clients will you be scheduling at one time? What will be the protocol between clients? Do you expect they'll wash their hands prior to the massage session or use hand sanitizer? Should they come to appointments alone? Will you accept checks and cash or will they need to be able to pay electronically? Are you going to have specific, COVID-19-related health questions clients should be prepared to answer before coming for a massage session? What is your policy on cancellations and rescheduling?

These are just some of the considerations you need to think through as you update your business policies, and your clients are going to want to understand you've been thoughtful in your approach and have their safety as well as your own as a top priority.

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For some of the top considerations for reopening, visit [our COVID-19 and massage page](#) where you'll find information on each state's requirements for reopening, as well as specific things massage therapists should consider for their practices.

Update current forms and consider making them available electronically for clients prior to an appointment.

You are going to want to eliminate as much extra contact as you can and enforce social distancing, so you may want to think about updating your forms to make it easier for your clients to fill them out online prior to coming for their massage session. There's also the question of if you want to require any additional health information on your intake forms that would help you better plan a massage session.

If electronic intake will be something new for your clients, they may need some time to get comfortable with the online environment, so preparing clients early will go a long way in cutting down frustration.

AMTA members receive discounts on practice management software, including [ClinicSense](#), [MassageBook](#), and [Schedulicity](#), which can help you [update intake forms](#) and gather more information electronically.

Be prepared to more frequently remind clients of policies and updates to your practice guidelines.

You are used to being in touch with your clients, but especially during the first weeks and months of reopening, you might need to reach out to clients more frequently to ensure they are aware of any changes both since they last visited and due to any state and/or federal guidelines that might change the way you practice.

Don't assume your clients have the necessary knowledge or are staying up-to-date themselves. You don't want to overwhelm them, that's true, but consider setting automatic email or text reminders for upcoming appointments. Also, doing a weekly or daily update on your website that outlines new policies or changes to old policies is a good idea. These times are going to be challenging in their own way, and you want the experience to be smooth and comfortable for both yourself and your clients. Regularly communicating information across multiple platforms can really help.

According to an AMTA 2020 survey on Massage Therapy and COVID-19, 65 percent of respondents are communicating with clients via text message and 52 percent are communicating via phone call. These statistics suggest massage therapists are taking a personal approach to client communication, which may help reinforce the trust you've worked hard to build over the years.

Consider extra signage to reinforce your commitment to safe practice.

If you are in a state where your practice or spa environment is allowed to have more than one client visit at a time, you may need to develop signs that remind people in the waiting room to maintain proper social distance, along with moving chairs to the recommended six feet apart. If you are only allowing one client at a time, make sure they understand your system for entering your practice, whether it's simply coming on time for

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(Client Communication concludes from page 13)
appointments or waiting in their car until called.

Additionally, if you have multiple treatment rooms, think about creating signs to help guide clients to where they are expected to be without accidentally opening treatment room doors that are in the process of being cleaned between clients. Any signage that can help your clients both easily navigate your practice while also reinforcing your commitment to safety should be considered.

The massage therapy profession—and most especially massage therapists—have seen their way through uncertain times before, and they'll do it again this time with COVID-19. In today's environment, massage therapy is well known for some of its benefits and you have clients eagerly awaiting your doors to open once again. When you do, maintaining open lines of communications with your clients and anticipating the questions they will have will continue to be important now and in the future.

Related Resources:

Find more about client communication in the Fall 2020 Issue of *MTJ*, pages 14-22

No business can survive without clients. Specific actions can help get massage therapy clients in the door and ensure they return. Learn unique ways to plan your marketing for a start-up clientele and for repeat business.

Attracting Business Clients: Part I- Start-up and Retention, 2 CEs (Free)

Learn to develop goals, strategies, objectives and tactics for attracting clients whether you are just starting up or are trying to retain clients. When you have completed this course you will be able to:

- Describe the role of setting goals, strategies, objectives and tactics in attracting clients.
- Explain the differences between features and benefits.
- Assess the role of customer service in business.
- Identify the differences between personal selling, advertising, sales promotions and public relations as marketing strategies.
- Define cross promotion.
- Discuss the difference in effective strategies for startup and budget conscious businesses.
- List four strategies for startup or retaining clients and a tactic for each.

All businesses go through cycles—attracting clients, retaining them, expanding the business or recovering from a downturn. This course addresses the cycles of expansion and recovery. It looks at how to assess your business and then formulate a plan you can use to address your business building needs—whether for expansion or to recover from a decline in business.

Attracting Business Clients: Part II-Expansion and Recovery, 2 CEs (Free)

This course shows you how to plan for a recovery or expansion of your business and how to execute that plan. When you finish this course you will be able to:

- List three business stages for which you may have different goals and objectives but similar strategies and tactics to attract and retain clients;
- Assess four common strategies for developing your business;
- Describe five ways to examine your client base before expanding your business or developing a recovery plan;
- Explain ways to expand and diversify your massage therapy business;
- Cite five factors that can affect your business.

Massage Therapy for Seniors

By Marcella Durand

Fall 2020 Issue, MTJ, pages 24-30 (full story)



Massage therapists must adjust for a client's age-related changes, but they say the human connection makes any accommodations well worth the experience.

No matter who we are or where we come from, our bodies will go through certain changes

through time. Just as we slow down, massage therapists can adjust massage sessions to give the most benefit to an elderly client. "You keep your goals very moderate," says Jane Neumann, LMT, who specializes in treating older people with Parkinson's disease (PD) or dementia. "You're not curing their condition. You're there to be present and to touch them with kindness. It is very moving work."

Encouraging Access

According to a 2018 analysis of data from the 2012 National Health Interview Survey, 29 percent of people in the U.S. age 65 and older have used at least one type of integrative health approach, and massage was in the top three.¹

However, more recent research has found that massage therapy and other integrative health approaches are underutilized by older people. A 2020 study used data from the PRECISION Pain Research Registry to assess the use of integrative health approaches for chronic low-back pain. The researchers found that while massage was used more than other integrative approaches in the study, increasing age was associated with lower use of any integrative approach.²

"Out-of-pocket costs and accessibility may be important barriers for seniors in using massage to treat low back pain," says John Licciardone, DO, MS, MBA, regents professor of Family Medicine at the University of North Texas Health Science Center at Fort Worth and director of the PRECISION Pain Research Registry. However, further research into the benefits of massage, particularly for age-related conditions such as dementia, may help change this. A 2019 study found "strong evidence for use of massage" for clients with dementia and Alzheimer's disease living in residential facilities.³

And a 2019 review and meta-analysis found that massage may serve as a nonpharmacological strategy to improve behavioral and psychological symptoms in people with dementia. "So far, pharmacological management is limited because of small effect sizes and side effects of the drugs. Therefore, it is important to assess nonpharmacological treatment options such as massage," write the researchers.⁴

In a 2019 survey, Sarah Donley, RN, and Martha Nance, MD, medical director of the Struthers Parkinson's Center in Golden Valley, Minnesota, found that massage was the most frequently used therapy by 272 of 435 people with Parkinson's disease.⁵ "In today's world, health care providers and insurers base the majority of what (Durand continues on page 16)

(Durand continued from page 15)

they do on 'evidence-based treatments.' We need to build that base of evidence for massage therapy as an adjunct in the management of PD," they say.

Specific Considerations

Age-related health conditions that massage therapists may encounter include PD, diabetes, osteoporosis, cancer, Alzheimer's and dementia, each of which may impact a massage session differently. "There is a difference between working with active seniors and a more disabled population," says Neumann. Depending on the client's condition and needs, therapists may adjust the length of the session, where the session takes place and which techniques work best.

Eddi Goldberg Perlis, LMT, CMLDT, follows a specific protocol when working with clients with dementia. "I can't just start at the foot. I have to build trust with the client," she says. Instead, she asks to hold the person's hand and she continues to ask permission at each step. "I will ask if it's OK to touch their arm, and then their shoulder, but still my hand will be holding theirs."

"People experiencing these kinds of disorders often lose contact with other people," Neumann says. "They don't experience the touch we usually have in everyday life." The value of touch is bolstered by recent research. A 2020 study on the effects of hand massage (HM) and therapeutic touch (TT) on 255 older people living in nursing homes found that their levels of anxiety decreased and their levels of comfort increased. "It is thought that nurses can easily integrate HM and TT, which are nonmedical, nonpharmacologic interventions with no adverse effects into care activities," write the researchers.⁶ In another study, researchers found that slow-stroke back massage significantly reduced anxiety in candidates for cataract surgery.⁷

Skin Conditions

As people age, their subcutaneous fat layer and epidermis are thin, and their skin takes longer to heal. Some health conditions, such as diabetes and kidney disease, also cause dry skin, while certain medications may cause itchiness and scratching. "Seniors in deteriorating health may develop what is referred to in geriatric care as 'parchment skin,'" says Neumann. "You can see through it to the veins and tendons beneath and it can tear easily, so more lubrication and less tissue engagement is needed."

With proper training, massage therapists may help spot changes in skin such as skin cancer or developing bedsores. A 2019 study in web-based skin cancer prevention training for massage therapists found that the protocol "begins to fill a gap in skin cancer risk reduction research."⁸

"Training with photos of skin changes and discussion of how to talk with clients' caregivers about our observations about signs of possible pressure sores in an ethical and effective manner is much needed," says Neumann, "along with more visual training to understand which changes in skin texture and resilience require adjustment."

Working with Guardians

With very elderly or disabled clients, a massage therapist may be working with their guardian or a person assigned power of attorney instead of directly with the client. A power of attorney directive allows people to name a trusted person to act as their agent to speak on their behalf.

"Many of my clients are not competent," says Perlis. "I have a health history questionnaire that I will review with the power of attorney or guardian." However, she makes sure to also establish a connection with the client. "I

(Durand continues on page 17)

(Durand continues from page 16)

will ask if it is OK if I speak to their guardian or power of attorney. I try to respect their wishes.”

Know Your Client

“Muscle stiffness is one of the core symptoms of PD, and it makes sense that massage would help to relieve that symptom—with fewer side effects than medication,” say Donley and Nance. “[Massage] would be expected to specifically treat muscle stiffness, and unlike medication, the treatment can be tailored to whichever muscles are particularly stiff.”

Neumann often uses passive mobilization of the arms that she calls “wing stretchers” to help relax chest and arm muscles that are contracted. “You sometimes need to work very slowly in muscles or muscle pairs that are affected—they tend to naturally contract forward as the condition advances, so part of your goal is to give a moment of spreading,” she says. “You want to remind the muscles they don’t have to work that hard.”

Donley and Nance point out that in PD the ability to move may “change from the beginning of a session to the end—the person may be able to walk in but have trouble walking out (or vice versa).” They add that clients may also need to take medication during the session or need help getting on or off the table, which is why therapists should be thorough during intake. “There are specific things to know that you want to inquire about,” says Neumann.

Elderly clients may stay fully clothed, with a session taking place in their beds, chairs or wheel-chairs. “I rarely use a massage table unless the client is very robust,” says Perlis. “I can massage the person wherever they feel most comfortable.” In fact, she often finds that massages on a regular chair or recliner provide easier access to the client’s back. She will use a side-lying position if a client is in bed, with a pillow placed under one knee and the client holding a pillow.

Clients who are frailer and with serious health conditions benefit from shorter, gentler and less ambitious sessions. “It’s a different pace of work,” says Neumann. “Working with someone with Parkinson’s really requires slowing it down.” She points out that a stretch may take twice as long as with younger clients.

At Day-Break Geriatric Massage Institute, Perlis learned techniques to accommodate elderly clients. For example, she says a half-hour massage is preferred to a one-hour massage so as not to overstimulate the client. She remembers one elderly client with a prior history of blood clots who requested a deep tissue massage, but she had to inform him it would not be advisable. “Sometimes what you tell the client is not what they want to hear,” she says.

“It’s important to know who the client is,” she emphasizes. “I talk to the nurses, or when I do a home visit, I will spend a good amount of time talking to the person, assess the surroundings and speak to the family if necessary.” That helps augment the intake process and helps her understand what accommodations to make that will most help her clients benefit from massage. One 80-year-old client with progressive supranuclear palsy in particular benefited from accommodations. “She was very stiff and wasn’t able to move very much,” remembers Perlis, who massaged her in her recliner while letting her choose what music to play. “You really get a chance to know your clients and what they are going through. I really love what I do.”

Emotional Self-care

Neumann stresses the importance of emotional self-care for massage therapists who work with older clients who may have incurable health conditions. “You need to be willing to examine your own feelings about mortality” *(Durand concludes on page 18)*

(Durand concludes from page 17)

because you are with them all the time. You don't need to be working through emotions at the tableside with the client."

Perlis says it's important to monitor oneself for stress. "It's important to take care of yourself because of the work that you do—you can deplete yourself." However, she has no doubt that for her, geriatric massage is the right fit. "Talking to elderly people is easy for me—listening to them, hearing what they have to say."

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Related On-line Education: [Massage for Active Seniors](#), 2 CEs, \$30 for members/\$50 for non-members

Today's active seniors can expect to live longer, healthier lives thanks to advances in medical science, nutrition and the desire to remain fit. This group ranges from those who want to become more active, to those who want to remain high performers.

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- Relate the benefits of regular massage therapy to the four types of seniors described in this course.
- Identify when athletes improve and adapt their fitness and physical abilities.
- Explain how regular massage therapy addresses the effects of routine movements and scar tissue buildup on biomechanics, muscle range and flexibility.
- List six benefits and four goals of regular massage therapy.
- Describe the benefits or requirements of the massage therapy techniques (and one method—Myoflexxion) for active seniors as described in this course.

Addressing SI Joint Syndrome

Erik Dalton, Ph.D.

In the early 20th century, sacroiliac joint syndrome (SIJ) was the most common medical diagnosis for low back pain, which resulted in that period being labeled the “Era of the SI Joint.” Any pain emanating from the low back, buttock or adjacent leg usually was branded and treated as SIJ. However, this medical mindset came to a screeching halt in 1934, when Jason Mixter, MD, published an article on the intervertebral disc in *The New England Journal of Medicine*.¹ His landmark report challenged the popular understanding of sciatica and helped establish surgery’s prominent role in the management of sciatica at the time. Throughout the years, discectomy surgery has increased in popularity, causing many to define this period as “Dynasty of the Disc.”

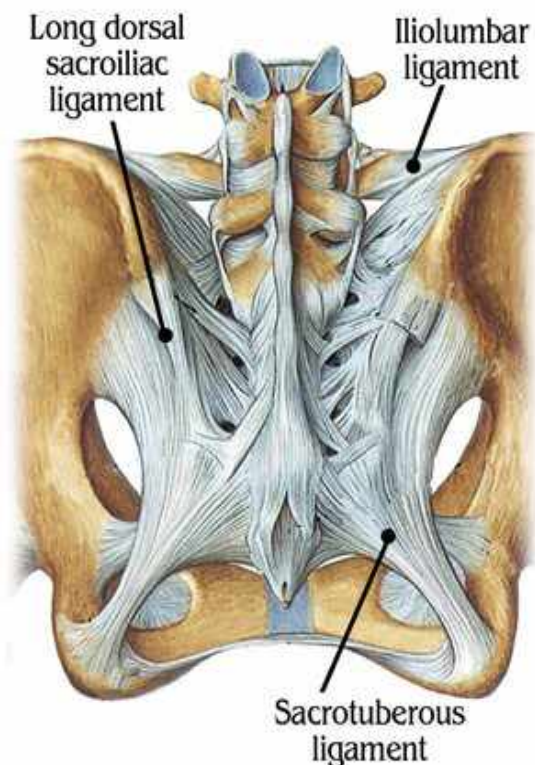


Figure 1. Pelvic ligaments

SI joint syndrome continued its fall from fashion due to the lack of reliable clinical studies confirming its very existence. Although many manual therapists quietly continued treating this disorder with some success, no one was able to put forward a convincing biomechanical theory explaining how the sacrum becomes stuck “crooked” between the two innominate bones. Physicians were reluctant to envision a joint with so little movement causing so much pain, while manual therapists countered that its limited motion was vital to proper lumbar spine functioning.

Since most SI joints only move about 2 to 4 millimeters during weight bearing and forward bending, they are described as a gliding-type joint. This motion is quite different from the hinge-type articulation at the knee or the ball-and-socket motion of the hip. Considered a viscoelastic joint, the SI’s major movement comes from ligamentous stretching (Figure 1). Therefore, its

primary function within the pelvic girdle is to provide shock absorption for the spine by stretching in various directions. When sacroiliac joints work in perfect harmony with the third bony articulation of the pelvis (symphysis pubis), a marvelous self-locking mechanism develops that helps us walk. Aided by power generated by the hip abductors (gluteus medius/minimus, TFL and piriformis), the pelvic joints brace the weight-bearing

(Dalton continues on page 20)

(Dalton continued from page 19)

side during gait. This locking system, termed force closure, allows smooth transference of body mass from one leg to the other (Figure 2).

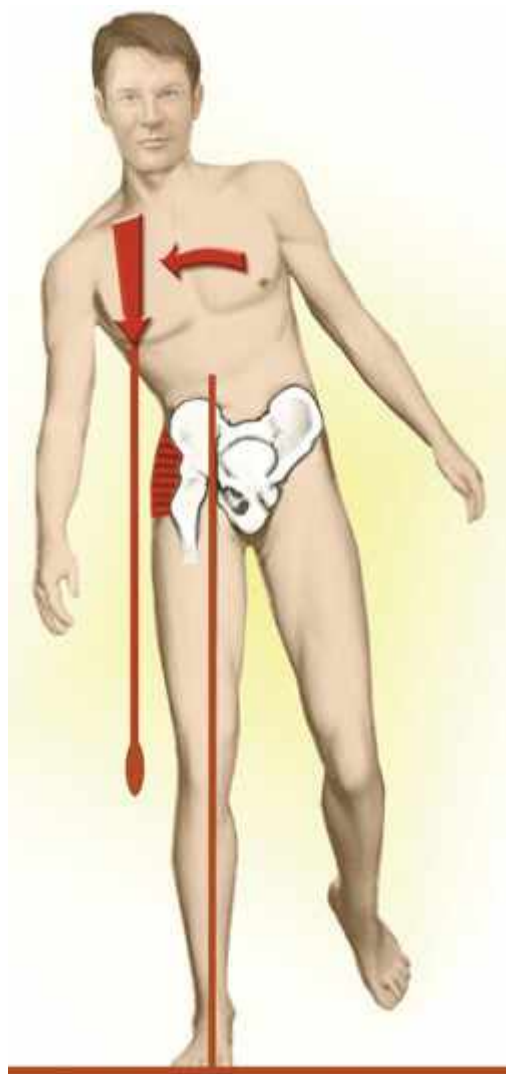


Figure 2.

Hip abductors (gluteus medius/ minimus, TFL and piriformis) force-close the ipsilateral SI joint during the stance phase. Pelvis is designed to absorb ascending and descending forces. Although no muscles directly bind down the three pelvic joints, when working synchronously with the SI ligaments they provide the pelvis – “the great adapter” – with a remarkable antigravity spring system that can absorb both ascending and descending forces (Figure 3). Sacroiliac pain tends to be low down, often more to one side, and often extends into the buttock, the back of the thigh and sometimes the calf. It can start suddenly, but tends to persist as a dull ache or feelings of pins & needles in the buttock. During the aging process, there is an increase in the grooves on the opposing surfaces of the sacrum and ilium, which reduces available motion of the SI joint. This is a perfect example of the body’s innate wisdom attempting to sacrifice **complexity of motion for stability**. An interesting note is that the age with highest incidence of disabling back pain (25-45 years) is the same age at which the greatest amount of motion is available in the sacroiliac joints. It’s not uncommon for an SI joint to become stiff and permanently lock as we age. This may be a good reason for

massage therapists to begin incorporating specialized soft-tissue mobilization maneuvers – such as the one shown in Figure 4 –to help maintain joint-play and prevent development of agonizing SI joint arthritis.

(Dalton continues on page 21)

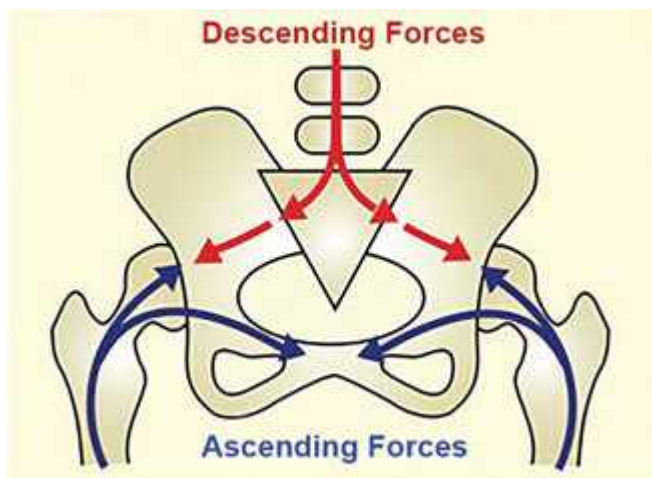


Figure 3.

(Dalton continued from page 21)



Figure 4.

A counterforce occurs as the therapist's left forearm hooks the client's hip external rotators while her right leg is taken into internal rotation. Therapist assesses and releases hip hypertonicity.

Ligamentous laxity can also be a problem. Traumatic blows to the hip may result in SI joint ligament hypermobility, and over-stimulation of the joint's mechanoreceptors. As the articulating joint surfaces become jarred loose, ligament microtearing may create an inflammatory response. As sensitized chemoreceptors and mechanoreceptors bombard the spinal cord and brain with noxious stimuli, the brain may choose to layer the area with protective muscle guarding to prevent further insult. This is the beginning of a therapeutically challenging pain/spasm/pain cycle that often

is hard to break. It is possible, however, to down-regulate the pain emanating from hypermobile joints by first restoring proper pelvic alignment using techniques such as the one shown in Figure 5, and then addressing core strength issues via home retraining exercises.



Figure 5.

To posteriorly rotate client's right ilium, the therapist snakes his left arm under her right leg and grasps her left knee. Therapist left rotates client's hips and applies a counterforce between both hands to decompress the right fixated SI joint.

Femoroacetabular, SI and Lumbar Spinal Joints

Although the three bones of the pelvis frequently are at the seat of a "primary" lesion, I've found that a missing key in successful correction of SI pain is mobilizing

(Dalton continues on page 22)

(Dalton continued from page 21)

motion-restricted femoroacetabular (hip) joints. For the pelvis to effectively absorb the forces imposed upon it, the hips must be aligned and functioning properly. Normally, it's not the gross motions creating dysfunction within the hip's truncated joint capsule, but restrictions of minor movements caused by such things as iliofemoral ligament adhesions (Figure 6). Therefore, a rational treatment approach would begin with mobilization of the adhesive anterior hip capsule as shown in Figure 7, followed by the iliosacral and sacroiliac alignment techniques presented above.

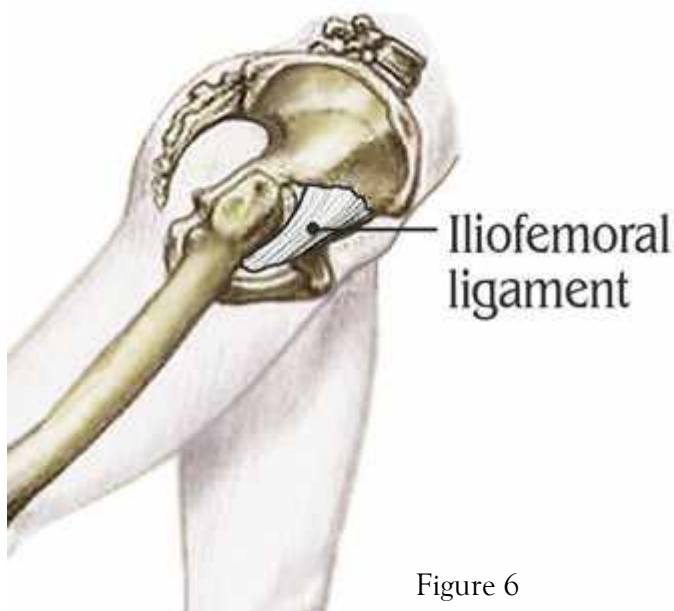


Figure 6

The Iliofoemoral ligament can bind down the anterior hip capsule preventing ipsilateral hip extension during gait.

Therapist uses a graded exposure stretch to release an adhesive hip capsule and rectus femoris. Retest for improved hip extension during gait.

Legendary neurologist and physiotherapist Vladimir Janda, MD, reminds us that: "Any alteration in joint function caused by capsular restriction or loss of joint play affect muscles that cross the dysfunctional joint either through inhibition (weakening) or facilitation (tightening)." Many in today's flexion-addicted society suffer from anterior hip capsule adhesions and tight iliopsoas muscles that bind the right femur into a flexed position, preventing adequate hip extension during gait. Yet we have to walk ... so what happens biomechanically? As the right leg swings back into extension, the neurologically shortened iliopsoas and fibrosed right hip capsule prevent full hip extension causing the pelvic bowl to anteriorly rotate. This results in facet joint and disc compression, overstretching of pelvic ligaments, and compensatory lumbar scoliosis. *(Dalton concludes on page 23)*



Figure 7.

(Dalton concludes from page 22)

Summary

A stable pelvis is achieved through proper upper and lower quadrant balance and is essential for long-term low back and SI joint health. In the presence of pelvic instability, the brain will attempt to stabilize the lumbosacral joint by layering the area with protective spasm, but it does little good for therapists to try and release the muscle hypertonicity until the hip and pelvic alignment problems are corrected. Myoskeletal techniques that include low-force mobilization and graded-exposure stretching help the brain recognize and reorganize neural input resulting in less reactive muscle spasm, less pain and happier clients.

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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 Myoskeletal Alignment Technique, please go to: www.erikdalton.com



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2. **Put some thought into the design.**

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Pick a design that feels like “*you*,” but make sure your text is legible. Script fonts can be difficult to read, especially in smaller sizes, so keep those as the headlines. Numbers and emails are easiest to read in a sans-serif font like Arial or Calibri.

Don't forget to proofread, and then proofread again. Avoid wasting your money by printing materials with typos or incorrect contact information.

3. **Get creative with your referrals.**

Referrals are an excellent source of business. If you can, reward your clients for their referrals with credit toward products or their next massage.

(Marketing Toolkit concludes on page 25)

(Marketing Toolkit concludes from page 24)

You can print referral postcards or use the reverse of your business card. Make sure you leave room for your client to put their name so they can receive credit.

4. Educate your clients on the health and wellness benefits of massage.

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Set up your BodyworkSites in 5 easy steps:

(Website Set-up continues on page 26)



(Website Set-up continued from page 25)

Choose Your Theme



1. Choose a theme and color.

There are more than 60 themes to pick from, all of them mobile responsive. There is something that fits you and your practice. You can select the color for the buttons across your site – where clients and potential clients can click to subscribe to your emails, get directions, or schedule an appointment.

Add Your Information

Now enter the information that will appear on your website (don't worry - it's easy to change this later):

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☐ I have read, understood, and agree to the terms of the Service Agreement.

◀ BACK

NEXT STEP ▶

2. Enter your information as it will appear on the site

This is where you will also select a password that will be used when logging in to make updates and edits.

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(Website Set-up continued from page 26)

Pick Your Package

	Free Website CHOOSE	Standard Website CHOOSE	Ultimate Website CHOOSE
World-Class Massage Site Designs	✓	✓	✓
Free Mobile Site Included	✓	✓	✓
Choose Your Own Site Colors + Stylish Fonts	✓	✓	✓
Super Easy Website Editor	✓	✓	✓
Massage Photo Gallery + Pre-Written Page Text	✓	✓	✓
Social Media Profile Links (Facebook, Twitter, etc.)	✓	✓	✓
Number of Pages Included	5 Page Limit	Unlimited	Unlimited
Free Custom Domain Name (www.yourname.com)	✗	✓	✓
Professional Email Address (you@yourname.com)	✗	✓	✓
Online Scheduling System (with iOS/Android App)	✗	✓	✓
Upload Your Own Site Background Photo	✗	✓	✓
Online Gift Certificate Sales (GiftCardCafe)	✗	✓	✓
Display a Graphic Logo on Your Site	✗	✓	✓
Massage Client PDF Forms (Intake Form, etc.)	✗	✓	✓
Search Engine Optimization (Google + Yahoo + Bing)	✗	✗	✓
Automated Email Marketing System	✗	✗	✓
Google Local Business Listing	✗	✗	✓
Personalized Internet Marketing Consultation (Phone)	✗	✗	✓
Accept Online Credit Card Payments (Paypal)	✗	✗	✓
Unlimited US-Based Tech Support	Email only: 9 Business Day Mail	Email Only: Same Business Day	Phone Support: 9AM-6PM Mon-Fri
	Free	\$39.95/Month	\$49.95/Month

3. Pick your package

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Enter your desired Web Address below (you can change this later):

.amtamembers.com

4. Enter your customized URL

This is usually your name or your practice name. Make sure it makes sense for your practice and your clients.
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(Website Setup concludes from page 27)



5. Start customizing your website content

Now it's time to complete your site by organizing your pages and entering information about yourself, your services and rates, hours, and how to make and prepare for appointments. Remember to update this as you make adjustments to appointment procedures, or gain additional skills or qualifications.

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2020-2021 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 8,500, 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
Fall	November 2, 2020	November 16, 2020
Winter	January 18, 2021	February 1, 2021
Spring	April 19, 2021	May 3, 2021
Summer	August 2, 2021	August 16, 2021
Fall	November 1, 2021	November 15, 2021

***dates are subject to change.* All newsletter inquiries should be directed to Michael Roberson at editor@amta-ca.org. Thank you.

As of November 2019, per National AMTA policy, the California Chapter's newsletter, [California Currents](#), will no longer be able to accept advertising or promotions within our newsletter. Articles are always welcomed. We will have opportunities to support our Continuing Education and Community Outreach Events. If you are interested in supporting our Chapter and members in this way, please send your inquiries to info@amta-ca.org.

Calendar of Upcoming Events

~~August 27-29~~ [National AMTA Convention, Phoenix, AZ has been cancelled](#)

Monday, August 31 **Last Day** to submit [Massage Therapy Journal \\$5,000 Student Scholarship](#)

Tuesday, September 8 Chapter Board Meeting

Tuesday, October 13 Chapter Board Meeting

October 18-24 [National Massage Therapy Awareness Week](#)

Tuesday, November 10 Chapter Board Meeting

Tuesday, December 8 Chapter Board Meeting

Placing the safety of both volunteers and participants, we, as a Board, have decided to cancel all Community Outreach events for the remainder of 2020. We wish to thank the many volunteers who have committed to these events and look forward to seeing you next year. We hope that we will be able to engage with our communities once again in the new year with improved safety protocols in place. As soon as we have dates for the 2021 Calendar, we will have those events posted on our website calendar, our Facebook page, and within our upcoming issues of The California Currents.

***Note:** Chapter Board Meetings are open to all members. Please contact our [Chapter President](#) for access to the call. Meetings are generally, the 2nd Tuesday of every month, 7.30pm-8.30pm and are subject to change.*



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Greater Sacramento
Monterey Bay
Napa Valley
Redwood Empire
Silicon Valley

Southern Regions

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

Chapter Administrator

Jeff Milde
Calma Association
Management, LLC



Elected Delegates

- 1) Stacey DeGooyer (2019-2020)
- 2) Breanna Christiansen (2020-2021)

Chapter Website

www.ca.amtamassage.org

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