



MASSAGE

Message



GREAT EXPECTATIONS
★ — THE POWER OF YOU — ★

Follow Your Pathway to Success



Discover Upledger CranioSacral Therapy

CranioSacral Therapy 1 (CS1)

Tampa, FL Jun 4 - 7, 2020
Palm Beach, FL Nov 12 - 15, 2020
Orlando, FL Dec 10 - 13, 2020

CranioSacral Therapy 2 (CS2)

Palm Beach, FL Nov 5 - 8, 2020

SomatoEmotional Release 1 (SER1)

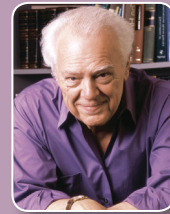
Palm Beach, FL Jun 11 - 14, 2020

SomatoEmotional Release 2 (SER2)

Palm Beach, FL Oct 29 - Nov 1, 2020

Additional dates and locations at:

800-233-5880 | Upledger.com



John E. Upledger
DO, OMM
Developer of
CranioSacral Therapy

U Upledger
Institute
International

Discover Visceral and Neural Manipulation

"It was career altering and amazing. I had no idea what to expect with this work but I didn't expect this level of improvement of change within myself."

- Karen W., LMT

Visceral Manipulation: Organ-Specific Fascial Mobilization; Abdomen 1 (VM1)

Palm Beach, FL Jun 18 - 21, 2020
Tampa Bay, FL Dec 17 - 20, 2020

Additional dates and locations at:

866-522-7725 | Barralinstitute.com



Jean-Pierre Barral
DO, MRO(F), RPT
Developer

i THE
BARRAL
INSTITUTE

Discover Total Body Balancing and the Complete D'Ambrogio Curriculum

Energetic Balancing 2 (EB2-MB)

Palm Beach, FL Dec 11 - 4, 2020

Total Body Balancing 2-3 (TBB23I)

Palm Beach, FL Dec 16 - 19, 2020

Additional dates and locations at:

800-311-9204 | DAmbrogioInstitute.com



Kerry D'Ambrogio
DOM, AP, PT, DO-MTP
Developer

DAI D'AMBROGIO
Institute

Stop by
Booth #203 at
FSMTA '20 for
Special Offers!

Ask About DVD Home Study
& Core-Pak Special Pricing.

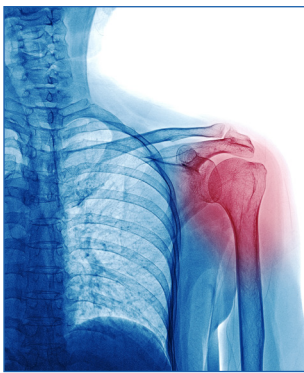


START TRAINING
\$100 PER MONTH

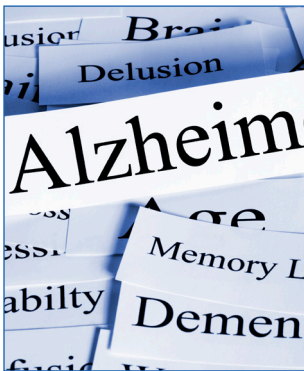
Ask about our Core-Pak
Training & Certification Package

MASSAGE *Message*

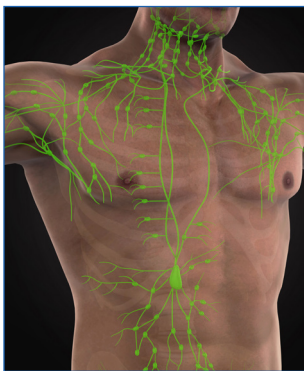
Contents



Shoulder Dynamics | 7



Alzheimer's Research | 15



Treating the Lymphatic System | 19

FSMTA Board Members & Chapter Meetings	4
President's Message & Convention Message.....	5
2019 Legislative Accomplishments.....	6
Shoulder Dynamics: Addressing Structural and Functional Factors That Contribute to Shoulder Dysfunction by Ann & Lynn Teachworth.....	7-8
Developing Prosperity Consciousness by Cary Bayer.....	9
What Do Massage Therapists Need to Know About Energy Healing? by Dan Schmutz.....	10
What is Thai Massage? Then and Now by Ariela Grodner	11
CranioSacral Therapy – Easing the Transition Into Life by Jill Mabry.....	12
If I love massages, why should I diversify my practice? (English) by Dr. Wanda Bonet-Gascot.....	13
Si amo lo que hago, ¿por qué debería diversificar mi práctica? (Spanish) by Dr. Wanda Bonet-Gascot.....	14
The Current State of Affairs - Alzheimer's Research by Michael Morgan	15-16
Why Pricing is SO Difficult for Massage Therapists? by Lu Mueller-Kaul	16
Introduction to Cranial/Structural Therapies-“A Touch of Magic in Your Hands” by Don McCann.....	17
Holistic Approach to the Assessment and Treatment of Lower Back, Hip and Sciatic Pain by Yusuf Mihaylov ...	18
The Pathway to Healing: The Importance of Treating the Lymphatic System (for the Orthopedic Patient) by Kerry D'Ambrogio & Jack Ryan	19-20
Ethics & Professional Development by Pat Donohue.....	21
CranioSacral Therapy and Sensory Processing Disorder by Karyn Quraishy.....	21
The Vagus Nerve and Our Digestive Tract by Lorilynn Dowiak	22-23
2019 National Massage Convention and Trade Show	24-28

FSMTA

Board Members



EXECUTIVE OFFICERS

EXECUTIVE PRESIDENT

Joyce Prahasky | president@fsmta.org

EXECUTIVE FIRST VICE PRESIDENT

Adrian Morell | vicepresident1@fsmta.org

EXECUTIVE SECOND VICE PRESIDENT

Lloyd List | vicepresident2@fsmta.org

EXECUTIVE TREASURER

Krystal Haworth | treasurer@fsmta.org

EXECUTIVE SECRETARY

Kathryn Holcomb-Kirby | secretary@fsmta.org

EXECUTIVE DIRECTOR

Dawn McKnight | executivedirector@fsmta.org

CHAPTER MEETINGS

BIG BEND CHAPTER - President Bob Monahan, bbpresident@fsmta.org, (850) 508-1934
Meetings and events to be announced.

BREVARD CHAPTER - President Kha Taylor, khamassage@gmail.com, (321) 633-7475
Meetings held the 2nd Tuesday of every month (except April, June, August and December) from 5:30-8:30pm alternating locations between Cocoa and Melbourne.

BROWARD CHAPTER - President Lygia Edghill, browardpresident@fsmta.org, (754) 224-8449 (text) Meetings held the 1st Tuesday of every month (except June and December) from 7-10pm at Imperial Point Medical Center, 6401 N Federal Hwy, Fort Lauderdale, FL 33308.

CENTRAL FLORIDA CHAPTER - President Crystal A. Howard, cflpresident@fsmta.org, (407) 415-5540 Meetings held the 3rd Monday of every month (except June and December) from 5-8 pm at Marks Street Senior Recreation Complex, 99 East Marks Street, Orlando, 32803.

DADE CHAPTER - President Renee O. Scioville, dadepresident@fsmta.org, (786) 230-6313
Meetings held the 2nd Wednesday of every month (except June and December) from 6:30-9:30pm at Miami Dade College Medical Campus, 950 NW 20th St, Miami, FL 33127.

EMERALD COAST CHAPTER - President Jocelyn Daniel, ecpresident@fsmta.org, (850) 736-5280
Meetings held the 2nd Monday of every month (except June and December) from 5:30-8:30pm at the Baptist Hospital, 1000 W Moreno Street, Pensacola, FL 32501.

FIRST COAST CHAPTER - President Eric Dancy, fcpresident@fsmta.org, (904) 482-8542
Meetings held the 3rd Thursday of every month (except June and December) from 6:30-9pm at Unity Church of Jacksonville, 634 Lomax Street, Jacksonville, FL 32204.

FLAGLER/VOLUSIA CHAPTER - President Gina Burroughs, fvpresident@fsmta.org, (386) 748-5927
Meetings held the 2nd Wednesday of every month (except December) from 6-8:15pm at Keiser University Auditorium, 1800 Business Park Blvd, Daytona Beach, FL 32114.

GULF COAST CHAPTER - President Donna Smith, gcpresident@fsmta.org, (850) 896-4118
Meetings held the 2nd Wednesday of every month (except June, July and December) from 7-10pm in Panama City (specific location to be announced).

HEART OF FLORIDA CHAPTER - President TJ Jones, hofpresident@fsmta.org, (863) 797-6107
Meetings held the 3rd Tuesday of every month (except June and December) from 6:30-9pm alternating locations between Lakeland and Winter Haven.

KEYS CHAPTER - President Michael Abriola, keysresident@fsmta.org, (305) 509-2710
Meetings and events to be announced.

MID ATLANTIC CHAPTER - macpresident@fsmta.org - Meetings and events to be announced.

NORTH CENTRAL FLORIDA CHAPTER - Meetings and events to be announced.

PALM BEACH CHAPTER - President Lesli Lopez, pbpresident@fsmta.org, (561)319-1814
Meetings held the 3rd Thursday of every month (except June and December) from 6-9pm at Forest Hill Community High School, 6901 Parker Ave, West Palm Beach, FL 33405.

SARASOTA/MANATEE CHAPTER - President Nancy Avishar, smpresident@fsmta.org, (941) 228-7789 Meetings held the 3rd Monday of every month (except December) from 6:30-9:30pm at the Sarasota School of Massage Therapy, 5899 Whitfield Ave, Sarasota, FL 34243.

SOUTHWEST FLORIDA CHAPTER - President Emil Guido, swflpresident@fsmta.org, (239) 849-1486
Meetings held the 1st Tuesday of every month (except July and December) from 5-8pm at Bass Pro Shops, Gulf Coast Town Center, 10040 Gulf Center Drive, Fort Myers, FL 33913.

SUGAR DUNES CHAPTER - President Chester Cyrus, sdpresident@fsmta.org, (850) 225-0737
Meetings are held the 2nd Tuesday of every month (except June, November and December) from 6-9pm at Soothing Arts Healing Therapies School of Massage & Skincare, 12605 Emerald Coast Pkwy #2, Miramar Beach, FL 32560.

SUWANNEE VALLEY CHAPTER - President Laurie Taylor, svpresident@fsmta.org, (352) 317-4755 Meetings held the 2nd Wednesday of every month (except July and December) from 6:00pm at Florida School of Massage, 6421 SW 13th Street, Gainesville 32608.

TAMPA BAY CHAPTER - President Anna Allen, tpa@fsmta.org, (813) 215-5050
Meetings held the 3rd Thursday of every month (except June and December) from 6:00-8:45pm at Town 'N Country Public Library, Community Rooms A&B, 7606 Paula Drive #120, Tampa, FL 33615.

TREASURE COAST CHAPTER - President Ross Hoffman, tcpresident@fsmta.org, (772) 359-3608
Meetings held the 3rd Wednesday of every month (except June and December) from 6:30-9pm at Indian River State College Main Campus, Building R or W, 3209 Virginia Avenue, Fort Pierce, FL 34981.

MESSAGE MESSAGE MAGAZINE INFORMATION

407-786-3307
877-FSMTA-4-U (877-376-8248)
Email: info@fsmta.org
Web: www.fsmta.org
Address: 222 Westmonte Drive,
Suite 111, Altamonte Springs, FL 32714
Phone (407) 786-3307
Email: info@fsmta.org

ABOUT US

Message Message is published quarterly by the Florida State Massage Therapy Association, Inc., a not-for-profit organization. We reserve the right to edit, accept or reject any material submitted for publication. Advertising appearing in this publication does not imply endorsement of products or services by the FSMTA. Contributors to Message Message are solely responsible for the statements they make in this magazine. Contents of submissions do not reflect the opinion of the FSMTA. Should the Message Message choose to publish a submission, the editor reserves all rights to edit content and placement.

All submitted articles will be considered but the editor and FSMTA do not guarantee they will be printed. Articles should be educational in nature, designed to be informative and related to the massage profession. Articles should be no longer than 1,500 words and may be edited for content.

For Advertising information, visit fsmta.org to download our Media Kit

Submit articles by mail to:

FSMTA MESSAGE MESSAGE

Attn: Editor

222 Westmonte Drive, Suite 111
Altamonte Springs, FL 32714

Or email: article@fsmta.org

Production Manager / Design:
FSMTA.ORG

President's Message



JOYCE PRAHASKY
FSMTA EXECUTIVE PRESIDENT

These are unprecedented, challenging times indeed, not only for our profession but our country and the world. We are in the business of “touch” and “social distancing” is not part of the equation. I am looking forward to the day we can work again and provide healing hands to our clients.

FSMTA has been and will continue to go through many changes. This is our first Message Message in a year and we've decided to 'go green' so it will be digital only. This is also our Convention issue featuring an event which I have always loved, full of exciting presenters educating and demonstrating their modalities. But this year is different. There seems to be a dark cloud hanging over our world, full of indecision and uncertainty. These are difficult times when our income has been taken away and the prospect of returning to normalcy is somewhere in the unknown future.

We would love to say “everything is fine, so let's have an amazing convention and hug all our friends, colleagues, vendors, and presenters that we see every year during this spectacular annual event”. But I am afraid that safety and health concerns as well as federal mandates may hinder this year's celebration. As of this moment, we just don't know what is going to happen. I, personally, am emotionally stressed on a daily basis with uncertainty of the future for both myself as well as for our

amazing organization. But what I do know is that we will make it through all of this and become stronger because of it.

This is my last President's Message in the Message Message Magazine. The last 4 years as your President have been full of changes and challenges. I am confident that the incoming Exec-

utive Committee will meet the needs and demands of the FSMTA and its members. We leave the organization in good hands with the incumbents and the management team at Kautter Wenholt Management Group.

I wish you and your family health and happiness as we look forward to a brighter future!

Convention Message



MARY KOONTZ
FSMTA DIRECTOR OF EVENTS



Hello! I am Mary Koontz, FSMTA Director of Events, and I would normally be welcoming and encouraging you to attend the 2020 FSMTA National Convention and Trade Show. Alas, that is not the case this year. Unfortunately, due to the current COVID-19 pandemic, this year's Convention is cancelled. This year's theme, “Great Expectations: The Power of

You”, now has a very different meaning. We know that this is the best decision and we have the support of our members, attendees, volunteers and exhibitors. Be safe and be well!

I look forward to seeing you at our 2021 Convention!

FSMTA Member Schools

Sarasota School of Massage
5899 Whiffield Avenue, Ste 300
Sarasota, FL 34243 • (941) 957-0577

Dragon Rises College of Oriental Medicine
1000 NE 16th Avenue, Building F
Gainesville, FL 32601 • (352) 372-4851

Orange Technical College (Westside)
99 E Story Road
Winter Garden, FL 34787 • (407) 905-2018

Orange Technical College (WinterPark/Avalon)
2201 S. Crown Hill Blvd.
Orlando, FL 32828 • (407) 281-5155

Daytona State College
1200 W International Speedway Blvd
Daytona Beach, FL 32114 • (386) 506-3185

Georgia Massage School
415 Horizon Dr Bldg 200, Suite 275
Suwanee, GA 30024
(678) 376-3711 / (678) 482-1100

International Institute for Health Care Professionals
6870 N Federal Hwy
Boca Raton, FL 33487
(561) 789-2224 / (561) 394-5822

Space Coast Education Center
1070 South Wickham Road
West Melbourne, FL 32904
(321) 242-8867 / (321) 729-9000

Boca Beauty Academy
7820 Glades Road
Boca Raton, FL 33434 • (561) 487-1191

Health & Beauty Institute of America
460 State Road 436, Suite 200
Casselberry, FL 32707 • (407) 797-2597

Fortis Institute
4081 E Olive Road, Suite B
Pensacola, FL 32514
(850) 476-7607 / (251) 402-4657

Florida School of Massage
6421 SW 13th Street
Gainesville, FL 32608 • (352) 378-7891

Ridge Technical College
7700 State Rd. 544
Winter Haven, FL 33881 • (863) 419-3060 ext 4808

Florida Academy
4387 Colonial Blvd, Ste 100
Ft Myers, FL 33966
(800) 324-9543 / (239) 489-2282

Soothing Arts Healing Therapies School of Massage
and Skin Care
12605 Emerald Coast Pkwy W, Ste 2
Miramar Beach, FL 32550 • (850) 269-0820

Central Florida School of Massage Therapy
450 N. Lakemont Ave, Suite A
Winter Park, FL 32792 • (407) 673-6776

2019 Legislative Accomplishments

IAN MCINTOSH



NON-OPIOID ALTERNATIVES - HOUSE BILL 451

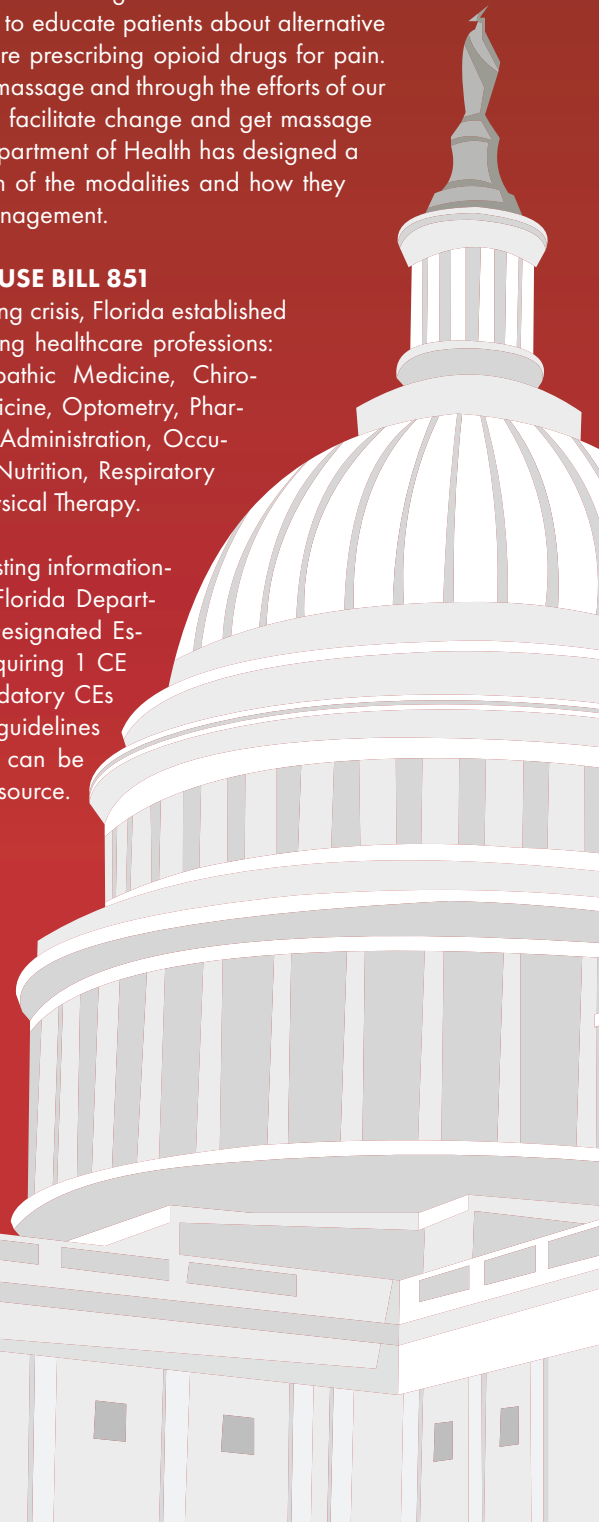
One of the massage therapy profession's big wins in 2019 was house bill 451. This bill requires doctors to educate patients about alternative modalities and medications before prescribing opioid drugs for pain. The original draft did not include massage and through the efforts of our legislative team we were able to facilitate change and get massage therapy included. The Florida Department of Health has designed a pamphlet briefly describing each of the modalities and how they can potentially help with pain management.

HUMAN TRAFFICKING - HOUSE BILL 851

In response to the human trafficking crisis, Florida established new requirements for the following healthcare professions: Acupuncture, Medicine, Osteopathic Medicine, Chiropractic Medicine, Podiatric Medicine, Optometry, Pharmacy, Dentistry, Nursing Home Administration, Occupational Therapy, Dietetics and Nutrition, Respiratory Care, Massage Therapy, and Physical Therapy.

The new requirements include posting informational signs (available through the Florida Department of Health), appointing a Designated Establishment Manager (DEM), requiring 1 CE in addition to the current 6 mandatory CEs for license renewal, and other guidelines for reporting. More information can be obtained by visiting www.flhealthsource.gov/humantrafficking.

**For more information
on these bills, please visit
myfloridahouse.gov
to read them in their
entirety.**



SHOULDER DYNAMICS:

Addressing Structural and Functional Factors That Contribute to Shoulder Dysfunction

The shoulders can be an incredibly complex area to work with, with so many muscles on the front and back of the body as well as the arms that affect shoulder position and function. Rather than teach a basic shoulder protocol that may not fit everyone's needs, we aim to help you make sense of the main causes of shoulder and rotator cuff issues as well as how to address them structurally and functionally in your practice.

Consider the Structural Design and Challenges

The shoulder is much more than the glenohumeral joint and the rotator cuff muscles. It is a tensesgrituous complex made up of the three bones of the shoulder girdle - humerus, scapula, and clavicle - with around 20 muscles that directly impact the joints, plus associated bursae and ligaments.

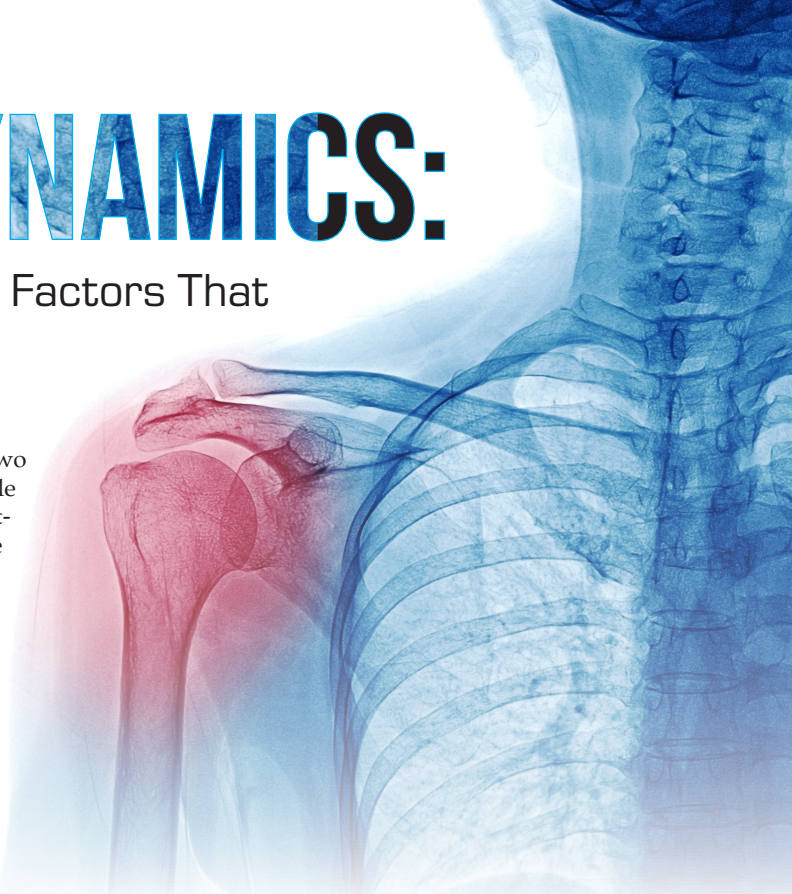
It is important to realize that skeletally the entire shoulder girdle is only attached to the rest of the body at the sternoclavicular (SC) joint. The shoulder girdle is suspended from or, maybe more accurately, resting into the sternum. The SCJ is a busy area with its close proximity to the first chondrosternal joint, the clavicle often even articulates with the first rib cartilage. From there we can travel out distally to the acromioclavicular (AC) joint and the glenohumeral joint where the humerus is suspended in a shallow fossa on the scapula. All of these joints can become endangered when the rest of the structures are not in a state of good dynamic alignment.

In addition to the bony joints, if we include the muscle layers that must slide on each other (subscapularis on serratus anterior and serratus anterior on the thorax) and the "joints" provided by the subacromial and subdeltoid bursae, we could count nine functional joints in the shoulder girdle. Meaning there are nine places where

movement between two structures should be able to occur that, if restricted, will compromise the overall efficiency and function of the shoulder. This complex, comprised of so many moving parts and sliding spaces, creates the most mobile joint in the body.

Mobile joints deal with different functional challenges than more stable joints. Challenges in the shoulder could certainly come from issues in any of the associated muscles, fascias, or connective tissues. But, also common and often overlooked contributors to shoulder dysfunction are restrictions elsewhere in the body causing this mobile joint to strain, overwork, or work beyond its functional range in order to compensate. This is true for conditions in other relatively more mobile areas such as the cervical and lumbar spine.

If we extend our structural conception of the shoulder beyond the local area, we see that the shoulder girdle is directly tied into to the opposite hip, anteriorly via the fascial line of the pectoralis major, external oblique, and contralateral internal oblique, and posteriorly via the latissimus dorsi, thoracolumbar fascia, and contralateral gluteus maximus line. Due to our modern postural patterns, the anterior line is most often restricted and lacking function leading to shoulder and elbow issues. Of course we could draw myofascial connections anywhere in the body, so when considering each client's condition, we must expand our perspective to include the state of structural and functional relationships throughout the body.



In fact, looking beyond the local area, we could consider the body as a series of relationships, and our goal is to help these relationships be healthy and functional in order to optimize efficiency and allow for healthy force absorption, force transfer, and force generation. There are some key relationships to assess which provide insight into additional strain or restriction with which the shoulder girdle may be dealing. Assess: how is the shoulder girdle resting on the ribcage - protracted, retracted, elevated, depressed? How is the head oriented relative to the cervical spine and the cervical spine relative to the shoulder? How is the arm hanging relative to the thorax - anterior, posterior, internally or externally rotated? What is the orientation of the pelvis (tilt, rotation, shift) and how is the ribcage positioned relative to the pelvis? This will give us insight into the state of the anterior and posterior myofascial connections between the shoulder and hip. Looking beyond the local structures within the shoulder to also consider the relationships of the rest of the body helps us understand the internal structural and functional experience (and challenges) of the shoulder and the client overall.

CONSIDER THE FUNCTION

People don't need to be optimized for laying on a table, we want to help them live and move better in their everyday lives. Addi-

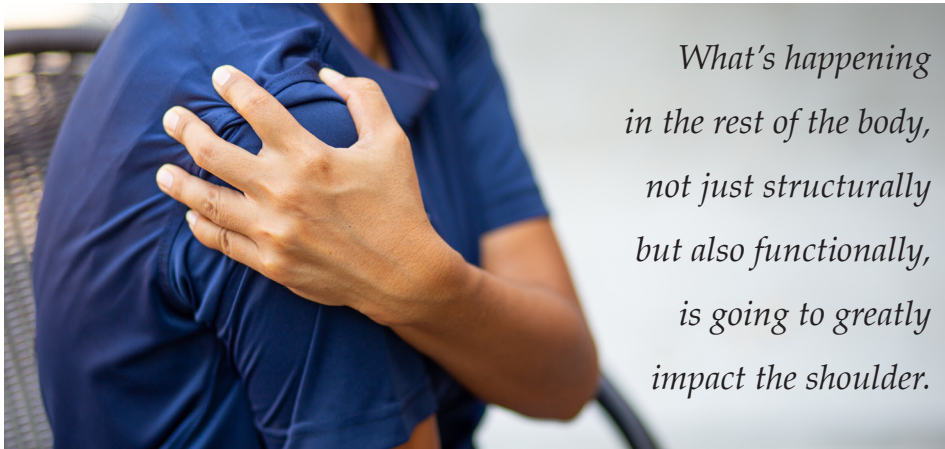


ANN & LYNN TEACHWORTH

SHOULDER DYNAMICS:

Addressing Structural and Functional Factors That Contribute to Shoulder Dysfunction

continued from page 7



What's happening in the rest of the body, not just structurally but also functionally, is going to greatly impact the shoulder.

tionally structural issues (tension, pain, restriction) rarely occur just laying on a table. To really understand and address a client's issue more comprehensively requires an understanding of function - how the body moves. Function is best understood (and worked with) through actual physical experience. The nervous system cannot learn and integrate new ways of functioning or how to restore proper function without actually working in function in relationship to gravity, ground force reaction, and its own muscular force. As a therapist, just hearing or reading about function doesn't provide a kinesthetic understanding; experiencing the body in motion helps us better understand and address our clients' functional state.

Let's try a few common postural/tensional patterns to understand how different parts of the body contribute to shoulder dysfunction. Stand up and try to feel these in your own body (remember, your own experience will help you better assess and understand your clients' current experience) - restrict your hip flexors, pull short the pectinius, iliopsoas, rectus femoris, and tensor fascia latae. This will cause slight anterior tilt of the pelvis. Now try to lift your arms up in front of you (shoulder extension) - do you notice the restriction? Notice the extra work required by the posterior deltoid, the restriction in the joints of the shoulder complex, and the strain on the rotator cuff group.

How about this one - stand and tighten your pectoralis major and minor, oblique abdominals, and adductors; notice being pulled in and down. Maintain that tension

and try a shoulder motion such as reaching back to load before throwing a baseball. Again, you'll feel strain on the rotator cuff muscles and, most likely, if you tried to throw a ball, overwork in the elbow. Lastly, round the spine slightly and lock your thoracic spine into slight flexion, another very common postural condition. Now try to lift the arms up in front of you while maintaining that thoracic flexion - you will again feel restricted mobility and muscle strain in the shoulder complex.

This lack of thoracic extension may be one of the most common and overlooked contributors to shoulder and elbow issues. Many of us do not get enough motion through thoracic extension. If we lose the coordination to decelerate motion (as in thoracic extension), the body will restrict us from going too far into that extension. After a while the nervous system will inhibit muscles on the front of the body to protect itself. As you felt, if you reach up or behind with your arms, with limited thoracic extension, this will create too much strain on the joint, joint capsule, and most muscles that provide movement and support at the shoulder joint. Over time, even in mild everyday activity, this can translate to shoulder issues.

What's happening in the rest of the body, not just structurally but also functionally, is going to greatly impact the shoulder. In fact, rarely do rotator cuff and shoulder injuries occur without restrictions in the abdominals, hip flexors, and adductors, or a lack of extension and rotation in the thoracic spine. When considering biomechanics, we understand that all of the muscles

and joints of the body must freely move through all planes of motion. This is the key to force absorption, force and load transfer, and force generation throughout the body as well as joint lubrication and health. Once joint motion is compromised, other body parts will tend towards overuse or moving through greater ranges of motion than they were designed to move through in order to compensate. This is how most injuries and chronic pain occur.

APPLICATION

Once we understand the full body dynamics that go into optimal shoulder movement, our effectiveness greatly increases and the amount of sessions needed to address the issue decreases. (And of course referrals increase when we can address our clients' complaints quickly and successfully.) Next time you work with a client who is having shoulder issues and they don't seem to be responding quickly to local shoulder protocols, consider the overall structural and functional dynamics laid out here. Try working with the hip flexors, quadriceps, adductors, and abdominal complex in addition to the chest and serratus anterior you're probably already doing. If you know functional work for facilitating thoracic extension, add that as well. More than likely you will be astonished at how much better the shoulder functions, the inflammation and pain decreases, and your success rate with shoulder issues dramatically improves.

Bio: Ann and Lynn Teachworth integrate 40+ years of experience in structural integration, functional biomechanics, and energy work to help make good therapists great. Through their company, Trunamics, they provide advanced continuing education that integrates structural and functional perspectives, teaching therapists to more fully understand and effectively address each body rather than just use rote techniques and protocols. Find online resources and information for upcoming trainings at Trunamics.com.

Developing Prosperity Consciousness

COACH CARY BAYER
WWW.THEMESSAGEMARKETINGCOACH.COM



A few questions first:

1. Do you worry about money in your personal life?
2. If you own your massage business do you have a difficult time making the rent or mortgage or meeting payroll?
3. Do you earn less than you'd like in your business?
4. Do you save less than you'd like in your personal life?
5. Do you have more personal and/or business debt than you'd like?

If you answered "yes," it's time to awaken Prosperity Consciousness.

Below you'll see a variety of bad news and then under that some good news to offset the bad.

- 1) Here's some bad news: Human beings have an unconscious mechanism known as the Money Rejection Complex. This operates daily, blocking additional clients from coming in, from new money arriving, and from new opportunities showing up.

But here's the good news to counter the bad: When someone wants to give you something, just say, 'Thank you.' As the Italian proverb goes: "The money you refuse never does you any good." Get used to saying thank you. Release your resistance from being complimented, and contributed to. You invite your clients to release the tension in their bodies when

they're on your table, I now invite you to release your resistance to being bigger.

- 2) The bad news: You have negative "tapes" that play repeatedly in your subconscious mind that limit your client roster and money supply.

Here's some more good news: You turn off CD players when leaving home, so turn off these tapes, and transform your negative training. You can turn your mind into a powerful money magnet. This strong affirmation helps: "My mind is a money magnet, money miracle and money machine." Do this exercise daily much like you encourage some clients to stretch their tight muscles every day.

- 3) The bad news: You conduct your business as if resources are severely limited.

The good news: You live in an abundant Universe. In the 20th century, Renaissance man Buckminster Fuller discovered that there are enough resources on planet Earth for everyone to live like a millionaire. Claim your stake.

- 4) The bad news: If you doubt your talents as a massage therapist, you probably doubt your ability to create a prosperous massage business, as well.

The good news: Romantic painter/poet William Blake said: "If the Sun and Moon would doubt/They'd immediately go out." So let your light shine and check your doubts at the door--then leave them there.

- 5) The bad news: People come to your table not only for the skills in your hands but for the quality of your vibrations, too. If you're energy is low or you're depressed you won't attract and keep your clients.

The good news: It's vital to develop and maintain high levels of enthusiasm. You can do this every day very simply by doing a technique I learned from a longtime student of Napoleon Hill, author of *Think and Grow Rich*. He interviewed people like Edison, Ford, and Churchill. Many multi-millionaires practice this powerful method: Simple stare at your reflection in the mirror and repeat the word enthusiasm—but WITH ENTHUSIASM! And you'll gradually grow in this vital quality.

Cary Bayer (www.themessagemarketingcoach.com), an AMTA national convention keynote speaker, worked with Quality Inns, Oscar-winners Alan Arkin and Pietro Scalia, Emmy-winners comedian/director David Steinberg and Judy Henderson, and 325 MTs. He created 14 NCBTMB-accredited workshops, 2 DVDs for MTs, wrote for 15 AMTA newsletters, and authored the *Grow a Rich Massage Business* trilogy of full-length books.

What Do Massage Therapists Need to Know About *Energy Healing?*



DAN SCHMUTZ
& RAVEN DUGANDZIC



Dan Schmutz recently interviewed Ravenflower “Raven” Dugandzic, Owner and Director of the Orlando School of Therapeutic Massage and Yoga, to learn her perspective on the contributions of energy healing to the practice of massage.

Dan: Raven, I sense in you a powerful combination of nurturing healer and dedicated businesswoman. From meeting some of your students, I’m aware that you are an inspiring teacher of massage therapy. By way of introduction, would you share briefly why you were motivated to establish the Orlando School of Therapeutic Massage & Yoga?

Raven: Initially I was a massage therapist, and that was my career. I began to seek out other modalities for healing after becoming a massage therapist, including hatha yoga and Reiki. I fell in love with yoga and even opened a yoga school. I began to realize as the students graduated and sought employment that it is challenging for yoga teachers to make it financially, purely teaching yoga. I have found massage therapy to be a stable career. I saw an opportunity to provide a potential career path to enhance the healing career of my yoga teachers as massage therapists.

Dan: From your perspective as a both a massage therapist yourself and owner of a growing massage training school, what do you think all therapists should know about energy healing?

Raven: I think that all massage therapists can benefit from becoming aware of the subtle body energies and the impact that these subtle energies can have, not only on their clients, but also on the therapist themselves. There is an energetic interaction which occurs between the client and therapist. I think it is important for every massage therapist to learn about energy hygiene, including the ability to cleanse their own energy body as well as the ability to do a basic energy clearing for their clients.

Dan: What role do you see for Pranic Healing as a complement to massage?

Raven: Pranic Healing offers a compre-

hensive system of energy healing which can provide these requirements I mentioned of needing to facilitate clearing of the energy bodies of both the massage therapist and the client. Most clients are coming in and releasing some sort of stress or trauma on the table. I have found Pranic Healing offers great tools to work with this natural releasing process.

Dan: Have you incorporated Pranic Healing into your sessions?

Raven: Yes, even as primarily a massage therapy instructor, just by teaching my students how to massage, I have experienced them having emotional releases and then used the Pranic Healing to facilitate the rapid clearing and releasing of stress energy or heavier emotions.

Dan: Some people are skeptical of energy healing techniques since the scientific mechanisms of how they work are not fully understood. Have you personally witnessed improvements in physical conditions through use of the no-touch Pranic Healing techniques?

Raven: I personally have received profound physical healing through Pranic Healing myself. I had suffered from constant abdominal and low back pain from a recent miscarriage which had been with me for a week. During a Pranic Healing session where the practitioner did not apply any physical manipulation, I actually had a sudden 80% relief from the pain occurring during the session, and then within 24 hours the symptoms were fully resolved.

Dan: I’m aware that some energy healing schools encourage or require that practitioners develop the ability to see energy or have enhanced intuition. Is this a requirement to perform Pranic Healing work?

Raven: As somehow who is not clairvoyant (i.e., not seeing auras), I can say this is not a limitation to practice Pranic Healing. During the Pranic Healing training, most people learn to feel the subtle energies with their hands, and the method is very protocol based, so it can be performed even by people with no awareness of the subtle energies.

Dan: What is energy hygiene, and what are the benefits of energetic hygiene practices for massage therapists?

Raven: In the massage therapy industry, we are taught the terms transference and countertransference, meaning the possibility of a kind of emotional connection that arises resulting in the therapist subconsciously no longer treating a client with unconditional positive regard. However, we are not taught how to manage this interaction, and I have found the Pranic Healing energy hygiene teachings to offer some guidance in this area. Also, many massage therapists encounter physical pains in their own body when doing their work which in some cases may be related to their clients’ issues. Pranic Healing helps the therapist to clear these pains from themselves and also disconnect energetically from the client.

Dan: What is your vision for the next generation of massage therapists being trained now?

Raven: I would like them to be as well rounded and knowledgeable as possible to serve the highest good of themselves and their clients. I would like them to be open and sensitive, to offer a heart-centered approach with knowledge and awareness of all layers of the self. At the Orlando School of Therapeutic Massage & Yoga, in addition to offering the standard training requirements for licensure, we provide opportunities for the students to expand their healing modalities to include yoga and Pranic Healing.

Dan: Raven, thank you so much for taking time today to share your experience and vision with the Massage Message community. As a certified instructor of Pranic Healing, I will be offering a 3 CE Hour class “Introduction to Pranic Healing” at the FSMTA 2020 convention to get the word out about the benefits of energy healing and hygiene techniques for massage therapists.

What is Thai Massage?

Then and Now



ARIELA GRODNER



Thai Massage is known as Nuad Boran, which roughly translates as “ancient massage”, which while being an accurate summation is not perhaps as appropriate as what we call it in English, as it is because of the Thai people’s devotion to this art, that has led to its lineage’s preservation over the passage of the eons, and the accompanying upheavals any society experiences over a long enough time line. In truth, such a practice’s survival, passed from tea Originally from India, Thai Massage was brought to Thailand by Buddhist monks who used it in the monasteries to maintain health and promote longevity according to the medical precepts set forth by Jivaka Kumar (the Buddha’s personal physician) and certainly was influenced by (as well as having influenced) the purely Thai medical system. Amazingly these techniques have survived with their essential characteristics unchanged, but still wholly applicable to our lives today... we can incorporate knowledge from long ago as we pursue lives that the disciplines founder could scarcely have imagined.

My personal initiation into this art came from a man named Kam Thye Chow, who has spent many years reintegrating ayurvedic medicine back into Thai massage, where it decidedly belongs. The two systems’ origins are intertwined but through the migratory nature of viral knowledge they became separated long ago, and have only recently been reunited by the intensive research, exploration and experiential archeology of some of its more able teach-

ers and practitioners, to whom we owe an enormous debt of gratitude.

Watching my students mirror my own process of discovery reminded me forcefully of the extent of that debt. Without the ayurvedic understanding informing the practice, any hands on adjustments lack the depth and rootedness that knowledge allows. It is well known amongst Chinese martial arts practitioners that without an understanding of the internal energy process, their art has no weight (or gong), Bruce Lee referred to this as “flowery fists and embroidery kicks”, Thai Massage without Ayurveda has this same lack. It’s yoga without meditation, good for practitioner and recipient but still incomplete. Having reached a certain level in my own practice (and observing it now in my students) where it seemed the technique was reaching completion but still felt under-informed in some indefinable way, the sudden awareness of the underlying structure that the techniques exist to facilitate, was a profound revelation to me. Being a part of that gnosis, whether experientially or as a facilitator is a joy almost incomparable to any other, and I’ve realized that it isn’t an experience limited to this modality or even to the healing arts. Whenever we as people can so increase the range and depth of our knowledge in any area to such a degree that our entire perspective is drastically altered, the

effect is almost religious in its intensity. I find everything drawn into sharper focus, my practices and disciplines flow rather than being forced, my love for people is more profound and palpable to me and to them, my family, friends, clients, students and even random strangers all reflect my joy and the excitement I feel in the evolution we are all integrally a part of.

I wish to thank you all for your part in this great experiment, and doing your part in perpetuating and furthering the disciplines we are stewards of. We are all brothers and sisters in the lineage of healers, it is our duty and privilege to help remind and inspire each other of this truth. May all beings be happy! Her to student over many generations, is nothing short of miraculous. Such an art takes on a life of its own over time, organically growing and changing with the innovations and discoveries of its practitioners, manifesting as a sort of living consciousness that invests in us for time, before moving on with a piece of us imbibed and incorporated, a smaller facet of the whole. To realize that we are part of such a process is awe inspiring to me at times.



Craniosacral Therapy — Easing the Transition Into Life



JILL MABRY

Life often begins with one final exhausted push before a mother's anxious ears are met with the strained cries of her newborn child. The labor and delivery process can be challenging and difficult on mother and baby, leaving both in need of recovery after what can be an arduous journey.

With the application of CranioSacral Therapy (CST) techniques during pregnancy can alleviate this pain and discomfort, to allow mother and child to welcome this profound moment in each of their lives with greater joy and ease.

In addition to helping to alleviate pain and anxiety in women in labor, CST facilitates the birthing process for baby

as well. Clinical trials have found that the application of CST prior to the labor and delivery actually lessens the need for invasive procedures. Fewer invasive measures mean fewer traumatic births that can lead to physical and development problems for children down the road. By facilitating the labor and delivery in this way, CST has become a valuable tool in creating the optimal birthing experience for both mother and baby, and for reducing the risk for future problems.

As therapists we often become involved in a person's healthcare after a problem has materialized. But with this innovative approach to obstetric care, we're given a unique opportunity to proactively

help pregnant mothers and their unborn children in the creation of a more harmonious co-existence until the moment of birth and beyond. In fact, the gentle touch of CST has far reaching implications throughout the procreation process – from the first thought of becoming a parent to the postpartum period that follows.

CST techniques can work effectively with couples struggling with infertility issues, releasing blocks that may be exacerbating this problem. This same therapeutic approach is also very useful in helping women after conception deal with the physical stress of pregnancy and the emotional anxiety that can be associated with motherhood. Through CST, mother and child can learn to bond and communicate with one another in utero, making the entire process less stressful and more fulfilling to both.

Another benefit is that CST is effective in the treatment and prevention of postpartum depression in new mothers, an affliction affecting hundreds of thousands of women in the U.S. alone each year. With the aid of CST women can more easily adjust to their new role as mothers and to the intense hormonal, physical and psychological changes that occur within their bodies during this time.

After years of working as a CranioSacral Therapist, I'm always amazed at how perfectly this approach enhances the lives of mothers and babies before and after the birthing experience. With just a few simple yet profound techniques, CranioSacral Therapy can have a big impact on even the smallest patients' lives.





If I love massages, why should I diversify my practice?

DR. WANDA BONET-GASCOT, CEO & FOUNDER
DRW LIFE SKILLS INSTITUTE AND COACHING SCHOOL

Diversify my massage practice does not mean split my passion for massage. Personally, I love my massage practice, but I realized that I needed to do it smarter. Diversify our practice means to develop additional sources of incomes that allow us to have more time for us. Diversify our practice is be able to offer services less physically demanding. Diversify our practice means reduce the burn out and develop a long-lasting massage career. Diversify our practice is have more time for us, in order to be healthier as individual and professional. Massage therapy is all about energy, and if your energy levels are low, eventually the passion will disappear.

There are many ways to diversify your practice. One option is to develop systematic thinking and integrate a system to your practice. Another option is to develop your other gift and talents. As massage therapists we listen our clients, but if limited what we can respond without be acting out of our scope of practice. The line between empathy and mental health counseling is very thin and be having to protect our massage license from activity out of license. Therefore, diversify our massage practice becoming a holistic coach is a viable option.

Why coaching?

- You will learn the coaching scope of practice, reducing the probability of activity without license.
- You will learn a communication methodology, reducing potential liabilities.
- You will learn to facilitate your client to define their clear goals, without mirror your self.
- You will learn to offer viable options to your clients, without telling them what to do.
- You will learn to help your clients to develop strategic plans based on their reality and resources.
- You will learn to follow up, without babysitting your clients.
- You will learn to develop additional income streams helping your actual clients.

Coaching is a professional relationship that helps people produce extraordinary results in their lives, **careers**, businesses or organizations, helping them to bridge the gap between where they are now and where they want to be.

As massage therapists we connect with people, not only physically, but emotionally and energetically. Sometimes, our clients share their stories, not only because it is important for the treatment, but because they trust us. What an amazing service enhancement could be listen empathically without judging, offer options in a professional way, and make them accountable without babysitting.

In addition of being an amazing career, coaching is a service enhancement for any practice.

Si amo lo que hago, ¿por qué debería diversificar mi práctica?



DR. WANDA BONET-GASCOT, CEO & FOUNDER
DRW LIFE SKILLS INSTITUTE AND COACHING SCHOOL

Diversificar mi práctica de masaje no significa dividir mi pasión por el masaje. Personalmente, amo mi práctica de masaje, pero me di cuenta de que necesitaba hacerlo de una forma más inteligente. Diversificar nuestra práctica significa desarrollar fuentes adicionales de ingresos que nos permitan tener más tiempo para nosotros. Diversificar nuestra práctica es poder ofrecer servicios menos demandantes físicamente. Diversificar nuestra práctica significa reducir el agotamiento y construir una profesión de masaje perdurable. Diversificar nuestra práctica es tener más tiempo para nosotros, para ser más saludables como individuos y profesionales. La terapia de masaje tiene esta directamente asociada a la energía, y si sus niveles de energía son bajos, eventualmente la pasión desaparecerá.

Hay muchas formas de diversificar tu práctica. Una opción es desarrollar un pensamiento sistemático e integrar un sistema de ingreso residual a tu práctica. Otra opción es desarrollar otro don y talento. Como masajistas, escuchamos a nuestros clientes, pero estamos limitados como podemos responder. No podemos llevar a cabo ninguna acción que parezca una actividad sin licencia. Me refiero a dar consejos (consejería), o ayudar con traumas del pasado (psicología), o recomendar alimentos (nutricionista). Todas esas profesiones requieren de una licencia adicional, por lo menos en el estado de la Florida. La línea entre la empatía y el asesoramiento sobre salud mental es muy delgada y tenemos que proteger nuestra licencia de masaje. Por lo tanto, diversificar nuestra práctica de masajes convirtiéndonos en un entrenador (coach) de vida es una opción viable.

¿Por qué ser entrenador de vida(coach)?

- Aprenderá el alcance de la práctica del coaching, reduciendo la probabilidad de actividad sin licencia.
- Aprenderá una metodología de comunicación, reduciendo posibles responsabilidades.
- Aprenderá a facilitar que su cliente defina sus objetivos claros, sin reflejarse.
- Aprenderá a ofrecer opciones viables a sus clientes, sin decirles qué hacer.
- Aprenderá a ayudar a sus clientes a desarrollar planes estratégicos basados en su realidad y recursos.
- Aprenderá a hacer un seguimiento, sin hostigar a sus clientes.
- Aprenderá a desarrollar flujos de ingresos adicionales ayudando a sus clientes.

El coaching es una relación profesional que ayuda a las personas a producir resultados extraordinarios en sus vidas, carreras, negocios u organizaciones, ayudándoles a cerrar la brecha entre dónde están ahora y dónde quieren estar. Como masajistas nos conectamos con personas, no solo física, sino también emocional y energéticamente. A veces, nuestros clientes comparten sus historias, no solo porque es importante para el tratamiento, sino porque confían en nosotros. Qué increíble mejora en el servicio podría ser escuchar con empatía sin juzgar, ofrecer opciones de manera profesional y crear responsabilidad sin hostigar.

Además de ser una carrera increíble, el coaching es una ventaja competitiva para cualquier práctica.

Por Dr. Wanda Bonet-Gascot, CEO de DRW Life Skills Institute and Coaching School. www.DRWInstitute.org

Alzheimer's

The Current State of Affairs - Alzheimer's Research



MICHAEL MORGAN, LMT, CST-D

When it comes to assessing the current state of affairs in Alzheimer's research, there are some interesting facts to consider. The first is that since 1998-2017, there were over 146 drug trials for Alzheimer's, all of which failed. The second is that in the last two years two more trials, one of which was a stage three advanced trial, there were additional failures, from companies such as Eli Lilly and a subsidiary of Genentech. At the moment there are 5.4 million Americans diagnosed with the disease, and 44 million worldwide. Both of these numbers are expected to double in the next 15-20 years.

If that is not sobering enough news, there is no known cure for Alzheimer's. The focus of research over the last decade or two has been to look at the formation of amyloid plaque in the brain, a protein that causes brain tissue to lose function in the initial stages and in later stages essentially renders the brain nonfunctional. The progression of the diseases from early to late stage can last over a period of 10-12 years.

A New Approach

It is against this backdrop that our team of therapists begins to look at what the research community is now starting to call 'non pharmaceutical strategies.' Part of the challenge with the pharmaceutical approach is that, to quote functional medicine-oriented doctor Dale Bredesen 'we are asking the drugs to do too much.' What Bredesen means by this is that Alzheimer's disease is really multifactorial, and there are multiple factors that may contribute to the disease process.

According to Bredesen, for example, some of the factors that may contribute to Alzheimer's include: 1. inflammation; 2. hormonal imbalances; 3. toxicity-as in heavy metals such as mercury aluminum and even cadmium; 4. cardiac insufficiency-caused from such things as strokes and heart attacks; 5. Trauma-including physical trauma caused by concussions, motor vehicle injuries and closed head injuries.

Due to the targeted nature of the pharmaceutical approach, looking for one molecule to intercede or interrupt in a complex biological process may not take into account other factors that are simultaneously interacting with brain activity.

In our clinical observation we've found that clients often display a combination of the above factors, and in different combinations and percentages of occurrence.

What a number of clinicians, osteopaths, chiropractors, and other healthcare professionals have been drawn to inquire into is the role of diet and its long-term effect on memory and Alzheimer's. So much so that some functional medicine doctors such as Mark Hyman and David Perlmutter are starting to call Alzheimer's 'type 3 diabetes.' Their observation is that sugars in abundance, as well as other blood sugar raising foods, imbibed over decades, will finally cause enough inflammation to cross the blood brain barrier and effect memory and overall cognitive behavior. They and others have developed an approach which includes extensive and specific blood testing, along with an adaption of paleo and other dietary approaches to help the body and brain recover from decades of excesses from the past.

Still others have focused on the importance of exercise in preventing long term memory problems. Of course, massage and its ability to increase blood flow, improve overall circulation and flexibility can play an important role as well.

New Discoveries

In the past 10 years there have been some exciting discoveries in the field of neurology and brain science. Chief among these have been the discovery of the glymphatic system, or what some call the 'fascia of the brain.' A team of Nobel winning scientists was able to image the complex network of over 100 billion neurons and 100 billion glymphatic cells (glymp means 'glue') and determine how fluid moves from one part of the brain to another, collecting toxins and waste products along the way. What surprised scientists is just how effective this system is, and, in addition, how much of this waste disposal occurred during sleep, spurring some to appreciate just how important it is to have a good, interrupted night's sleep.

If we look a little more deeply into the role of the fluid that circulates throughout the glymphatic system, we can appreciate the potential of how to perhaps enhance this clearing process of toxins. Decades ago, my

mentor, Dr. John Upledger researched and pointed out the role of cerebral spinal fluid (CSF) as it circulates throughout the brain and spinal cord. He helped to define the existence of the craniosacral system that conducts this fluid throughout the meningeal system, though the periphery of the brain and spine, and even pointed out this rhythmic activity of this fluid, and how a therapist can be trained to feel it. One of the results of this inquiry was the emergence of Craniosacral Therapy.

It turns out that there is a delicate interface between cerebral spinal fluid and the way that it is conducted into this network of neurons and cells we call the glymphatic system. My associate Tad Wanveer has done a wonderful job of describing this complex system and describes in some detail the pia glial interface in the meningeal system. Essentially CSF becomes extracellular fluid, a substance that is able to penetrate into essentially every cellular space in the brain. I like to say CSF starts in the periphery, flows though through the pia glia limited membrane barrier and trickles into every nook and cranny of the brain.

Scientists at the University of Rochester, who have been instrumental in helping to define the existence of this glymphatic system, have speculated that what happens in Alzheimer's is that this flow of fluid into the brain begins to dry up, essentially clogging the glymphatic structure and destroying the neuronal and vascular structure which is essential for cognitive function. They have further speculated that if there was a way to speed up the flow of this diminished fluid, it may help to wear away the depositions of the toxins and help improve cognitive function.

A new Etiological Model

Some years before the emergence of the glymphatic system research, I was fascinated by Dr. Upledger's observation that in middle age the circulation of CSF diminishes by as much as 50%. This observation was further enhanced by our research team at the University of Iowa who in early 2000 found that in patients with dementia and Alzheimer's the flow of CSF was up to 75% less than that of a normal adult. Out of this emerged a new Etiological model for Alzheimer's.

continued on page 16

The Current State of Affairs - Alzheimer's Research

continued from page 15

Etiology is the study of causes. I was inspired to look into a new Etiologic model for Alzheimer's by Dr. Upledger's work in early 2000 on his etiologic model for autism.

Essentially our etiologic model is the following:

When there is a lack of flow of CSF (and by derivation extracellular fluid) in the brain, there is an increased opportunity for the formation of the amyloid plaque which is the signature protein or substance that is found in all Alzheimer's patients. Recall the 5 factors which can contribute to Alzheimer's disease? Chief among them is inflammation, one of the more popular theories now current to explain how neuroinflammation can contribute to cognitive decline. Actually, any one of these factors may result in this problem -diet which can cause neuroinflammation, hormonal imbalance, heavy metals, cardiac dysfunction (which can carry its own inflammation) and trauma-such as experienced in concussions.

In any case all of these causative factors can result in increased absorption of CSF in brain matter and a restriction of fluid flow, which again can lead to this a plaque formation.

The counter to this lack of CSF and extracellular flow is a simple one- application of a Craniosacral Still Point and other techniques which can increase and enhance this flow. In our discussion of alternative, non-pharmaceutical approaches to Alzheimer's, we believe this is the 'missing piece' that is complementary to dietary, exercise and other approaches.

Testing Our Theory

Over the past several years we have been at work testing the above theory in limited and now more expanded venues.

Our first foray was commemorated in a 2008 study published in the American Journal of Gerontological Nursing entitled the Craniosacral Still Point Technique-Exploring its effects in Individuals with Dementia. The focus of the study was to see how these techniques affect agitation, depression and cognitive factors, which were found to be positively impacted over a 6-week period of time. Since then, we have conducted a number of individual trials to confirm the original findings and are currently concluding a 2-year study on individuals with early to mid-stage Alzheimer's at the Upledger Institute intensive program.

A Vision for the future

Our 5-year goal is to see if we can significantly reduce the deaths from Alzheimer's worldwide. Admittedly an ambitious task, we believe that with enough trained therapists, we can begin to see, over time, how the application of Craniosacral techniques can help stop the progression and even reduce the symptoms of this disease.

Why Pricing is SO Difficult for Massage Therapists?

LU MUELLER-KAUL

https://youtu.be/dE5NR_ablas



When we're talking about pricing massage sessions, you're always getting the same advice from all the people who tell you what to do. "You have to charge what you're worth." "You have to really be aware of your value." I don't think that's helpful, because what are you worth? What does that even mean? And then what happens usually is that we look around, we look at what others are charging for a one hour massage, and then we kind of base our price based on that.

What you really have to look at what your clients want to pay, and that is something we can influence really nicely. But then the next problem becomes, just for you, to think about what you are comfortable with charging, and that is where it gets deeply emotional. That is where I see that people who are just starting out are charging way too much, and people who have been in business for 20-30 years are charging way too little. And in those cases,

it's not that they don't value themselves, it's not that they think they're not worth it. It is that have these relationships with clients who they really care about, and they really know these people well. And they know what these people can afford and cannot afford, so they just can't bring themselves to charge a price that would be way higher than what they themselves would be able to afford, and that their best friends and their favorite clients are able to afford.

So pricing your sessions adequately really gets to your heart of who you are as a therapist. And it's not easy, it's not just a simple formula that you can use. So I think it makes sense to really think about this a little more, figure out what you need in order to make a living, but also think about what is the value to you as a therapist that you get out of doing this work, and then you can make a much better decision on how you're pricing your sessions.



Introduction to Cranial/Structural Therapies “A Touch of Magic in your Hands”

DON MCCANN, MA, LMT, LMHC, CSETT



Are you ready to add one of the greatest hands-on manipulation tools that massage therapists can use in their practice?

Cranial Osteopathic therapy has been around since the early 19th century. With the recent discoveries of the glymphatic and lymphatic systems of the brain and the scientific validation of the cranial motion this therapy is now being understood and applied by a large number of healthcare practitioners.

In the massage field the integration of cranial work with soft tissue manipulation is a perfect fit. If you would like to learn a results-based cranial modality then Cranial/Structural therapy is what you are looking for. Cranial/Structural therapy is, as the name implies, a cranial mobilization therapy that relates directly to structurally related imbalances and dysfunctions. Both applied and functional kinesiology is utilized for evaluations before and after treatment by the therapist. This gives many clients who had given up the possibility of recovery from severe pain or degenerating joints or discs the hope necessary to see their treatment through. It helps the therapist to: 1) identify the issues and the relationships of the myofascial pain and dysfunction to the imbalances of the cranial motion; 2) provides the information necessary for the therapist to be able to apply the appropriate Cranial/Structural technique for maximum results; and 3) lets the therapist know that the Cranial/Structural techniques have been effectively applied and are producing the desired results.

In Cranial/Structural therapy there is a specific purpose for the application of all techniques. Each suture of the cranium and each cranial bone relates to a specific joint or structure of the body. If the cranial bones are stuck and immobile it will create a structural distortion in the body. Also, if the cranial motion is imbalanced it, too, will create a structural distortion in the body. The combination of a stuck suture of the cranium and a restriction of the cranial motion relates to approximately 95% of musculoskeletal issues, and, if left untreated, it will remain one of the reasons for limited rehabilitation or lack of recovery. A fully balanced and mobile cranium results in homeostasis for the whole body. The early osteopaths were some of the most effective healers of their time working with the cranial motion which relates directly to the flow of cerebral spinal fluid. Cranial/Structural therapy uses a number of soft tissue Cranial/Structural releases which are highly effective at restoring full cranial motion and the pumping of the cerebral spinal fluid for homeostasis.

With the discovery of the glymphatic system (University of Rochester Medical Center, August 15, 2012), and the lymphatic system (University of Virginia School of Medicine, June 1, 2015), the cranial osteopathic premise that “fluid flow matters” is more than validated scientifically. Cranial/Structural therapy utilizes three (3) cranial decompressions and a Quick Release Technique all of which promote greater fluid flow within the cranium producing homeostasis.

This workshop will teach the contraindications for the application of Cranial/Structural therapy, Cranial/Structural therapy techniques including the Quick Release, kinesiology and muscle testing with special testing for dehydration and concussions, C1 soft tissue mobilization techniques, OM (Occipital/Mastoid) suture releases, temporal bone releases and synchronization, and decompression of the Sphenobasilar Synchondrosis (aka SBS) ranges of motion.

The **Quick Release Technique** is especially effective at relieving headaches, mobilizing a stuck cranium, and increasing cerebral spinal fluid flow. The **C1 soft tissue mobilization** is extremely effective for taking pressure off the C1/occipital relationship and restoring cranial motion to the occiput. This is also a great headache treatment as headaches relating to C1 are very common and often very severe. The **OM Suture releases** and **temporal bone mobilization and synchronization** are also related to treatment of headaches, hip imbalance, and TMJ dysfunction. The **SBS ranges of motion** are necessary to understand as imbalances or restrictions in these ranges of motion relate directly to both fluid flow restriction and structural imbalance. Mobilizing and balancing the SBS ranges of motion initiates homeostasis and full structural balance.

If you have been looking for expanding your soft tissue skills, the integration of Cranial/Structural therapy is your answer. Open the door to this incredible therapy by taking this introductory course where you will walk away with usable tools that will effectively help with your clients’ rehabilitation. You will also feel the excitement of being able to apply new effective tools that have a purpose and a result that you can actually see. You will be amazed at the difference you will make for your clients’ health and well-being.

Please visit our website – www.StructuralEnergeticTherapy.com – for more information.



HOLISTIC APPROACH TO THE ASSESSMENT AND TREATMENT OF LOWER BACK, HIP AND SCIATIC PAIN

DR. YUSUF MIHAYLOV



Lower back pain is the number one clinical complaint we receive in our profession and among the most common reasons to visit doctors or hospitals. At least 80 percent of Americans will experience the ailment once in their lifetime; 50 percent more than once.

Assessment and treatment of lower back pain can be a complex proposition in itself and not always successful. It can be complicated even further when aggravated by additional symptoms of hip or sciatic nerve pain. Therefore, it is of utmost importance not only to assess these problems properly by looking into their true causation, but also to treat them holistically with multimodality massage therapy, stretches, exercises, diet and lifestyle recommendations for the most effective results.

My workshop, “Lower Back, Hip and Sciatic Pain,” reveals and expands a holistic approach to assessment and treatment based on 28 years of experience in massage therapy, 15 years in Chinese medicine, plus extended periods of learnings in Russia, China and the U.S.

Assessment options in this seminar include the anatomy and physiology of complicated interconnections between the lower back, hip and sciatic areas of the body. They address the etiology in two major ways — (1) with western medicine (muscular, neurological, spine and internal organs), (2) with Chinese medicine (focusing on exterior and interior factors, plus an examination of blood stagnation due to trauma).

It’s the unique combination of western and Chinese medicine that makes it possible to assess lower back, hip and sciatic pain with better precision, reveal their true causes, and then craft treatment options holistically for optimal results.

When these ailments are your patient’s main complaint, there are countless impairments and abnormalities that could be among the possible causes. These include myalgia; muscular hypertonicity; trigger-point activity in the skin, fascia, muscles and periosteum; soft-tissue or joint adhesions; restricted range of motion; as well as diet and lifestyle habits.

Each of these needs to first be properly assessed, then effectively addressed.

Moreover, for each, there’s a strong need for an approach that maximizes the potential for quick and effective results. Given the large number of pathologies — and the even larger number of causes — it follows logically that there’s a pressing need for a wide variety of treatments, i.e., *multimodality*.

Most important, participants are empowered with the same arsenal of different modalities that I use in my practice daily: Segment-Reflex Massage, Myofascial Release, Trigger Point Therapy, Acupressure Therapy, Stretches, range-of-motion exercises, plus diet and lifestyle recommendations.

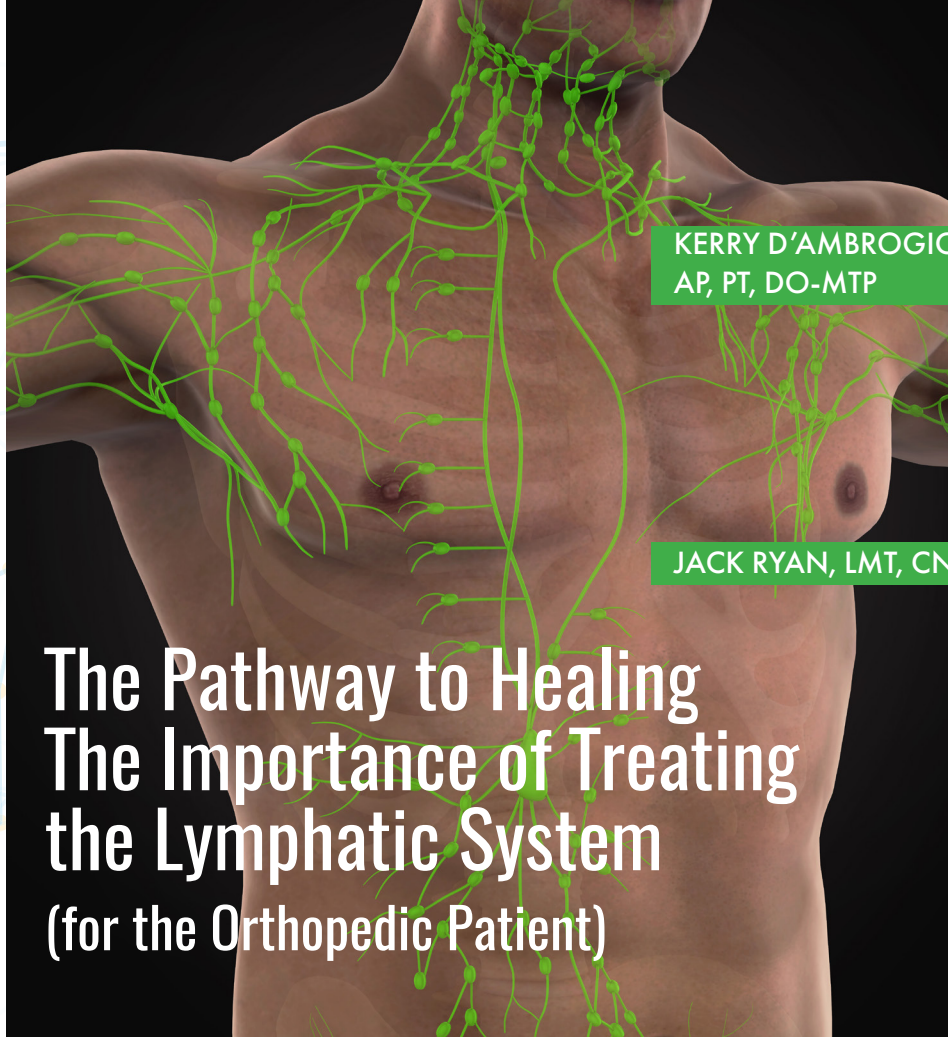
This wide range of modalities in our toolkit allow us to effectively address the equally varied range of soft-tissue abnormalities by targeting select techniques for each. Those taught in this seminar include passive, active, and isolated stretching along with post-isometric relaxation — all effective tools to break down soft-tissue adhesions, elongate contracted musculature, and increase range of motion.

Lifestyle recommendations are also an integral part of a treatment plan. They help address medical issues caused by poor diet and insufficient or excessive physical activity. Plus, they’re another important way to actively engage the patient in his or her own recovery.

Overall, this multidimensional holistic approach will make it possible for you to accurately assess and successfully treat nearly all kinds of lower back, hip and sciatic pain your patients may present. Using this unique combination of modalities should help you achieve stable clinical results, gain greater respect from the medical community, and significantly expand your practice.

Dr. Yusuf Mihaylov, *Board Certified Acupuncture Physician, Board Certified & Licensed Massage Therapist, International speaker, CE Presenter.*

Visit us at www.AcuAndWellness.com



KERRY D'AMBROGIO, DOM,
AP, PT, DO-MTP



JACK RYAN, LMT, CNMT, TBB-T



The Pathway to Healing The Importance of Treating the Lymphatic System (for the Orthopedic Patient)

How does the body heal after injury of trauma? As massage therapists, we tend to focus on the role muscles and other soft tissues play in musculoskeletal dysfunction. However, trauma and injury affect multiple body systems, not just the local area of complaint. Understanding how the anatomy and physiology of the whole body affects soft tissue healing and identifying those total body pathways to healing gives us a better idea of not only where to treat, but more importantly, what to treat. If we truly want to help as many patients as possible, it is important to look beyond local treatment and take a more global approach.

If a patient comes to us for treatment after a knee injury or knee surgery, where do we begin? How do we put a treatment plan together that gives your patient the best outcome and results? If we take the more global approach previously noted, we cannot only look at the muscles and lymphatics of the knee. Instead, we must first look at how the anatomy and physiology of the whole body impacts the ability of the knee to heal.

For health, homeostasis, and healing, all tissues need unobstructed inflow/supply and unobstructed outflow/return of all the vital structures (nerves, arteries, veins, and lymphatics). One key factor of healing is that tissues require a fresh blood supply to the area of injury. In Osteopathic Medicine, there is a principle in that states, “the rule of the artery is supreme.” For tissues to heal, there needs to be an unobstructed

inflow/supply of oxygenated and nutrient-rich blood to the site of injury. For the knee to heal, there needs to be an unobstructed pathway to supply fresh blood to the injured tissues of the knee. That pathway starts at the heart, travels down through the trunk to the knee, and ultimately returns to the heart. For optimal results, any potential barrier along that pathway needs to be considered in treating the knee.

Another key factor for tissue healing is that there must be balanced nerve flow or nerve conduction to/from the tissues, brain, and spinal cord. Specifically, both divisions of the autonomic nervous system play an indirect, yet important role in tissue healing by influencing the microcirculation in all tissues. Since the parasympathetic nervous system controls “rest, digest and recovery,” this system causes relaxation/vasodilation in the smooth muscles of the blood and lymphatic vessels. In contrast, the sympathetic nervous system controls “fight or flight” and causes vasoconstriction. If a patient is in sympathetic overload due to chronic stress and injury, their autonomic vascular and lymphatic control will be out of balance and impair proper blood flow to and from all tissues. For the knee to heal properly, the autonomic nervous system must be balanced and functioning efficiently.

One final key factor of healing is that tissues need an unobstructed outflow/drainage from the area of injury. Another osteopathic principle states, “drainage precedes supply.”

Fluid in the body, particularly lymph, flows along pressure gradients, generally from high to low pressure. For fresh blood and nutrients to be able to get into the tissues, fluid and metabolic waste must be removed to create a pressure gradient that allows for this vascular inflow. In other words, if an area is injured, the removal of fluid via the lymphatic system must come first before the body can heal. For fresh blood and nutrients to get to the injured knee tissues, the swelling and buildup of metabolic waste needs to be drained to allow for faster and more complete healing.

When taking the anatomy and physiology of the total body into consideration, it is not enough to only treat the local swelling and edema of an injured knee without addressing the above physiology and potential barriers to its lymphatic drainage pathway. Considering this hierarchy of healing, how can we, as massage therapists, look beyond treating the local tissues of knee and treat these potential barriers that may be affecting those tissues and improve our outcomes? How do we create a pathway to healing?

All courses offered by the D’Ambrogio Institute consider the anatomy and physiology of each patient to determine the most appropriate treatment approach, either local or total body, and improve patient outcomes. Each course is based on the D’Ambrogio Institute (DAI) Philosophy, which consists of the following three key principles: Evaluation, Principle-based Treatment, and Re-Evaluation. Evaluation includes a Total Body Screening Examination. This exam helps determine if the injury is a local event or if there may be a total body lesion or dysfunction contributing to the injury. It looks for lines of tension in the head, neck, torso, and both extremities that may be affecting the local area of complaint. It also assesses transverse diaphragms for restrictions and the ANS for imbalances that may impair healing. This eval-

continued on page 20

The Pathway to Healing - The Importance of Treating the Lymphatic System (for the Orthopedic Patient)

continued from page 19

uation will ensure you are treating the source of the problem, not just the symptoms.

To address swelling locally and throughout the body, DAI offers a series of Lymphatic Balancing (LB) courses. LB is an effective manual therapy treatment to relieve congestion and remove accumulated waste and edema in the tissues to decrease pain, restore full pain-free movement, and allow for optimal tissue healing.

Each LB course considers all aspects of lymphatic anatomy and physiology before treating the local swelling and edema. Prior to any local treatment, you must first establish the pathway to healing. There can be no extraneous lines of tension or lymphatic congestion contributing to the local area of complaint and the transverse diaphragms and autonomic nervous system (ANS) must be balanced. Once the pathway to healing is open, you can then perform the appropriate principle-based Specific and Supportive Techniques to the knee for local treatment. If you treat the local swelling in an injured area without addressing these total body lesions, your outcomes may be less than successful.

Lymphatic Balancing (LB) applies specialized manual lymphatic drainage techniques, originally designed to treat lymphedema, to the orthopedic patient. LB expands on the philosophical approach to lymphedema with the addition of traditional osteopathic lymphatic pumping techniques making it more applicable to orthopedic injuries. LB can be used as a stand-alone treatment for the total body or integrated locally with other manual therapy techniques making them more effective and longer lasting. LB also includes an Active Lymphatic Pump Exercise Program to be used during treatment and given as a Home Exercise Program to further extend the treatment effects.

Lymphatic Balancing techniques expand on the work and teachings of Dr. Emil Vodder (Vodder Method), Bruno Chickly MD (Lymphatic Drainage Technique), Dr. Albert Leduc PT, PhD (Leduc method) and osteopathic lymphatic pumping techniques. These techniques can be applied to a wide range of clientele within the orthopedic community. Some of the conditions that Lymphatic Balancing is helpful with are;

- Sprained ankles after a sport injury
- Post-operative swelling and edema after a knee or hip surgery
- Any swelling along the spine or cervical region after a car accident
- Clearing a treatment area after other modalities are completed
- General Immune system health and wellness

The DAI Lymphatic Balancing Curriculum includes three courses (Total Body Approach and a Local Approach for the Upper & Lower Quadrant). Courses can be taken in any order.

Lymphatic Balancing; Total Body Approach (LBTB): This course teaches you how to perform a Total Body Evaluation (ARTS), and treat excess fluid or swelling in the body. This class teaches you a total body approach to lymphatic balancing. LB is a useful place to start for new patients before performing specific LB on local regions of the body, or as maintenance for the patient. The Total Body Approach is an effective protocol for prevention of illness and the maintenance of health. This is a protocol that can be performed as a standalone technique and is very useful for general detoxification, immune support and digestive health.

Lymphatic Balancing; Local Approach - Upper Quadrant (LBUQ): This course teaches you how to perform a local evaluation (ARTS), and treat excessive body fluid or swelling in the cranium, cervical spine, thoracic spine, thorax,

upper abdomen (viscera), and upper extremities (shoulder, elbow, wrist and hand).

Lymphatic Balancing; Local Approach - Lower Quadrant (LBLQ): This course teaches you how to perform a local body evaluation (ARTS), and treat excessive body fluid or swelling in the lower abdomen (viscera), lumbar spine, pelvis, sacrum, and lower extremities (hip, knee, ankle and foot).

When you have an orthopedic patient with swelling or edema, it is important to make sure you evaluate the entire anatomy and physiology of your patient. This will ensure the pathway to healing is unobstructed and will guide you to use the appropriate Specific and Supportive Treatment Techniques in your principle-based treatment approach. *Remember to re-evaluate after your treatment to see if your approach was successful.*

Please visit www.DAmbrogioInstitute.com for more information.





ETHICS AND PROFESSIONAL DEVELOPMENT

Ethics are defined as standard(s) of conduct and moral judgment; a system or code of morals and behavior of an individual, religion, group, Industry, business, profession, etc.

As an individual we are unique, we have different beliefs systems, thought processes, which contributes to the way we live, make decisions and choosing what & how to do something. Early in life there are two words 'yes and no' that starts our training in ethics. We learn many lessons from the use of those two words. Consequences, right and wrong, good and bad, happy and sad, positive and negative, there are more, we will stop here.

Massage Therapists are licensed by the State. Those laws establish the education standards and training needed to qualify to take the exam to be licensed, including laws regulating the practice of Massage. Legal standards are those standards that are set forth in governmental laws and regulations and are dealt with in the legal system.

Ethical standards are based on the human principles of right and wrong and standards set forth by the massage professional organization(s) and dealt with in an organization or group of peers. FSMTA has a Code of Conduct, Code of Ethics, Patient's Bill of Rights, Mission Statement, By-Laws and Policies & Procedures.

When we join, we agree to abide by these standards. When ethical situations arise, we ask our peers to help resolve these disagreements with-in the organization. We call this the "grievance process".

The Massage Therapy Profession has a very comprehensive system and understanding of the patient/client and therapist relationship. Every two years Massage Therapists must take a refresher Ethics class as part of their FL license renewal. In my class on Ethics we will discuss the following issues:

- Boundaries
- Confidentiality
- Transference
- Counter Transference
- Safety
- Business Practices
- Continuing Education
- Hygiene
- Self-governance and compliance

Looking forward to having you in my workshop to discuss and exchange ideas on what is right for us.

CranioSacral Therapy and Sensory Processing Disorder



KARYN QURASHY, MSPT, CST-D

Most of us have heard that people with autism, ADD/ADHD and anxiety disorders will benefit from hands-on touch, but that they have a hard time tolerating this very touch that should help calm their systems. I have heard countless times, they won't sit still or stay on the treatment table. Having a son on the spectrum, I learned quickly that there were several "rules" that were needed to make him more comfortable.

Most of these were very basic and easy to accomplish. These rules gave him structure so he always knew what to expect. Rule #1: He was in charge of the lights and sounds in the room. He could choose lights on, dimmed, or off, and whether he wanted music or not. Rule #2: He was always expected to sit or lay on the treatment table. Per his request, I would bring toys to him. Rule #3: He was in charge of the initial hand placement – meaning he put the therapist's hands where he wanted them to start on his body. This consistency not only laid the foundation for him but gave him a sense of safety.

After spending 15 years as a PT specializing in the treatment of children and adults on the spectrum, I have come to the conclusion that underlying all of these diagnosis is a sensory processing disorder (SPD). A sensory processing disorder is when there is a miscommunication between the sensory information received by our body and our body's interpretation of that information. Information is received though all of our senses: vision, touch, smell, taste, hearing, movement and body in space. People with SPD will not respond in an ordinary way to ordinary sensations.

We use our senses to adapt ourselves to function in the world, and the arousal states manifested by our sensory processing often dictate our behavior. This class will help us to take a closer look at what our clients are doing to adapt themselves, so they can tolerate a massage, and how we can support them for success.

This class is designed to help the massage therapist learn new tools to help organize and calm the central nervous system and facilitate the ability of those with SPD to participate in massage. Participants will experience what it is like to have a SPD and then be given some sensory integration and CranioSacral Therapy strategies that they might be able to use, so that their client can successfully tolerate a massage session.

To do this we will discuss how both the sensory and craniosacral system work, and have a hands-on practice of palpating the craniosacral rhythm and completing a still point.

THE VAGUS NERVE AND OUR DIGESTIVE TRACT

LORILYNN DOWIAK, PT



Many common digestive dysfunctions that plague us today have their roots in a nerve that is gaining attention within the world of scientific research, yet the average person doesn't know it exists. It is called the vagus nerve, and it plays a role in everything from heart health to digestive system support to inflammation to emotional behavior.

Vagus is the Latin word for “wandering”, an appropriate description for a nerve that extends throughout most of the visceral system. It is the 10th cranial nerve and the largest parasympathetic nerve of the autonomic nervous system. The *vagus* nerve begins in the medulla oblongata of the brain stem and then extends through the cervical, thoracic and abdominal regions of the body, innervating most organs from the neck to the transverse colon, with exception of the adrenal glands. (1)

The *Vagus* nerve has both motor and sensory functions. Sensory neurons make up a 70-80% majority of the CN10 nerve fibers, sending sensory information from our tissues to the central nervous system. Some of its sensory functions include: A) **general sensory**: innervation of the skin behind the ear, part of the external ear canal, dura and posterior cranial fossa; B) **visceral sensory**: information from the larynx, esophagus, lungs, trachea, heart and most of the digestive tract; C) **special sensory**: a small role in the sense of taste near the root of the tongue. The *vagus* nerve also regulates **visceral motor** function through parasympathetic fibers from smooth muscles including: a) muscles of the pharynx (swallowing), larynx (speech), and the soft palate (the fleshy area near the root of the tongue which initiates the gag reflex); b) muscles of the heart—helping to lower the resting heart rate; c) stimulating involuntary contractions in the digestive tract including the esophagus, stomach and most of the intestines – allowing food to move through the tract. (2)

It is now known that the *vagus nerve* – CN10, has a considerable number of functions far beyond what was initially thought. The following will

continued on page 23

THE VAGUS NERVE AND OUR DIGESTIVE TRACT

continued from page 23

focus on how the vagus nerve impacts our digestive system, and how massage therapists can utilize this nerve in their practice.

VAGUS NERVE AND THE ENTERIC NERVOUS SYSTEM

Understanding the function of digestion requires knowledge of another nervous system, *the enteric nervous system (ENS)*. This nervous system consists of two nerve plexi embedded in the wall of the entire gastrointestinal tract (esophagus to anus). The *submucosal plexus* regulates gastrointestinal blood flow and controls epithelial cells lining the lumen and its microbiota (trillions of microorganisms within gastrointestinal tract). Second, the *myenteric plexus* regulates relaxation and contractions of the intestinal wall muscles. (3)

The ENS is described as “the second brain” due to its similarity to the brain in reference to its structure, function and chemical coding. (4) ENS neurons are also in close contact with cells of the innate and adaptive immune system, regulating responses to foreign antigens and inflammation.

BRAIN-GUT-AXIS AND HYPOTHALAMUS-PITUITARY-ADRENAL (HPA)

How does information from the gut make its way back to the brain: the VAGUS NERVE!!! Let’s follow the signal: the ENS nerve endings within the lumen of the digestive tract report on the homeostasis of its system via the cholinergic neurochemical transmitter, activating nerve endings of the *vagus* (AFFERENT) sensory nerve. Signals travel fast, with many possible interconnections along the way. Connections are made among the ENS (enteric), ANS (sympathetic/parasympathetic *vagus* nerve), other organs (adrenals), spinal cord, brain stem and higher brain centers (hypothalamus, pituitary). Communication between

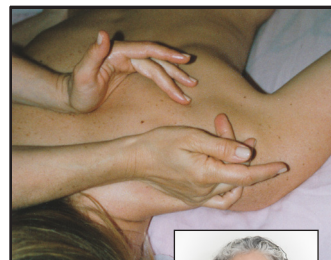
the *vagus* nerve and the Hypothalamus-Pituitary-Adrenal tract impacts regulation of the body’s digestive, immunological and hormonal functions.

Environmental stress influences the gut’s microbiota - the trillion microorganisms within the gastrointestinal tract. The microbiota is a potential key modulator for both immune and nervous systems. Constantly confronted with food antigens and possible pathogens that present risk factors for inflammation, the first line of defense goes into action. Appearance of the pathogenic organisms activate innate immune cells within the mucosal lining of the gut to produce neurochemicals (cytokine) that mediate local and systemic inflammation. The *vagus* nerve responds to these increased neurochemicals, along with the mechanical distension of the muscular wall of the stomach and neuronal signals. Once the brain receives the information, responses sent along the vagal efferent fibers synapse onto the enteric nerve receptors providing immediate modulation (reduction of cytokine and increase of macrophages) to the affected area of inflammation. Research is now providing evidence that nutritional components (probiotic and gluten),

as well as drugs and antibiotics have a significant impact on vagal nerve activity.

WOW!!! GOOD INFORMATION TO KNOW...NOW WHAT??

It is clear that our digestive health is dependent upon healthy vagal tone. How can we as massage and manual therapist contribute to our own vagal tone and help our clients to do so as well? Visceral manipulation of the organs of the digestive system stimulates the fascia environment surrounding the organs, stimulating nerve receptors within the fascia, including the *vagus* nerve receptors. Gentle yet specific techniques mobilizing the muscular wall of the digestive tract also stimulate the nerve receptors within these muscles. Energetic techniques can influence a nerve plexus, contributing to the homeostasis of the autonomic nervous system. The diaphragm, which is innervated by the *vagus* nerve, can be utilized through simple deep/slow breathing techniques, influencing vagal tone. And there is so much more!! Hopefully I have stimulated your curiosity about this marvelous CN 10, the *vagus* nerve!!



aohmassage
art of holistic massage

AOHMassage Week-Long Intensive 34 CE's \$600 (reg \$700) Discounted

By Demand at FSMTA Convention 2019
Includes AOHM Foundation 1-3 & AOHMassage 1&2
(5-Element, Meridians, Reflexology, Massage), Guest Speakers.

www.AOHMassage.com

August 10-14, 2020 Naples FL

Can drop in for any class if already done previous class or **ON-LINE** class.

WEBINARS AVAIL FOR ALL CLASSES

Comprehensive, Hands-On & Webinar
Alvina Quatrano, L.M.T. MA 50896
Provider # 50-9777, NCBTMB 451544-11
732-266-5276



80 YEARS OF SUCCESS

THANKS FOR MAKING OUR 80TH ANNIVERSARY AND THE
2019 CONVENTION & TRADE SHOW A GREAT SUCCESS

80TH ANNIVERSARY



1939 - 2019

2019 FSMTA Massage Convention Volunteers

To have a successful convention, you must have a cohesive team of volunteers. They are truly the heart and soul of any organization. We are grateful for all of the 2019 volunteers. Our gratitude goes out to the 2019 FSMTA National Massage Convention volunteer team for donating their time, energy and going the extra mile.

Tammy Mead
Victoria Santos
Teresa Myers
Trista Hobbs
Christopher Dufourcq
Justice Cox
Jon Spears
Shakandace Malone
Kristy Lopez
Olga Vazquez
Dora Godbersson
Hayes Rousan
Linda Endy
Linda Jones
Dana Dreyer
Abrahan Parades
Angel Deacon
Jocelyn Daniels
Katherine Souder
Deborah Owen
Bette Vetter
Wayne Kramer
Daniel de la Garza
Katherine Schweitzer
William Tigner
Maryann Zeitler Williams
Arlene King
Michelle Caraway
Gloria Jenkins
Eve Erskan
Lori Mears
Erin Sheehan-Edwards
Spring Francoeur
Anselmos Reyes
Cheryl Schuette
Ingrid Swailes
Noah Kopsho
Thomas Teachworth
Joe Williamson

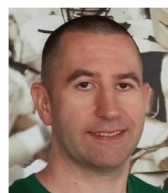
All Chapter Presidents
and Sub-committee Chairs

Convention committee members
that volunteer all year long:
Mary Koontz, Convention Chair
Lydia Smith, Volunteer Captain
Donna Demilt, Hospitality Captain
James Fritschle, Registration Captain
Crystal Howard, CE Monitor Captain
Rebecca Pollock, Education Chair

Executive Committee Members:
Joyce Prahasky, Executive President
Adrian Morrell, Executive 1st Vice President
Lloyd List, Executive 2nd Vice President
Krystal Haworth, Executive Treasurer
Kathryn Holcomb-Kirby, Executive Secretary



**LORI
MEARS**
Central FL



**STEPHEN
THOMPSON**
Central FL



**JAMES
FRITSCHIE**
Emerald Coast



**JULIE
SCHELLING**
Emerald Coast



**ANITA
BENEDICTUS**
Mid-Atlantic



**BETH
RUPP**
Palm Beach



**LESLI
LOPEZ**
Palm Beach



**EDWIN
HOOPER II**
Sarasota/Manatee



**SANDRA
ATCHINSON**
Sugar Dunes



**VON
KELLER**
Sugar Dunes



**JUDY
PRICE**
Sugar Dunes



**JOE
WILLIAMSON**
Tampa Bay

2019 CHAPTER AWARD WINNERS

CENTRAL FLORIDA CHAPTER

Lori Mears, LMT of the Year
Lori Mears, Outstanding Chapter Service
Stephen Thompson, Sports Massage Therapist

EMERALD COAST CHAPTER

James Fritschle, LMT of the Year
Julie Schelling, Outstanding Chapter Service
James Fritschle, Sports Massage Therapist

MID-ATLANTIC CHAPTER

Anita Benedictus, LMT of the Year

PALM BEACH CHAPTER

Beth Rupp, LMT of the Year
Lesli Lopez, Outstanding Chapter Service

SARASOTA/MANATEE CHAPTER

Edwin Hooper II, LMT of the Year
Edwin Hooper II, Outstanding Chapter Service

SUGAR DUNES CHAPTER

Sandra Atkinson, LMT of the Year
Von Keller, Outstanding Chapter Service
Judy Price, Sports Massage Therapist

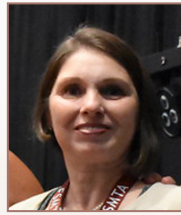
TAMPA BAY CHAPTER

Joe Williamson, Sports Massage Therapist

**FSMTA 2019
NATIONAL
MASSAGE
CONVENTION
SPONSORS &
EXHIBITORS**

- abacushp.com
- ablissoutheast.com
- massagecupping.com
- acucups.com
- apexbodyworx.com
- asteeza.com
- sacrowedgy.com
- bananabagdrink.com
- biotone.com
- dolphinmps.com
- comfortcraft.com
- cryoderm.com
- customcraftworks.com
- firstalternativetherapies.com
- fsmtb.org
- craniosomatics.com
- happyfeet.com/largo-store
- himalayansaltusa.com
- historyofmassage.com
- makamicollege.com
- massagewarehouse.com
- mastermassage.com
- performancehealth.com
- premierushemp.com
- primekinetix.com
- ishoppurium.com
- qbcryystals.com
- rapidfirerelief.com
- rapidreleasetech.com
- relaxsaunas.com
- robinsnestbodyworks.com
- silouettone.us
- simplyearth.com
- structuralenergetictherapy.com
- supsleep.com

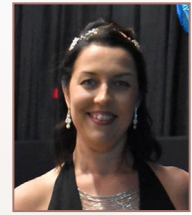
2019 NATIONAL AWARD WINNERS



Lori Mears, National Outstanding Executive Service



Lydia Smith, National Outstanding Executive Service



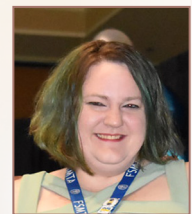
Shaunna LeMasters, National Outstanding Executive Service



Crystal Howard, National LMT/Practitioner of the Year



Ian McIntosh, President's Award



Krystal Haworth, President's Award

Photo Not Available at Time of Publication



Kathy Souder, President's Award



Jane Kordish, National Sports Massage Therapist of the Year

Robert Serafine, National Sports Massage Therapist of the Year



Russell Haworth, John Mahoney Award



Emerald Coast Chapter, National Sports Team of the Year



Diane Forrester, Ambassador Award



Jodi "Journey" Schulman, Humanitarian Award





Introducing our...

NEW POLICY BENEFITS

PROTECT YOURSELF, YOUR EMPLOYEES, AND YOUR PRACTICE!

- **\$2 Million / \$6 Million**
Professional Liability
- **\$2 Million / \$6 Million**
Personal & Advertising
- **\$2 Million / \$6 Million**
Premises Liability
- **\$100,000 / \$100,000**
Fire Liability
- **\$10,000 / \$10,000**
Product Liability
- **\$2,500 / \$5,000**
Medical Expense coverage
- **\$500 / \$10,000**
Loss of Earnings coverage



**UP TO 10 ADD'L
INSURED FOR
FREE!***

**HOT STONES
INCLUDED FOR
FREE!***

ONLY \$109 PER YEAR

COVERS ALL MODALITIES!*

You MUST be an FSMTA member to qualify. JOIN TODAY!

* All modalities are covered as long as they are in the scope of practice for massage in the state that you are licensed and practice. For Hot Stone coverage you will still need to complete the questionnaire in the application. Additional Insured (establishments you work for) should be completed during the application process.

*"FSMTA is Dedicated to Serving Massage Therapists
Across the Country, Upgrading, and Bringing
Long-Overdue Credibility to Our Profession."*

Learn more today! Call or go online...

(800) 500-3930

www.fsmta.org

