



# *The* RMTBC REVIEW

*Massage Therapy in BC*

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THERAPY'S ROLE IN A  
CHANGING WORLD

FALL/WINTER ISSUE 2020

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RMT Magazine is published twice a year for Registered Massage Therapists (RMTs). It provides a voice for RMTs and acts as a source for the latest research. It is a vehicle for the general population to understand and respect the valuable work of RMTs. Funding is provided by the RMTBC and through advertising revenue.

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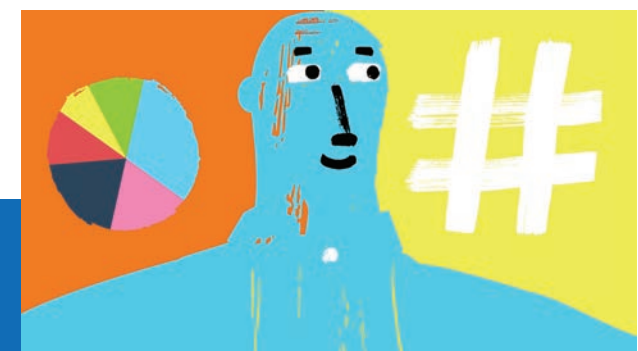


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# THE ROAD TO REGULATION

*The Road to Regulation in Manitoba continues to be an arduous process.*



Our Q & A with the Manitoba Massage Therapy Association, October 2020.

In 2014, the government of Manitoba passed the Regulated Health Professionals Act which was intended to bring all regulated health professionals under one umbrella act. However the Manitoba Massage Therapy Association did not have a pre existing regulation to transition into the Regulated Health Professionals Act and it was the only profession in the province that had no legal Act to protect the public and hold massage therapists accountable to a consistent standard. To remedy this, the Manitoba association applied for self regulation which was granted by the Minister of Health, Seniors and Active Living in 2015. Since that time, the Association has been working with Natural Health Practitioners of Canada (as directed by the Minister of Health) to address the Ministry’s questions.



Tricia Weidenbacher is the Executive Director of the Manitoba Massage Therapy Association

Numerous meetings, discussions, workbooks and drafts ensued over the next five years and the Association is still no closer to regulation much to the frustration of their members and staff. We spoke with Executive Director Tricia Weidenbacher on the challenges the Association has faced trying to finalize the regulation process.

## How long have you been personally working on this (and how long have you been the ED of the association)?

I started working for MTAM as the Education and Event Manager 2013-18. I’ve been ED since August 2018. I also still hold a practicing RMT membership with MTAM although most of my time is spent working for MTAM.

MTAM has been working toward regulation informally since our incorporation in 1973 when our founding member Peter Stachnyk recognized the need for minimum standards of training and ongoing professional development.

In the early 2000’s we implemented standards of practice and a continuing competency program that emulated that of British Columbia and Ontario. We felt that taking those proactive steps would help our chances of becoming approved for self-regulation. In 2014 MTAM formally applied for self-regulation under the RHPA and that application was approved in 2015. To say we’ve been waiting a long time would be an understatement.

## 2. What have been the biggest obstacles and challenges? (for the association and if you are comfortable saying for you personally)?

For both the association and myself - Currently the biggest challenges caused by our lack of regulation is the impact on situations like COVID-19, trying to prepare members for a regulated environment with no concrete timeline, and continuing to deal with public concerns resulting from misleading advertising and practice of non-RMTs/under-qualified practitioners.

## 3. Are you (the association) optimistic that regulation will be achieved in the near future?

We are staying optimistic and continue to advocate for quicker inclusion under the RHPA. The pandemic has highlighted several reasons why the profession needs

regulation sooner rather than later. We hope that it will create more pressure for the government to act faster.

#### 4. How has COVID impacted the process?

It has slowed things down for sure. The Government of Manitoba is very focussed on the pandemic.

On positive note, we've had many opportunities this year to talk about our lack of regulation. The media has frequently asked about the challenges in our profession due to the pandemic. This has allowed us to continue to raise awareness of our lack of regulation and the impact that it's had.

The public needs reassurance that the practitioner they're seeing is a qualified RMT who's following consistent standards of practice and code of ethics. Without regulation there is no consistency and no single place to go if they have a concern or complaint. There are multiple associations in Manitoba representing RMTs. The potential for widely varying standards of practice and guidance during the pandemic is high.

We've also found that being considered Health Professionals under the current public health orders but not being a regulated health profession appears to have impacted the way the government communicates with us. The regulatory colleges may not get a lot of information but they have received more healthcare specific communication than the massage therapy profession has.

Many of our questions and concerns had to go through the general public channels. The people on the other end did their best to respond but they were not aware of the variety of work massage therapists do, the different settings we work in and why we would have the questions that we needed answers for.

Even when we were able to speak with a public health official they were often unsure of how to apply a public health order

to a health care profession that is in line to be regulated but not yet regulated.

#### 5. Who currently investigates complaints or concerns from the public?

Each association has their own complaint process. Again - the standards and processes vary. MTAM is only able to address complaints pertaining to our members. Complaints involving other individuals are directed to the appropriate organization (if known) or to the Consumer Protection Office which is not equipped to manage health care related complaints. We also direct the public to email their concerns to the Manitoba Minister for Health, Seniors and Active Living. We feel it's important for them to know about concerns and complaints that may be going unaddressed.

#### 6. The website mentions that there will be new regulation updates and education sessions forthcoming (this was in January 2020 - pre COVID) – can you comment on this and give us some additional information?

Even without a concrete timeline from the government, there is professional development that we can and have been working on with our members. We want them to be prepared for what working in a regulated environment may look like. We can use examples of other regulatory acts within Manitoba as well as the Massage Therapy Acts in the regulated provinces as guidance.

We've also been holding regular regulation updates to make sure members are aware of our history and path toward regulation, the coming steps that we are aware of and what is still unknown.

Other courses that we offer are not specific to regulation but help members refresh their knowledge of best practices in a variety of areas (professional boundaries, charting, draping, marketing & advertising, etc).

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# TAKING CARE OF THE CAREGIVERS: MASSAGE FOR HOSPITAL WORKERS



By Martha Brown Menard, PhD, LMT | November 1, 2020  
This article was published by the [Massage Therapy Journal](#), winter 2020 and is being  
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*Massage therapy has long been known for its physical and mental health benefits. Now, those benefits are helping some front-line hospital professionals deal with the stress and anxiety of working through a global pandemic.*

If you had asked anyone in January 2020 if by March most of the world would be considering broad shutdowns due to a global pandemic, I'm not sure many would have answered "yes." Of course, there were some, like medical researchers and health care professionals, who warned that we were due for a virus like COVID-19. But for many people, everyday life seemed to abruptly stop, as coping with and halting the virus required increasingly stringent rules and guidelines on business and social gatherings.

For front-line hospital workers, however, the exact opposite happened. Their lives not only didn't stop, they shifted into overdrive as more COVID-19 cases were diagnosed, and hospitals started preparing for hitting—or exceeding—capacity. In a profession that's already stressful, some health care workers are now quickly learning about the new virus, all while treating COVID-19 patients and coping with the emotions of losing some of these patients. Finding ways to cope with stress, anxiety and pressure inherent in the health care profession—especially for hospital workers on the front lines—is an absolute must for both mental and physical well-being. Fortunately, hospital workers are finding good sources of support from an allied health care profession: massage therapy.

## Putting Front-Line Hospital Workers First

Shawnee Isaac Smith started The Heart Touch Project 25 years ago—at the height of the HIV/AIDS epidemic—to bring compassionate and therapeutic touch to suffering patients, eventually developing a curriculum for massage therapists interested in the work. When the HIV/AIDS epidemic slowed, the organization adapted its mission to provide touch to other vulnerable patients, including critically ill infants, hospice patients and elderly clients. Today, Heart Touch trains massage therapists and health care providers in exchange for their commitment to volunteer therapeutic touch services for one year in a health care setting.

"Now, as we face the health crisis of the COVID-19 pandemic, Heart Touch is uniquely poised to make an impact on the health—and the hearts—of our friends and colleagues in the health care community," explains Hannah Hall, chief operating officer of The Heart Touch Project in Santa Monica, California. "Our massage therapists, trained in COVID-19 safety protocols, are ready to help reduce the mental and physical exhaustion of our health care heroes with care, compassion and confidence."

The exhaustion and strain front-line hospital health care workers face can be overwhelming and, oftentimes, hit from all sides: They worry about their patients, their own family members who may be sick, as well as keeping themselves safe. "Providers are facing debilitating questions like, 'What if I get COVID-19?', 'What if I bring COVID-19 home to my family?', 'How am I going to tell my patient's family members their loved one is dying?', 'Could I have done more?'" Hall says. "Hospital workers are looking for outlets to assist in pushing these thoughts aside for a second. Massage therapy provides an outlet for these caregivers to slow down, relax and quiet their thoughts so they can return to treat their patients with a clearer mind and heart."

Spas and other massage therapy practices are also taking notice—and taking care—of front-line hospital health care workers. "We watched with amazement how the health care professionals put themselves at risk, how they willingly chose to care for others despite those risks, and we knew that we wanted to support those real heroes," explains Theresa Armour, co-founder and co-owner of Burke Williams Day Spa in Inglewood, California.

That support came in the form of a One-to-One initiative, where, for every gift card purchased or membership renewed, the spa committed to providing a 50-minute massage or facial to a front-line health care worker. To date, Burke Williams has provided 14,000 health care workers with massage therapy and other services. "There is a palpable sense of mental and physical exhaustion from each individual," notes Dana Buchman, chief marketing officer for Burke Williams. "It has been heartwarming to hear their stories and to know that we're able to provide a restful place, but also important therapy for their minds and bodies after such a stressful time."



Massage Addict, based in Canada with locations across Canadian provinces, matched gift card purchases up to \$100,000 for nurses to be able to enjoy the benefits of massage therapy. “We are a company that, on a daily basis, helps people manage pain, stress and anxiety,” explains Fraser Clark, the company’s chief executive officer. “It seemed fitting that we incorporated this into the way we honor front-line health care workers, specifically nurses.”

This same spirit of generosity and compassion—a sincere desire to help relieve stress and anxiety in hospital health care workers who are tirelessly working to stop COVID-19—spread throughout the massage therapy community.

Greg Robertson, owner of Massage Envy locations in Hillsborough, Flemington and Princeton/Lawrenceville, New Jersey, donated \$78,000 in free massage in partnership with Hillsborough-area hospitals and an additional \$65,000 to hospital staff in Flemington and Princeton. Following his lead, all 45 Massage Envy locations in New Jersey adopted the program and are working with area hospitals to provide free massage to hospital workers.

The Metropolitan Spa in LaCrosse, Wisconsin, donates a free massage to a local health care professional for every \$100 gift card sold, partnering with Gunderson Health System and the Mayo Clinic Health System to find hospital staff that will benefit from the effort. In Northbrook, Illinois, Leslie Lee of Hand & Stone Massage and Fascial Spa donated more than \$6,000 in gift cards to local health care workers, the result of members agreeing to keep or renew their membership while the spa closed during the first months of the pandemic. Many members also donated the unused packages they had left on their memberships.

Spavia locations across the U.S. are donating spa treatments to front-line hospital workers, with many owners, like Paul Groshko in Chicago, personally matching donations. “I hope we can alleviate their stress,” he says in a statement released by Spavia. “I know we can renew their bodies and their spirits in the little ways that are made possible during a session here at Spavia. We want to be able to provide an exceptional experience for them, and to help our front-line individuals come back stronger and healthier than ever.” To date, 551 spa treatments and gift cards have been donated across 15 Spavia Day Spas.

Putting the Human Back in the Hero

When you watch health care professionals show up day after day in situations that would make you feel nervous and afraid, it can be easy to forget that they’re people, too, with the same emotions as everybody else. “Health care providers are dealing with society’s projected persona that they are superhuman heroes who can withstand the endless pressure in extreme conditions,” Hall says. “And that’s simply not true. Although they’re incredibly strong, health care workers are human beings with emotions and struggles.”

Lindsey Burrell, an ICU nurse at the Providence Little Company of Mary Medical Center in Torrance, California, describes her experience working in the pandemic environment as both physical and emotional. “In the beginning, I spent a lot of time trying to cope with the mental game that I was battling. The biggest challenge was interacting with human beings and my family and trying to put aside my anxiety,” she explains. “We health care providers are strong, but we are human beings, we have feelings and we’re affected by what we are seeing.”

Burrell receives massage therapy through The Heart Touch Project and says afterward she feels like a whole new person, more focused and composed. “I think that people in health care should rely on massage more,” she says. “We need to take time for ourselves to have that moment to just relax. You cannot provide excellent care if you have not taken care of yourself.”

Jennifer Sudarsky, M.D., lead physician at the Los Angeles County Quarantine and Isolation Site in Pomona, California, also receives massage through The Heart Touch Project. “After a massage, I sometimes feel tearful and elated, but mostly, I just feel the love and I want to spread it around,” she says. “I feel loved and feel loving. Can it get better than that?”

Staying Connected in the Community

Along with most people, many massage therapists are wondering what the future of their profession will be when COVID-19 is contained. Helping reduce the emotional and physical fatigue experienced by hospital workers on the front lines is one way massage therapists are staying connected to their profession, one another and people who benefit from massage therapy. “It’s sometimes the small gestures that are the most helpful,” Clark says. “We are in this together, and we’ll come out of this together.”

Don’t Lose Yourself: Self-care for Massage Therapists

“Massage therapy is a helping profession that attracts compassionate people who want to make a difference in the lives of others,” says Hannah Hall, chief operating officer for The Heart Touch Project in Santa Monica, California. “The massage therapists who we’ve spoken to are relieved by the opportunity to work and help people during this time.” That doesn’t mean, however, that you don’t need to be careful and cognizant of your own health and well-being—both physically and emotionally.

The Heart Touch Project, for example, provides training on safety protocols to massage therapists working in their program who are going to work in hospitals. “The curriculum covers basic requirements, such as CDC guidelines about COVID-19 spread and symptoms, cleaning and sanitizing requirements, symptom screenings, clothing and proper PPE requirements and handling of linens, among other things,” explains Hall. “All therapists must be tested for COVID-19, observe social distancing and safety precautions in their personal lives, and be in good health to be considered for a position with us.”

Most massage therapists working with health care workers on the front lines of COVID-19 will rely on their self-care habits for emotional well-being, too. Be sure to take time for the self-care practices that help restore your physical and mental balance, like yoga or meditation, for example. Also, know your limits, and don’t be afraid to take time away if you’re feeling overwhelmed or an increase in your own stress and anxiety.



## SPOTLIGHT

# THE CANADIAN HEALTH COALITION & COVID-19

*“We must renew our commitment to a system based not on profit, but instead on the shared belief that health care is a human right.”*

For forty-one years, the [Canadian Health Coalition](#) has been working to protect and improve public health care in Canada as a coalition of health care workers, seniors, unions, community organizations, faith-based organizations and academics, as well as affiliated coalitions in the provinces and one territory.

The Canadian Health Coalition was founded in 1979 out of a deep desire to keep our health care system public and universal. They have continued to work for these goals ever since and are proud to see public health care as one of Canada’s greatest social equalizers.



**Pauline Worsfold, RN, Chair  
Canadian Federation of Nurses Unions**

Pauline is a staff nurse in the post-anaesthetic recovery room at the University of Alberta Hospital in Edmonton, Alberta. She has held the elected position of Secretary-Treasurer for the Canadian Federation of Nurses Unions since 1999. Pauline has received several awards for exemplary commitment and contributions to the community and union. Pauline takes part in an annual medical mission with the Canadian Association of Medical Teams Abroad in Quito, Ecuador, providing orthopedic surgeries to children and adults who could not otherwise afford treatment.

“WE SHOULD BE STRENGTHENING  
UNIVERSAL HEALTH CARE AND  
OUR COLLECTIVE ABILITY TO CARE  
FOR ONE ANOTHER”

Chair of the Canadian Health Coalition, Pauline Worsfold states:

“Now more than ever with the current pandemic and the economic downturn, we need to work together to improve and expand public health care. We need a universal, public health care system that puts patients before profits, that prioritizes the health of everyone living in Canada and that honours and respects the principles of the [Canada Health Act](#).

We cannot allow this crisis to be used to dismantle universal, public health care in Canada. Instead, we must renew our commitment to a system based not on profit, but instead on the shared belief that health care is a human right.

The COVID-19 pandemic has laid bare the extent to which our individual health is dependent on the health of everyone in our community. Public healthcare is our best defense against this crisis and others like it. However, our ability to endure crises and care for each other has been eroded through decades of austerity budgets, privatization and inadequate planning. Even during ‘normal times,’ the health care system is at capacity.

While health care workers and communities are struggling to support each other, corporate interests are trying to profit. This must be resisted. The solution is not privatization. Instead, we should be strengthening universal health care and our collective ability to care for one another.”

The Canadian Health Coalition advocates to:

- Address existing health inequities by removing barriers to access and scaling up services for marginalized communities
- Restore capacity in our public hospitals by reopening facilities and beds that have been closed due to funding cuts and downsizing, and expand capacity under public and non-profit hospital governance
- Follow the lead of Spain and bring for-profit health care facilities under public control to enable a rapid and streamlined response in the public interest
- Improve supports for health care workers, including by adopting the strongest protective standards, enhancing recruitment and retention, and giving workers the resources and equipment they need
- Ensure that all services are available free of charge and delivered publicly, including testing, vaccination, hospital stays and telehealth.

Additional information on the Canadian Health Coalition can be found on their website at [www.healthcoalition.ca](http://www.healthcoalition.ca).



# HOW THE PANDEMIC CAN STRENGTHEN OUR COMMUNITIES

Volunteering can also be an excellent way to network and build your practice. The opportunities to offer your services are many, but perhaps the following list may provide some inspiration.

- **Local hospitals and hospices**
- **Seniors facilities & retirement communities**
- **Long term care homes**
- **Rehabilitation centres**
- **Sports events and organizations**
- **Health care fairs/expositions**
- **Fundraising events such as walks bike races / marathons**
- **Veterans gatherings**
- **First responders and your fellow health care workers**
- **Non profit performing arts organizations**
- **Homeless shelters**
- **Animal shelters**





# Being Vulnerable

*By Laura Bryant-Earner via Healwell*

When I began my training in palliative and end-of-life care, I watched peers laugh and roll their eyes about the inevitable question, “How can you do that kind of work?” Inwardly, I chuckled to myself because I knew that the people in my life would never ask me that question. Yes, I know – silly me. The first time that someone asked me that question and had that... well, croggled look on their face after I told them that I work with chronically ill and dying people, I was unprepared to answer. With the progression of time, that answer has ranged from “Because I can,” to “I am suited to it,” to “I like it.” None of those are very satisfactory to me and so I continue to contemplate the answer to that question.

For a while, I settled on “I appreciate the vulnerability of the people that I massage.” To some extent, I think this is part of the appeal of this work. When someone is wracked with pain and asks me to ameliorate it or a woman who had a mastectomy allows me to work with her scars, I am honored and humbled to partner with them for that hour. I have had the joy of massaging a dying child in the hospital setting who was clearly in the mood to play and proceeded to massage my head and give me a fabulous hairstyle while I rubbed her back. I have also worked with people who were clearly hurting, be it physically or emotionally, and chose not to verbalize what they were feeling with me. Were these people any less vulnerable for not vocalizing how they felt?



The Japanese language has two words that are sometimes misunderstood but are convenient for discussing how humans compartmentalize our interactions with others: tatemae 建前 and honne 本音. Without going down a cultural and linguistic rabbit hole, tatemae is often translated as “façade” or “public stance.” Tatemae is when someone asks us how we are and we answer, “Fine!” as we internally wail like a three-year-old who’s been told they can’t have dessert before dinner. Conversely, honne is “true opinion” or “true feelings.” It is what we express to those whom we feel comfortable or safe with, like family or friends.

As the novel coronavirus pandemic continues, I have noticed the tendency of people to express tatemae rather than honne. As with other trends during this time, we all seem to



be in lockstep with our disbelief, our anger, our persistence in keeping it together. We are tired. And sad. I reached the point a few weeks ago when I had just had enough. I took the day off and cried. Yep. Sat on the couch and leaked tears the whole day. This wasn't so unusual except that I shared this experience with a co-worker. Which for me... was unusual. I expressed the relief that I felt in finally being able to cry. And that co-worker nodded in compassion and accepted me in my vulnerability.

*“RMTs need to be aware of psychosocial factors and how these can influence patients’ barriers & facilitators to recovery.”*

The Trappist monk Thomas Merton said, “The whole idea of compassion is based on a keen awareness of the interdependence of all these living beings, which are all part of one another and all involved with one another.” Perhaps my vulnerability is what I find appealing in this work that I do, facing the possibility of sickness and certainty of death. Vulnerability and compassion are things that all humans share, just like dying. Being part of the human family,

interdependent with those I massage is not what I learned in massage school but it is what I have learned from the people I massage. I am still working on an answer but I think I am getting closer to why and how I can do this work.



**Laura Bryant-Earner**

Laura Bryant-Earner is Healwell’s Service Director, an instructor and a licensed massage therapist. Before entering the world of massage, Laura taught English in high schools and universities in Japan for 19 years. Upon returning to America, she graduated from massage school in the spring of 2018. It was in school that she heard of something called “oncology massage” and felt drawn to it. Passionate about learning, Laura continued her advanced training in the fields of oncology massage, scar tissue manipulation and manual lymph drainage. She provides massage in a variety of settings including hospitals, palliative and hospice programs, and private practice. Because of her own massage experiences, Laura appreciates how massage can play a supportive role in health care and the journey that is being human.



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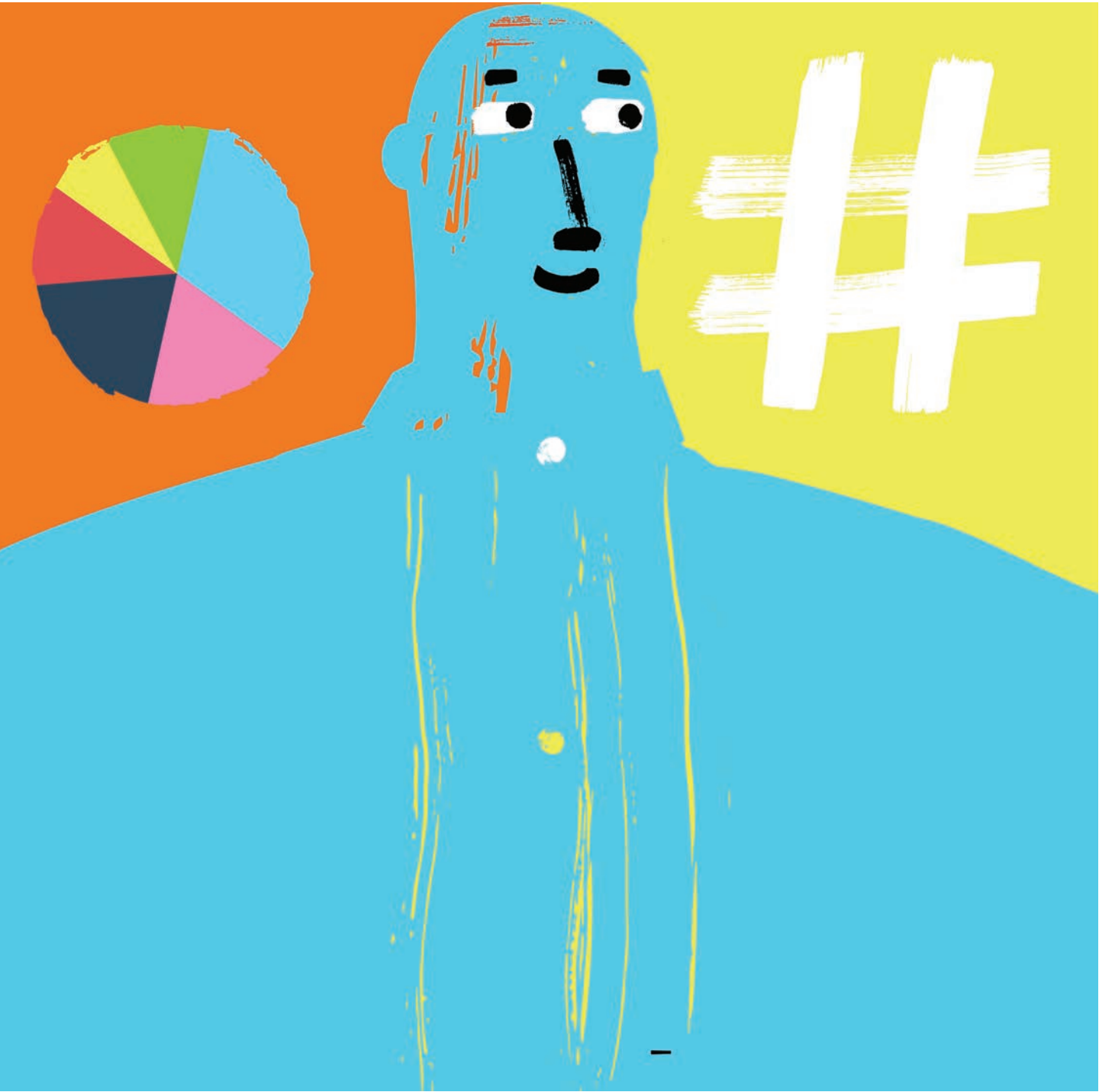
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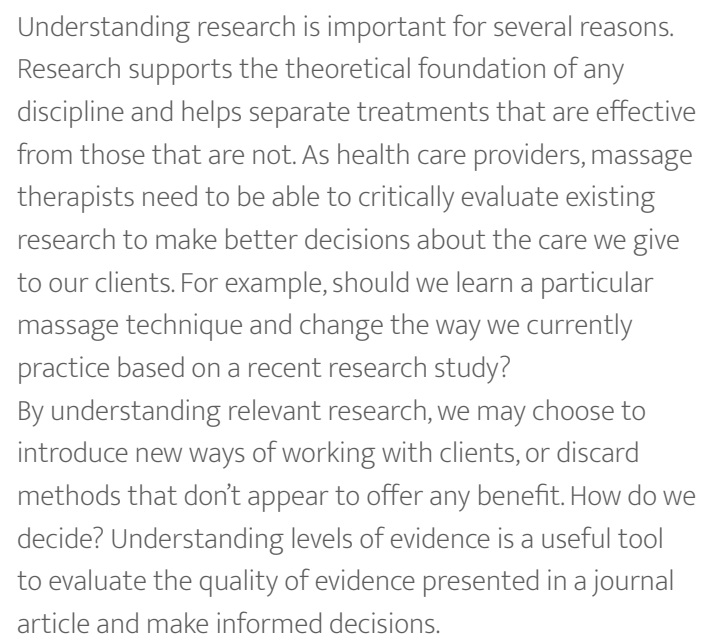
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# THE NON-SCIENTIST’S GUIDE TO RESEARCH

*Understanding levels of evidence and the evidence circle*







In many kinds of health care research, we want to know whether a certain treatment (cause) is responsible for a particular outcome (effect). For example, does massage help premature babies gain weight? What factors (cause) contribute to developing an illness or promoting health (effect)? In critically evaluating a journal article, we are assessing the evidence that the authors/researchers have presented. How well have they argued their case that this treatment or factor is responsible for or associated with that result?

Within the research community, there has traditionally been a hierarchy of weight based on the strength of the association between cause and effect that particular designs incorporate. The relative strength of each design is thought of schematically as a pyramid shape, with studies that provide weaker degrees of evidence at the bottom and the strongest designs at the top.

Early literature on effects of massage were largely based on Level 5, mechanism-based reasoning, and over the last 30 years, a number of controlled studies have validated many of these. Case reports are usually considered Level 4, and can include the before-and-after treatment design, with the “before” considered a historical control. These types of studies can be used to note associations between events and to generate testable hypotheses.

Level 3 includes the cohort study and nonrandomized controlled trial, which do not employ random assignment to a group. In Level 2 studies, the inclusion of random assignment, where some participants receive a treatment, are then compared to others who receive a different intervention (or no intervention). These types of experimental studies provide a stronger link between cause and effect; in these, the investigator is systematically testing hypotheses that a specific intervention has a specific result. This model works well for pharmaceutical studies, but is less well-suited to complex interventions like massage therapy.

Meta-analyses and systematic reviews (Level 1) are evaluations of groups of studies on a specific research question. By combining studies and then assessing them as a group, the authors can evaluate the weight of the evidence as a whole on that question. However, the studies included in these type of reviews must be similar enough in their design and outcome measures, such that it makes sense to combine them in a meaningful way. All too many of these conclude that there are simply not enough high-quality studies to evaluate, and that they cannot reach a conclusion—not enough evidence. Too often, lack of evidence is confused with lack of benefit.

One alternative to the evidence hierarchy or pyramid, especially for complex interventions like massage, is what Harald Walach refers to as the evidence circle.

In this model, different types of studies are viewed as complementary to each other rather than stronger or weaker, only on the basis of linking cause and effect. In this model, well-designed, descriptive, qualitative studies have value and can provide insight into a randomized controlled trial. This multiplicity of approaches, using different study designs to counterbalance the strengths and weaknesses of individual studies, is a rigorous yet practical and more nuanced way to assess the benefit of therapies like massage, while still promoting evidence-based health care.

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- Dec 5 - 6, 2020

- Apr 10 - 11, 2021

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*\*This is a Lab Class. Pre-requisite is a 1-Day VM1-VC  
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