



# *The* RMTBC REVIEW

*Massage Therapy in BC*



SPRING/SUMMER ISSUE 2023



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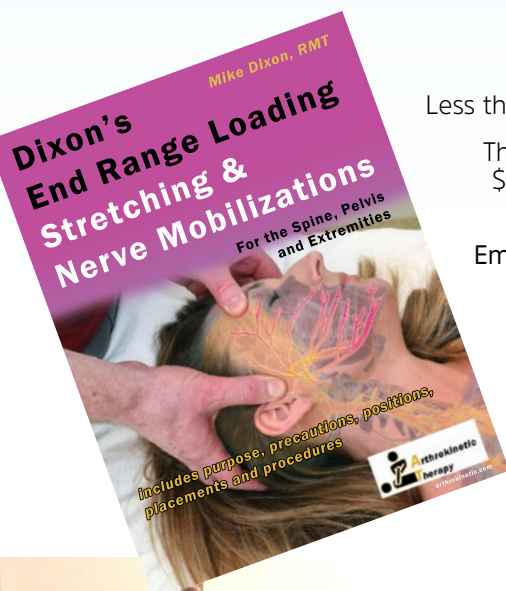
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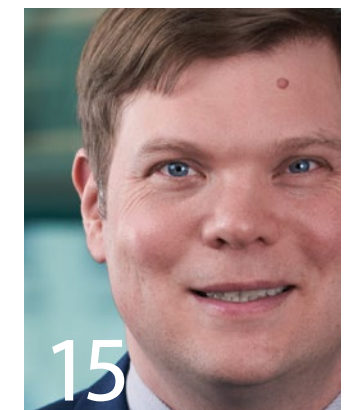
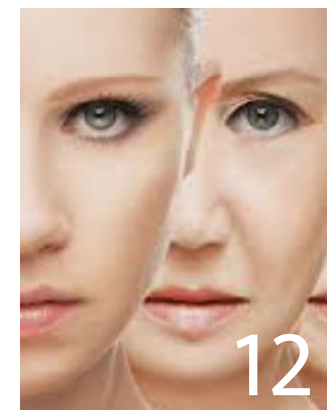
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RMT Magazine is published twice a year for Registered Massage Therapists (RMTs). It provides a voice for RMTs and acts as a source for the latest research. It is a vehicle for the general population to understand and respect the valuable work of RMTs.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

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# ENERGY DYNAMICS & MASSAGE THERAPY

By David De Camillis & co-author Hannah Justine Hyunah Kim



David De Camillis, DC, DACBR, FCCP(C), Dip. MDT

Dr. Dave has been a practicing chiropractor since 1977 and made his big discovery in 1999. He continues with his research and teaching with various professions worldwide. Find out more about this on his website: [drdavedecamillis.com](http://drdavedecamillis.com)



Hannah Justine Hyunah Kim has a passion and interest in Healthcare. Hannah is currently working as a clinical assistant and researcher with Dr. De Camillis.

A plethora of technique systems exist in the world of manual therapy today and many have their own reasonings. Often times their founders claim special knowledge and teach certain 'patented' procedures. They all have one common basis however, thermodynamics.

A broad definition of thermodynamics is the relationship between all forms of energy and spacetime. In our discussion, the temperature remains constant, not the pressure/volume. Energy dynamics is, therefore, an appropriate name when dealing with warm-blooded animals.

Energy is the capacity to do work and to transfer heat. Internal energy (U) is the energy within a system. It arises from the movement of the molecules making the system as well as the energy contained within those molecules. Entropy (S) is the most likely gross arrangement of all these billions upon billions of molecules and their energy states over a given time. The more combinations that make up this average, the greater the entropy. Whether a biological process takes place or not, (Gibbs Free Energy(G)) is due to the relationship between energy and entropy: the change in free energy equals the change in internal energy plus the pressure/volume change minus the absolute temperature times the change in entropy.

$$\Delta G = \Delta U + \Delta PV - T\Delta S$$

Systems exist in both the macrostate and the microstate. Pressures, volumes, and temperatures define macrostates. In contrast, the movements and interactions of individual atoms and molecules describe a microstate. Energy dynamics encompasses both. In living systems, various states exist in discrete spaces. Together, they form a 'native' macrostate, a conglomerate of closely related energy states in an open system (1). Examples of macrostates within the 'native' state would be pulmonary tidal volumes and fluid pressure within the cortex of the bone. An example in the microstate would be the internal movement of enzymes.

When a process takes place in our body,  $-\Delta G$  occurs. This process can be as small and fast as an electron switching orbitals (measured in femtoseconds) or as large and slow as breathing. The circulation of blood, folding of proteins, electrical conduction through the nervous system, all metabolic activities, and temperature maintenance are all included.

Warm-blooded creatures absorb energy at a relatively low entropy, process it at a constant temperature and finally release it into the environment at a higher entropy (mainly heat transfer).

Pathology is a change in a particular aspect of the native macrostate (and its substrate microstates). For example, an increase in tissue pressure due to edema would result in higher U, and therefore a change in G. Phenomena such as local blood flow, cell volume, and enzyme action will now be altered. If this new state persists, degeneration takes place and tends to worsen over time. This common pathology

is given names depending on where it takes place. Examples in the musculoskeletal system would be tendinosis, enthesopathy, osteonecrosis, and trigger point. Other systems can also be involved in pathologies such as post concussive syndrome, arterial stiffness, chronic prostatitis pelvic pain syndrome, and pulmonary edema.

Effective treatment is the restoration of the involved aspect of the native macrostate. In the case of increased tissue pressure, the goal of therapy would be to lower it. G would then be normalized. Massage therapy can achieve this. By applying pressure to the affected area, the edema will move away. The new therapeutic pressure changes G again, causing the fluid to egress. After the treatment, normal pressure and internal energy are restored.

The following condition demonstrates a practical example of the application of the information above.

Neuropathic pain (NP) is a chronic disabling pathology. It is difficult to treat and affects millions of Americans. Recent studies shed new light on this condition (2,3). More generally, our understanding of disease processes is changing rapidly. Meta-analyses on the research of musculoskeletal conditions have shown it to be weak. New imaging techniques and biochemical analysis coupled with deep learning are revealing pathophysiologies not realized before.

Ion channels and pumps are often altered in the area of the dorsal root ganglia of affected nerves. Elevated pressure here increases the tension of the cell membranes, which in turn affects osmosis and enzyme action across the membrane. (4,5,6) U has increased, resulting in sensitization of the nerve.

The goal of therapy would be to restore U by lowering the pressure and thereby decreasing the cell membrane tension.

The massage therapist applies pressure to the affected part of the nerve. Paradoxically, this will raise U even further but only for a short period of time, during which the edema will thin and move away. Restoration of the nerve should result. The therapeutic pressure may be in the form of traction, compression, torque, or a combination of these.

Energy dynamics explains common pathophysiologies seen in the office. It explains proven mechanisms of action of treatment. It also explains mechanisms of assessment. By understanding these principles, massage therapy techniques will be improved and become less dependent on 'cook book' procedures.

There is one significant caveat: This knowledge may go beyond massage therapists' scope of practice. For example, a chronic infection may be due to a biofilm. Principles of energy dynamics can explain and possibly treat the pathophysiology of biofilms. Most therapists are not allowed to treat infections. The same goes for coronary artery disease. Many conditions may be helped using energy dynamics. Its imperative you stay within the scope of practice.

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INTERVIEW

SANDRA COLDWELL



After 40 years as an RMT and 26 years as a member of the RMTBC Board, Sandra Coldwell decides to retire and offers us a glimpse into her busy life and long career.

Please tell us a bit about you—why and when you became an RMT?

You could say I toe jumped my way into a career in massage therapy! A figure skating accident in 1979 sent me to a local RMT for treatment. I was nineteen at the time, and knew I wanted a profession in the health care industry. I'd been contemplating a career in paramedics, but after receiving massage therapy treatments for whiplash, I was hooked and knew I wanted to make massage therapy my lifelong career. In 1981, I moved to Sutton, Ontario to attend the Canadian College of Massage and Hydrotherapy. These were the days when there were only two accredited schools, both situated in Ontario. Otherwise, I would never have left my beloved B.C.!

After graduating in 1982, I moved back to B.C. and began my practice in Invermere, where I met and married an RCMP officer. We were transferred to many different communities over the years, where we raised three lively boys while I juggled part-time clinic practices in Granisle, 100 Mile House, Creston, Merritt, Mackenzie, and then back to 100 Mile House, where I most recently hung up my oil bottle and folded my last sheet.

What were some of the biggest challenges you faced during your long career?

Moving all the time meant that I had to adjust to new communities and start a new practice from scratch in each one. I've always believed in working respectfully and collaboratively with fellow RMT's, physiotherapists, and chiropractors in each town I've been transferred to with my husband and family. One of the very first things I would do when I arrived in a community was to seek out these folks and introduce myself. I never knew how long before my husband would be transferred again, but I always believed that there was room for every health care professional working as a team. We each attract the clientele that we are meant to work with. We all bring something different to the healthcare table.

Another challenge—especially in the early days of my practice—were male patients who expected a little bit “more.” I'm sure other RMT's can relate to this frustration. Even when I wore a white lab coat, which was recommended as a RMT's uniform at the time, and with the utmost professionalism, those few incidents made me question if massage therapy was the right profession for me. Before the internet the Yellow Pages of the phone book were the main source of Information for the public, and after many years of negotiating they provided RMT's with their own category, which helped to changed everything.

It took time and effort from many RMTs both on the board and off, working to ensure that the public regards the massage therapy profession with the respect it's due.

Hiking in Farwell Canyon, west of Williams Lake.







Fishing is a favorite pastime.

### You have been an RMT for forty years. How did you persevere?

I know that massage therapy has a high attrition rate, and didn't expect to make it a lifelong career, but my patients and colleagues made it a joy to work with each day. I also owe my longevity to the great practical teachings of my clinical instructors in massage school in body mechanics and by not overloading patient numbers per day/week. I was also careful to book frequent rest periods and restorative holidays throughout the year.

### What are some of your career highlights?

In the 1980's along with others, such as Peter and Margaret Behr and the MTABC Board at the time, we worked towards gaining the respect of other health care professionals. There was a huge, organized effort to lobby the BC government to not eliminate RMT's from the medical funding and to take away our status as medical practitioners. These were very uncertain times back then!

So watching massage therapy grow into such a respected profession and becoming one of the top three healthcare interventions paid by third party insurers has been very satisfying to me.

### Please tell us about any of your community involvement or volunteerism:

I'm a big believer in community and have served many years as part of the Lioness Community program (now known as the Lion's Club). I also served as president on both Elementary and Secondary Parents Advisory Committees, and since 2008, sat on the Board of the Northern B.C. Community Sports Development Society, a subsidiary of the B.C. Games Society.

### How long were you on the board of the RMTBC and what inspired you to run for election as a board member?

I didn't "run" for election. You could say I was happily thrown in headfirst, and I have Murray Schwab to thank for starting me on the path to twenty-four years of service to the RMTBC. I remember attending my first AGM in Vancouver in 1997, where I spoke to Murray about the specific challenges that RMT's in small towns and cities faced in the profession and how little representation there was on the board, at the time, for rural communities. Back in the day, you could be nominated from the floor, so you can imagine my surprise when Murray turned and yelled out, "I nominate Sandra Coldwell!" The rest is history.

*"I know that massage therapy has a high attrition rate, and didn't expect to make it a lifelong career, but my patients and colleagues made it a joy to work with each day."*

### What have been some of your milestone achievements and proudest moments as a board member of the RMTBC?

It's been so rewarding to work with some awesome board members and staff to amplify the voices of rural RMT's. I'll continue to treasure the professional relationships I've had over the past twenty-four years. It was a professional milestone for the RMTBC to have our Scope of Practice definition reworded to represent a more concise definition that more accurately reflects the current state of massage therapy practice.

Over the years, it's been inspiring to witness the continued growth of our membership and profession and seeing the Canadian Massage Therapy Alliance (CMTA) become an Association, which will lead to more consistent compliance by member associations in relation to educational standards, etc.

It's been gratifying to develop (with others on the board) our annual RMTBC symposiums, that receive not only national but international recognition for a high-quality conference.

When I started on the board in 1997, massage therapy did not have the same respect it does now. I'm proudest of the many therapists on the board—and in so many B.C. massage therapy clinics—continuing to push for change and ushering our profession into a bright new future. I'll continue to celebrate these achievements in education and leadership.

### What plans do you have for your retirement?

Everyone who retires, always says, "Whatever I want!" And that's pretty much my own outlook. I love to travel and be in the outdoors and have several trips planned this year with my husband to Arizona, Haida Gwaii and Newfoundland. I'm also part of a group of women called the Hiker Hunnies, and we have some hiking/camping trips coming up this summer. And of course I plan to spend more time with my seven grandchildren. Life is full!

Sandra with her husband and three of her grandchildren at home in 100 Mile House.





# FIVE BENEFITS OF ONCOLOGY MASSAGE

By Eryn Price

Eryn Price is a registered massage therapist in BC, Canada, and part of the Advance Practice Committee with the RMTBC. Her massage therapy practice revolves around supporting people going through breast cancer surgery, elective breast surgeries and gender affirming top surgery. She teaches continuing education programs both online and in person for therapeutic breast and chest massage, post surgical rehabilitation and post-op complications, and provides virtual self-care programs for patient recovery from breast cancer surgery.



When a person is going through cancer, getting all the support they can is necessary. Massage therapy is uniquely positioned to be able to help with many of the side effects of medical treatments, and can provide a doorway into self-care that fosters.

During the course of my massage therapy career, I've done thousands of appointments with people going through breast cancer. In my private life, I've known many people going through cancer of various kinds, and there are certain commonalities that most people seem to experience, both within themselves and from what massage therapy can give them.

## 1. A Cancer Diagnosis Requires Additional Support



Cancer can leave effects that can last a lifetime, and require significant support to move through.

Common to all people that I've seen going through cancer, additional support is required to make it through this very challenging time. Some people may have a built in social support network, in the form of close family and good friends. They may need to rely heavily on the skills and capabilities of their

network, to bolster their ability to navigate a new world with potentially dire outcomes. Some people may not have a strong social support network. They may not have family, or many friends, and need to navigate their journey without that built-in safety network. Still other people may think they have a strong and supportive spouse, only to find that spouse is not up for the challenge of navigating a cancer journey. Said spouse may "check out", either mentally, emotionally or physically, leaving the person isolated and alone. Or the person may decide their spouse is toxic, not worth the effort or the wrong person to be with - the blinders finally coming off - so make the move to separate. For all 3 categories of people, having trained medical professionals in your corner can be such a blessing. For the latter two categories, their medical professionals may be the only people really in their corner, and may have to take the place of friends and family for social support. Massage therapists, being helpers by nature, are well positioned to be able to offer hands-on help with some or all of the side effects caused by medical treatments for cancer, as well as providing a listening ear and compassionate heart, thus becoming part of the support network surrounding the patient.

## 2. Massage Therapists are Part of a Medical Team



Massage therapists can be a valued part of a medical team, working for the betterment of the patient during their cancer journey.

One of the first steps that people may go through is figuring out who is on their "team". They may line up professionals who offer skills to support their cancer journey, so they feel well surrounded and with access to the knowledge they need on how best to heal. Primary members of their team are their doctors, oncologists and surgeons. When people are taking an integrative cancer approach, they blend traditional medical treatments with paramedical practitioners who can support their cancer journey. According to Dr. Véronique Desaulnier (2023) almost 78% of people are now taking an integrative approach to dealing with cancer, and it is showing itself to be the strongest approach to date. Paramedical practitioners may be massage therapists, chiropractors, naturopathic doctors, traditional Chinese medicine doctors, acupuncturists, osteopaths, physiotherapists and more. When a team of professionals are able to work together for the person's best interest, that person now has access to a myriad of skills, knowledge and techniques for wellbeing and resilience. Massage therapists who make an active effort to communicate with the other medical team members offers an invaluable service to the patient by understanding the bigger picture, overall treatment approach and educating other team members how they are contributing to the overall treatment plan with massage therapy.

## 3. Massage Therapy Can Reduce Cancer Treatment Side Effects



Reducing side effects from cancer medical treatments, such as nausea, pain and fatigue, is a strong benefit of massage therapy.

Massage therapy can provide assistance with reducing and overcoming side effects of primary treatments, namely surgery and radiation, as well as adjuvant and neoadjuvant therapies, such as chemotherapy and immunotherapy. According to Lee et.al. (2015) up to 90% of people experience cancer pain, and massage can reduce cancer pain by 40%. The same study outlines that massage can reduce nausea, fatigue and anxiety caused by cancer treatments. Field (2016) mentions that foot massage is particularly useful for overcoming post-operative pain. Abdelaziz and Mohammed (2014) go a step farther in describing how foot massage can reduce postoperative pain by closing the gates at the posterior spinal horn so as not to allow noxious (pain) stimuli from entering the central nervous system and registering within the person's brain.

## 4. Massage Therapy Can Improve Quality of Life



Quality of life means that a person can still enjoy life, loved ones and take pleasure in daily activities, which helps restore resilience.

Many of the research articles relating to massage and cancer favour quality of life (QOL) improvements as a major outcome of massage. Now that the breast cancer survival rate is 89%, as compared to 25% in the 1940's (Möller et.al. 2019), QOL becomes a major factor in overall life satisfaction. This study by Darabpour et.al. (2016) shows the effects of Swedish massage can improve mood disorders, such as anger, depression and anxiety, by decreasing stress hormones (cortisol, epinephrine, norepinephrine) and promoting "feel good" hormones like endorphins, serotonin and dopamine. Mood alterations during and after cancer treatments are very common, so having a skill set - one that exists in almost all massage therapist's tool belt - that can boost mood is exceedingly useful. Massage is also a viable non-pharmacological method to improve sleep (Kashani, 2014). As we've all heard, "sleep is the best healer"; during sleep, the body is able to repair itself without the need to divert resources to body functions that operate during wakefulness. Massage can also help improve altered body image (Bredin, 2001) by offering non-judgemental touch, which provides a doorway into self-acceptance because someone else was able to touch the person with care. Seeing a massage therapist is an act of self-care that pays dividends to body, mind and soul.

5. Massage Therapy Can Promote Post-Surgical Healing



Post-mastectomy massage can help manage scar tissue, pain and improve altered body image.

Given that surgery is a primary treatment for cancer, it is a common experience for people diagnosed with the illness. Cutting out the tumour is one of our main ways of ridding the body of this disease, a procedure which leaves behind scar tissue, swelling, bruising, pain and potential complications.

I believe massage therapy is positioned exceptionally well to help with post-surgical recovery. Since up to 67% of people experience shoulder impairment after breast cancer surgery, leading to pain, numbness, weakness and loss of range of motion (Min et.al. 2021), employing a healing modality like massage therapy to help overcome this common restriction pattern is smart.

Myofascial techniques have found to be very helpful with restoring upper limb mobility following breast cancer surgery, including fascial glides, fascial arm pull, twisting and stretching (Massingill et.al. 2018).

Ensuring scar tissue doesn't become overbearing and restrictive is a very common post-surgical goal for massage therapy. Techniques do not have to be aggressive or deep tissue to be effective, which many patients appreciate. Modulating the amount of collagen laid down in the scar can keep it from overproducing, which can be done by employing just a 10% cyclical skin stretch and release (Smith & Ryan, 2016).

Wrap Up

All in all, we have seen 5 ways that massage therapy can assist in a cancer journey. Oncology massage is an arm of massage therapy that requires additional training, so the therapist knows what to do, and what not to do, at different stages of the patient's healing journey.

For patients, seeing an MT who is not afraid to touch them, work with their scars or, if the case may be, be intimidated by a terminal diagnosis can be such a blessing, providing a doorway into hope, healing, self-care and resilience.

Being part of a support network, medical team, assisting with side effects and post-operative recovery, as well as improving quality of life, can significantly change a person's experience moving through cancer for the better, as well as providing a very gratifying and meaningful career for the therapist. Overall, it's a win-win for both parties.

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INTERVIEW  
GREG MACDONALD



As we continue to profile our sister Canadian associations, we are pleased to interview Greg MacDonald, Executive Director of the Nova Scotia Massage Therapy Association.



Please tell us a bit about the history of the association, the date it was formed, the founders, and the motivation and the growth pattern.

A group of Nova Scotia Massage Therapists chose to develop their own association in 1989 and the Massage Therapists' Association of Nova Scotia (MTANS) was founded in 1990 with 14 members.

The first Massage Therapy school in Nova Scotia opened in 1998 with the three others opening in 2000, 2011, and 2012. MTANS has grown steadily at an increasing pace since its founding. The number of new Massage Therapists in the province has increased with the opening of each Massage Therapy College. Membership of RMTs in MTANS has grown at the same increasing pace with more people joining the profession in Nova Scotia.



How many massage therapists in the province currently belong to the association and what is actual number of massage therapists practicing in the province?

MTANS currently has 1,231 active members. We are the largest association with about 90% of the Massage Therapists in Nova Scotia and there are around 1,400 active Massage Therapists in the province.

How long have you been the ED and what is your background. What personally motivates you to keep pushing and growing the association?

I became MTANS ED in April 2021. I work with an association management firm in Halifax, Nova Scotia named Pathfinder Group. Prior to my work with professional and industry associations, I was a commercial banker with Scotiabank in different roles and areas of Nova Scotia. Early in my career I worked with two not-for-profit organizations in the area of science promotion, the Discovery Centre and SuperNOVA Science and Engineering.

MTANS is an association that is run by Massage Therapists, for Massage Therapists. I work closely with the MTANS’ Executive, Board of Directors, and Committee Chairs. They are all Massage Therapists, and they set direction and volunteer many hours on the projects and areas of interest that are important to them and the profession of Massage Therapy in Nova Scotia. My motivation is making sure that the association runs smoothly and efficiently. I am one of those rare people that actually enjoys meetings. I really enjoy making sure there is a structure and that a meeting is well organized and productive.

Massage Therapy is an incredibly beneficial profession for the health and well being of Canadians. The work done by MTANS and CMTA is helpful for Massage Therapists and the public. For example, in January 2023, after a great amount of work by the Policy Writing and Review Committed and Board of Directors, MTANS released a number of approved policies, documents and forms to its members, with more to come by July 1,

2023. Where we had relied on the standards and policies of other jurisdictions in the past, these newly approved documents are based on the situation in Nova Scotia.

What are the biggest challenges facing the association?

Navigating the fact that Massage Therapy is unregulated in Nova Scotia. Being unregulated impacts MTANS work everyday, especially around professional boundaries, continuing education, licensure, and advocacy. Since January 2020, we have had Titles Protection for Massage Therapy, which is legislation that requires individuals to meet certain requirements to call themselves a Massage Therapist, Registered Massage Therapist or RMT. Titles Protection was viewed as an interim step to full regulation and has caused additional work around any legal considerations of the profession and communication to the members and public. We continue to work closely with the Nova Scotia Department of Health and Wellness to bring forward legislation to fully regulate Massage Therapy in Nova Scotia.

Who (and how) currently investigates complaints/ concerns from the public? What are your disciplinary options?

MTANS approved a detailed revision of its complaints policy in 2022. We have a former ED who is now our complaints officer who liaises with the public, Investigation Committee, external investigators, and legal advisors. We also approved an Interim Measures Policy and Procedure in 2021 that allows MTANS to act when there is “urgency and serious risk”. The Investigation Committee has a number of different dispositions or decisions they can make following the complaints process, one of those is to refer a complaint to the Discipline Committee.

The Discipline Committee was formed in 2021 and has been working on policy and procedures to address the most serious complaints. As an association in an unregulated province, the most serious disciplinary option is for a member to be removed from the association.

What benefits/programs do you offer your members?

MTANS has a number of providers who offer benefits to our members including Noterro, Softmoco, and Perkopolis. Recently we have been finalizing member benefits for hotels and resorts around Nova Scotia including the Lord Nelson Hotel in downtown Halifax and Digby Pines Golf Resort and Spa.

What are your continuing education policies and are the association therapists required to do x number of continuing education courses per year to keep up their membership (accreditation)?

MTANS offers a number of options for our members to continue their professional development including approving externally provided courses, volunteering with the association and self study. We have a two-year continuing education cycle that is managed by our Professional Development Committee. Two hours of approved course time, volunteering or equivalent self study is one CEU and we ask that our members complete 20 CEUs (40 hours) every two years, with at a minimum 15 of those CEUs being primary and only 5 CEUs being secondary. We want to continue offering applicable continuing education for our members and are actively reviewing our professional development policies at this time.

Do you recognize certain program/schools in the province as accredited affiliations? How are the schools regulated?

The requirement for education in the Nova Scotia Massage Therapy Titles Protection Act is the following: “has successfully completed a course of at least 2,200 hours from a recognized institution or has equivalent educational qualifications that are recognized by an association;”. All four private colleges in Nova Scotia that have Massage Therapy programs meet this requirement and there are many other programs and schools across Canada that also meet these criteria. We are not directly involved in accreditation or

regulation of any Massage Therapy schools at this time although we maintain an excellent working relationship with the Nova Scotia schools.

Do you offer an insurance plan for your members – if so, what does this look like?

Yes, we have an insurance plan for our members through Brokerlink (formerly Lackner McLennan). 98% of our members use the MTANS provided plan and it provides \$5mm in liability coverage.

Where do you see the association/profession in five years?

MTANS has always believed in a collaborative approach with other organisations, the public and our members. We continue to work towards full regulation of Massage Therapy in Nova Scotia and would love to see that goal accomplished in the next 2 – 3 years. In 5 years, it would be great for MTANS to be working closely with a new regulator for Massage Therapy in Nova Scotia and at the

same time doing even more to promote and advocate for the wonderful profession of Massage Therapy. The association sees all the amazing service our members provide to Nova Scotians and to be able to focus on the benefits of the profession and the tremendous value it brings to people of all ages would be a great place for MTANS to be.





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