



# *The* RMTBC REVIEW

*Massage Therapy in BC*



RELATIONSHIPS ARE OUR WEALTH  
REFLECTIONS ON MASSAGE THERAPY AND RECONCILIATION

Susan Dupuis, RMT  
2024 CMTA National Conference Speaker

FALL/WINTER 2024

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The RMTBC Review 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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# INSIDE



### THIS ISSUE

- 5** - Meet the New Chair of the RMTBC Board
- 7** - Relationships Are Our Wealth
- 10** - Coming Together
- 12** - Twelve Scientific Ways to Improve Happiness
- 16** - A Summary of Massage Therapy Research



# MEET THE NEW CHAIR OF THE RMTBC BOARD



Previous Board Chair  
Anne Horng (left),  
New Board Chair  
Robyn Lancaster and  
Vice Chair Cathy Ryan

At the RMTBC Annual General Meeting held in June 2024, long time Board Chair, Anne Horng announced that she would not be running for the position, and it was time for someone new to take the helm. Consequently, at a recent RMTBC Board Meeting held in early September, the Board elected Robyn Lancaster as Chair. The association offers profound thanks to Anne for her long and dedicated leadership. With Robyn taking over as Chair, we are happy to offer the membership a chance to get to know some of her thoughts and ambitions for the association. Following are her answers to our questions.

## **What changes have you seen within the association and profession since you first joined the Board?**

Massage therapy in BC is constantly evolving. Since joining the Board, I have seen changes in the economy, ICBC coverage, quality assurance programs, and Colleges just to name a few. The Board itself continues to evolve as new members join and board members gain experience and new perspectives. I am excited to make the most of the opportunities that have recently been presented to us and to continue to chase positive changes.

## **What prompted you to run for Board Chair?**

I believe that it is our responsibility to engage and commit to improving our profession as much as each of us is capable including in the treatment room and in our continuing studies. Staying current with research and working together with our colleagues to leverage many skill sets and as much brain power as possible is very important to me. The RMTBC is the best way to access and achieve these goals and improvements. I've had a very positive time on the Board to date. We have tackled many different issues, advocated for our profession in many arenas and come up with new and different solutions to long-standing problems. The experience I've had led me to wanting to continue to contribute to the Board and work in tandem with a wonderful group of Board members and other interest groups and associations. The opportunity of Chair came up and I thought that I may be able to contribute in this way.

## **Do you have a list of priorities that you would like to work on as Board Chair?**

I would like to focus on increased opportunities for RMTs to progress and be recognized for their enhanced knowledge and skills. Along with this, I would like to find new paths for RMT skills to be accessed and used within our struggling healthcare system.

Within the larger context, I am looking forward to our profession gaining some traction on a competency document for RMTs nationally and hopefully seeing the GST process to completion.

For our membership, I am hoping to increase easily accessible information around taxes, accounting, contracts, and other areas that concern RMTs.

## **What are your goals and vision that you hope to implement over the next while?**

My vision has two prongs:

I believe that massage therapy is a powerful treatment option and my vision for our profession is to find a role within our mainstream healthcare system, for those that choose so.

Secondly, my vision for the association is to continue to be a leader in moving our profession forward and supporting our members in creative and meaningful ways. Hopefully the new amalgamation will afford us more opportunities to work collaboratively with the other professions in the CCHPBC.

## **What are you most proud of since you first joined the Board?**

I am very proud of the work that I have done with the Advanced Practice Committee. We have been working on a structure and corresponding document to recognize focused, advanced education and experience above and beyond what we currently have.

## **What challenges do you foresee for the association and the Board? And how do you plan on meeting those challenges?**

We are currently living in a season of change, and this presents challenges to individuals and establishments alike. One of the challenges facing the association is how to increase engagement while emphasizing to our peers that we are more powerful together. This is so important for all of us as RMTs.

The association and the Board have a great number of projects and goals in process and many of them require collaboration with other interest groups. Although our association is committed to these, one considerable challenge we face is limited commitment from other groups that we are working with. We continue to move forward as best we can, and we have forged a number of important relationships which will hopefully help us overcome some of these challenges.



# Massage Addict Join Our Team

## RELATIONSHIPS ARE OUR WEALTH: REFLECTIONS ON MASSAGE THERAPY AND RECONCILIATION



I expected hostility. Or indifferent tolerance.  
What I got was connection.

Susan Dupuis, RMT is Anishinaabe que, a 1st degree Midewewin woman, a member of Massage Therapy Association of Manitoba (MTAM) who lives and practices in Treaty 2, Brandon, Manitoba. She takes great joy in being a grandparent, partner and cat mom. She is an avid crossfit athlete, voracious reader and sings arias in the car to the clinic and back. Susan received two Heather Whittaker Memorial Awards from MTAM for continuing education. Her professional interests are narrative medicine and evidence-informed practice.

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RMTBC and CMTA hosted a world class conference September 6 to 7, 2024 in Vancouver, BC. Coming Together: Moving the Profession Forward.

I was a late addition to the roster of conference presenters. The intended presenter had a serious health issue and had to send regrets.

I decided to present an issue our profession has not addressed. At least not nationally, as far as I knew. The issue of the Truth and Reconciliation in Canada.

The Truth and Reconciliation Commission of Canada (TRC) was established as part of a legal settlement, the Indian Residential Schools Settlement Agreement, between Survivors, the Government of Canada, the Assembly of First Nations and Inuit representatives, and the church bodies that had run residential schools. As part of that Agreement, the TRC was mandated to inform all Canadians about the residential school system and its legacy. NCTR - National Centre for Truth and Reconciliation

I spoke about 10 things I wanted RMTs to know about the legacy of residential schools in Canada and the Calls to Action. But I didn't want to give a history lesson. The best way, in my line of thinking, was to call on the spirit of empathy. Both of my parents and grandparents went through the inhumane residential school experience. I shared some of their stories. And some of mine as an intergenerational survivor and RMT. I described how harm occurs in our everyday interactions and how to interrupt that harm, using the research of Dr. Laurie Harding and Dr. Cheryl Ward. I ended the 90 minutes with some suggestions of what we each can do.

After the presentation was over, I thought I would avoid eye contact and slink back to my hotel room. Colleagues wouldn't let me. People lined up to talk. They wanted to talk about how impacted they were by what they heard and felt in the presentation. Tears were common in most interactions. The reactions sent me a clear message that dialogue and teachings are needed in our profession. Yet the question must be asked.

**What does reconciliation have to do with massage therapy?**

1. It all starts with the land. We are all on Indigenous land, no matter how long you or your ancestors have been here. No matter how mixed the ancestry, we all depend on and benefit from Indigenous land every single day. This is why we do land acknowledgements. To remind ourselves of this fact.
2. Indigenous peoples of this continent are humans and are part of the population. This may seem like an obvious statement to make. Yet, in our daily interactions, we are not always treated as such. (For those of you at the conference or watched the recording, you will recall that upon arriving at the conference I received a disparaging, discriminatory look.) There are many other living examples of how inhumanely Indigenous peoples are treated. I would venture to say that settlers are conditioned to see Indigenous peoples as less than human. This hurts settlers too. It robs us all of opportunities to be enriched by one another.
3. Indigenous people are our clients and colleagues. Learning about

what impacts health and Indigenous Cultural Safety is part of our professional responsibility. It would be great to have a sense of how many Indigenous massage therapists there are nationwide.

4. RMTs can make a big difference serving the needs of an underserved population.

As health care providers, we have been called to action by the TRC. Specifically, 24 which states:

We call upon medical and nursing schools in Canada to require all students to take a course dealing with Aboriginal health issues, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, and Indigenous teachings and practices. This will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism.

Now, I realise the wording here is directed at medical and nursing schools. However, I believe our profession can be proactive in our approach. We can include ourselves in updating our education to include what impacts Indigenous health issues.

It is relevant to note that on September 18, 2024, the Canadian Medical Association made a formal apology to Indigenous, Metis and Inuit peoples for past and ongoing harms.

**Where are we as a profession with regards to reconciliation?**

This is a question I would like us all to sit with now that the door has been opened to this conversation.

To me, there is surface reconciliation and deep reconciliation. The surface stuff is easy. And dare I point out, safe. Things like changing your professional email signature stating land and water acknowledgement. Or wearing an orange shirt once a year. Or being moved by a presentation. To this last point; what does being moved compel you to do in light of what you have now been made aware of?

Deep reconciliation is where we make long-lasting systemic changes. For instance, members of the RCMP get their treatments covered. I've often thought that Indigenous peoples can be covered with their treaty card. If the system can figure out a way for coverage for RCMP and military personnel, the system can figure out a way for improving Indigenous health outcomes in this way by removing a real barrier to service. Survivors and intergenerational survivors sacrificed their childhoods through physical, mental, spiritual and sexual abuse for generations.

At the provincial and national association level, is reconciliation part of your strategic plan?

Is there a budget for reconciliation cultural competencies education?

Do associations and regulatory colleges have an independent Indigenous advisory council to audit reconciliation audits?

Are there Indigenous supports in place in associations to support Indigenous RMTs when there is an incident with a client or colleague? For example, when a client told me they were not going to waste their insurance on me, I had no one to turn to within my profession who would understand.

For guidance on where and how to start, reach out to [Dr Laurie Harding](#). She has a robust network of people doing work at this level of organizational development.

It all starts with conversation.

Coming back around to the concept of relationships being our wealth, I want to acknowledge everyone who approached me at the conference for conversation. Your reflections matter to me. I left the conference with the sense of being wealthy and full of our connection. Former Senator Murray Sinclair said one time, I'm paraphrasing here, that reconciliation means both of us saying "I want to be your friend".

**Last Words for Now.**

I spoke with some elders about touch and their healing journey.

One elder became thoughtful and said he had not considered touch as a way to heal, but said it made sense.

When I asked Mary Anne Caibaosai (3rd degree Midewewin, PhD candidate at Trent University) what she would like RMTs to know, without hesitation she said "What is important for them (RMTs) to know

is that our memories, our lived experiences including trauma are held in our bodies; many Anishinaabe (Indigenous peoples in general) have not healed from what we experienced because we were not privileged to have the appropriate therapy/healing modalities at hand. Many are afraid to speak and hold their emotions within them. If they (RMTs) work with Indigenous peoples, it is important to understand the importance of allowing these clients to release fully, and to not be afraid of those tears that are often shed. I cry almost every time I get treatment."

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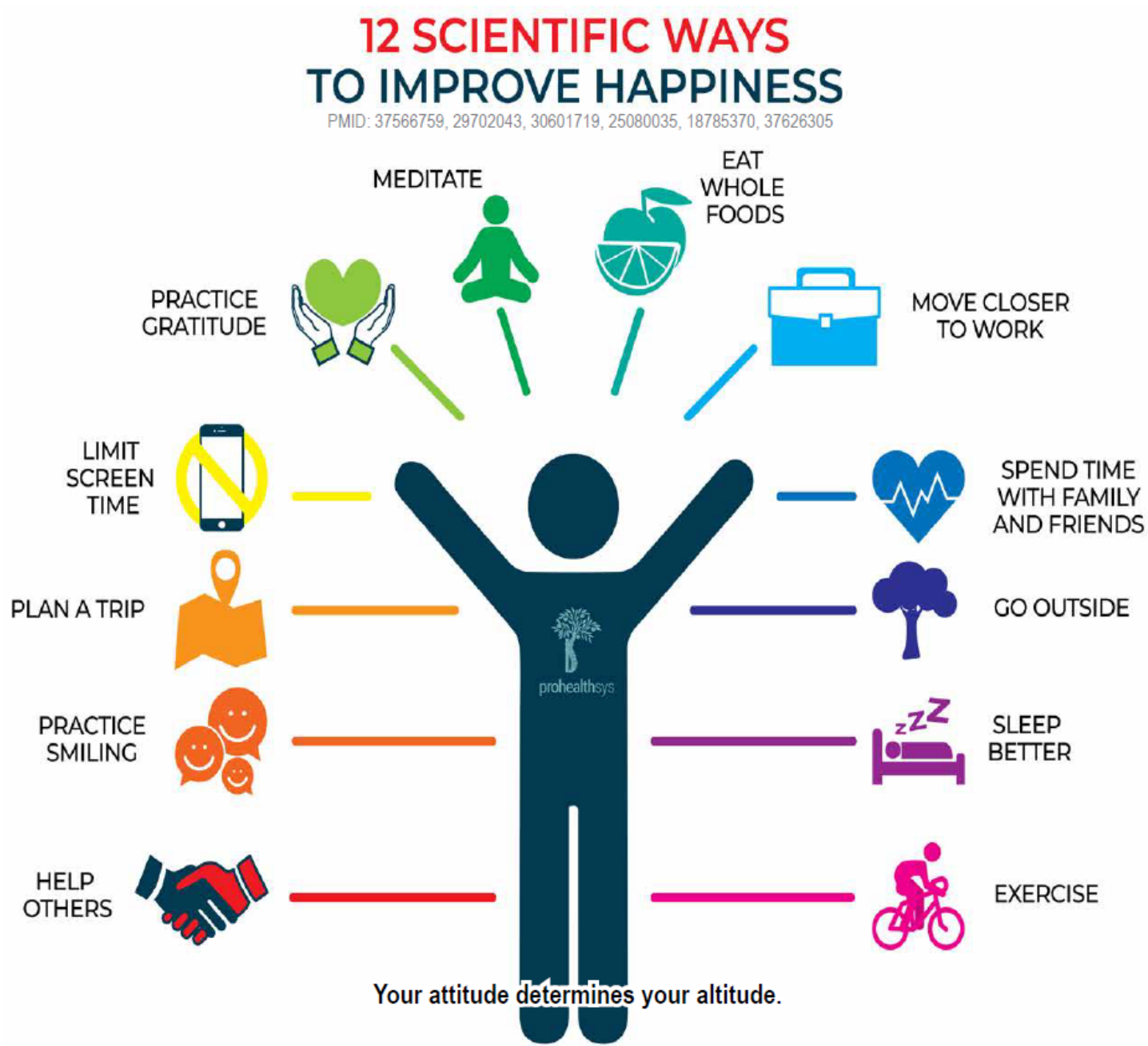


# TWELVE SCIENTIFIC WAYS TO IMPROVE HAPPINESS.

by Dr. Nikita Vizniak



Massage is one of the most satisfying professions in the world, but it can be extremely demanding both physically and mentally.



According to the American Massage Therapy Association (AMTA) the average career lifespan for a massage therapist is ~5 years. The Registered Massage Association of British Columbia (RMTBC) suggests an average practice span of ~14 years. While some last for 30+ years, others may call it quits only after a couple years in practice; regardless post-treatment pain or soreness is common. Some more common injuries include:

- Repetitive overuse injuries
- Tendonitis, sprains, and strains
- Low back injuries
- Carpal tunnel syndrome

To ensure a long-lasting career, you must make your self care a priority. Here are our top 10 effective ideas for self care.

### Biomechanical Habits

Work smarter not harder. First and foremost invest in the right tools to help save your body and hands. Investing in good shoes, flooring/rug and an adjustable massage table can greatly improve your endurance. Begin to position yourself by first observing your feet, making sure they are positioned towards the patient and planted firmly on the ground. Ensure that your knees are slightly bent and that your hips, shoulders, and head are also relaxed and in alignment. It's easier to keep your wrists straight and maintain an upright posture when you don't have to hunch over your clients. Consider a mirror on one clinical wall so you can see your biomechanics and help train clients.



Mix It Up

Change up your approach and techniques - spend more time on assessment and home care to put less stress on your body and offer clients active engagement in their care. Use seated and side-lying treatments - focus more on movement therapies (yoga poses, exercise, stretching etc.). Take occasional breaks - or even use instrument assisted techniques (IASTM, foam roller, cupping). All of these offer patient benefit and can decrease the amount of time your hands are under load - lengthening your career.

Stay Grounded, Before and After Treatment

Master the art of letting things go. The massage room is a place where your clients should be able to feel safe to let go of any and all emotions that do not serve them. It is important to make sure there is no transference where you take on their emotional state into your next visit or the rest of your day. Visualizing techniques and setting intentions at the beginning of each session can help you achieve this. Regularly monitoring your own emotional health to be able to properly handle the constant emotional issues coming from patients. This might involve seeing a counselor, or utilizing a peer group of fellow professionals to regularly discuss personal issues that may come up in the therapeutic clinical setting.

Water and Healthy Food

Be sure to keep your body fed and hydrated throughout your work day. If you massage three to four clients a day, you're likely exerting as much as you would during a moderate exercise session. Also, keep healthy snacks available for snacking between sessions. If you allow yourself to get too hungry, your energy level is likely to sink and you're more likely to indulge in comfort food after work.

Respected food writer Michael Pollan states everything he's learned about food and health can be summed up in seven words: "Eat food, not too much, mostly plants." Eat real food -- vegetables, fruits, whole grains, and, yes, fish and natural organic meats and avoid "edible food-like substances."

Regular Exercise

Research clearly supports the therapeutic benefits of a regular exercise routine for all aspects of health - physical ability, mental capacity and emotional well-being.



Million Dollar Hands

Joints of the upper extremity and hands in particular are NOT designed for repetitive weight-bearing activities. As a massage therapist these become your weight-bearing joints. Protect your thumbs, wrist and hands by using alternate methods.

Spend Time with Friends and Family

Change your surroundings. Whether you prefer vacations, stay-cations, or just day trips, setting aside special time to spend with your family and friends can give you something to look forward to on your busier or more frustrating days. You could sit and enjoy a coffee with a friend, or you might consider more active events such as a walk in the park, yoga class or try something new like Jujitsu. Social outings improve mood and happiness. Make room in your schedule for activities you know you'll enjoy with people you love to be around.

Sleep and Wake Rested

Massage therapists exert their bodies much more than most professionals, and often need extra time each night to recover and regenerate. Follow a regular routine so your body's circadian rhythm helps support your rest and recovery time. No caffeinated drinks or screen time for ~30 min before bed (that means NO social media!)

Meditation and Visualization

Massage therapists put so much energy into helping others, they are at risk for burn out and other stress related conditions. Prevention is key; focus on the breath and the body's sensations to visualize a space for acceptance, mindfulness and stress reduction. Daily meditation practice is a great way to stay centred in your busy world.

Practice Gratitude

Gratitude helps us experience more positive emotions such as optimism, enthusiasm, love, joy, and happiness. Research also suggests gratitude improves physical health, enhances empathy, reduces aggression and improves self esteem. Gratitude ideas:

- Get out into nature and walk
- Give anyone a compliment
- Change a negative situation with a positive view (glass half full)
- Watch inspirational videos
- Be present and just enjoy the moment.

Thank you for taking the time to read this section and trying to include these recommendations in your life.

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14 — FALL/WINTER 2024

THE RMTBC REVIEW — 15



# A SUMMARY OF MASSAGE THERAPY RESEARCH

by Richard Lebert

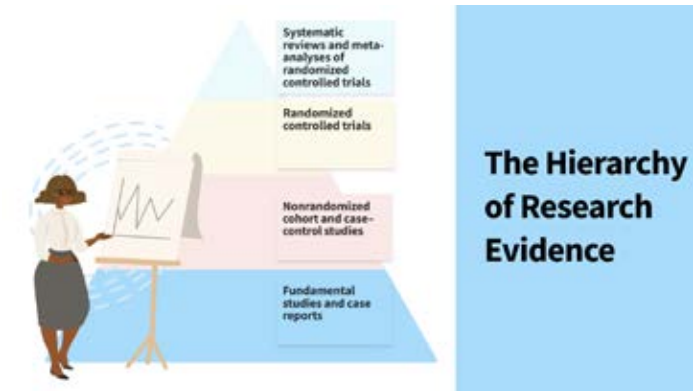


Richard Lebert is a Registered Massage Therapist in Ontario with a focus on digital literacy, interprofessional collaboration and person-centered care. As an active advocate for interdisciplinary collaboration, Richard’s latest initiative has been to put together resources that will help support the professional growth of massage therapists and educators around the world. To learn more you can visit his [website](#).

The practice of massage therapy has been around for thousands of years. Throughout the centuries, massage has been used to promote healing and relaxation, with ancient cultures incorporating massage as a form of therapy in their medical practices. Today, massage therapy is an important part of modern healthcare, offering a range of health benefits to those who receive it. As the massage therapy profession has continued to evolve and grow, research has become increasingly important in helping to guide and inform practitioners in the development of their practice.

Research helps practitioners stay up to date on the latest developments in the field, as well as the effectiveness of various massage techniques. It also provides evidence for the benefits of massage, helping to make the case for its inclusion in healthcare settings.

Research also has an important role to play in helping to ensure massage therapy is practiced safely and ethically. As practitioners become aware of the risks associated with massage therapy, they can take steps to minimize or eliminate them. Research can also help practitioners better understand the needs of their patients, allowing them to offer a more individualized and tailored treatment plan.



“Evaluating research involves ranking studies based on their methods. Systematic reviews and meta-analyses of randomized controlled trials sit at the top of the pyramid, followed by randomized control trials and observational studies. Fundamental studies and case reports are ranked at the bottom.”



## Improvement in Quality and Quantity of Massage Therapy Research

“Twenty years ago, there was a limited number of researchers looking at massage therapy. Since 2005 there has been a steady improvement in the quality and quantity of massage therapy research.”

## A Summary of Current Massage Therapy Research

In general, systematic reviews, meta-analyses, network meta-analyses and clinical practice guidelines are important tools for evidence-based decision making, as they provide a systematic and transparent way of summarizing the available evidence on a particular research question. By using these methods, clinicians, researchers and policymakers can make more informed decisions about interventions based on the best available evidence. In terms of research there are many systematic reviews, meta-analyses, and clinical practice guidelines supporting massage therapy and its effectiveness in reducing pain and improving health-related quality of life in a variety of health conditions and rehabilitation, including but not limited to:

- Low Back Pain (Chou et al., 2017; Qaseem et al., 2017)
- Lumbar Spinal Stenosis (Bussi eres et al., 2021)
- Neck Pain (Makin et al., 2024)
- Headaches and Migraines (Busse et al., 2017; C  t   et al., 2019; Jung et al., 2024)
- Temporomandibular Disorders (Arribas-Pascual et al., 2023; Busse et al., 2023)
- Shoulder Pain (Lafrance et al., 2022)
- Carpal Tunnel Syndrome (Du et al., 2022; Jim  nez-Del-Barrio et al., 2022)
- Lateral Epicondylitis (Lucado et al., 2022)
- Arthritis (Nelson et al., 2017)
- Knee Pain (Neal et al., 2024; Zhu et al., 2024)
- Plantar Heel Pain (Fraser et al., 2018; Koc et al., 2023)
- Insertional Achilles Tendinopathy (Ko et al., 2023)
- Ankle Injuries (Hu et al., 2024; Ruiz-S  nchez et al., 2022)
- Surgical Pain Population (Dowell et al., 2022; Liu et al., 2022)
- Symptom Burden of Critically Ill Adults (Thrane et al., 2019)
- Cancer-Related Fatigue (Long et al., 2024)
- Cancer-Related Pain (Mao et al., 2022)
- Postoperative Pain and Anxiety in Patients with Breast Cancer (Cole et al., 2024)
- Fibromyalgia (Kundakci et al., 2022)
- Rheumatoid Arthritis (England et al., 2023)
- Delayed Onset Muscle Soreness (Davis et al., 2020)
- Postpartum Maternal Sleep (Owais et al., 2018)
- Pain Management in Labor (Smith et al., 2018)
- Antenatal Anxiety and Depression (Hall et al., 2020; Smith et al., 2019)
- Postburn Pruritus (Sinha et al., 2024)
- Pain and Anxiety in People with Burns (Barnes et al., 2024; Lin et al., 2023; Miri et al., 2023)
- Palliative Care (Armstrong et al., 2019; Mao et al., 2022)
- Anxiety in Long-Term Care (Atchison et al., 2022)
- Reducing Symptoms of Depression in People with Dementia (Watt et al., 2021)



- Dementia (behavioral & psychological symptoms) (Leng et al., 2020; Margenfeld et al., 2019; Watt et al., 2019)
- Parkinson’s Disease (motor and non-motor symptoms) (Angelopoulou et al., 2020; Kang et al., 2022; Qureshi et al., 2021)
- Multiple Sclerosis (Heidari et al., 2022; Zhang et al., 2022)

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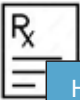
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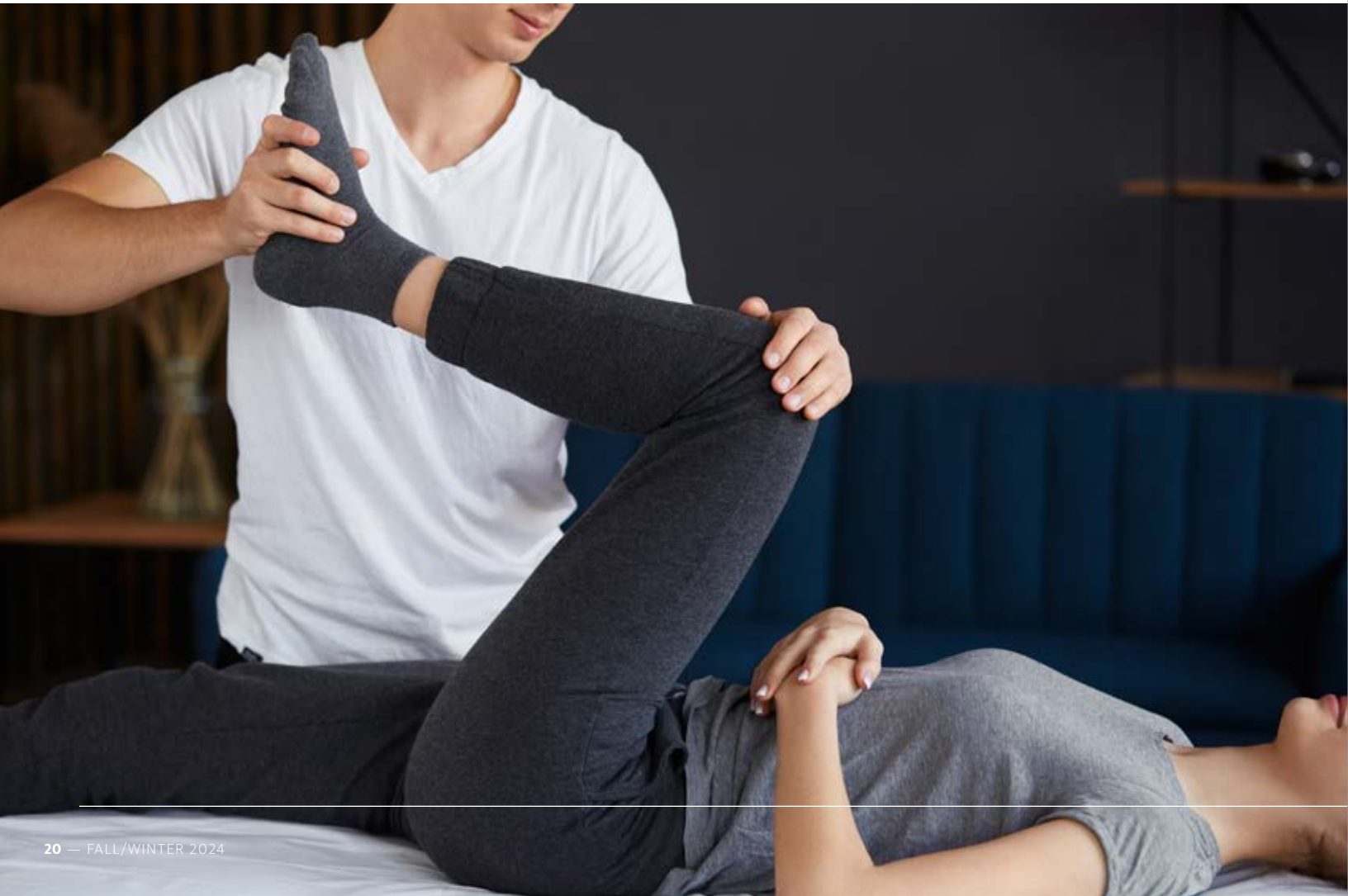
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