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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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# STRESS: HOW TO RECOGNIZE IT AND TIPS ON HOW TO DEAL WITH IT



Stress is very common in the massage therapy profession, even though the work is centered on relaxation and healing.

by Yvonne Connors

Many massage therapists report physical fatigue, emotional burnout, inconsistent income, and difficulty maintaining boundaries with clients.

The main sources of stress in massage therapy can include:

## Physical Strain

Massage therapy is physically demanding. Repetitive movements, long hours standing, and applying pressure can lead to:

- Wrist, thumb, shoulder, and back pain
- Repetitive strain injuries
- Fatigue from multiple sessions per day

Therapists often need excellent body mechanics and regular self-care to avoid injury.

## Emotional Exhaustion

Massage therapists frequently work with clients experiencing:

- Chronic pain
- Stress and anxiety
- Trauma
- Emotional release during treatment

Constantly holding supportive space for others can become emotionally draining, especially without recovery time.

## Income Instability

Many therapists are self-employed or work part-time contracts. Stress can come from:

- Variable bookings
- Seasonal slow periods
- Lack of benefits
- Pressure to retain clients
- Managing marketing, scheduling, and taxes

## Boundary Challenges

Some therapists may experience stress around:

- Inappropriate client behavior
- Maintaining professional boundaries
- Emotional overdependence from clients
- Pressure to accommodate difficult requests

Clear policies and professional communication are important protective tools.

## Time and Energy Management

A full schedule of hands-on treatments can quickly become exhausting. Even highly skilled therapists may struggle if they:

- Overbook sessions
- Skip breaks
- Ignore recovery needs
- Work evenings/weekends continuously

## Workplace Stress

Stress levels can vary depending on the setting:

- Spas may emphasize speed, upselling, or client volume
- Clinics may involve complex injuries and charting

- Mobile massage adds travel fatigue
- Self-employment adds business responsibilities

## Common Signs of Burnout in Massage Therapists

- Physical pain that doesn't resolve
- Feeling emotionally numb or irritable
- Dreading appointments
- Reduced empathy
- Chronic exhaustion
- Declining passion for the work

Burnout is a recognized issue in helping, healthcare professions, including massage therapy.

## Strategies That Help

Many long-term therapists reduce stress through:

- Limiting daily sessions
- Strength training and stretching
- Using proper ergonomics
- Diversifying income (teaching, coaching, products)
- Peer support or supervision
- Taking regular vacations and recovery days

Some also transition into specialized work such as:

- Prenatal massage
- Sports massage
- Lymphatic drainage
- Clinical rehabilitation
- Teaching or mentoring

In places like British Columbia, registered massage therapists often face additional pressures from healthcare documentation, insurance billing, and high client demand, though compensation can also be stronger compared with some other regions.

All of us have unique coping methods.

Meet Yvonne Connors whose approach to life and work include performing sketch comedy.

## Busting the Stress - Laughter is Medicine.

There have been lots of studies to confirm that laughter improves physical and mental health. With benefits ranging from immune support, to cardiovascular health, to stress and anxiety relief, pain management and mental well being.

I have been performing for a very long time, most of my life actually. I started as a singer in bands in my 20s, moved into musical theatre in my 30s and then moved into sketch comedy in my 40s. My coproducer and I wanted to do something a little different with Her Ladyship by creating an all women, and female identifying sketch comedy troupe. We focus on funny observations taken from a female identifying perspective.

I love my work as a massage therapist and sometimes we can work with clients who have a lot of stress, anxiety and trauma. We as therapists are very caring and empathetic individuals. It can be hard sometimes not to take some of that energy home with us at the end of the day. I find sketch comedy for me has become the most wonderful and healing outlet. When I am performing, I am fully present and mindful in the moment and it almost is a form of meditation for me.

The laughter I create with my fellow actors releases endorphins and decreases my stress. When you look up the studies done on laughter and the health benefits I think you will be pleasantly surprised. So to know that I am also able to bring those health benefits to others by making them laugh fills me greatly with joy. Some of the audience members from previous shows have told me they couldn't remember the last time they laughed so hard. Which of course caused more of my endorphins to be released!

If you are interested in catching the show and want a good laugh, Her Ladyship will be performing on June 4, 5 and 6th at The Nest on Granville island.

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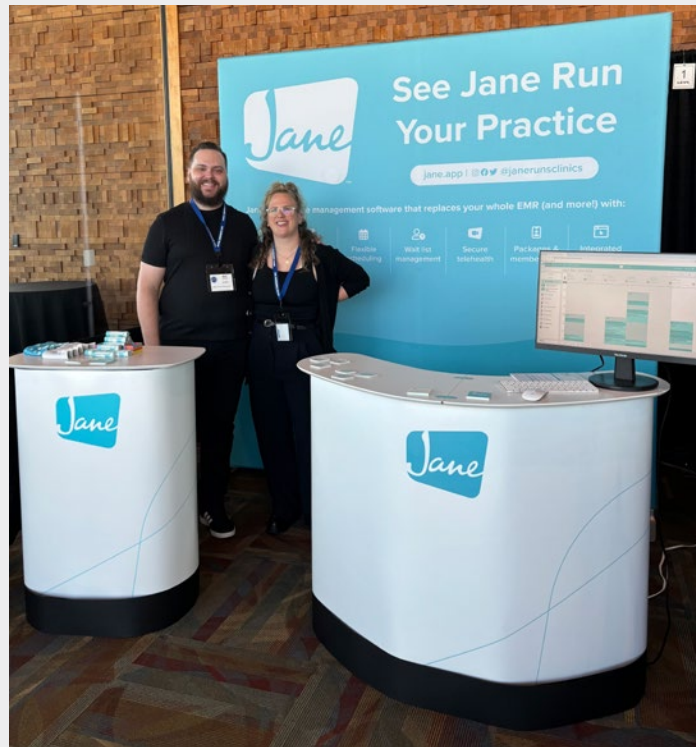
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# SHAPING UNDERSTANDING



The Role of Professional Language in  
Massage Therapy  
Amanda Baskwill, RMT, PhD  
Executive Editor/Formal  
Editor-in-Chief, IJTMB  
Senior Vice President, Academic and  
Chief Learning Officer at Loyalist College,  
Belleville, ON

This article by Amanda Baskwill, former Editor-In-Chief of the International Journal of Therapeutic Massage & Bodywork, originally appeared in the IJTMB in March of 2026. Dr. Baskwill has been a Registered Massage Therapist since 2003.

Language shapes how therapeutic massage and bodywork are perceived by clients, colleagues, policymakers, and the public. Professional credibility depends not only on what practitioners do but also on how they describe their work. The diversity of terms used across research, education, and practice reflects the field's richness but can also blur its public image, limit research coherence, and hinder integration within health systems. This editorial examines the role of language in defining professional credibility and reviews key initiatives that have sought to establish shared terminology and taxonomies. By advancing collaboration across research, education, and practice, massage therapists can continue to refine their professional language. Clear, credible, and inclusive communication strengthens public trust and reinforces massage therapy's contribution to health and well-being across the continuum of care.

## Introduction

How we speak about our work shapes how others see it. For massage therapists, the language used to describe practice, including the words chosen to explain what we do, why we do it, and for whom, has a significant influence on public understanding and professional credibility. Our words reach far beyond the treatment room; they inform how clients, policymakers, educators, and other health professionals interpret the role of massage therapy in health care. A practitioner who describes their work as "supporting wellness and relaxation" may evoke comfort and accessibility, while another who frames it as "addressing soft tissue dysfunction and promoting functional recovery" positions massage therapy within the language of clinical care. Both are accurate, yet each constructs a different image of the profession's purpose and scope. Such linguistic variation is not inherently problematic; diversity of expression reflects the richness of massage therapy's history and practice. However, inconsistent communication can blur public understanding and limit integration. Language has the power to shape identity, credibility, and belonging. In health care, the words used to describe what we do signal both our values and our alignment with broader systems of care. For massage therapy to be recognized as both compassionate and credible, grounded in care and informed by evidence, we must consider not only the language we use among ourselves but also the language we offer to the world.

## How Language Defines Professional Credibility

In health care, credibility is often built through language that signals both values and alignment with the expectations of health systems. For massage therapy, the language chosen to explain assessment, treatment, and outcomes not only reflects the nature of practice but also communicates its legitimacy to others. As Altun<sup>(1)</sup> notes, language does more than convey information; it constructs identity, power, and social belonging. The words a profession chooses communicate both who its members are and how they wish to be perceived within the larger health community.

Terms such as manual therapy, soft tissue intervention, or evidence-informed practice resonate with biomedical frameworks and may position the practitioner as a peer within interprofessional teams. In contrast, expressions such as energy work, holistic treatment, or mind-body balance evoke a different lineage of care, one rooted in wellness, intuition, and connection. Each carries meaning, yet each

speaks differently to audiences shaped by scientific, regulatory, or public expectations.

This diversity of language reflects massage therapy's strength as well as its challenge. The field draws from multiple traditions, including medical, somatic, psychological, and cultural perspectives, each of which has enriched its approaches to healing. Yet the plurality of terms used across settings can fragment the profession's image. To the public, it may be unclear whether massage therapy is a health service, a wellness experience, or a form of complementary care. For non-massage therapy health professionals, inconsistent language can obscure both the depth of training and the growing evidence that supports practice. When a profession speaks with many voices, it can struggle to be heard. Coherence in language does not require uniformity; it requires an awareness of how words represent the profession to others. For massage therapists, clarity and consistency in how we describe our work may be among the most powerful tools for strengthening credibility, building trust, and advancing integration within the broader health-care landscape.

## Fragmented Language, Fragmented Perception

The language of a profession is one of its most visible markers of cohesion. When the language of massage therapy fragments, even subtly, the effects can ripple through all aspects of professional practice. Variation in how practitioners, educators, and researchers describe their work has contributed to mixed messages, limited visibility, and uneven recognition within health systems. As others have observed, inconsistent terminology can confuse clients, weaken professional credibility, and obscure the therapeutic intent behind massage therapy practice.<sup>(2)</sup> Although many initiatives have sought to bring greater consistency to professional language,<sup>(3-8)</sup> fragmentation continues to influence how the profession is understood by those outside it. In research, inconsistency extends beyond the naming of techniques to include the ways outcomes and mechanisms of action are described. Studies may examine manual therapy, soft tissue manipulation, therapeutic touch, or bodywork, yet each term can refer to similar or overlapping interventions. At the same time, researchers may attribute change to biomechanical, neurophysiological, or psychosocial processes without shared definitions for these mechanisms or without shared definitions or alignment with their research questions. Such variation makes it difficult to compare findings, synthesize evidence, or develop a coherent understanding of how massage therapy contributes to health and well-being.

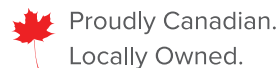
Without a shared vocabulary for what is done, how it works, and what it achieves, the collective body of knowledge remains fragmented and difficult to integrate into broader scientific and policy discussions.

In education, language shapes both curriculum and professional identity. Students may encounter different vocabularies depending on their jurisdiction or training model, ranging from biomedical frameworks that emphasize anatomy and assessment to holistic approaches that emphasize energy and balance. These differences, while pedagogically rich, can leave graduates uncertain about how to describe their work in interprofessional settings or when communicating with clients and employers. Variation in how educators present mechanisms of action and expected outcomes can also lead to uneven understanding of what

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constitutes evidence or effectiveness in massage therapy. Over time, these inconsistencies reinforce regional and philosophical divides that hinder unified advocacy and professional recognition.

For the public, the result is uncertainty. Potential clients may not understand whether massage therapy is a clinical intervention, a wellness service, or both. Health professionals may remain unclear about its indications, outcomes, or regulatory requirements. Policymakers, too, may hesitate to integrate massage therapy into public programs when its language, and by extension its identity, appears diffuse.

In this way, linguistic fragmentation does more than complicate communication; it shapes how credible, trustworthy, and essential the profession appears to those outside it. Recognizing this, the profession has made repeated efforts to define and clarify its language, each seeking, in different ways, to strengthen coherence without diminishing diversity.

### Attempts to Create Common Language Structures in Therapeutic Massage and Bodywork

Recognizing the impact of inconsistent language on research, education, and public understanding, massage therapy scholars and professional organizations have repeatedly sought to clarify the profession's language and frameworks for describing practice. These initiatives have emerged independently, each motivated by the need to strengthen communication, credibility, and comparability across contexts.

Collectively, they reflect a shared recognition that clarity in language is essential to advancing massage therapy as a credible, evidence-informed health profession. Some of these efforts have focused on how to classify practice itself, developing taxonomies and frameworks that organize the diversity of massage therapy into understandable categories. Others have sought to define key concepts, creating shared language to describe scope of practice, competencies, and mechanisms of action. Still others have addressed safety and research communication, emphasizing the need for consistent reporting and terminology when documenting outcomes or adverse events. Across this body of work, the intent has remained the same: to develop common language structures that honor massage therapy's diversity while presenting its knowledge and practice with clarity. The following examples illustrate how this shared goal has taken shape through different scholarly and professional pathways. One area of focus has been the classification of practice. Sherman, Dixon, Thompson, and Cherkin(3) proposed a taxonomy to describe massage treatments for musculoskeletal pain, identifying three levels of organization: treatment goals, styles, and techniques. Their structure emphasized descriptive rather than proprietary terminology, offering a way to represent practice consistently across different traditions. Similarly, Porcino and MacDougall(4) developed the Integrated Taxonomy of Health Care (ITHC), a framework capable of classifying both complementary and biomedical practices within a unified structure. The ITHC introduced the idea of a "primary mode of interaction," describing the way practitioners engage with clients, and positioned massage therapy as a system of health care that integrates multiple modalities. Both models illustrate efforts to organize practice diversity through clear, hierarchical language that supports communication among practitioners,

researchers, and policymakers. Another thread of work has aimed to establish a shared conceptual foundation for what massage therapy is. Kennedy, Cambron, Sharpe, Travillian, and Saunders(6) convened a workshop at an international symposium to clarify the definitions of massage and massage therapy. Drawing on expert dialogue and qualitative analysis, they proposed that massage involves patterned and purposeful soft tissue manipulation carried out with therapeutic intent, while massage therapy encompasses both the hands-on application and broader elements such as client education and the therapeutic relationship. This conceptual framing articulated massage therapy as a multidimensional health practice, bridging technique, context, and communication. A complementary initiative emerged in the development of the Massage Therapy Body of Knowledge (MTBOK), described by Sefton, Shea, and Hines.(5) This collaborative project united several major professional organizations to define a common foundation for education, research, and practice. The MTBOK articulated scope of practice, entry-level competencies, and terminology, providing a reference point for regulators, educators, and practitioners. It recognized that shared professional language enhances credibility and consistency without diminishing philosophical diversity.

Efforts to create common language have also extended into safety and reporting frameworks. Gowan(8) identified the absence of a taxonomy for patient safety incidents in massage therapy and related manual therapies. Drawing on global health models such as the World Health Organization's International Classification for Patient Safety, she argued that a consistent taxonomy is essential for accurate reporting, quality improvement, and accountability. Her work highlighted that professional maturity involves not only defining what massage therapy is but also developing the terminology to describe and learn from adverse events. Finally, Koren and Kalichman(7) addressed terminology within clinical research, focusing on the ambiguity surrounding the term deep tissue massage. They distinguished between deep massage as an intention and deep tissue massage as a defined method, and they advocated for clearer operational definitions in research and education. Their analysis reinforced the view that consistent terminology is essential to ensure that research findings can be compared, replicated, and translated into practice.

Together, these initiatives illustrate the profession's ongoing pursuit of linguistic clarity across multiple dimensions: practice, concept, safety, and evidence. Collectively, they underscore the profession's recognition that language is integral to credibility and coherence. Each represents a step toward a shared lexicon that can honor the diversity of massage therapy while allowing it to be understood, studied, and valued within the broader landscape of health and healing.

### Advancing the Conversation

The work of developing shared professional language is far from complete. Each initiative offers a foundation, yet none alone can capture the full complexity of massage therapy practice. What remains is a collective effort to connect these frameworks and extend them through ongoing research, education, and dialogue. Future progress will depend on collaboration across all sectors of the profession. Researchers can continue refining terminology and reporting standards; educators can

integrate common language into curricula; practitioners can model clear communication with clients and colleagues.

Journals, such as the International Journal of Therapeutic Massage & Bodywork, play an important role in this process by providing a space for shared reflection, critical debate, and the dissemination of work that strengthens the profession's collective voice. Through such collaboration, the language of massage therapy can continue to evolve with clarity, credibility, and a shared sense of purpose.

### Defining Ourselves Together

The language of massage therapy has always reflected its diversity, shaped by art and science, intuition and evidence, culture and care. That diversity is a foundation on which we can build, and our challenge is to speak with clarity and confidence so that our collective expertise is visible and understood by others.

Each of us contributes to the profession's shared voice. The words we use in treatment notes, research papers, and classroom discussions shape how massage therapy is understood. Clear and credible language builds trust and affirms massage therapy's role in the continuum of care. Creating a common professional lexicon is an act of leadership that begins with reflection: How do my words represent my work, and what do they communicate about my profession? By asking these questions, we can ensure that our language reflects who we are and who we are becoming. Language is one of our most powerful tools for shaping understanding. When we choose words that are thoughtful, credible, and inclusive, we invite others to see massage therapy as both compassionate and capable, grounded in care and informed by knowledge. Through our shared commitment to language that speaks with purpose and precision, we strengthen the voice of the profession and affirm its enduring contribution to the health and well-being of the people we serve.

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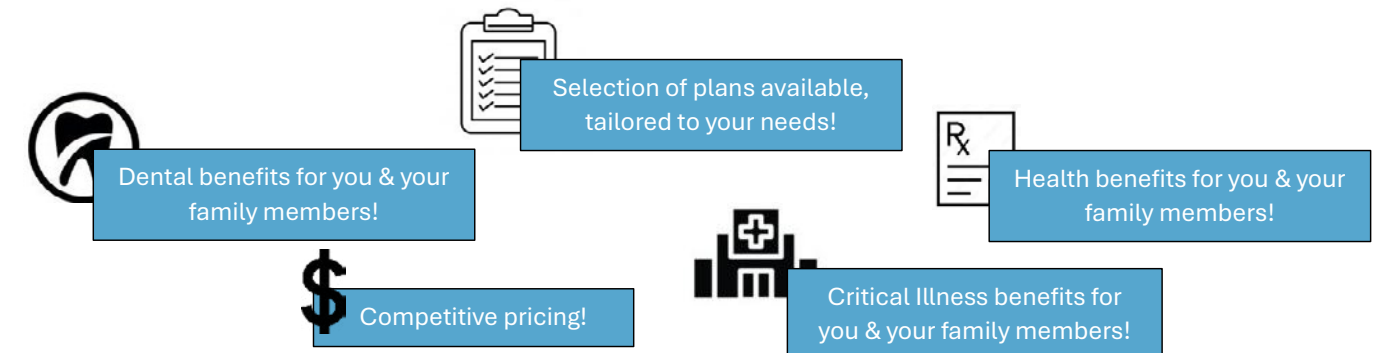
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# CONTINUING EDUCATION: WHAT IS IT AND WHY IS IT IMPORTANT?

Continuing education is not just about maintaining credentials — it is essential for delivering safe, effective, and evidence-informed care. As research, technology, and patient expectations evolve, lifelong learning enables practitioners to remain competent, adaptable, and successful throughout their careers.

Important things to consider are:

## Keeping Clinical Skills Current

As new evidence emerges, continuing education allows one to

- Learn updated assessment methods
- Refine hands-on treatment skills
- Understand modern rehabilitation strategies
- Avoid outdated or unsupported practices

For example, approaches to chronic pain management today are far more informed by neuroscience and biopsychosocial models than they were a decade ago.

## Improving Patient Outcomes

Patients benefit when clinicians stay informed. Advanced training can help therapists:

- Make more accurate clinical decisions
- Tailor treatments to individual needs
- Recognize red flags and referral needs
- Combine manual therapy with exercise and education effectively

Better-informed practitioners often achieve faster recovery times for patients and better client satisfaction.

## Supporting Evidence-Based Practice

Continuing education encourages integration of:

- Current scientific research
- Clinical expertise
- Patient preferences

This evidence-based approach strengthens treatment effectiveness and professional accountability.

## Expanding Treatment Options

Continuing education broadens both clinical versatility and career opportunities by adapting to emerging technologies and research.

Manual therapists increasingly work with:

- Digital assessment tools
- Tele-rehabilitation platforms
- Movement analysis technology
- New exercise and recovery methodologies

## Preventing Professional Burnout

Learning new approaches can renew enthusiasm and confidence.

Exposure to new ideas and peer collaboration often:

- Increases professional motivation
- Reduces stagnation
- Encourages reflective practice
- Builds stronger clinical communities

## Building Patient Trust and Professional Reputation

Patients are more likely to trust practitioners who demonstrate ongoing professional growth. Advanced certifications and specialized training can:

- Differentiate a clinician in a competitive market
- Increase referrals
- Enhance interdisciplinary collaboration

For further insight on continuing education from Cathy Ryan, who has been offering continuing education opportunities for RMTs for many years, see the following pages.



# CONTINUING EDUCATION (CONTINUED):



*By Cathy Ryan, RMT*

## What is your philosophical take on continuing education

In my 36 years as an RMT I've never taken a course or attended a conference simply for the purpose of fulfilling a regulatory requirement. As a continuing education instructor, back in the day it really peeved me when someone would reach out, close to a CE cycle deadline, to ask if I was offering a course with little interest in whether or not what I had to offer had relevance/value for them/their patients. I respectfully directed those folks elsewhere. I for one am glad that specified CE credits are no longer a regulatory requirement.

I consider continuing education my professional responsibility, an important component of my commitment to ongoing professional development and patient-centred care. Prior to registering for a conference or course I ask myself questions such as: will this course/conference improve my therapeutic relationship skills, expand my evidence-informed perspective, support my critical thinking with the end goal of improving patient outcomes.

## Please tell us a bit about your background and how you got into teaching and why it is vital

A couple of years after I graduated from the massage therapy program, one of my instructors was moving and recommended me as a potential instructor to fill her position. I jumped at the chance to teach. The nerd

in me rejoiced in studying even more diligently as an educator than I did as a student. Teaching provided an opportunity to contribute to writing entry-to-practice curriculum, which eventually evolved into creating continuing education courses. Writing curriculum evolved into writing for various massage therapy magazines and then contributing to professionally published/peer reviewed books. Why has teaching been vital? ... it feeds my nerdy-life-long-learner joy, it has been key to keeping me professionally jazzed and has made me a better practitioner. We spend so much of our professional time in a silo. Teaching has provided me with the great privilege of hanging out with other RMTs. Such an important professional development piece for me. I've learned so much by having conversations with colleagues. Basically, I teach to learn and share and hang out with colleagues.

## Whose responsibility is it to ensure RMTs are consistently keeping up with the latest research, techniques and patient support

I feel that it is a shared responsibility between the regulatory College, individual RMT and our professional association. It is the regulator's responsibility to set professional standards (such as integrated person-centred care) and monitor registrant compliance for the purpose of ensuring public/patient safety. As I stated previously, I feel like it is my professional responsibility to engage in learning that will help me

further my professional development and improve the quality of care that I provide the patients in my practice. Our professional association has the responsibility of being a valuable resource for access to high-quality education and training.

## As a guideline, how much time do you think RMTs should devote to continuing education

I personally don't think time spent nor acquiring a specific number of CE credits are good measurement tools to validate such things as evolving one's career-span competence, effective clinical implementation of advancements in science/research and improving patient outcomes. This is where I think it best for the individual RMT to take the reins in the decision-making process. A one-hour webinar might provide just as much, or maybe more, value as a two-day workshop. With so many variations in our professional roles (e.g. educator, leadership, clinical practice etc.), practice settings and particular practice focus, each individual RMT knows best the unique aspects of their professional realm and trajectory and therefore what continuing education will achieve their defined needs/goals. The basic concept of quality over quantity to accomplish purpose. This is also why I don't think mandatory requirements such as a course must have a hands-on component or relearning entry-to-practice competencies have a place in ongoing professional development. For example, given that I have a particular

practice focus (postsurgical), it would be of no clinical value for me to be required to redo an orthopedic assessment course. I'm not saying orthopedic assessment is unimportant, it's just not something that would improve patient outcomes in my current practice. This emphasizes why it is important for the individual RMT to have agency over directing their professional development, including continuing education.

## What advice can you offer on how RMTs can tap into continuing education courses and offerings

First and foremost, gravitate toward what will serve a purpose in your professional realm and trajectory.

Look to trusted resources like the RMTBC for offerings. I deeply appreciate that the RMTBC goes to great lengths to bring in both home-grown and internationally renowned, intra and cross-professional expert presenters/educators. Additionally, for me personally, the International Massage Therapy Research Conference and International Fascia Research Congress have been significant resources, not only for what the conferences themselves provided but also to inform me with respect to who the experts are.



# THE TUMBLER RIDGE TRAGEDY

A firsthand account from RMT Yvonne Poulin who lives and works in this close-knit town.

Yvonne Poulin, a long-standing RMTBC member was working in her clinic located in the hospital in Tumbler Ridge, BC when the high school shooting tragedy occurred on Feb 10, 2026. A local 18-year-old woman killed her own mother and step brother before murdering six more at the town's high school; then turned the gun on herself. Two others were injured including Maya Gebala, 12, who remains in hospital with a traumatic brain injury.

The next day Yvonne set up a temporary location away from reporters' reach to do relaxation massage on high school teachers and first responders. It was clear she needed a larger space to treat the community who had either been directly or indirectly affected by this tragedy in their small town.

In the meantime, her friend Irina Civindino, an acupuncturist from Grande Cache Alberta knew she had to do something. She had been providing mobile acupuncture clinics in Tumbler Ridge over the past 3.5 years, and cared deeply for her clients. Fortunately, she was already trained in group trauma settings by an American organization Acupuncturists Without Borders, (AWB). Irina had all the supplies ready from running her own mobile practice, and knew enough people locally to help get a community pop-up clinic off the ground.

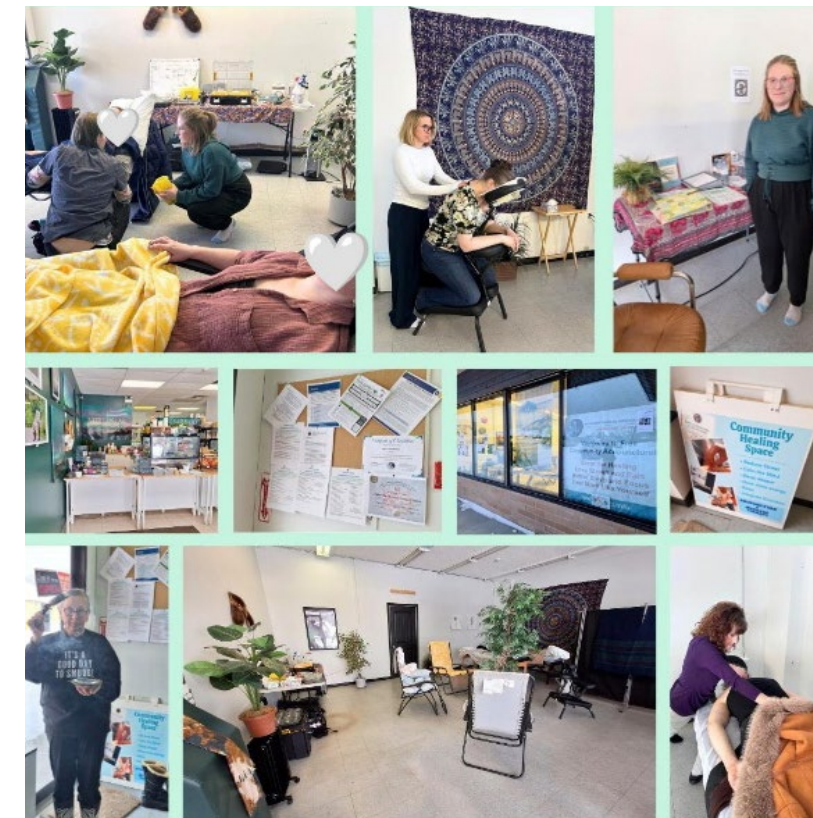
Together, Yvonne and Irina found a venue and created the Tumbler Ridge Community Healing Space where locals receive FREE 30-minute acupuncture and/or relaxation massage in a quiet, open-spaced setting. This grassroots initiative is focused on providing accessible, trauma-informed care to residents during this difficult time.

As of March 30, 2026, 715 free treatments have been provided. 14 Practitioners from nearby communities and across BC have traveled to provide acupuncture, massage therapy, cranio-sacral, somato-emotional experiencing, and osteopathic treatments. The Community Healing Space is a great success thanks to friends, vendors, the community and AWB. The space closed for the month of April in order to regroup and fundraise. We are now opening for the month of May.

Plans are underway to create a more sustainable hybrid model whereby traveling practitioners are asked to commit to 8 weeks of service per year, over one or two visits, and are paid by the TRCHS. Tumbler Ridge is remote and under-serviced, with only 2 local massage therapists. We are now focusing on recruiting for longer-term services.

Statistics on post-traumatic distress and depression are staggering; and cross all age groups. In our small community of about 2,400 residents there is only one degree of separation between those directly affected. We are in need of ongoing supports from Complimentary Health Care Practitioners.

Are you able to join in this effort to support Tumbler Ridge residents?



Photos from the first few days of the pop-up clinic in Tumbler Ridge.



This is an opportunity to stand in solidarity with Tumbler Ridge and offer meaningful care to those affected.

If you would like to get involved, please call Irina directly at 780-228-0879 or email at [irina@sproutacupuncture.ca](mailto:irina@sproutacupuncture.ca). If you know any other BC registered RMT's who may be interested in volunteering, please forward this information to them as well.

If you are unable to offer your time, but would like to make a donation to support this initiative in Tumbler Ridge, please click the button below (Note - you will receive an Official Donation Receipt for Income Tax Purposes with your donation):

## Support the Tumbler Ridge Community Healing Space

<https://tumbleridgelibrary.org/donate>

Note: You will be directed to the "Donation" page on the Tumbler Ridge Library's website. The Tumbler Ridge Public Library Association is a registered non-profit with charitable status. They have kindly offered to accept donations on behalf of the TRCHS as the TRPL Physical Therapy program. When you open the page, please do the following:

1. Enter your donation amount
2. See the Fund\* drop-down menu
3. Select TRPL Physical Therapy

### The following is Yvonne's firsthand account:

I moved to Tumbler in January 2018, after leaving the busy and hyper-expensive metropolis of Vancouver. Many of my family members had lived here during the mining boom in the 80s. I loved this Christmas Village and decided to invest in an apartment here in the late 90's.

Located in the Northeastern corner of BC, TR is a beautiful little town unlike many others in the province. It was built in 1981 as a planned community to house the labour force for the new metallurgical coal mine.

The 2,300 residents enjoy the parks and walkways that create quiet residential areas surrounding the circular downtown core nestled in the foothills of the Rocky Mountains. Mining exploration and the discovery of dinosaur tracks and fascinating geographical features lead to its designation in 2014 as a UNESCO Global Geopark.

I don't know if I could ever return to the cloudy coastal climate after experiencing the stellar blue skies and sunshine that predominate in the North. I came for the peaceful outdoors and I'm staying because of the people. I've co-authored a book entitled 'Aging Safely in Your Home', and one important aspect of resiliency in aging is to have a strong social network; not just family members. Now I know all of my neighbours, their kids and dogs, the locals who work in the shops and services as well as my friends.

Despite my glowing appraisal of Tumbler Ridge, I believe we face the same challenges as other remote Northern towns with a lack of services such as mental health supports, emergency care, physicians, complementary health practitioners (there are only 2 RMTs in town), seniors needs, and even public transportation. We have a young and diverse population, and are simply a microcosm of characters and concerns you'd find in any city.

Our recent tragedy was obviously a horrible shock; but this atrocity could happen anywhere. What distinguishes us in our post-traumatic response is the fact that Tumbler Ridge is a tightly-knit community, and we're looking out for one another. On the surface, a visitor might think all is well; people are carrying on their daily lives and the trauma is only apparent in the blocked off high school and the memorial sites. Below the surface our grieving and suffering continue. About 20% of high school students have chosen distance learning and home schooling versus returning to the temporary portable trailers that are being used now. Most of our familiar RCMP members were quickly replaced by new ones; some individuals and professionals have not returned to work. Politicians, news media, and outside supports are in and out of our town. Our 'landscape' has changed, and we're all adjusting in our own ways.

My professional low point was when I realized there was no support for the TRCHS and complementary healthcare practitioners from any government or corporate funding. No knight in shining armour who recognized the value of somatic therapy came to the rescue. I'm grateful for the mental healthcare supports we received; and that are still being provided, however it's evident that the powers that be separate mind from body and view post-traumatic healing only in the realm of mental health. I remain hopeful, and am incredibly touched by our town that has rallied to keep our doors open. I am grateful for the donations from people and organizations who care about the residents of TR.

I thank RMTBC for their donation to our cause, and director Anne Horng for taking my call when I hit my low point. She listened with compassion and explained our need for evidence-informed research to bring us to the level of recognition I/we hope for complementary professionals to achieve. Heavy sigh.



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**Elevate your practice by mastering the subtle art of The Barral Institute's Visceral and Neural Manipulation.** Barral's evidence-based and evidence-informed curriculum helps you go further in understanding and treating the interconnected systems of the body. Expand your therapeutic knowledge, gain confidence in your hands-on skills, and deliver outcomes that improve client health and well-being.

**Learn with the Experts!**



## Online Programs:

*Check website for your local time zone.*

- **The Trauma Conversation: A Six-Part Educational Series on Trauma, Manual Therapy, and Upledger CranioSacral Therapy (TTC)** – September 1, 8, 22, 29, October 13, 20, 2026
- **Unwinding Meridians 2: Applying Acupuncture Principles to CST (UMAC2-V)** September 24 - 27, 2026
- **Palpating and Treating the Abdomen: Anatomy, Palpation, Mapping, and Application of CST to Issues Caused by Inflammation in the Abdomen (CSIRAB-V)** October 1 - 4, 2026
- **CST Techniques Certification Applicant Preparation (CATP-V)** December 5, 2026

## In-Person Classes:

### UPLEDGER INSTITUTE INTERNATIONAL

**CranioSacral Applications for Conception, Pregnancy and Birthing 1 (CCPB1)**  
Vancouver, BC October 15 - 18, 2026

### THE BARRAL INSTITUTE

**Visceral Manipulation: Abdomen 1 (VM1)**  
Vancouver, BC October 15 - 18, 2026

**Neural Manipulation: An Integrative Approach to Trauma (NM1)**  
Vancouver, BC December 11 - 13, 2026

**Neural Manipulation: Peripheral Nerve Manipulation; Lower Body (NM3)**  
Vancouver, BC December 4 - 6, 2026

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