

# NANMT NEWS

"We Know the Power of Touch"



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thebodyessential.net

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Volume 11, Issue 1

2011

Headquarters  
PO Box 232  
West Milton, OH 45383  
1-800-262-4017  
info@nanmt.org

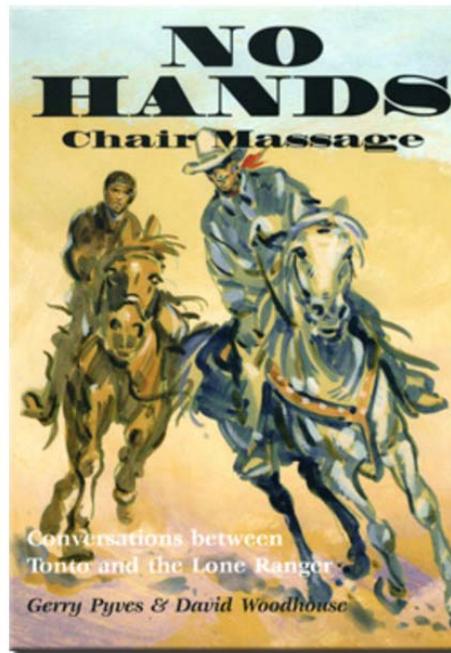
## No Hands Chair Massage—Book Review by Deb Vierling

There may be some nurse massage therapists in our membership that have difficulty using their hands for massage, perhaps, due to injury of the hands and/or wrists. If so, this book might be helpful to your restarting or extending your massage therapy practice. No-Hands Chair Massage was written by two British massage therapists (Gerry Pyves and David Woodhouse) and published in 2003 by Shi'Zen Publications.

They wrote the book in the form of an imaginary conversation between two legendary western TV heroes from the 1950's, Tonto and the Lone Ranger. That format may sound corny for a professional book on massage therapy, but the approach added to my enjoyment in reading the material and digesting it. The book was not at all tedious, thanks, in part, to that fun factor. Listen to the names of a few of the chapters: "Let's Journey: Packing Our Bags," "Into the Marshland of Injury," and "Into the Foothills of Chair Massage History."

In the book the authors cover a wide range of topics. The history of massage is discussed. The scientific and logistical advantages of chair massage, as well as its limitations, are elucidated. The intention underlying chair massage is more of a relaxing slant rather than an emphasis on structural change. The nature of repetitive injury involving the hands and wrists in

massage is discussed. The differences between meridian-based bodywork and muscle-based bodywork (possibly for the first time) are described, too. Chair massage, as discussed by the authors, involves both types of bodywork. The authors encourage massage practitioners to gear their marketing to the outcomes of massage therapy



for the client rather than marketing the fact that a particular person is a massage therapist. The authors do a good job of describing the positive outcomes of chair massage.

One area of discussion is the use of the forearm in a skillful and knowledgeable manner such that the health of both the practitioner and the client is improved. In fact, all the other ideas related to the authors'

Seven Postural Secrets for chair massage therapists can be put under the rubric of enhancing the health for both persons. The Seven Postural Secrets are: (1) connecting with awareness to the Hara in the belly just before any stroke is made; (2) feeling all the massage therapy movements through the soles of the feet; (3) flowing like seaweed in the ocean so that the massage is actually one large, continuous stroke; (4) "falling" into one's client slowly and gracefully; (5) using triangulation as a healthy way of supporting both the practitioner and the client; (6) using kneeling as a way for the practitioner of "resting while running"; and (7) using his awareness of the line of power that runs from the practitioner's feet through his whole body as his body "falls" into the client.

The appendix includes a number of topics. The authors detail their backgrounds and biographies. They discuss injurious massage techniques.

They give more massage history. They describe muscle-based chair massage in a hospital setting and give the results from an evaluation form used by the recipients.

In short, this fun and well-written book is one I would recommend to anyone interested in practicing high-quality chair massage, especially if a person wants to preserve his hands, wrists, and back.

## Understanding Alzheimer's Part 1—Ann Caitlin

**As massage therapy takes its rightful place in hospice care, it is possible, if not likely, that you will be exposed to some ethical dilemmas of modern-day health care.**

You don't have to look too far to find a person with Alzheimer's disease (AD) or someone caring for a family member with this devastating condition. While teaching massage therapists about working with people with Alzheimer's disease, common questions - and misperceptions - emerge. Sound information gives us a foundation from which to act and increases our comfort level to serve this special population. In this two-part series, I'll answer some of these questions and explore the shared human experience of living with Alzheimer's disease.

What's the difference between dementia and Alzheimer's disease?

People sometimes use the term "Alzheimer's" to describe any kind of cognitive impairment. Some believe that Alzheimer's is a normal part of growing old. Neither is quite accurate. According to the Alzheimer's Association:

"Dementia is a general term meaning loss of memory and other intellectual abilities serious enough to interfere with daily life. There are many diseases that result in dementia, including cerebral vascular accident (stroke), metabolic disorders and brain tumors, although Alzheimer's disease is the most common. Alzheimer's disease is a progressive brain disorder that damages and eventually destroys brain cells, leading to loss of memory, thinking and other brain functions. AD is not a part of normal aging, but results from a complex pattern of abnormal changes."

### What causes AD?

Alzheimer's old man In spite of years and dollars spent on research it still is not known what causes AD. While the exact cause remains unknown, what happens in the brain resulting in symptoms is clear to scientists. Brain damage gradually occurs due to complex cellular abnormalities called plaques and tangles. As the disease progresses, the brain tissue actually shrinks significantly.



ducted to rule out other possible causes for the dementia. For example, blood tests can detect hypothyroidism or vitamin B12 deficiency both of which can cause dementia in frail elders. Brain imaging tests reveal problems like blood clots or tumors. Common brain imaging tests include computerized tomography (CT scan) and magnetic resonance imaging (MRI). Positron emission tomography (PET) measures brain activity and can detect plaque cell density. A neuropsychological exam may be prescribed. This is a complex set of tests that measures problem solving, memory and language skills. The physician finally takes all this information into account to diagnosis AD.

### How does the disease progress?

It's important to note that no two people are alike when it comes to how the disease progresses. However, experts give us general guidelines. The Alzheimer's Association identifies seven stages of AD but it is simpler to categorize in terms of mild, moderate, and severe. AD develops slowly and gradually worsens as more brain cells shrink and die. Ultimately, the disease is fatal. A thorough account of the stages is too extensive for this article, but what follows is a general description offered by the American Health Assistance Foundation, which conducts AD research.

Stage I (mild): Early in the illness, those with Alzheimer's tend to be less energetic and spontaneous. They exhibit

### Is AD hereditary?

There appears to be a genetic link in what's called "early-onset AD", which tends to run in families. Relatively rare (less than 10 percent of all AD cases), early-onset AD strikes people before age 65.

### How is AD diagnosed?

Since there is no single medical test that definitively diagnoses AD, physicians rely on a battery of examinations. Interviewing the patient and family provides information about cognitive and behavioral changes and other symptoms. Initial medical tests will be con-

(Continue on page 5)

## Time for Change - Ralph Stephens

A new year can bring so many changes. Just so you know, my column will only appear four times this year. So many great authors out there, I'm sharing the ink. I have also decided that 2011 will be my "Farewell Teaching Tour" and I will significantly cut back on travels after 2011.

So, come study with me when I am near your town as this could be the last time. I'll still be around; I have lots left to share and do. But after 20 years on the road as an instructor and 13 as a musician, the road has lost most of its charm.

Change is the only constant, so watch for the changes and join in when and where you can. As always, I will be posting regular editorials on my blog: <http://ralphstephens.tumblr.com>, and others.

Speaking of change, a major change must occur in our profession and soon. That brings me to the feature topic of this column.

The biggest problem with massage is that almost anybody can do it with minimal training to some degree. Friends and lovers can learn to give a very enjoyable massage by reading a

short article or watching a video. It takes very little to train someone to give a relaxation massage that feels reasonably good to consumers who have minimal expectations and even less awareness of the true potential of massage as therapy. I am not discounting the benefits of the parasympathetic response. My point here is that turning out thousands of massage school graduates who struggle to pass a very basic licensing exam and can hardly give a decent non-specific massage, then "placing" them in low-pay, high-turnover jobs is not going to gain us acceptance by other healthcare professions and may create a backlash against us by consumers, espe-



cially at rates of more than \$100/hr.

In the short run, this is a cash cow for schools and associations but it is no way to build a profession.

So, how did we get to this place? Well, to ponder this, we have to go back into the past.

I love this quote: "When the past no longer illuminates the future, the spirit walks in darkness." Alexis de Tocqueville

### Education Then

During the last century, when massage was having its renaissance in the 1970s and 1980s, the vast majority of people entering the profession were in their 30's, had college degrees and/or significant business and life experience. They had discovered alternative health and

had a passion to learn how to better help themselves as well as to help others. Most were seeking a more desirable way to earn a living, "outside the box" where they were in control, in a much healthier environment and lower stress situation. It was rare that anyone came to massage school right out of high school, but those who did had a burning passion to learn the profession and to help people.

There were only 50 or so schools in the entire U.S. in the mid-1980s. Massage schools of that time were started by experienced, successful, profes-

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Ralph Stephens is a nationally recognized massage therapist, author, and continuing education provider in the field of therapeutic massage specializing in medical massage, sports massage, and therapeutic chair massage.

He has served as an elected member of the AMTA National Board of Directors and as chair of the Iowa Board of Examiners for Massage Therapy. In 1997, he was awarded the AMTA National Meritorious Award.

## New and Returning Members

We welcome all new members and are grateful to our renewing members.

### WELCOME BACK!

#### NEW MEMBERS

Sarah Martin, GN LMT, Queensbury, NY

#### RETURNING MEMBERS

Roseanne Anastasio, RN CMT, Redwood City, CA  
 Kyrras A. Conrad, RN CNMT, West Bloomfield, MI  
 Susie Ogg Cormier, BSN LMT NCBTMB, Breaux Bridge, LA

If you want to contact one of these new members, please visit the member public referral section or the member section. If you would like a listing mailed to you for those members in your state, just let us know call 1.800.262.4017 or email [info@nanmt.org](mailto:info@nanmt.org).

new members

## AMTA Releases Annual Research on Massage Therapy Profession

The American Massage Therapy Association (AMTA) fourth annual summary research on the state of the massage therapy profession indicates both the impact of the poor economy on massage in the past two years and how massage therapists have adjusted their practices.

A detailed report focused on the meaning of the research for massage therapy schools was released and discussed today at the AMTA 2011 Massage Schools Summit in San Francisco.

Based on three surveys conducted for AMTA in recent months, and data from government agencies, the research shows the economy is the prime mover of massage therapy. Indications are that the public embraces the benefits of massage and will increase their usage as the economy recovers.

The percentage of adult American consumers who received a massage between July 2009 and July 2010 went down by four percentage points, from 22 percent to 18 percent, compared to the previous year. Consumers continue to strongly believe in the efficacy of massage with over 80 percent of them seeing massage as effective in reducing pain and as beneficial to their health and wellness. Twenty-six percent of American adults expected to get a massage in the next twelve months.

"We are delighted to provide our members, the profession and the public with ongoing research about the state of



massage therapy in the U.S.," says AMTA President Kathleen Miller-Read. "We now have several years of information that help us all see what is hap-



pening in consumer use of massage, how massage therapists practice and how massage schools are functioning. This information is invaluable to all of us, to help us know how to maintain our practices and how our massage schools can

change to reflect the evolving needs of our profession."

During 2010, massage therapists worked an average of 19.4 massage hours per week, down slightly from 20.4 hours per week in 2009. Including tips, the average therapist earned \$41 per hour in 2010 vs. \$44.90 in 2009.

Although the last decade saw the number of practicing massage therapists increase by close to 60 percent, this growth slowed in 2010 (1 percent increase over 2009). Most massage therapists are female (87 percent), on average are 43 years old, had a different profession prior to becoming a therapist (74 percent) and are sole practitioners (65 percent). Massage therapists reported a continuing trend to work in multiple settings (an average of two settings) and practice several massage modalities (an average of eight).

The trend continued again in 2010 of a growth in health care jobs in the U.S. This also affected massage therapists as 25 percent of them reported working in a health care environment in 2010, compared to 10 percent of massage therapists working in these environments in 2005.

In 2010, the average amount of reported initial massage therapy training was 660 hours, an increase of 36 hours over 2009. Ninety-seven percent of massage therapists took continuing education classes in

**In 2005, massage therapy was projected to be a \$6 to \$11 billion a year industry. AMTA estimates that in 2010, massage therapy was a \$12-17 billion industry.**

## Understanding Alzheimer's—cont'd

(Continued from page 2)

minor memory loss and mood swings, and are slow to learn and react. They may become withdrawn, avoid people and new places and prefer the familiar. Individuals become confused, have difficulty organizing and planning, get lost easily and exercise poor judgment. They may have difficulty performing routine tasks, and have trouble communicating and understanding written material. If the person is employed, memory loss may begin to affect job performance. They can become angry and frustrated.

x-ray film Stage 2 (moderate): In this stage, the person with Alzheimer's is clearly becoming disabled. Individuals can still perform simple tasks independently, but may need assistance with more complicated activities. They forget recent events and their personal history, and become more disoriented and disconnected from reality. Memories of the distant past may be confused with the present, and affect the person's ability to comprehend the current situation, date and time. They may have trouble recognizing familiar people. Speech problems arise and understand-

ing, reading and writing are more difficult, and the individual may invent words. They may no longer be safe alone and can wander. As Alzheimer's patients become aware of this loss of control, they may become depressed, irritable and restless or apathetic and withdrawn. They may experience sleep disturbances and have more trouble eating, grooming and dressing.

Stage 3 (severe): During this final stage, people may lose the ability to feed themselves, speak, recognize people and control bodily functions. Their memory worsens and may become almost non-existent. Constant care is typically necessary. In a weakened physical state, the patient may become vulnerable to other illnesses and respiratory problems, particularly when bedridden.

### Are there drugs that slow the progression of AD?

In recent years, certain drugs have emerged as helpful in managing certain symptoms associated with AD. Drugs that help regulate neurotransmitters (e.g. Aricept) may help maintain

cognitive and behavioral function for months or a few years but there is no drug that stops the progression of the disease.

How long can a person live with AD?

There are individual differences but generally survival is four to six years after being diagnosed and some people live much longer.

### How prevalent is AD?

According to the Alzheimer's Association, there are currently 5.3 million people with AD in the United States and that number is expected to grow to 16 million by 2050.

### Are most people with ad in nursing homes?

No. Actually about 70 percent of people with AD are cared for at home. That equals to a lot of our friends, colleagues and neighbors dealing with the consuming task of caregiving.

### What support is available for families of people with AD?

Thankfully there is a great deal of support. Many communities offer caregiver support groups and local resources. A good place to start is your local area office on aging or your regional Alzheimer's Association office.



Ann Catlin, LMT, OTR has more than 30 years experience with elders in facility care, persons with disabilities and the dying, using both her skills as a massage therapist and occupational therapist. She is the executive director of the Center for Compassionate Touch LLC, an organization that provides Compassionate Touch training for massage therapists and other health professionals and consulting services for elder-care and hospice organizations. Published in the Jan/2011 issue of *Massage Today*.



## NANMT Membership Meeting at World Massage Festival

The NANMT Board announces that a full membership meeting will be held at the World Massage Festival this July in North Carolina at the West Carolina University. The World Massage Festival & Massage Therapy Hall of Fame

will begin on July 14, 2011 and conclude on the 17th. The Festival is offering over 290 Continuing Education hours to choose from. This year's theme "Research & Education Are Our Future" will take place in Cullowhee, North Carolina

In the heart of the Nantahala National Forest, near the Great Smoky and Blue Ridge Mountains. Surf to their website [www.worldmassagefestival.com](http://www.worldmassagefestival.com) for schedules, registration and photos of previous festivals.



## ***The time has come to raise educational standards.***

### **Time for Change—cont'd**

(Continued from page 3)

sional therapists who had a passion for what they did, a knack for teaching and either wanted to share their knowledge and skills with other like-minded individuals or needed to train people to help them in their clinics. This worked rather well, because the instructors were accomplished professionals and the student base was highly motivated, self-funded (for the most part) and possessed the life experience and skills to create an alternative healthcare practice in whatever situation they chose.

These individuals could be turned into massage therapists with six months to a year of training (500 - 1,000 classroom hours) very easily and effectively. They were also acutely aware their school education was insufficient and invested in advanced continuing education at every opportunity. Because they could make a good living doing massage, they could afford this investment in advanced training, which brought huge returns in increased business as they learned how to help more people and conditions.

#### **Education Today**

Today, we have a very different group of people entering the profession. Students are being recruited from the lower income, lower academic strata of

high schools with promises of easy work, high pay, and guaranteed loans. These students may or may not have a passion for massage or health, for that matter.

I recently asked a student why she was in massage school. She said her guidance counselor told her she better go to massage school because it was easier than cosmetology - so she did. That is a sad perspective of massage: "It's the easiest school you can go to." The 500-650 hours of education might turn a 30-year-old, degreed professional into a massage therapist, but it will not turn the majority of today's 18-year-old, high school graduates into one.

Times have changed and we must too.

#### **What We Must Do**

The time has come to raise educational standards. Hours must increase to include more comprehensive life skills and much better massage skills. Hours in and of themselves are not the answer; curriculum and outcomes must be changed to turn out a healthcare professional that is literate in the language and techniques of the profession. It is time that we not only increase the scope of our training programs, but set significant competency standards for who can teach mas-

sage. The "if you can't do it, you can always teach it" philosophy must be abolished. Further, a good therapist does not necessarily make a good teacher, especially to today's students.

I know both these proposals are threats to the cash flow of our current school system, especially in the short run. However, for-profit schools using Title IV funding are coming under increased government pressure to increase placement and lower loan defaults.

A better-trained graduate would help with both those issues, and the only way to do that is to have better trained instructors who actually know how to teach. Most other professions have teacher training/competency standards. It is time we do too. Why? For the primary reason we should do anything: to provide better massage therapy to the public.

Of course, this will have to be a ramp up, not a jump up. Such a change will require the cooperation of all the major "stakeholders" in the profession. A proposal to create standards for instructors has been placed on the table by the Alliance for Massage Therapy Education. It deserves serious consideration and support of all.

### **NANMT Leaders Are Active**

NANMT Board Members Joyce Garland and Christine Bailor have been active representing the Nurse Massage Therapists in unique ways.

Joyce was recently involved in multi-day continuing education

video production for Day-Break a Geriatric Massage Institute.

Christine Bailor is working with Karen Mehem and will be developing an article in Massage Magazine's August issue.

The Board of Directors meet with staff monthly via conference call to report and plan for the future successes of the National Association of Nurse Massage Therapists.



## Membership Application

Contact/Name \_\_\_\_\_ Email \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

Nurse/Massage Business Phone \_\_\_\_\_ Website: \_\_\_\_\_

**\*\* Professional Designations (Include all that apply) \*\***

RN  LPN  LVN  \_\_\_\_\_  LMT  MT  CMT  NCBTMB  \_\_\_\_\_

\*\* Student Nurse \_\_\_\_\_ Institution \_\_\_\_\_ City State \_\_\_\_\_ \*\* Massage Student \_\_\_\_\_ Institution \_\_\_\_\_ City State \_\_\_\_\_

\*\*RN/LPN Lic# \_\_\_\_\_ State # \_\_\_\_\_ \*\*Massage Lic# \_\_\_\_\_ State # \_\_\_\_\_  Not Required

\*\*NCBTMB/NCTMB # \_\_\_\_\_ Business Lic# \_\_\_\_\_ State/County/City \_\_\_\_\_  Not Required

Nurse Specialties \_\_\_\_\_

Massage/Bodywork Modalities \_\_\_\_\_

I want my information to appear in the NANMT public online referral directory at [www.nanmt.org](http://www.nanmt.org)  Yes  No  
(For Active, Elder and Supporting Members with Nurse Massage Therapy Professional Designations currently offering services.)

How did you find NANMT?  Web  School  Book  Referral  Friend  Other \_\_\_\_\_

I testify that all this information is true and correct. I understand I am responsible for notifying NANMT if any changes in this information occur. \_\_\_\_\_

Signature

Date

## Membership Type Please check the appropriate boxes:

**ACTIVE:**(one vote) A licensed nurse who holds NCBTMB certification or a state license to practice therapeutic massage/bodywork, or has completed a minimum of 500 hours verifiable instruction in massage and/or bodyworks. **Please send proof of status by mail, fax or email. This is required to process Active Members.** \$100 yearly dues

**As an active member, I am interested in a leadership role within NANMT.**

**STUDENT:** (non-voting) One of the following applies: a licensed nurse enrolled in a massage therapy/bodywork program which will qualify him/her to take a state massage licensing exam or the NCBTMB exam; a nurse massage therapist enrolled in a graduate level nursing program; a practicing massage therapist who is enrolled in an accredited school of nursing . **Please send proof of school enrollment by mail, fax or email. This is required to process Student Members.** \$55 yearly dues

**INSTITUTIONAL MEMBER:** (non-voting) A university, college or school of nursing or massage therapy, corporation, or individual business supporting NANMT's goals and mission. Benefits: discounted advertising and exhibit space at conferences. \$300 yearly dues

**SUPPORTING MEMBER:** (non-voting) An individual interested in supporting NANMT's philosophy and goals. \$75 yearly dues

**ELDER MEMBER:** (non-voting) An individual age 65 or over. \$65 yearly dues [Type not mandatory – you may choose to be Active if qualified or Supporting.]

Please make payable to NANMT in US funds and return completed application and fee to:  
National Association of Nurse Massage Therapists (NANMT) PO Box 232, West Milton, OH 45383-0232.

**\*\*PLEASE SEND PROOF OF STATUS:** copies of licenses, certifications, student status proof of enrollment, etc.  
**MAIL or FAX TO:** 937-698-6153 Attn: Membership **EMAIL SCANS to:** info@nanmt.org

\*\* Required

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NANMT Headquarters  
PO Box 232  
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Phone: 800-262-4017  
E-mail: info@nanmt.org

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