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# Breaking news! Breaking news!

The New ISRM Blog - Have you seen it?

From Mel Cash

### Sports Massage v Soft Tissue Therapy

The aim of the ISRM blog is to improve awareness of Soft Tissue Therapy as a new level of clinical practice in the UK. This goes far beyond sports massage (which it includes) by providing a safe and effective remedy for minor and chronic injuries cause by any lifestyle stress. We invite you to discuss how it can meet modern healthcare needs and where best to train.

\*\*\* Please note that this Blog does not deal with technical advice on clinical matters. \*\*\*

### What the Different Therapy Titles Mean

#### What Do These Titles Mean?

- Masseur (male), Masseuse (female) or Massage Therapist
- Sports Massage Therapist
- Sports and Remedial Massage Therapist
- Soft Tissue Therapist.

#### Other commonly used titles:

- Manual Therapist
- Manipulative Therapist
- Deep Tissue Therapist
- Sports Therapist
- Trigger Point Therapist
- Sports Injury Therapist.

#### What Titles may we use?

You are free to use any title that is not otherwise protected, but it must fairly and honestly reflect your profession.

What do you think the answers are? Tell us what you think by commenting at: http://bit.ly/2zYMIDm

#### Defining 'Soft Tissue Therapy'

#### The Definition of Soft Tissue Therapy



 Professions evolve as society changes and this is no less true for the manual therapies. There was a time when nobody had heard of 'Sports Massage'. Then in 1988 I wrote the first book with this title and now it is a recognised discipline with National Occupational Standards. The same is now happening with Soft Tissue Therapy. In 2012 my 4th book Advanced Remedial Massage and Soft Tissue Therapy (Ebury Press) became the first textbook with this title, which makes it the definitive work. It defines this newly emerging therapy as one which must include the assessment, treatment and rehabilitation of minor and chronic injuries. Wikipedia also defines it in the same way.

- Soft Tissue Therapy is obviously a generic term and not subject to any copyright or trademark restrictions. So anyone can use it providing it is true and they have been properly trained to assess, treat and rehabilitate injuries. Before we had a clear definition, it was understandable that some Sports Massage therapists used this title instead because it sounded better. But time has moved on and this now has to change.
- As Soft Tissue Therapy becomes better recognised by the general public, they will expect therapists using this title to live up to its reputation. If those without the necessary clinical skills also use it, it will undermine the development of this vitally needed new therapy. Those therapists would also be working beyond the scope of practice they were trained for, which could invalidate their insurance and be a potential risk to injured clients.
- The same should also be considered by the SMA (Sports Massage Association),

who changed their name to the Association for Soft Tissue Therapists several years ago, before it had become a clearly defined therapy. Although some of their top level therapists may rightly claim this title as individual therapists, the majority have only Level 3 and 4 qualifications and should not. I hope they can come to accept that according to the new definition of Soft Tissue Therapy, this is no longer the appropriate title to represent them collectively, and that the original Sports Massage Association name would be correct and better reflect the profession shared by their majority.

### Career Success in Soft Tissue Therapy

"We don't train therapists to 'do a job' – we aim to give them a stimulating and rewarding lifetime career [...]"

#### **Career Success in Soft Tissue Therapy**

 A successful career can only be built on a solid foundation. To achieve this we do not teach you routine treatments because no two clients are ever the same. Nor do we teach you how to perform a set of standard techniques which can only be repeated in the same way. Instead we give you the principle building blocks of the techniques so you can adapt them to suit the specific needs of the individual client. Our tutors can do this extremely well because they have decades of clinical and teaching experience to share with our students.



- As part of the ISRM training, students have to complete 100 practice treatments outside of the classroom. This not only helps develop technical skills but also teaches you how to communicate with and gain clients. At this early stage of your career, you will mostly perform Sports Massage (or Deep Tissue Massage for non-athletes), which is the perfect environment in which to perfect your skills. It should also mean that when you qualify, you will already have a client-base to start to build on.
- As you learn more assessment and treatment methods and achieve much better results with clients' more complex injury problems, your reputation for this type of work will then spread. You will start to attract more clients who need treatment for injuries rather than just a 'good massage'. With this, your career should really start to take off because

everyone suffers with some aches and pains so they are all potential clients. It also makes it a much more stimulating career because every day is different with a wider range of clients and a multitude of different problems to tackle.

• The sports massage you started with as a student tends to be evening and weekend work, which is not ideal for a lifetime career. But when someone has a painful injury, they will be willing to have treatment during regular working hours, which gives you a more viable working life.

#### So how does it work?

 Although some ISRM therapists have full-time jobs with professional sports teams or private sector injury clinics, the vast majority are self-employed and work in a variety of situations. Some run clinics from their home if they have a room to spare, most others rent rooms at health clubs and/or work part-time at private clinics alongside Physiotherapists and Osteopaths. Many also visit clients in their homes, which can be very lucrative.

- Very many of our graduates go on to make a good living as Soft Tissue Therapists, but some have gone on later to study Osteopathy and have become even more successful by having both sets of skills.
- ISRM therapists often combine Soft Tissue Therapy with sport/exercise qualifications or with other forms of bodywork like Pilates, Feldenkrais method, or the Alexander technique.
- We don't train therapists to 'do a job', we aim to give them a stimulating and rewarding lifetime career, and our BTEC Level 5 Professional Diploma in Soft Tissue Therapy is the only one of its kind in the UK.



# Editorial

From Tanya Ball

A very warm welcome to all readers to our December 2017 ISRM Newsletter. A special welcome to any new student Members, and any new advertising supporters, for whom this is their first Issue. We hope that you will find this publication informative, beneficial, and inspiring enough to contribute a story/ article in the next edition!

#### Good news for all ISRM Members!

I am delighted to announce – just in time for Christmas – the following **NEW** special offers/discounts to both student and full members, in addition to the existing ones. May I urge you to take the best possible advantage of these, as I would only ever consider entering into negotiations with third parties for our respective benefits on the basis of favourable feedback and/ or track record in terms of reliability and quality of their services and/or products:

- ✓ Health Education Seminars (HES) postgraduate courses/workshops: £20 off one-day and £40 off two-day courses (please see details on outside back cover of this issue)
- ✓ British Fascia Symposium (12th-13th May 2018 – Solihull): 5% off Early Bird and 10% off Full Registration fee
- ✓ Anatomy Trains UK: ... TBC discount/off products and courses
- ✓ 5th International Fascia Research Congress (14th-15th November 2018 – Berlin): 10% discount off Registration fee if we can achieve a group booking of ≥ 25 delegates.

In addition to these, may I remind everyone of the following most generous existing offers:

✓ *Marshcouch*: 10% off all couch orders

✓ Physique Management Company: 10%

off sports injury treatment and massage products

✓ *Journal of Bodywork and Movement Therapies (JBMT)*: 15% off annual subscriptions.

#### In this Issue...

**Mel Cash** opens his customary **'Breaking News'** page by drawing readers' attention to the recently launched ISRM Blog, explaining its objectives and limitations – emphasising that *'this Blog does <u>not</u> deal with technical advice on clinical matters'*. Its inaugural and highly topical theme of 'Sports Massage versus Soft Tissue Therapy' is then discussed, and readers are invited to explore the nuances and merits of the various titles describing our profession, and reflect on *both* the public perception, and actual meaning, of these keywords.



This Editorial is followed by the announcement of a range of **Voluntary and freelance jobs + other opportunities**, from training in and subsequently providing tailored Soft Tissue Therapy (STT) in the context of palliative care, to receiving free Structural Bodywork in exchange for specific availability commitment on fixed dates, not forgetting the chance to gain remunerated work providing STT in enviable ski resorts whilst enjoying plenty of leisure time to whiz down the snowy slopes!

**Feature articles** once again include an inspiring update about the charity project *Seeing Hands Nepal* from ever-dedicated **Sue Ainley**: This report is in my view a testament to the courage and resilience of all concerned following the traumatic and lasting devastation suffered as a result of the 2015 earthquake.

**LSSM London Tutor Jo Chatfield** has contributed a most insightful and informative sequel to her initial article about her 14 years' experience working with patients with Multiple Sclerosis (MS). Valuable tips and advice are illustrated with useful photos.

Southampton LSSM Graduate Robyn Sharpe's captivating account of her 2016-17 season working for Southampton Football Club's Premiership team is not to be missed, and is above all a must-read for anyone with self-doubts: I challenge anyone of us, irrespective of level of experience, not to feel those 'what ifs' and misgivings evaporate as they discover how, from hundreds of applicants, Robyn was not only offered the job, but excelled and abundantly justified her appointment. She truthfully portrays both sides of this rare opportunity - not hiding its less glamorous aspects such as the long, late hours of duty, the highs and lows of UK and overseas travel, sometimes at very short notice... as well as the incomparable buzz of contributing to the team's successes, and the ultimate motivation she drew from witnessing the players' extraordinary and unflinching commitment to achieving excellence.

Complementing the 'Paul's Cancer Support Volunteer training appeal' below in this Issue, **Deborah Curle** shares her challenging but highly rewarding experience as a Home Visiting volunteer massage therapist with this worthy benevolent group, with important tips for anyone considering following in her steps.

Last but far from least in the Feature Articles section, **Thomas Myers'** – author of *Anatomy Trains* – discusses the potential merits or otherwise of the seemingly omnipresent 'obsession' (my words!) with 'foam rolling'. His article 'To roll or not to roll' raises a number of in my view overdue thought-provoking questions about the 'how' and 'where', as well as the 'what' of this practice. I urge any foam roller users or instructors not to miss this valuable and sobering reality check.

Event Work: As always, readers can catch up on and draw inspiration form recent sports events supported by onsite ISRM volunteer soft tissue therapy teams. These include several first-hand accounts of the 2017 London Marathon, and one from the Ride London Surrey 100. A big thank you to Pam Dorman, Nicola Lowe, and Sarah Dunkley for these. An abundance of photos from numerous participants, together with some feedback quotes, reflect the buzzing atmosphere and range of emotions of these events. A huge 'thank you' as always to all who helped, sometimes stepping in at short notice and/or personal inconvenience, on these occasions. Looking ahead, please be aware that applications are already open for some 2018 events, not least the London Marathon.

Expand your knowledge, enhance your skills (CPD): Details of known/confirmed 2018 CPD (Continued professional development) prospects can be found in this Section, and as previously, readers will be notified of further courses and workshops in subsequent Newsletters and/or by group email when appropriate. Your attention is specially drawn to the tremendous and infrequent learning opportunities offered by the 2018 British Fascia Symposium (Solihull) and the 5th International Fascia Research Congress (Berlin).

Details of Thomas Myers' recent publication: About BodyReading: Visual Assessment and *the Anatomy Trains* can also be found in this CPD section. A superb aid for those eager to enhance their observation skills, and the critically important ability to interpret what they see.

**Members' special offers**: Please refer to the subheading 'Good news for all ISRM Members!' at the beginning of this Editorial to ensure you take full advantage of the range of preferential offers negotiated on your behalf.

## \*\*\* Newsletter contributions – please get writing now! \*\*\*

My most grateful thanks to all contributors to this Issue, some of whom I know dug very deep into their limited 'spare' time to enable the rest of us to benefit from their insights. Going forward, I am appealing to each of you not to leave it to 'somebody else' to make the effort. Consider how much you have gained from others' tips, knowledge, and experience, and make sure you return the compliment by sharing yours in the next Newsletter. *Please get writing now! Thank you!* 

Please note that the submission deadline for the spring/summer 2018 issue is Friday 27th April 2018, thank you.

Please keep sending your newsletter contributions to me at: editor@theisrm.com

#### ISRM Newsletter format – reminder

For the benefit of our new Members, please note that our mid-year newsletter editions are published online only, followed by an extended hard copy as well as e-format for the December Issue. Any non-obsolete material from earlier electronic editions of a given year is reproduced in its end-of-year printed issue.

Members can access previous newsletters online dating back to the spring 2009 edition. A very grateful 'thank you' to ISRM website manager Martin Docherty for his continued efforts in making our website ever more user-friendly and informative, and to Glyn Rees of QP Printing for his high quality and creative design.



## Volunteer training opportunity:

Paul's Cancer Support Centre – Home Visiting Service

From Marisca Ribeiro

### Comprehensive Home Visiting Service training for volunteer massage therapists and reflexologists

We are running our Home Visiting training in January to March 2018 for massage therapists and reflexologists who would like to have the preparation to be able to work as volunteers with people affected by cancer. We offer a nine module training covering topics such as cancer treatments and side effects, palliative care, managing client expectations and adapting practice to the home environment.

We would be very happy to attend your training sessions to talk about the training we provide and/or provide an article on why volunteering in this field is such a rewarding experience. For information, complementary therapies, groups and classes for people with cancer, their relatives and carers, please visit:

www.pauls cancer support centre.org.uk

Last year Paul's Cancer Support Centre gave skilled, professional and compassionate care to more than 600 people affected by cancer, in Wandsworth, Lambeth and the neighbouring boroughs – in their own homes and at our York Road centre. Our services are free of charge to clients, families and carers, and we depend on the support of our local community, in the form of donations, participation at our events, fundraising and legacies, to continue our work. We thank you for your continued support. Comprehensive Home Visiting Service training for volunteer massage therapists and reflexologists



Share your skills as a qualified massage therapist or reflexologist and offer gentle, compassionate touch to someone too frail to leave their home.

Are you able to commit 2 hours a week to visit clients in one of the London boroughs of Wandsworth, Lambeth, Merton or Southwark?

We are recruiting volunteer practitioners to offer complementary therapies to people with cancer. Successful applicants will be offered a free training [33 hours] starting 27 January 2018.

For more information & Open evening dates, please email Clare Unwin at hvisits@paulscancersupport.org.uk or visit our website www.paulscancersupport.org.uk

Inue's Cancer Support Centre 70-22 Fore Road SW11 SDA CONDON Tel: 020 7924 3924

Charity Humbel 1129295 (Writter @powormuspod)





# Soft Tissue Therapy to your doorstep!

From Jennifer Tsang and Olivia







## Imagine a world where relaxation is delivered to your doorstep...

That is the promise that *Massage Me* makes. In a world where it is increasingly difficult to find a slice of time for yourself – even when on holiday! – *Massage Me* helps people make time for themselves by bringing our services to them.

Since launching in 2006 with one lone therapist, *Massage Me* has grown to a network of over 20 therapists in resorts across the French Alps. We are proud

that it is our dedication to customer care that has driven this growth, with 99.3% of clients saying they would recommend our services.

#### You can't buy happiness, but you can buy a massage and a lift pass and that's pretty close...

Taking the leap to work for *Massage Me* is not just a job, but a lifestyle choice. Set up by people with a passion for alpine life – whizzing down a mountain on a board, skis, or a bike, is where our hearts lie. We firmly believe that *Massage Me* offers something that other companies do not. Our emphasis is on 'working to live' and when your passion is your work, it is easy. Working hard and providing an excellent service so that we can live in such a beautiful place is a privilege which we thank our lucky stars for every day. Not only that, we want to share it with you!

Don't feel quite so passionate about what you're doing right now? Why not start your next adventure with us and see what we're talking about? What can we offer you?

• Better earning potential

On average, our therapists work 15 hours per week, with this increasing over peak holiday periods.

• Flexibility

Work independently but within a team of like-minded individuals. Earn and work where and when you want. Our peak treatment times are from 3:00 – 8:00 pm, meaning you can hit the slopes every day of the season.

• Exclusive booking system

Our booking system matches therapists to clients based on proximity, treatment type, and time required. This means we efficiently manage your diary for you to make the most of your days.

• Exclusive access to many locations and properties.

Work with the reassurance of an evergrowing pool of local clients. We have long-standing service agreements with many partners throughout the Alps. Working with us, you would be taking





care of a 'family' of properties, meaning you would get to know the hotels and chalets intimately over the season.

#### • In-house training

Massage Me therapists must attend the centralised team training sessions at the start of the season. Therapists will receive a formal induction to Massage Me and also specific training on the signature Massage Me treatments.

• Support from the *Massage Me* team seven days a week

Our office team takes care of all the admin and paperwork for you, giving you the freedom to come and go to/from treatments with ease.

#### Assistance with accommodation

Whilst we don't provide accommodation for you, we do have access to many apartments in prime mountain locations which we can assist you in renting.

#### What some of our therapists said...

"The fact that someone else was dealing with all the bookings and I've been able to work non-stop since starting with Massage Me has been great. I've had loads of experience in providing different levels of treatment. Plus, I'm learning to ski and have had plenty of time to get out with friends."

#### Anne, Les Gets

"I was worried about how much travelling from chalet to chalet there would be and driving in the snow! But actually, it's been really easy. I've probably only put snow chains on once or twice over the whole season because the roads are always being kept clear by the road-clearers." John Peisey

"I've loved how friendly everyone is, from the other therapists and the Massage Me support team to all the other seasonal staff. People out here really know how to get the most out of their time and seem to just love what they do. Plus, it really is one of the most beautiful places l've ever travelled to!" Sam, Bourg Saint-Maurice

#### Sam, Bourg Same-Maurice

#### What our therapists need to provide

The quality of massage service we provide to our clients is paramount. Our partners have certain expectations when they meet a *Massage Me* therapist. Therefore, we require several items from you to make sure that *Massage Me* is a good fit for you.

#### We will ask for:

- Evidence of a Level 3 or higher qualification in Massage
- Experience and qualification in relaxing massage, deep tissue and / or sports massage
- Evidence of being registered as self employed, usually in the form providing your personal Tax Reference (UTR) number\*
- An A1 Tax Certificate\*
- Proof of a valid and relevant Professional Indemnity and Public Liability Insurance
- Massage equipment either you must provide your own, or we can provide it for the season at a cost
- Access to our service areas it is essential that you have your own transport in order to work with us
- Knowledge of French is desirable but not essential.

We will also conduct a trade-test prior to confirming your job role. This again makes sure that our therapists are all capable of performing their role to the level required of a *Massage Me* therapist.

So, what are you waiting for? Send us your CV with a covering letter to: work@massage-me.com and make the change today that your future self with thank you for.

\*If you require assistance with these matters, our office team are experienced in this administrative field and will be happy to help.





## FREE STRUCTURAL BODYWORK OPPORTUNITY!

Anatomy Trains UK are holding a Structural Bodywork Certification Training to certify practitioners from all over the world The training is taking place at

### The Memorial Village Hall, Weston-on-the-Green, Oxfordshire

We need models for postural assessment followed by FREE structural bodywork. The work will be performed by a class student but all students are qualified practitioners of other modalities and they will be closely supervised by Certified Trainers of Structural Bodywork. You will be receiving high quality bodywork from a well-trained practitioner.

Models need to be available on the three following days:

Sunday 19 February 2017 Thursday 23 February 2017 Saturday 25 February 2017

Sessions are 90 minutes but we advise allowing 2 hours on each day We ask that you commit to all three dates. \*\*\* We also need teacher model on 17th / 22nd & 24th February 2017 \*\*\*

### What do you get in return? FREE Structural BodyWork on three different occasions!

The KMI System is based on Dr Ida Rolf's pioneering work, as developed by Tom Myers. Dr. Rolf's classic 'recipe' for structural bodywork is interpreted through the lens of Tom's Anatomy Trains Myofascial Meridians, a revolutionary understanding of soft-tissue patterning. KMI brings clarity, and gentle effectiveness to the practice of Dr Ida Rolf's Structural Integration.

> Please call 028 9058 0764 or email: workshops@anatomytrains.co.uk to book your sessions today!



Employ -Embolis

Feature Articles

# Seeing Hands Nepal -Ten years on!

## From Sue Ainley

'The success of Seeing Hands Nepal is due in no small part to the amazing voluntary efforts of ISRM members, whose tutorage helped to shape the style of massage we offer and lend us a still-unparalleled reputation for quality.'



The Seeing Hands clinic in Pokhara celebrated its 10th anniversary this year, and it's incredible to see how far this initiative, which started so small, has come in the last decade. Seeing Hands now operates four massage clinics across Nepal, all of which are now entirely locally run and managed. The whole enterprise continues to be self-sustaining and we're extremely proud to see its continued growth.

This year the team opened the fourth clinic in Boudha, in the Kathmandu

Valley, which is being managed by Santosh (pictured) who qualified in 2009 and has a veritable following of regular clients. Business in Boudha is looking promising so far, in their first month of trading they treated 30 clients and we're expecting that to gradually increase as word spreads amongst hotels in the local area.

These new clinics are also providing vital employment for newly-trained blind therapists. Chiran, our manager in Kathmandu, has been simultaneously



driving this expansion and running the training programme. Over the past 18 months he has single-handedly trained and qualified six new therapists, and found them all places to work. We travelled out to Nepal in April 2017 to 'quality check' their skills, and were very pleasantly surprised.

The success of Seeing Hands is due in no small part to the amazing voluntary efforts of ISRM members, whose tutorage helped to shape the style of massage we offer and lend us a still-unparalleled reputation for quality. Although we are no longer in need of full time volunteer massage tutors, if any members reading this are travelling to Nepal and would be willing to spare some time, please do get in touch. There are still plenty of ways to help, and even something as small as doing a massage exchange with a therapist is a really valuable thing. Email info@seeinghandsnepal.org



# Working with Multiple Sclerosis (MS) - Part 2

From Jo Chatfield



#### Recap

As part of the Physiotherapy Team at the MS Therapy Centre in Coulsdon for 14 years, I have come across various issues on a regular basis. It gives me great pleasure to be able to share this incredible experience with others. Often I have found that students or more recently qualified therapists can be nervous when they are asked to worked with someone who has a disability. I hope that this article will give people confidence when working with people with MS. In my last article (issue 32), I talked about the importance for clients of improving balance, patterning exercises, and more. Here is some more food for thought. Many of the areas I cover below can also relate to other neurological conditions as well.

#### Incontinence

<u>Bladder and bowel problems are</u> <u>commonplace for anyone with a central</u> <u>neurological condition</u>. The range of symptoms can include retention, urgency, inability to release, and increased frequency. As soft tissue therapists, there is little we can do to help because the cause of the problem is the 'faulty' nervous system. I think though that it is important that we are all aware of the symptoms as they can alter client behaviour and affect their state of mind. Continence can be an embarrassing subject to raise (it took me a couple of years of practice to feel confident discussing it), but often we therapists are in a great position to be able to encourage clients to talk about their concerns in confidence and motivate them to seek professional help.

Urinary tract infections (UTI) are quite likely at some stage in the life of someone with a neurological condition. Some people are extremely prone to them due to being unable completely to empty their bladder, leading to a build-up of harmful bacteria. Another reason for UTIs is poor hydration. Frequently people cut back on their fluid consumption as they fear they may not get to a toilet quickly enough. Symptoms can be mild such as the client feeling slightly "under the weather", through to total confusion and physical weakness. It is always worth referring your client to see another medical practitioner if you suspect they may have any kind of continence issue, and especially a UTI. In an ideal world, each health authority would have a MS Nurse,

but these are few and far between. Find out if there is one that you can refer your client to, or get them to ask their GP. Failing that their GP or Practice Nurse should be able to help, not least with testing for a UTI.

One point worth noting is that a 'neurogenic bladder' does not respond in the same way as a fully functioning bladder. There is much anecdotal talk as to the benefits of drinking cranberry juice to prevent UTIs. Evidence to date suggests that this is not the case where people have MS. If there has been any slight improvement, it is believed this to be due to the person having increased their fluid intake, which helps flush out harmful bacteria. Any drinks with added sugar, as is often the case with fruit juices, are likely to make matters worse, not better.

#### Muscle weakness

A decrease in muscle tone is often one of the first symptoms that people notice. It might just be occasional and come and go (as with Relapsing Remitting MS), but generally as the condition progresses (to Secondary and Primary MS), loss of muscle tone in a limb or multiple limbs is probable. Obvious postural changes, especially excessive thoracic kyphosis and a forward head position, can also be a sign of muscle weakness with MS as well as other neurological conditions such as Parkinson's. There is some debate as to how much improvement can be achieved with MS, however at our MS Centre we know that, if the client works at it regularly and on an ongoing basis, muscles can be strengthened. The key is not to wait until the problem is advanced before starting to strengthen - prevention is better than cure! The sooner we can get working with our MS clients, the more likely it is that we can maintain or slow down muscle atrophy. Be realistic when setting goals though, and be aware that something we may find easy to do could seem like a massive ordeal for someone with MS (see Cognitive issues



below). Even if physical improvement is limited, there are other benefits to regular exercise. A recent survey conducted in Australia showed that the majority of people with MS who participated in the research reported a significant reduction in pain and an increased sense of well-being if they took part in regular exercise. That is no surprise to us at the MS Centre as we have been witnessing this-first hand for the past twenty years...

#### Spasticity

<u>Hypertonicity and inhibition</u>: As we all know, when one set of muscles becomes weak, the opposing muscles tend to take over and can further inhibit already weak muscles. Common groups of hypertonic muscles are the elbow/shoulder/glenohumeral joint (GHJ) flexors, hip adductors, calf muscles, and hip flexors. Sometimes the hypertonicity is constant, affecting the client's ability to walk or carry out simple tasks.

Spasm and potential adverse response: MS can also lead to very dramatic and painful muscle spasm. Touching the skin or stretching a muscle can trigger spasm, so soft tissue therapy is not always viable. The only way to find out is by trial and error, but do warn the client first that they may experience an adverse reaction, and make sure that they trust you and know what you are doing, and why. Sometimes I have treated someone several times in the same way, yet they have responded very differently on each each occasion. It is worth remembering that the muscles are being controlled by a faulty nervous system, and that the only long-term remedy for spasm is medication.

'Extensor Spasm': In some cases someone with MS may incur significant spasm that affects the whole body. This is usually 'Extensor Spasm', and results in a number of muscles on the posterior aspect of the body contracting at once so the body becomes straight and rigid. If the person is sitting down the spasm can be strong enough to propel them out of their seat. While medication is the prime method to treat all serious spasm, we can help limit spasm by understanding what triggers it. It is commonly triggered when the person extends their neck, which often happens as they are moving from one position to another. Hence, *keeping the chin 'tucked under' during transition movements* is very effective in decreasing or preventing Extensor Spasm. Maintaining a little trunk flexion and hip flexion even when supine can also help. In addition, encouraging the person to exhale deeply as they move (or are moved) can contribute to keeping them safe and more comfortable.

#### Fatigue

There is nothing that we can do as therapists to improve our clients' fatigue issues, however it is an important symptom to be aware of. Most people with MS will be aware if they have sudden, debilitating episodes of fatigue, so ensure that you include asking about this among your list of pre-treatment questions. When working with our clients in a remedial or general soft tissue therapy environment, we must be careful not to do too much too soon. 'Little and often' is a wise plan to start with until you know how your client is likely to respond to your treatment or to exercise. If you are introducing them to something new, it is likely that their brain as well as their body will quickly feel overloaded. It is always a good idea to allow time for your client with MS to rest after treatment before they attempt to get themselves up and out of the door. If they are driving themselves home, you may be able to encourage them to find an alternative option of getting back after treatment, especially for the first couple of times. They may well feel disorientated at first, and any pre-existing issues such as balance will become more apparent.

#### **Cognitive Problems**

Some 85% of people diagnosed with MS will have some kind of brain function issue. My clients are shocked by this statistic as the majority of them abhor the thought that they may be affected mentally. <u>Frequently this is first noticeable as depression</u>. It is a common side-effect of being diagnosed with most degenerative conditions. Depression can also be due to decreased chemical

activity in the brain cells and reduced serotonin production. Unfortunately depression in turn so often becomes the reason why people are unable to motivate themselves to exercise - frustrating for us all as we know how important exercise can be, but understandable! Getting your client involved in any kind of group exercise may help motivate them to help themselves. Often the social side of a class helps people feel less alone, especially if others in the group share similar problems. We encourage people to attend the centre even if they sometimes do not feel up to joining a class, as this keeps them in the habit of coming along to their weekly session. The social interaction is vital as many find their social circle diminishes as their disability increases. Sometimes people are fearful of trying a class as they fear they may not be able to keep up, so it can be challenging to find the right environment for them. YMCA gyms or other local authority sports centres often run schemes specifically intended for disabled people, and the staff tent to be really supportive.





Other common cognitive problems include short-term memory loss, or slow mental reflexes. It is really a matter of getting to know your client and working out what coping mechanisms you can best come up with. Non-attendance at appointments in a widespread occurrence, so phoning people to remind them of their appointment can be essential if you don't want to find yourself hanging around with no one treat. It is all very well for them to put an appointment in their diary, but they then have to remember to check their diary! Obtaining your client's approval to recruit a member of their family or prime carer/PA to help remind them of their appointments is a great idea. As healthy able-bodied people, it can at times be difficult for us to

appreciate the degree of mental, as well as physical effort, it can take for someone with MS to get organised and on time for an appointment. Patience is vital!

<u>Want to know more?</u> There is an abundance of information on line to support people with MS and help us as therapists understand the condition. The MS Trust website in particular is useful: https:// www.mstrust.org.uk/

Do feel free to contact me via email (jochatters@hotmail.com) with any specific questions or your own experiences of working with people with neurological conditions. It is so important to share best practice for the benefit of this special group of clients. *Why not write an article for the next newsletter?* 



# Working for a Premier League Football Club

From Robyn Sharpe



After just over a year since qualifying from the LSSM L5 Diploma course in Southampton, I had the incredibly exciting opportunity to work for Southampton FC. I couldn't believe it! I had applied for the position thinking 'I probably won't get it, but hey, what have I got to lose?' so I sent my application in and to my surprise, a few weeks later I received an email inviting me to have a telephone interview. This lasted around 30 minutes, and as you can imagine I was very nervous, but the guys on the other end of the phone – the head physio and soft tissue therapist – were so lovely to speak to that it shifted all my nerves to the back of my mind.

A few weeks went by, and then I was invited to attend a practical interview. As could be expected, by this point I was incredibly surprised and filled with nerves: 'what does a practical interview consist of?' I thought, as the invitation didn't give anything away so you couldn't prep on anything specific... so I spent the next few days re-visiting all the books I could think of to prepare myself for anything and everything.

Interview time... Staplewood Campus - the training ground of Southampton FC - what an amazing facility! I sat there in reception waiting to be called through for my interview. 'Robyn,' I was greeted by a very friendly and welcoming chap who turned out to be the head physio. I was taken into what I now know as the Doctor's office. Here I was given two ten-minute scenarios to respond to, and an Academy player to work on. Interview over, and I was informed that I would be called later that day, and if successful, I would be invited to a final interview... I was called! Amazing! Now my nerves were in overdrive, I couldn't believe I'd got this far, and thought, 'if I don't get the job I'm just happy I got this far'. Anyway... the final interview went well in my mind, and I also found out that I had progressed down to the last two out of 230 applicants! That's not a bad number. A few days went by and I received a call: it was Southampton FC offering me to join the team





as a soft tissue therapist... and of course I said 'yes'! What an amazing opportunity, and my God was it!

I have learnt so much at my time in Southampton. I have new skills added to my toolbox, such as acupuncture, 'cupping' and 'tooling'. I have seen injuries first-hand, from hamstring tears to shoulder dislocations, which have resulted in requiring surgery. I've learnt how to manage these acute injuries and how to assist in the rehab' from them. The facilities at Southampton FC are astounding, and ensure that the players are looked after and cared for at the highest level. The backroom staff are incredibly knowledgeable, and this means the players benefit from the best care possible, and this doesn't just apply to the injured players - it includes the fit players too!

I must admit, I've never been a football fan, but after working at Southampton, how can I not be? The hard work these boys put into their training is immense. From the moment they come back from the off-season, preseason starts and it starts with a bang. The players train hard, much harder than any of us could conceive unless you have seen it first-hand. The time they spend away from their loved ones on pre-season camps, for six days or sometimes more, the weeks and months they invest, and the hours and hours of fitness, training, gym work and nutritional care they commit to in order to become the best players they can be, is a humbling



context to be around and involved in. So how can I not be a football fan now? Slightly biased towards Southampton as you can guess! So much so that my husband is thrilled because I will now ask to watch Match of the Day rather than bid him to turn over to another channel. Now for the 'other side of the coin' ... It will come as little surprise to you that working for the Premier League isn't all glitz and glam: It consists of long days, most weekends, working over the festive period - football doesn't stop for Christmas! Lots of miles in the team coach or plane travelling to away games, and being away for a couple of weeks here and there for pre-season camps. I was fortunate enough to attend two pre-season trips: To Holland for a week in 2016, and to Austria and Evian (France) for a week each in 2017. Pre-season would typically consist of two training sessions a day, and for my role it would mean that my day would start at around 8:00 am for a backroom staff meeting, and finish around 10:00-11:00 pm as the last player left the treatment room. Yes of course, we would have lunch breaks etc. but while the players were training, we staff members would muck in where we could, which could mean being a ball boy (or girl in my case) during their training session, or being the timer for the post-training recovery ice baths.

During the season I was thrilled to work at the Europa Cup destinations, which consisted of Israel, Prague (Czech Republic), and Milan (Italy), but don't be fooled - there's no time for sight-seeing: I was all go-go from the moment we landed, and generally all you got to see was a hotel room and a football stadium. I must say though that Milan's San Siro Stadium was pretty cool to see. Then when home and playing against the other Premier League clubs, you're looking at a busy day of travelling. Typically the players would train in the morning the day before the game, and then we would travel up after lunch; this could be in the team coach or via plane depending on who we were playing. Once arrived at the hotel, it would be a case of checking that the treatment room was suitable for use - usually a conference room or a large suite. Then it would be dinner time for all players and staff, and if there were a new player or member of staff among the

team, the exciting - if you were an onlooker terrifying-if it were you-process of initiation would unfold! This is where you have to stand on a chair, in the dining room, in front of everyone, and sing... that's right, SING, no backing tracks or word prompts allowed, just you on a chair singing until they clap you off, or if you're really unlucky, you may get booed and have to repeat your performance another time. It is petrifying if it is your turn, but brilliant entertainment if it's not, and it only happens on away trips, so you're safe on home games. Once the entertainment over, you would head to the treatment room and start working; the players would book into the allocated slots – usually starting at about 8:00 pm and each lasting about 30 mins. On a busy night, you could be finishing at around 11:00 pm latest. Once done, it's time for bed for a 7:00 am start the next day - subject to kick-off time.

Match day: Typically on an away game kicking off at 3:00 pm, a handful of us massage therapists, kit men, and an intern, would head for the stadium a few hours early to set up, so that once the players arrived, they had everything they need in their spaces and have a therapy area for treatment (massage/ physio/doctor). During the game, we would sit just up from the bench and keep an eve on play. If a player went down hard and the physio and/or doctor required assistance, oxygen, Entonox (a pain relieving gas) etc. then we would run onto the pitch to help. Thankfully this only happened to me once, but it is key to keep alert and communicate over the radios we would all be wearing. Halftime... it goes quickly! So if a player is feeling a bit crampy, needs a quick bit of mobilisation, then this is performed in the changing room during the coach's talk. Then back out to





finish the game and hopefully bag a win. The changing room would then get packed up, and everything would get pushed out to the kit van to be returned to the training ground, and we would travel home.

The hours are long, sometimes you're getting home at 3:00 am and back in work the next day. Sometimes you're away for a couple of nights or maybe even a week. The schedule can be gruelling and changes will happen with minimal notice. You will miss weddings, christenings, social events, and see your partner less than you would have expected, and this can be hard. But on the flip side, you do get to work within the Premier League, alongside highly knowledgeable doctors, physios, coaches etc., and to treat on some of the hardest working people I've ever met. These players are true athletes, who train to their limits day in, day out. Their fitness levels are astounding, their mind set is inspiring, and their personalities are humbling. This has truly been a once in a lifetime opportunity and experience for which I'm truly thankful. I have learnt and grown so much since working at Southampton FC. All I can say is if you want a job, go for it – you never know, you might get it, and it might change your life! It definitely has for me, and the prospects I am now journeying towards are very exciting, and I wouldn't even have considered them had it not been for my experience with Southampton.

# Practitioner case study:

by Deborah Curle, Massage Therapist



I applied to be a Home Visiting volunteer massage therapist with Paul's Cancer Support in early 2011. I completed the induction training in the late spring of that year and started seeing clients in July.

I had just completed a counselling training when my mother suffered a stroke. She was paralysed and living in a care home. She received massage treatments in the home and I noticed how a non-verbal therapy was really helping her and how much she looked forward to it. It motivated me to train as a massage therapist. I knew I was not interested in working in a salon setting – I wanted to be able to use massage as a therapeutic tool.

I was working fulltime as an Administrator in a London university and was finding it hard to find somewhere to practice my newly acquired skills and qualification. Most places wanted volunteers to be available during the daytime. I then came across an advert for Paul's Centre Home Visiting Service, which offered the flexibility to work as a massage therapist during evenings and weekends.

I thoroughly enjoy the client contact; I have worked with a very interesting range of people. Working in people's homes gives you a greater sense of the person than if they were coming to you and you were seeing them in the same room each week. I consider it a privilege to work with people in their homes – although it can at times be challenging and difficult, it is never dull! The other thing I enjoy is meeting with other therapists in supervision. It is really useful to hear about their experiences and how they

handled certain situations or difficulties. When treating clients who are at the end of life, the options as to what you can do can be limited, but you can always do something. It is challenging and it stretches me. I'm always thinking about how to adapt my practice to their changing health needs – for example, they may be sitting up in a chair or in bed, or reclining on their side because they can't lie on their back, etc. I am constantly testing my ingenuity.

I also pick up tips and suggestions from other practitioners in supervision.

If you are considering volunteering with clients who are receiving palliative care or who are at the end of life, it is important to be aware that you never know quite what you are going to find in terms of your client's health from week to week. You would need to be comfortable working with people who are really quite poorly.

The training provided by Paul's Centre and the supervision groups are vitally important to support you in this endeavour. In fact practising self-care is essential and attending supervision is part of this. The training I received was brilliant; it was good fun, and a sound introduction to the reality of the work involved.

Certain clients also stick in my mind more than others. I visited one young woman in her 20's, living with secondary bone cancer. She spent most of her time in a hospital bed in her family living room. She was part of a huge family and there were always people around during my visits. It was a really nice environment, not awkward at all. Towards the end I mostly provided head, shoulder and neck massage as I couldn't really touch her anywhere else on her body. I learnt a lot from working with her and felt that I did her a lot of good. Feedback from her mother was that she loved the treatments, and even when they felt that she was too ill for my visit, she would insist on my massaging her. She eventually died and I learned that death is not always a quiet, sombre affair - it certainly wasn't for her and her family.

The Home Visiting Service is a wonderful provision. It is good that mainstream medicine may be more accepting of complementary therapies, and it is fantastic that as therapists, we can make a difference to those who ask for our support. From a therapist's perspective, it is an excellent way to develop one's skills and experience.



## An 'Imperial' Style experience...

## Teaching massage in India, but not quite how you might imagine it!

by Mel Cash



I have done plenty of teaching in Nepal and India in the past, and know how tough things can be in these poor countries, but this was something completely different: In September, my wife Ruxi and I went to New Delhi to teach a group of therapists at the exclusive Spa at The Imperial Hotel. This is one of the top 10 Iuxury hotels in the world, and the Spa is the most exquisite I have ever seen.

So instead of living among the noise and squalor as I have in the past, this time, accompanied by Ruxi who is a great therapist and teaches with me, we had a wonderful time staying in superb luxury in exchange for a few hours of teaching each day.

The team of therapists at the Spa were already exceptionally good, and it was

an easy pleasure to teach them some advanced soft tissue techniques which they were soon performing with great skill. I also gave a presentation to the press which got into a Delhi newspaper, so a thoroughly good trip all round. No wonder I still love my job after 30 years!





## Heal and rejuvenate

MEL CASH spoke to KRITIKA DUA about the magical merits of sports massage

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## Feature Articles - the 2017 London Marathon



















# Foam Rolling and Self-Myofascial Release

by Tom Myers



To roll or not to roll? That is the question. What is happening inside when you do foam rolling or use any types of balls or tools for self-myofascial release (SMR)?

For starters, you cannot foam roll fascia exclusively; all the other cells – nerve, muscle, and epithelia – are getting 'rolled' too.

In epithelial and muscle tissues, the water is squeezed out of the tissues, and then is sucked back in when the pressure moves on or is taken away. Like squeezing a sponge over the sink and then letting it fill again while doing the pots and pans, this is generally a good idea. As the old Bedouin proverb has it: "Water still: poison! Water moving: life!"

Or as Paracelsus, the famous physician of the 16th century said: "There is but one disease, and its name is congestion." To the degree that tissues are congested under the roller, it can definitely help liquefy and disperse such congestion. It's not going to make the muscle stronger, but there is initial evidence that it might make the arteries to them more elastic.

If we turn to the nerves' reaction, rolling can certainly be 'sensationful'. This is a negative if it is so painful it causes muscle contraction and cellular retraction, so I am not a fan of painful rolling. I prefer my clients stay in the pleasurable realm, or on the 'hedonic point' (poised between pleasure and pain).

Rolling through pain, however, can be helpful on previously traumatized areas – for instance, rolling over an old bone break – but we want the area to be painfree when we're done, not bruised or further traumatized. Bruising in general is, in my opinion, almost always a sign of tissue damage, not of healing. Moving slowly over the tool is very important in a painful area.

All that said, you can also use rolling to

awaken areas of 'sensori-motor amnesia' – to bring sensation into places that you (or the client) are not moving in daily life. Two things about this:

- 1) Your iliotibial band (ITB) is not a place of sensori-motor amnesia; it bumps up against the rest of the world and is thus stimulated every day. Some of the most likely areas to be 'amnesiac' are hard to find and hard to roll – like the whole adductor quadrant on the inside of the thigh, and obscure and tiny (but important) areas in the deep lateral rotators on the back of the hip, or right under your head in the upper neck.
- 2) We tend to miss our own amnesiac areas, for the very simple reason that we cannot feel them, so we don't know where they are. Here we can be of help to our clients to make sure they are rolling the bits that need rolling, not just repetitiously rolling the obvious and available bits, like the ITB or the superficial back muscles.

To put this into practice, instead of rolling the gluteals and the easily available part of the ITB, try using the roller or tool just under the edge of the iliac crest (its distal or inferior edge, right at the top of the gluteals). Work the tool under the edge of the bone, and roll down, away from the bone, for 1/2" to 1" (2-3cm). Work your way along the whole edge doing this, from the anterior to the posterior spine (ASIS to PSIS). This area, often missed in both bodywork and SMR, will produce new results, new sensations, new hydration.

Or at the other end of the ITB, get the working surface of the roller on the outside of the knee, just between the



end of the ITB on the tibial condyle and the head of the fibula. Work slowly into this area, rotating the leg in small movements over the roller. This can help free the fibular head to be responsive to your rotational movements in sport, especially in sports where you plant your foot and twist, like tennis or football.

So, you can use the rollers and tools to awaken sensation, but a number of people ask me about the effect of the foam rolling on the fascia, since it is often touted as a benefit. At the risk of offending some, here goes:

Every time I go to the gym, there's someone on a mat in the corner, rolling out their iliotibial band, up and down, with a grimace of pain. This practice, to put it gently, has limited value.

Big heavy sheets of fascia – the iliotibial band, the thoracolumbar fascia, the plantar fascia - cannot be 'lengthened' through foam rolling, so please don't say that to your clients or even think it for yourself. A foam-rolled foot can feel better and more alive and have reduced inflammation maybe (often only temporarily), but if walking on it thousands of steps a day hasn't lengthened it, a few swipes on a foam roller ain't gonna do it either. You can increase hydration, increase sensation, and maybe 'melt' some of the fascial bonding on the edges to give it more movement freedom, but the pressure required to get a significant change on overall length would send the client screaming - rightfully - for the door. This is math, not opinion.

Secondly, I don't see or feel the value in holding a single point for an extended period of time, unless it is an acupuncture point or 'tsubo' that needs a sustained pressure for energetic reasons. In most applications, a slow motion move is better than a static pressure. There is a value in creating pressure on a trigger point (as long as the pressure is really into the sensational heart of that tight band), but if the pressure is on the right point, 20-30 seconds max should hydrate that tissue and encourage the trigger point to disappear. More time won't help; more accuracy of placement will.

pressure Thirdly, point doesn't necessarily create the 'shear' force necessary to break up the adhesions between fascial planes - which is the commonest form of movement restriction. To separate - for instance the ITB from the epimysium of the vastus lateralis beneath it, rolling won't get you there. If the roller has a 'grabby' enough surface, you can hold it still on the floor with your hand or some blocks (or use a half-roller), and then slide your body over it - again, slowly and mindfully. This may create a burning sensation, like the Indian rope burn your older brother did on you, but this burning is the two fascial planes coming apart. Stay slow to keep that sensation within bounds, but it is not a negative indication.

You can, with practice, achieve this shear between the skin and the underlying muscles, or between muscle groups, or between sheets of fascia like the many layers of the thoraco-lumbar fascia. This is the chief element that 'rolling' misses – the roller must stay still and the client move on it to get this essential shearing effect.

Now of course, as a bodyworker for 40+ years, I value the knowing hand over the unknowing object as a tool for inner body change. I can create this shear through positioning the client and adjusting my hand pressure and position constantly via sensory feedback, so I am better than a foam roller. I can see and find the 'silent' places of tension they don't even know about and awaken them or ease them. I can see the whole pattern and create treatments that progressively free these adhesions in an integrated fashion. I can feel when it's 'cooked'.

But not everyone can afford bodywork, so using a tool can be a cheap and

cheerful way of getting some of the same effects. When you do, I offer the following advice:

- Move slowly. Fast rolling is less effective at 'squeezing the sponge', and can result in creating useless muscle tension, bruising, and perhaps receptor damage. The deeper you are going, the more slowly you should move.
- 2) Look for 'unknown' places. Doing the same rolling program continually has rapidly diminishing returns. Keep rolling different places in your body, and look for the places you haven't touched yet, and get in there. For example: Lying on your side and rolling the inner side of your upper thigh over the roller. Rolling the front and back of your armpit. Your back has many, many layers and can be usefully rolled at deeper levels, but will not respond to the same-old.
- Hold the roller or tool still and move over it to create 'shear' that will deadhere the fascial planes.

To roll or not to roll? The answer is another paraphrase from Hamlet: "There is nothing either good or bad, but thinking makes it so." Rolling that is mindful, slow, and perceptive is way more useful than painful rolling that is done quickly while texting, listening to music, and eyeing the hottie on the other side of the gym.





# Event work update

From Tanya Ball



As in previous years, a valiant cohort of ISRM students/therapists have generously volunteered their time, energy, and skills to provide the usual high standards of pre/post event soft

tissue therapy (STT) in 2017, that event organisers, charities, and the recipient general public have come to expect of us. I invite every reader to join me in offering each of these fantastic ambassadors to our Institute and the values it stands for a resounding 'cyber' round of applause, and am taking this opportunity once more to say a monumental 'thank you' to all concerned. We could not have delivered onsite support to any of the events listed below without your much appreciated inputs.

## 2017 events that have benefited from ISRM-provided STT include:

- London Marathon Sun 23rd April
- SWRC MayFlyer Cyclosportive (in aid of Full Circle Fund Therapies [Charity]) Cycling Event, Oxshott, Surrey – Sunday 7th May
- Bournemouth 7's Festival, Bournemouth – Fri-Mon 26th-29th May
- St. Martin-in-the-Fields (Central London) to Canterbury Cathedral Pilgrimage – 26th May
- Ride London Surrey 100/London Sunday 31st July
- Tonbridge Half Marathon Sun 1st October
- 2017 Rushmoor Wellesley 10 k, near Aldershot, Sun 8th October.

This year's London Marathon saw close to 70 ISRM volunteers, distributed into twelve STT teams, deliver first class post-race treatment to well-deserving fundraising runners at their respective charities' 'thank you' reception venues. In addition to the above list of events, ISRM volunteers have been recruited on an ad hoc basis for 'smaller' ones as and when required/possible. Regrettably some requests from event organisers for onsite STT support reached me at too short notice to be able to respond favourably.

Readers can taste the vibrant atmosphere and contrasting emotions of the London Marathon and Ride London events through first-hand accounts and a range of photos in the present newsletter Section. May these inspire many to sign up for event work in 2018!

#### 2018 events

Details of these will be posted on the ISRM Event Work page as and when they become confirmed; among these, I am delighted to announce that registration to volunteer for the London Marathon is already open, with applications already trickling in – Will yours be next?

<u>Finally: How to register for ISRM-organised</u> <u>event work (this reminder features in each</u> Issue)

Would all members, and specially new student members for whom this is their first ISRM Newsletter, please kindly note the <u>one and only Event Work registration</u> <u>process</u> below, thank you.

Registration for any/all ISRM event work is available *exclusively online*. For logistical reasons, there can be no exception, and because the Event Work web page is understandably accessible to members only (as the ISRM fund the associated administrative costs), it follows that applicants/participants must be ISRM members. Unfortunately I regularly receive e-mails from people unable for some technical reason to access the page, or... because they are not/no longer ISRM members. In the former case, I can only advise people to ask to borrow someone else's PC; in the latter case... I can only suggest that they (re-)join the ISRM and reap its many benefits!

In addition, to qualify for ISRM event work, <u>Professional Indemnity and Public Liability</u> <u>insurance at the appropriate level (student/</u> <u>graduate) and valid at the time of the event</u> <u>is mandatory. We regret that no exceptions</u> <u>can be considered</u>.

<u>Students must have successfully passed</u> <u>their Weekend 5 General Massage</u> <u>assessment in order to be considered for</u> <u>ISRM event work</u>. Very rare exceptions may be considered at ISRM's discretion.

#### How to apply for Event Work:

- ✓ From the ISRM home page (www.theisrm.com), login
- ✓ Click on 'Your ISRM' and select 'event work' from the drop-down menu
- ✓ Follow any (very easy) instructions to view the current list of events
- $\checkmark$  Click on whichever you are interested in
- ✓ READ CAREFULLY the information in red below the event, and ENSURE that you are available on the date of the event(s)
- ✓ Please, please, PLEASE ensure that you enter *ALL* details requested including your 'status' e.g. 'student', 'recent graduate', etc.,
- ✓ Please, please, PLEASE only apply (click) once for a given event! Some people have managed to click as many as seven times for the same event...

Duplicate entries are difficult for me to spot due to the automated system.

If you cannot 'view' the event you are looking for but know it was previously on display on the web page, the most likely reason is that I have 'closed' the event because applications have reached full capacity. Please therefore do not e-mail me individually to ask if you may be included – events fill on a first come, first served basis and it is therefore up to members



to 'jump in early' if they want to secure a place. <u>Please note however that sometimes</u> <u>a 'closed' event may re-appear 'on view'</u> <u>nearer the date if withdrawals mean that</u> <u>new places have become available</u>, so it is a good idea to keep checking.

Should you encounter problems that you suspect to be website-related, *please contact the ISRM/LSSM office* and not me, as this is completely outside of my remit, let alone my skills <sup>(2)</sup>! Thank you.

Once again, a very grateful thank you on behalf of ISRM to all who have supported/ are supporting ISRM events over the years. In contrast, if you have never attended an event and/or are currently studying on the Diploma course... **what are you waiting for?** Here are selective examples of the numerous benefits that could be yours in return for 'giving it a go':

 $\checkmark$  Skills enhancement, consolidation, new

techniques – from watching others

✓ Significant gain in self-confidence – from

achieving a successful 'day' involving 'thinking on your feet' and receiving genuine, positive feedback from recipients

- ✓ New ideas, tips, lasting friendships, networking, etc. – from meeting and mingling with like-minded fellow therapists
- ✓ A tremendous sense of achievement coupled with an urge to find out: 'When is the next event?'!

# 'Volunteering for such a worthwhile cause'— A student's London Marathon Experience with the Charity NAS

From Pamela Dorman

'With the arrival of every NAS fundraising finisher, another loud cheer of support resounded from the charity organisers, and you could sense their pride and elation as each competitor arrived back safely. It was not long before every therapist had their hands on a tired body, with another aching person seated next in line, waiting.'



Sunday 23rd April 2017: What an amazing day! As far as event work goes, I'm not sure there is much that can compete with the London Marathon. The atmosphere is buzzing and highly infectious.

I was lucky enough to be part of the massage team for the National Autistic Society, a charity that is very close to my heart. One that I was fortunate enough to run for last year and that my husband ran for this year. The team Lead Sue Burnett was fantastic! She had clearly been doing this for a few years and had the logistics down to a practiced art, which put all the students at ease.

We were based at a hotel a short walk away from the finish line. There were ten therapists in our team, eight of whom were current students from LSSM. Therapists arrived at 11:00 AM to get their therapy equipment set up, and then began the wait... Before long, a loud cheer went up to announce the first of the charity runners to finish. At the beginning, the runners arrived slowly and all the therapy team were itching to get stuck in, but this calm did not last long. With the arrival of every NAS fundraising finisher, another loud cheer of support resounded from the charity organisers, and you could sense their pride and elation as each competitor arrived back safely. It was not long before

every therapist had their hands on a tired body, with another aching person seated next in line, waiting. It proved hard work for all concerned, but it was definitely not a chore and I would thoroughly recommend such event work to anyone. I will definitely be back for more!

The runners I got to treat ranged from some who appeared just to have been out for a casual stroll, to others who needed serious help getting onto and off the couch! While almost all of them needed work on their





legs, there were also a number of sore low backs and shoulders. Some clients were happy to strip off and receive full postevent treatment with lotion, while others had showered and dressed, and wanted treatment through loose clothes, so there was plenty of opportunity to practice a wide variety of soft tissue techniques.

It felt great to be volunteering for such a worthwhile cause and playing such a vital role in the after care and recovery of these fundraising runners. The NAS had a total of 192 starters on the day, and the total fundraising has exceeded £400,000. In addition to already thanking our team Lead Sue, I would like to extend my thanks to Tanya Ball for her Herculean efforts in recruiting and organising all the IRSM therapists. I would also like to thank Rachael Lynch and the rest of her team at NAS for choosing to collaborate with ISRM and allowing us to gain this valuable experience.



# London Marathon highlights with NDCS

From Nicola Lowe



As this was my first marathon event work experience, I was a little unsure of what to expect, but was thrilled to be supporting the wonderful Charity National Deaf Children Society (NDCS). The journey to and from their venue was always going to be a challenge, but after arriving in one piece, I began to sense the excitement of the event and set about preparing to greet our first runners. As planned, both my team mate for the day and I had arrived in plenty of time, giving us the opportunity to join the crowds lining the streets at Westminster. This provided such a great chance to observe the runners at close range (you just couldn't help analysing their running technique and mentally noting potential problem areas), and also absorbing the electric atmosphere as the crowds cheered on the runners, often calling them by name and chanting when they appeared to struggle. I had never been to London when it had been such a happy place, with complete strangers offering encouragement and support!

Returning to our base – the stunning building opposite Horse Guards Parade – we were fed and watered by the kind





people at NDCS and we awaited the first runners. Our first two finishers came in with incredible times of 3 hrs 17 min

and 3 hrs 22 min respectively, and we began our treatments. It was inspiring to chat with the runners, who all had a personal connection to the Charity and most of whom were first-timers. Collectively, between 43 of them, they had raised £80,000 for NDCS! It was such a wonderful feeling to be helping out, and even better to have witnessed them walking in 'broken', and leaving just that bit less awkwardly. Everyone was most appreciative and I met some incredible people, including my colleague who made the day all the more enjoyable. It was truly exciting to be a part of something so inspiring, and I look forward to many more such opportunities!



# 'Rusty' soft tissue skills? How better to 'brush up' than at the Ride London 100

From Sarah Dunkley

'I was a little nervous volunteering, but it proved a truly invaluable experience, particularly for students or anyone refreshing in STT as I was, whilst knowing you were supporting a worthy cause.'

I saw on the ISRM website that there was an opportunity to provide massage at the Ride London 100 event, for all levels of students and practitioners, and I thought this would be a great opportunity for me to brush up on my skills, meet other therapists, and build up my confidence in working on different 'bodies'. I had qualified with the OSSM around five years previously, but life got in the way and I wasn't able to focus on starting my career in soft tissue therapy (STT). I had been working hard over the past six months, re-reading my notes (luckily still legible!) and going through the dreaded anatomy books. I had been able to practice on a few friends but knew I was lacking in hours. Fast-forward a week, and I found myself in a cosy pub room with around twelve eager fellow therapists and six beautifully prepared massage tables, ready for grafting.

The Support Children with Cancer volunteers were so friendly, handing out a box of Percy Pigs and other goodies to keep us fuelled. The morning briefing began at around 11:15 am - we were expecting the first cyclists to arrive at about 11:30 am. I must say that our Team leader Natalia was a great support to us all, spending lots of time 'patrolling' the couches, making sure our posture was correct and giving us great handson advise to help us treat the muscles most effectively. It took a little time for the cyclists to trickle through, but we had a nice flow of 'bodies' from around 12:00 pm through to 5:30 pm, with a few stragglers at the end.

We paired up as therapists, and took it in turns to massage our clients for around 15 minutes, which was great as it meant we could watch colleagues deliver their treatment, and I have certainly come away with a few golden strokes to make my own!

The Support Children with Cancer Charity escorted us to the lunch venue where we received a buffet of sandwiches, pasta and wraps, so we really were fully looked after all day.

In summary, I was a little nervous volunteering, but it proved a truly invaluable experience, particularly for students or anyone refreshing in STT as I was, whilst knowing you were supporting a worthy cause. I am hoping to keep in touch with as many therapists from the day as I can, and we can hopefully continue to support each other through our careers!



## Event Work - London Marathon

## '[...] Also I'd like to say thank you for organising!

I loved giving something back to the runners, they had pushed themselves both physically and mentally for charity and it was great for us to have the chance to ease their aching muscles, but also give them fifteen minutes to themselves to process everything they had achieved! It was very rewarding! I will definitely be volunteering next year too! Thanks again!

From Shelter STT Team member Kayleigh

'[...] I just wanted to say thank you again for all your help in the lead up to the marathon and for providing Susan and her team - they were outstanding and our runners loved them (as did the staff!).

> We would love to book in the same team again (if possible) for London 2018 [...].' From Rachael, NAS Charity Fundraiser

'Had a great day at the Marathon! Shelter is a great charity :)

Here are some photos I took - they're not great quality as they were just done on my phone. Thank you!'

From Shelter STT team member Lizzie



## Event Work - London Marathon

'Hi All, Thank you again for your company and hard work yesterday. Some of you have gone when Ollie (PCUK rep) told me about the glowing feedback he had received from the runners about your hard work.

Attached are a few photographs of the day [...]. Good luck with the rest of your studies and give me a call if you're 'stuck' on anything.'

From PCUK STT Team Leader Steve

Date

'Thank you so much for organising the masseurs for us for this year's London Marathon party.

They were brilliant, and [were] so very appreciated by our runners. Thank you for your help.' *From Krystyna, the Brain Tumour Charity* 

SHXC



## New publication

# BodyReading: Visual Assessment and the Anatomy Trains

## From Tom Myers

This is a bright new easy-to-follow guide to building great visual assessment skills. Compiled from a Massage & Bodywork article series, Thomas Myers has updated the articles and added illustrations to allow the concepts to be easily understood.



The first chapters outline the method and the way it can be successfully integrated into your practice, including charting and making the client feel comfortable with it. Each subsequent chapter deals with the Anatomy Trains lines, giving visual assessment and strategy points for each with diagrams, model photos, and more.

"The art of seeing into someone is an old and intuitive one" states Tom Myers, author of *BodyReading: Visual Assesment* and the Anatomy Trains. This book is a carefully curated collection of articles on bodyreading: The Anatomy Trains myofascial meridians recently published in the excellent Massage & Bodywork magazine. The information provided is an effective tool to map the pattern

required to shape the change needed. Bodyreading is useful for any bodywork practitioner using manual therapy including physiotherapists, osteopaths, chiropractors, myofascial and trigger point therapists, and massage therapists. Bodyreading is also a great tool or for movement professionals – teachers of Yoga, Pilates, GYROTONIC<sup>®</sup>, and personal trainers – providing the information needed to deliver effective treatments and programs to create long-lasting, systemic change in clients' shape and structure.

This new supplement to our BodyReading DVD set and BodyReading webinars is easy to use in practice, and fun to read between clients.

Paperback, 87 pages. 1st edition, 2017 by Anatomy Trains

### 2017 Tom Myers: "Unlocking the secrets of Fascia" interview



Did you know that your muscles would be a bloody pile of melted, soft-serve ice cream if not for fascia? This web of connective tissues literally hold your body together—and most of us aren't really even sure how to pronounce the word! Listen to the interview here http://bit.ly/2ABKqCL

### Free Webinar: How Fascia Moves

Get FREE access to this webinar by signing up for our email newsletter: http://bit. ly/2AA2mQ2

There's a lot of confusion out there about how fascia responds to various forms of stretch and training. In this webinar, Tom Myers clarifies the subject by outlining four key properties of fascial tissue (viscosity, elasticity, plasticity, remodelling) and how connective tissues respond to various forms and speeds of training. Know what you're talking about in the fascial arena by taking in this 30 minute video that 'tells it like it is' – simple, direct, and based on the latest evidence.

Review: Steve Wescott – August 14, 2017

This webinar was clear and succinct, in the way it explained the topic of how fascia moves and the property of fascia. Even though I have studied this previously, I still found it very valuable, as it changed the way I view the properties of fascia. I will be getting more webinars and information in the future.

## Review: Joyce (verified owner) – February 24, 2017

Mind blowing! I am so glad I watched this webinar. It made me think differently about fascia and how I take care of not only my massage clients' bodies, but my body as well.



## Our profession in perspective

# 'Sports Massage' v. 'Soft Tissue Therapy': A brief fast-track through history

From Mel Cash



#### How Sports Massage came about

The term 'Sports Massage' appeared as the title of my first book in 1988 and it was the right title for the book at that particular time. Back in the 1980's the most common use of massage was in the sex industry (No! That's not how I started). So we needed an abstract title which gave the instant message that this was a modern new approach to massage that had nothing to do with sex.

'Sports Massage' was never intended to be a descriptive title because it is meaningless. You can't massage a sport! You can only massage a person who happens to do sport, as well as the many other activities in their life.

My first book *Sports Massage* (Ebury Press) was never about how to 'do' massage anyway. It described how to use massage and other more advanced techniques to improve recovery from common sports injuries.



## So how did 'Sports Massage' become a mini-industry?

Organisations that were already training massage therapists for the spa, beauty and leisure industry started to teach the same basic massage routine but with much heavier pressure and called it 'Sports Massage'. Because it has no real meaning, who could say this was wrong? And with the newly emerging fitness industry at that time, the term really caught on.

#### Misled by 'Sports Massage'

Many people are being misled by the term 'Sports Massage'. Injuries in sport are common, so it is easy to imagine that Sports Massage would be able to treat these injuries – but this is not true! All that it really offers is a deep massage, *without* the assessment and treatment skills needed safely to treat any injuries.

Regular 'Sports Massage' is very good for athletes and anyone else, to help them stay on top form and injury-free. But what if someone has an injury? With sports massage, they will just receive a deep massage and have to hope for the best!

#### Is Sports Massage a good job?

It is a good job if you love sport, but most clients want to see you in the evenings and

at weekends, which may not be such a great lifestyle. Also, only a small proportion of the population are involved in regular sport, so the market is quite limited in real terms.

#### What is Soft Tissue Therapy?

This is a treatment set at a much higher clinical level, of which sports massage represents just one small part. The aim is to treat all minor and chronic injuries, whether caused through sport or any other lifestyle factor, using massage and other more advanced soft tissue techniques. It also aims to identify the underlying causes of injury and offer longer-term improvements in physical wellbeing and injury prevention. Everyone suffers with such injuries at some point, which can badly affect quality of life, but appropriate treatment can often be hard to find. Mainstream medicine may be good at treating more serious conditions, but who deals with all these minor and chronic injuries?

#### Career potential in Soft Tissue Therapy

Soft Tissue Therapy has evolved as the answer. It is a safe and effective way of helping most people with a range of minor and chronic injuries, and it offers the therapist a truly stimulating and rewarding life-time career with the greatest potential.





## Expand your knowledge, enhance your skills

## Refresher/Revision CPD sessions (Poole, Dorset) Sarah Tidey BSc, LSSM, ISRM

Practical workshops to revise hands-on skills and underline theoretical knowledge. Designed to target your areas of weakness. Come armed with a list of injury scenarios, joint assessment or treatment protocols that would like to revise.....Or just a list of things you have forgotten!!

Dates (2018):	Fri 26th Jan		Fri 23rd Feb	Fri 23rd March	Fri 27th April	
<b>Time:</b> 10:00 AM – 2:00 PM		Venue: Parkstone, Poole, Dorset		Dorset	<b>Cost</b> : £60	
			* 4 people max *			
			<ul> <li>Revising all technique</li> </ul>			
			ucing tips to avoid get	•		
	• Refresh the	•••	assess injuries and wo Review rehab protoco	•	ns	
			o sarahtidey@ymail.c			

## Emergency First Aid at Work (EFAW) (Southampton) Colin Iggledon

This is a six-hour course designed for situations where an organisation's risk assessment of First Aid requirements has identified that there is a requirement for 'Emergency First Aid at Work' practitioners. In such cases, this national Emergency First Aid at Work qualification satisfies the requirements of the regulatory body for First Aid. All delegates will acquire the skills and knowledge to provide the relevant organisation with Emergency First Aid that can assist casualties in a prompt, safe and effective manner.





## Expand your knowledge, enhance your skills

Details of all other CPD workshops can be found on the ISRM website

# Hampshire-based CPD & tailored under-/post-graduate tuition programme with Tanya Ball

A wide range of **high quality courses, workshops**, or **tailored Tutorials** are available for all levels throughout the academic year in Kempshott (M3 J7 just South of Basingstoke).

Details can be requested by e-mailing Tanya@tmb-src.co.uk

Specific requests for tutorials or workshop subjects are welcome, but can only take place subject to sufficient uptake\*

Thank you in advance for your interest.

Tanya Ball MSc BA KCMT BCSI LSSM MISRM MCNHC MIASI Remedial Soft Tissue Therapist / Board Certified Structural Integrator / Kinetic Control Movement Therapist

\* Ideally four attendees

For further ISRM-accredited CPD workshops and courses, visit www.theisrm.com

## Fifth International Fascia Research Congress November 14 -15, 2018 | Berlin, Germany

Connecting Key Issues: How Fascia Research Can Impact Health Outcomes

Dedicated to the newly emerging field of "Fascia Studies", the **Fifth International Fascia Research Congress will be held November 14 – 15, 2018 in Berlin**. This congress continues the tradition of providing a forum for high-level fascia exploration.

The Congress will be held in conjunction with the International Osteopathic Conference Nov. 16 - 18, 2018. Discounts will be available for those wishing to attend both conferences. Urania Berlin is an event and science center that has facilitated scientific discussion since its founding in 1888. Pre-congress workshops will be offered Nov. 10-12 at the Plastinarium Lab in Gruben, Germany and Nov. 13 at the Urania Center.



The International Fascia Research Congress (FRC) will present the latest and most relevant fascia science including plenary and breakout sessions. An important continuing initiative of the FRC is to foster understanding and collaboration among scientists working in fascia research and the various clinical professionals who address fasciae in their work with clients and patients.

The Congress is hosted by the Ida P. Rolf Research Foundation.

### Register now at www.fasciacongress.org

At the time of writing, we're awaiting details of registration costs, but I have confirmation that we could gain a 10% discount provided that we can raise a group of 25 delegates or more. CAN WE RISE TO THIS CHALLENGE? If you are interested in attending the Congress, may we suggest that before booking individually, you email: **tanya@tmb-src.co.uk** with full contact details, and details of how many days of the overall event you wish to book – there are pre-Congress workshops and other peripheral events in the preceding and following days.

If sufficient interest and firm commitment (including pre-payment to an agreed 'holding' account) is forthcoming, we may be able to gain a group discount. Based on my experience of the 2nd International fascia Research Congress in Amsterdam in 2009, we cannot recommend this rare opportunity enough.



## Expand your knowledge, enhance your skills





## Journal of Bodywork and Movement Therapies

**NEW – Prevention & Rehabilitation Section** 

### Editor: Leon Chaitow ND DO, UK

Associate Editors: John Hannon, DC, USA: Glenn M Hymel, EdD, USA; Dimitrios Kostopoulos, PhD, USA: Craig Liebenson, DC, USA: Prevention & Rehabilitation: Warrick McNeill, MSCP, UK: Matt Wallden, DO, UK

*Journal of Bodywork and Movement Therapies* brings you the latest therapeutic techniques and current professional debate. Publishing highly illustrated articles on a wide range of subjects this journal is immediately relevant to everyday clinical practice in private, community and primary health care settings.

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#### **Basic Science and Implications** for Conventional and Complementary Health Care



#### CONFIRMED SPEAKERS

Leon Chaitow, ND, DO

Mark Driscoll, PhD

Tom Findley, MD, PhD

Paul Hodges, PhD

Daniel Lieberman, PhD

Robert Schleip, Dr. biol. hum.

Melody Swartz, PhD

Frank Willard, PhD

L'Hocine Yahia, PhD

PLUS, A SPECIAL FASCIA **ILLUMINATED SESSION WITH** Jean-Claude Guimberteau, MD and others

#### WHO SHOULD ATTEND?

Scientists and health care and fitness professionals who wish to learn more about the latest research on fasciae would benefit from the Fascia Research Congress. The Congress brings together the researchers who are involved with the most recent studies on the properties of the fascial fabric with those who observe its workings in the clinical setting. This unique combination informs and energizes both groups toward further developments in this growing field.

#### 

The Urania Center in Berlin, Germany, with a 125 year history of hosting scientific conferences, is serving as headquarters for the 2018 Fascia Research Congress.

#### WORKSHOPS AND EVENTS

Pre and post-conference workshops and events will be offered by leading clinicians in the field of fascia, as follows

• Fascial Anatomy Workshop: Nov. 10-12, Plastinarium in Guben Fascial Anatomy Workshop: Nov. 13, Plastinarium in Guben Pre-Conference Workshops: Nov. I 3, Urania Center
 International Conference on Fascia in the Osteopathic Field: Nov. 16-18, Urania Center

#### EGISTER NOW AT FASCIACONGRESS.ORG

### \*\*\* Attention all Newsletter Readers! \*\*\*

A 10% discount on the Registration fee for the above Congress is available for any group from 25 up to 49 delegates - CAN WE RISE TO THIS CHALLENGE? Groups of 50 or more are eligible for a 15% discount.

I am willing to coordinate a Group Booking on behalf of all ISRM Members/other interested parties on the strict conditions that:

- 1. All necessary Registration information is duly supplied to me by any applicants
- 2. Applicants' full payment of fees due is received in an account to be specified.

Therefore: If you are interested in attending the Congress, may I suggest that you email me at: tanya@tmb-src.co.uk

I could then advise you of all the details required for registration. Please note that there are pre-Congress workshops and other peripheral events in the preceding and following days, so please decide which event(s) you wish to book prior to initiating your registration process via me, thank you.

Based on my experience of the 2nd International fascia Research Congress in Amsterdam in 2009, I cannot recommend enough this rare opportunity to learn from such an exceptional gathering of pioneers in this magnificent field.

Thank you in advance for your interest, Tanya Ball

## **VALIDATED** SCHOOLS

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www.schoolofnaturaltherapies.co.uk

www.themassagetrainingschool.com

**Cambridge School of Sports Massage** 

www.lssm.com

www.ossm.co.uk **ACTIVE SCHOOL OF COMPLEMENTARY THERAPY** 

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