



DECEMBER 2020

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# Newsletter



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# Breaking news!

By Mel Cash

## ISRM's best worst year ever

Before COVID, ISRM never had much to do and it plodded along quietly with me doing nearly everything, which wasn't very much. That all dramatically changed in March when the pandemic lockdown hit, and we had over 1,100 members/therapists and over 500 students needing advice and support. At the start I felt alone and scared by the unknown challenge we faced.

But in times of crisis the true heroes emerge, and the first to do so was Anna Maria Mazzieri who runs the ISRM schools in Exmouth and Bristol. I had long respected her clinical and teaching skills but now I could also see how strongly she wanted to support our students and therapists as well as her determination to find the information we needed. What had seemed like an impossible challenge to me alone became an achievable journey with Anna Maria by my side (well, constantly on the phone actually).

We quickly did as much as we could to keep our therapists and students engaged with online training videos and Zoom sessions and did our best to answer their concerns. Social media has a lot to answer for, good and bad. There was so much rumour, speculation and false information going around and we were being bombarded with people asking for clarification. Because the Government never warned us about when announcements would be made, we had to keep scouring the relevant websites to find the latest news so we could distribute the most correct information possible.

As the lockdown went on, we diligently monitored all the information to try to get hints about the return to work planning. The Government eventually released its safety regulation guidelines, which we then had to translate into practical guidelines that were specific to the needs of Soft Tissue Therapists. This wasn't our area of expertise and we needed help, and with perfect timing, the next true hero emerged. I received an email from one of our members, Steve McAvoy, saying that before becoming a Soft Tissue Therapist he had spent 35 years

working in the Health & Safety sector and asking, did we want any help? Well, I have never clicked 'reply' and typed 'yes please' so quickly in my life. The work he has done producing and updating the ISRM Guidelines has been truly fantastic, and every one of us owe him our greatest thanks.

We had one extra unnecessary crisis at the end of June when we were expecting to return to practice on 4th July as the lockdown would start to be lifted. We then discovered that Soft Tissue Therapy was in the 'Close Contact Services' category along with tattoo and massage parlours (where we don't belong!), and that we could not return to work yet, and were given no idea if or when we could. This was a big shock to our industry, and it caused uproar. Within a few hours we had started a 'Write a Letter to you MP' campaign for all our members to follow and we did hear some very favourable replies from a number of MPs (when we look at the later Government regulations, it appears as though these letters may indeed have had a positive effect).

Then after putting us through this extra crisis, the Government changed its mind and let us go back to work on 11th July. Just a week later! Anna Maria and I were left rather shell-shocked wondering what it was all about for just one week!

Under Steve's experienced direction we carefully considered the safety and viability of the ISRM Return to Practice Guidelines we published. For the greater good during these difficult times, we made this freely available to anyone and because of its quality and detail, it soon spread throughout the whole industry.

But Guidelines are open to interpretation, and as every therapist had their own particular circumstances, we understandably had many ISRM therapists contact us for specific clarification. But more than that, we seemed to have done a better job than many much larger professional associations and we were being contacted for advice by

many others who had nothing to do with us. Although time consuming and often frustrating, it was quicker and easier to give them free advice rather than get into discussions about the lack of support from their own associations. I may have been 'working from home', but I had never spent so many hours sitting at a desk and on the phone!

I am incredibly proud of what ISRM has done and we have been gratified and inspired by the thanks and support we have had from our members. Thank you.

Now, every cloud has a silver lining, and I think I've found a few:

### For Soft Tissue Therapy

The demand for Soft Tissue Therapy is very likely to grow better from now because during the lockdown, people had time to reflect on the real values in life and their physical wellbeing.

And I noticed in the local park how more people were taking up exercise who looked like they probably hadn't before. They may have also reconsidered the role of the NHS and become more likely to come to us to treat their minor and chronic injuries rather than burden the more critical care-focused health service.

In any crisis it is usually the best that survive. Many of the lower trained massage therapists are now looking for better quality training if they are to succeed in the future. ISRM really showed the wider industry how highly professional our Soft Tissue Therapists are and we are now getting many enquiries from therapists with Levels 3 and 4 massage qualifications who want to upgrade to become Soft Tissue Therapists at Level 5, and we are planning to run courses that will enable this.

Sadly, many people have lost jobs and may be in industries that could take years to recover, so they need to find new careers now. For many, Soft Tissue Therapy could be an ideal



choice. As the number of good Soft Tissue Therapists grows, we will become more widely recognised through the community and demand will then increase even further.

### For ISRM training

Perhaps the most significant silver lining for me was having the time to catch up on research, talk to colleagues and consider some fresh new ideas. And this was quite a revelation.

I had always believed that the good results we gain as Soft Tissue Therapists are achieved through something more than just the techniques we use; it is the way we put it all together as human therapists that makes the real difference. Although our training has focused mainly on the techniques, I have always tried to keep this wider perspective as an underlying theme without featuring it as a specifically taught subject. That is why I have always been so opposed to teaching any set treatment routines and always talk about treating the *person*, not the *injury*.

At the start of my career in the 1980's and 90's, Physiotherapy was going down a very evidence-based research route which I did not consider really appropriate to the therapy we were providing, so I just ignored it. But I have now discovered that over the years there have been research and studies which tend to support the more holistic clinical approach I have always believed in. There is evidence supporting the clinical efficacy achieved through what we now call the 'Biopsychosocial' (Biological/Psychological/Sociological) context within which we can work. It is by considering these three elements, and the relationship between them and the pain a client experiences, that makes Soft Tissue Therapy so special.

So instead of learning something new, I discovered how to better explain what we were already aiming to achieve. And with the ability to explain it better we can now introduce it as a key topic within our training programme. This will show mainstream medicine that Soft Tissue Therapy can indeed be seen as being 'evidence-based', and they need to see this if we are to gain the acceptance that we believe we deserve from them.

We aim to put all new course material online in future so past graduates can keep up to date with the latest developments in our training.

### For me personally

The COVID lockdown was very hard for me to deal with at the start. ISRM, LSSM and my own practice have been my seven-day-a-week job and passion for well over 30 years, so to have it all taken away so suddenly was devastating. It felt like there had been a death in the family and I was grieving badly.

But after a couple of weeks of this I realised that for me the opposite was true, and I had a wonderful young son who turned two during the first lockdown. Of course (in my opinion), he is the cutest kid there has ever been and spending so much time being with him and seeing him growing up was something very special. In contrast, I spoke to many ISRM therapists and students who were suffering with desperately difficult situations, and although I had personally found much to enjoy and celebrate, they were never far from my thoughts.

### From 'worst' to 'best'...

I am incredibly proud of what ISRM has achieved during this crisis. As well as Anna Maria and Steve we had help from many others too, particularly Matt Scarsbrook, Becky Horton, Lisa Johnson and James Earls. We have also been gratified and inspired by the thanks and support we have had from our members. Thank you everyone.

### ISRM Schools

It was a very challenging time for our independent schools who all suffered a lot financially during the lockdown but have survived and will recover. As well as restarting classes with strict safety protocols, there were additional problems with some of the venues. In London we were very lucky, and Regent's University did a great job which meant this was the first venue to start up again, but others were not so fortunate. Southampton University needed the room for their own catch up classes and so we had to go. The local tutors Tanya Ball and Sarah Tidey did very well to find new, and better, premises and all is back on track there now. In Oxford a similar thing happened but it was even worse because they were given no advance notice. This was very tough on Lisa Johnson who did an outstanding job, quickly rescheduling classes and setting up Zoom sessions. Nothing has been easy, but all the schools have done well to overcome their difficulties.

## 2020, COVID & US

### Gratitude...

By Gabby Bignell

"I, like many I am sure, am incredibly grateful to Anna Maria Mazzieri and all involved at ISRM for the Facebook community and support through the last nine months. It has made a massive difference to not feeling completely isolated in my private practice."



*Gabby in the Chemo unit of the Royal Sussex County Hospital, Brighton, where she works part-time.*

## Addressing Mental Health and lockdown

By John Ross

"Here is something I got up to in the lockdown period. I realised my mental health and others' were in jeopardy and I wanted to do something about it, so I made a mental health video to hopefully help people see another side of men. here's the link: [tinyurl.com/y69muymu](https://tinyurl.com/y69muymu)

## Thank you ISRM

By Katie Warburton

"I also just wanted to say how amazing you all at LSSM/ISRM have been through this whole pandemic. It feels great to be part of this when times are tough. Your constant communications with regards to guidelines etc has been fantastic. Really appreciated."



# Editorial

By Tanya Ball

## Welcome...

**A very warm welcome** to all our members 'old' and 'new' to our December 2020 ISRM Newsletter. A special welcome to any new students or full members for whom this is their first Issue. It (almost, but not quite) goes without saying that it is my profound wish that each and every reader and their loved ones have safely and soundly negotiated, navigated, and overcome whatever challenges, difficulties, and in some cases severe traumas so indiscriminately and callously dealt to humankind this year. Although I obviously do not know all of you personally, I would none the less like to convey my deepest sympathy and empathy to anyone who may have lost a loved one to the pandemic or other causes – after all, at ISRM, *'we are family'*.

## New editorial email address

Please note that with immediate effect, my only valid email address for Newsletter-related as well as all other professional communications is: [tanya@tmb-src.co.uk](mailto:tanya@tmb-src.co.uk) as my former Windows Mail 'editor@theisrm.com' is now defunct.

It is always my intention and goal that this publication should prove sufficiently informative, beneficial, and motivating to inspire readers to contribute a story or article in the next edition!

**Please note that the closing date for submissions for the next Issue is: Friday 13th May 2021, thank you. Please send all contributions to me at: [tanya@tmb-src.co.uk](mailto:tanya@tmb-src.co.uk)**

## Newsletter

Whilst aiming to avoid any excessively repeated and over-regurgitated adjectives to describe the events of the past months and the ongoing impact of the pandemic, it is the logical and inevitable case that this Newsletter edition differs radically from any previous one in its 15+ years' history.

Because of the extreme, and let us hope, unique manner in which our global and personal worlds have been assaulted, turned on their heads, in some cases shattered, I thought it imperative to turn

this Issue into a worthy, memorable, lasting tribute to the depth and breadth of resilience, determination, resourcefulness, and 'can-do' attitude demonstrated by our membership, from student to experienced practitioner, from individual tutor to 'ISRM leadership pillar' in response to the enormity of COVID-19's consequences for our daily lives and livelihoods.

I very much hope that all readers will be uplifted and inspired by the numerous heart-warming accounts from ISRM members about how they conquered fear and negativity to come out as stronger, better people and therapists.

## In this Issue...

**Breaking News** – Mel Cash shares his roller-coaster year with the weight of LSSM's and the wider ISRM community's safety, compliance, short-term viability and longer-term survival on his shoulders, and how a handful of 'Knights, and indeed Dames in shining armour' came to a timely rescue! Like many others, Mel also explains how the lockdown time also provided valuable and productive time to take stock of where our profession sits within the wider context of healthcare. To my personal ecstatic joy, this has included renewed appreciation for how studying, understanding, and confidently promoting the scientific evidence that underpins our clinical practice as Soft Tissue Therapists (STTs) – namely, Evidence-Based Practice (EBP) is as essential to the optimal welfare of our clients as it is to the recognition of STT within Healthcare in the widest sense.

## Our profession and its future

Those who know me will be well-aware of my insatiable passion for ever enhanced knowledge and understanding to support and guide our clinical practice, as well as my unquenchable fascination and utter sense of awe at the endless 'miraculous' resourcefulness of living creatures in general, and the human organism in particular, to adapt, recover, regenerate, develop, even on occasion in cases where one could be forgiven for dismissing positive change as beyond hope. I therefore found myself unable to resist briefly sharing my utmost delight at the long-awaited formal

and declared recognition by ISRM of the essential value of embracing the notion of 'Evidence-Based Practice', and its intention to incorporate its key principles into the L5 Diploma curriculum.

## 'Against the odds' – Some of our members share their experience of the 2020 pandemic

I am enormously grateful to all who responded favourably to my appeal for your stories, comments, snippets, and photos reflecting how and in what way the past months affected your lives and profession. Thank you one and all, and happy, inspiring reading to everyone! While we have largely become well-accustomed to seeing colleagues and ourselves in face masks and face shields, I believe the accompanying photos and the collage in the central pages will one day be perceived by our descendants as just as surreal as we may have considered the early images emerging from Wuhan, and later, Lombardy, at the beginning of the year.

**(Non)-Event Work** – oh dear! not much to write home about on this score, but I hope to have provided a small insight into the eventual (4th October instead of 26th April 2020) London Marathon event... or should that be, *non*-event?

**Research Developments and Clinical Practice** – Timed deliberately to coincide with and illustrate Mel's closing paragraphs in his 'Breaking News' article, Proprietor of the STS School in Devon and Bristol Anna Maria Mazzieri, a key player in facilitating this promising and exciting embracing of EBP within ISRM, provides a clear, informative introduction to the notion of EBP and its relevance to our specific profession.

Much more detail will be disseminated on this vitally important subject of the benefits and gains for all stakeholders from ever-closer mutual respect for and collaboration where 'clinical practice informs science', and 'science informs clinical practice'.

## Expand your knowledge, enhance your skills (CPD)

This section kicks off with a bold and valuable contribution from Katie Warbuton, who in a

frank, 'no frills' discussion, tackles possibly the most taboo subject among us STTs in her article, *Pricing your STT Services: 'Profit' is not a dirty word!* High financial gain is seldom, if ever, our motivation for choosing this profession, but charging appropriately for what we deliver is critical to ensure that our time and skills are valued fairly, our livelihoods are secure, and our life/work balance is viable in the long-term. This is in my view a must-read for all students and any therapists for whom economic realism and/or acknowledging self-worth remain a stumbling block.

**Confirmed 2021 CPD** (Continued professional development) courses – **all subject to potential COVID-related changes** – can be found in this section, which we are endeavouring to offer over an expanding geographical catchment area. I would particularly draw your attention to the forthcoming **Born to Walk** and **Born to Move (formerly Active Fascial Release) three-day workshops**, to be tutored by eminent writer, lecturer and bodyworker specialising in Myofascial Release and Structural Integration **James Earls**. These will be delivered in February in Bristol (BTW), June in Exmouth (BTM), Winchester in March (BTW) and April (BTM) 2021 respectively. Full details of these, plus CPD opportunities in Poole and Basingstoke can be found in this section.

As previously, members will be notified of any further courses and workshops in subsequent Newsletters, via the ISRM website, and/or by group email as they become confirmed.

## Good news reminder for all ISRM Members!

Make sure you CAREFULLY check the 'nearly-new' inside and outside newsletter back cover for a range of preferential offers to members, in particular:

- ✓ **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.

You will find an assortment of new/recent deals, including free access to the excellent *Kenhub* online 3-D anatomy learning tool to the Sports Injury FIX listing. This is complemented by a fully updated list of

useful websites, links, online videos, and other educational resources, which will continue to be reviewed at regular intervals.

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

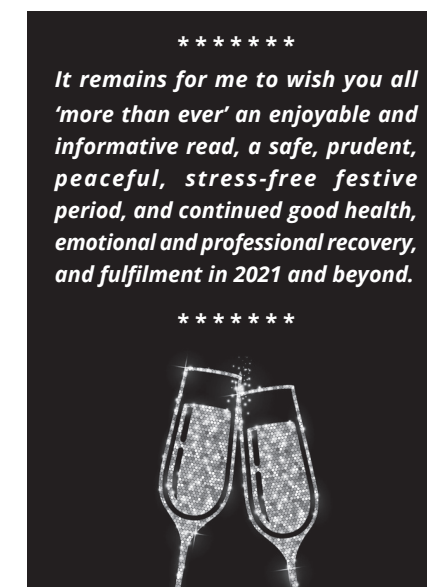
My grateful thanks as always to the many contributors to this Issue. Please would *everyone* (i.e. not just 'other people'...) make an effort to ensure your newsletter remains a stimulating, thought-provoking, and motivating forum by writing *your* piece for the next Newsletter. **Thank you!**

**Please note that the submission deadline for the Spring/Summer 2021 Issue is: Friday 14th May 2021, thank you. Please keep sending your newsletter contributions to me at: [editor@theisrm.com](mailto: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.



## 2020, COVID & US

## 2020: A life-changing year besides COVID!

By Janice Barrett

**"I really missed my massage work, yet it has been inspiring to see how much more we value the power of touch since we've been deprived of it."**

"2020 has been a very weird year for all of us, but mine was meant to be a bit of a life change anyway. This photo was me on Easter Sunday after my shift on a COVID-19 ICU (as well as being a massage therapist, I have been an ICU nurse for over 30 years but had never worked this hard!). The face marks show the effect of a FP3 mask, but the cap shows the kindness of friends and strangers who started making scrub caps for us. It's thanks to them that I didn't get any pressure sores on my ears, but it also had an amazing effect on our morale. I really missed my massage work, yet it has been inspiring to see how much more we value the power of touch since we've been deprived of it. I was meant to be moving to New Zealand earlier this year, but the pandemic delayed this. However, I am now on the other side of the world and my massage couch has just cleared customs, so 2020 is getting back on track!"



Janice after her Easter Sunday shift on a COVID-19 ICU



# Questioning 'dogma' + cultivating 'enquiry' + saluting 'confusion' = optimising 'learning'... and 'client/patient care'

By Tanya Ball



## Questioning 'dogma'

In this very column this time last year, I had encouraged readers not to shy away from asking awkward or unpopular questions when confronted with apparent discrepancies between what their intuition, palpation skills, and in-the-moment practical experience was conveying to them, and some of the long-held claims perpetuated by traditional 'dogma' and textbooks. The specific context at the time was my 'controversial' article on the roles of psoas major, but my emphasis was prominently placed on the universal application of such

an inquisitive approach. I was keen and careful to stress that:

'Far from seeking to "generate controversy for controversy's sake", my intention was and remains to *encourage and urge members to question and reflect on perceived contradictions or conflicts between long-established, universally accepted knowledge or beliefs, and their personal self-directed learning and/or clinical experience.* If something doesn't "fit", "gel", or "make sense"... then *question it! Challenge it!* And do so *without implicitly clinging to the premise*

*that all established, collectively accepted knowledge is necessarily infallible and accurate.* I would stress that this is *not* the same as arrogantly assuming that "we know better" than the countless highly accomplished researchers and scholars whom we owe most of the body of scientific knowledge available. It is in my view a matter of simply but boldly acknowledging that medical and healthcare research is perpetually evolving and is often prompted or motivated by anecdotal clinical experience ('why, how, and in what circumstances does such-and-such a treatment "work"?'). In turn, ensuing new scientific findings lead to enhanced understanding and innovative developments which can profoundly inform, enrich, and further promote optimal, pioneering clinical practice.'

## Cultivating 'inquiry'

Trusting sufficiently in our own reasoning and judgement to take such a gigantic step outside of our secure intellectual comfort zone, and to *dare* question revered, established therapeutic creeds can feel most daunting, no more so than for those with fewer clinical experience miles on the clock. There will almost invariably be that nagging inner voice saying, 'what do *you* know?'; 'who are *you* to question the great and the good with their decades of know-how in the field?'

However, *not to* challenge potentially questionably supported established dogma, perpetuating credence in it on grounds of its longevity, perhaps even deliberately burying one's head in the sand, have been repeatedly shown across the ages to be at best counterproductive, at worst devastatingly harmful to the pursuit of truth and knowledge. Think Socrates... Think Galileo... Therefore, cultivating and developing an open, inquisitive, analytical mind and banishing all fears of MAYBE being compelled to acknowledge that a cornerstone of our clinical beliefs and/or models may actually have been demonstrably refuted, is an indispensable discipline and process towards achieving improved understanding and sound rationale, which will in turn inform and underpin our client/patient care.

## Saluting 'confusion'

The problem with questioning, not only our own therapeutic belief system, but also its very foundations in the form of attractive- or at least plausible-sounding, yet untested and unverified claims, is that the outcome can and most often does create a profoundly uneasy, vertiginous sense of void, confusion, and loss of the sense of security dispensed by an often *implicit* – in the sense of *not cognitively challenged* – rather than *explicit*, adherence to the dogma(s) in question. The sudden or gradual realisation that a construct which for years, had formed an integral part of our conviction and understanding of an anatomical fact, a physiological/neurophysiological process, or an anecdotal therapeutic benefit, has been unceremoniously scientifically dismissed, is seldom a welcome state of affairs or a comforting reality to accept. The colloquial expression of feeling as though 'the rug had been pulled from under our feet' is an apt representation of that sense of disorientation.

However, despair not! If confusion and its associated turmoil are perceived as the 'bad guys' in this scenario, my contention is that they have the potential to become a transformational source of enhanced positivity and empowerment: **for it is in my view only by stepping outside of our comfort zone of implicit assumptions and uncritical adherence to a body of potentially unverified dogma, that we**

**can spark the fire of motivation to find a more satisfactory, scientifically backed and hence evidence-based alternative explanation.** Thus, experiencing void and confusion arisen from the explosion of a deeply ingrained, mistakenly trusted 'myth' is not, according to me, something to be feared or shunned, but instead saluted and embraced as an indispensable stage on the exciting and stimulating journey towards enhanced understanding, knowledge, analytical thinking, leading to heightened clinical reasoning skills and practice, in turn delivering optimal client/patient care.

## Optimising 'learning'

Personal and professional growth thus require us to pluck up the courage again and again, when warranted, to critically evaluate established textbook claims or mainstream popularly held views, and hence *our own acquired knowledge and beliefs*, particularly when a stubborn, irreconcilable disconnect evolves between accepted dogma and the subjective, yet powerfully decisive reality of our clinical practice. The rejection of a formerly widely held view or interpretation can – and in my view 'should' – spur us on in a quest to find out the sound, evidence-based truth, incorporate it into our growing body of knowledge, and apply it in our therapeutic encounters.

For instance, numerous 'traditional' claims about the beneficial effects of Massage (I am using the term in its widest sense in this article) have been and continue to be perpetuated in much of the relevant literature. These tend to rest on equally 'traditional' anatomical and physiological hypotheses which at first glance may seem plausible, even attractive, but which upon further scrutiny have been found to be wanting: when cross-examining the 'evidence' underpinning these claims, scientific studies over recent decades have in a number of cases firmly refuted the formerly proposed explanations as to the mechanism(s) or process(es) the beneficial effects concerned had been ascribed to. While these findings could, and in some circles were indeed welcomed as a positive development, at least two detrimental consequences for our STT profession have arisen from these 'more enlightened', scientifically grounded results:

- 1) The clinical research community has been guilty at times of the proverbial 'throwing the baby out with the bathwater', namely dismissing the actual reported effects of Massage themselves – on the grounds that the mechanisms or physiological processes proposed to explain them had been found to be flawed.
- 2) All too often an 'ostrich' attitude towards these modern research findings has permeated large sectors of the professional Massage community, in the form of a denial of the new evidence due to its misguided perception as a threat to the very essence of Massage therapy itself. Fear and insecurity thus lead many to entrench themselves in upholding and perpetuating views and explanations that have demonstrably become obsolete.

Both these responses have over time reflected – and I believe continue to some degree to reflect – adversely on the Massage profession: partly through its own widespread ill-advised defensive response, and partly as a result of flawed inferences by some clinical research scholars, Massage Therapy became even further viewed as a *clinically irrelevant* entity devoid of scientific underpinning, closed to the notion of objective, critical internal or external scientific scrutiny, and solely reliant on subjective, qualitative, anecdotal claims as to its merits, as opposed to rigorous objective validation methodology.

As so often in a debate (fear not, I won't mention Brexit!!), I find myself having time and sympathy for both sides of the above argument:

- a) It is indeed my belief that Massage Therapy has all too often dealt itself wholly avoidable own-goals by over-emphasising its subjective values – however 'real' – at the expense of acknowledging the need for it also to open itself to objective scientific enquiry.
- b) At the same time, I must challenge, first, the logically flawed dismissal of Massage Therapy itself by much of the research fraternity on the grounds of disproved explanations of its claimed benefits; and second, the enduring bad



## OUR PROFESSION AND ITS FUTURE

faith I perceive in the unequal basis on which charges of 'lack of evidence-base' are brought by scientific circles against some of our hands-on practices, claims of therapeutic benefits, etc., but which are NOT levied by these same critics against numerous comparable instances within other manual therapy and more general medical practice. On this subject, former and current (Southampton) LSSM students may well recall me stating that 'if we were to remove every single not-strictly-evidence-based routine from hospitals, an awful lot of interventions would be withdrawn!'

### And now, for the good news: here's to Evidence-Based Practice!

Whatever the merits or otherwise of the previous discussion, the notion of evidence-based practice (EBP), which has been around for over four decades, continues to evolve, and **is here to stay**. It is imperative in my view that the Massage profession in general, and ISRM's prominent STT community in particular considerably and wisely embrace EBP, if we are genuinely intent on a) gaining respect and recognition from the wider healthcare community, and b) building on the valuable enhanced perception we may have gained from relevant Government Departments and Ministers as a result of recent ISRM communications and members' letters to their MPs. *Do we not owe it to ourselves, our clients, and our profession to pursue our quest for enhanced scientific back-up for 'what we do, how, and why we do it'? If that is the case, how can we and should we go about this?*

### In attempting to answer this question, I believe I have saved the best for last:

The excellent news is that contrary to what may be claimed or believed among different circles, there has been and continues to be a growing body of rigorously conducted, verified scientific evidence in support of, not only a number of 'traditional' STT benefit claims, but a range of more recently identified further positive effects. Much of the research has been carried out within a much wider context of neuromusculoskeletal care – not least because of costs and hence funding requirements – but is none the

less of direct and legitimate relevance to the smaller STT specialism. Research fields and associated themes *inter alia* include, in no particular order:

#### Fascia (including subcutaneous/deep investing/myo-/neuro-/visceral/skeletal... fascia) research

- ✓ Cellular and intercellular structure, physiology, and neurophysiology of different tissue types under different conditions including defined mechanical pressure, movement, etc. variables

- ✓ Nerve ending types and their respective responses to defined mechanical pressure, movement, etc. variables

- ✓ Inter- and extra-cellular, local, regional, and global static and dynamic force transmission.

#### Research in motor control, coordination, proprioception

- ✓ Local and global 'patterns of dysfunctional muscle recruitment', and principles for their reversal

- ✓ Muscle classification according to five essential criteria (massively relevant to our profession!).

#### Pain research including motor control, biopsychosocial dimensions of healthcare and clinical practice

- ✓ Models of pain types, mechanisms, evolution, including 'acute' v. chronic 'pain', pain sensitisation, centralisation, pain management challenges...

- ✓ Bidirectional interaction and influence between world views, beliefs, data, information, communication etc. interpretation and response to therapeutic intervention, healing capacity, disease prevention.

#### 'Mind and body' medicine

Numerous 'revolutionary' findings in **psychoneuroimmunology** over the past half-century or more, which continue to provide irrefutable scientific evidence of:

- ✓ Continuous two-way communication pathways and adaptation between 'mind' and 'body' through neuroendocrine channels, as well as

- ✓ Profound mutual interactions between mind, body, and immunity

- ✓ Key findings continue to prove of critical significance in understanding the 'physical' and 'physiological' impact of sustained 'emotional states', and vice-versa, as well as

- ✓ Reciprocal influences between immune system and mental and physical status.

In other words, there is more than abundant rigorously tested scientific evidence to *objectively* support a range of benefits provided by the 'STT Therapeutic Encounter', from 'strictly' physiological/neurophysiological to psychological, endocrine, and immune levels.

*It is in my view our duty and responsibility to acquire an adequate working knowledge and understanding of the key elements of these in order to be in a position to articulate these clearly and convincingly to our clients/patients and, when challenged, to our critics.*

## 2020, COVID & US

### "Silver linings", "Unlocking aches and pains in lockdown", and other blogs

By Nicola Ralph

'I have been posting little "blogs" on my website for quite a while now. Take a look and use anything that you feel is suitable. See for example: "Unlocking Aches and Pains in Lockdown" (October) or "Reflections since reopening in July." "Silver Linings" is more about CPD and might put the reader to sleep. They won't win prizes for a riveting read, but there may be something there that people can use. Website: [tinyurl.com/y5kax759](https://tinyurl.com/y5kax759).'

## 2020, COVID & US

# PPV – Or My Personal Point of View

By Sue Wells

**"I think that, as therapists, we are used to being in charge with people coming to us for help and solutions. We need to be practical, fonts of all knowledge, and be able to resolve a multitude of issues, but this was abruptly taken away from us, so our circumstances were no longer under our control. (...)**

**I knuckled down to filling my time doing projects around the house and garden, going for walks etc. until it dawned on me that *I was actually enjoying it!* (May I offer a little advice here? Be careful how you tell people that you've been having marvellous fun stripping in the hall!) People said "hello" on the street, showing a sense of camaraderie, the city air was clearer and the roads quiet. This was a new way of life – or was it an old way of life resurrected?"**

## P IS FOR PANIC

I opened my own clinic in 2018 and was busy patting myself on the back as business was developing very well. Then the realisation of the dreaded "P" word landed like a bombshell – yes, Pride (that which goes before a fall). This word was then knocked off my doorstep by another, "P" for Pandemic, which was closely followed by Panic. Everything changed.

Almost overnight so many peoples' worlds were turned upside down and we were slipping from being in a commanding position to feeling practically helpless.

I think that, as therapists, we are used to being in charge with people coming to us for help and solutions. We need to be practical, fonts of all knowledge, and be able to resolve a multitude of issues, but this was abruptly taken away from us, so our circumstances were no longer under our control.

I believe the vast majority of us love our jobs, and to be denied this sense of fulfilment as well as having added financial problems was extremely difficult and frustrating – that is, after the initial numbness had begun to wear off. The same can be said for so many other people, of course, but I am looking at it from my perspective.

## A IS FOR APPREHENSION

I think one of the strongest emotions I had to deal with was apprehension. The fear of not knowing how bad things were going to get was quite difficult to deal with. Over time this concern has reduced but is still in the background constantly nudging my consciousness.

## N IS FOR NUMBNESS

Depressingly, I didn't qualify for any special financial help from the Government, so I reduced my spending to an absolute minimum and applied for Universal Credit. I felt quite numb and settled down to the idea of sinking into a deep depression, withdrawing from the world and feeling sorry for myself, but actually realised how much more I appreciated the little treats that I used to take for granted and the extra

wildlife in the garden. None of my insurance companies wanted to give me a discount (no surprise there!), but I've reached a point where I can let most of it wash over me.

2020 has been a numbingly horrible year, but so many people are much worse off than me, so I'm grateful for having the opportunity to learn more about myself and how to change my approach to work in such a monumental way.

I missed out on the MOT "holiday" too.

## D IS FOR DISCOVERY

I impressed myself (which is worryingly easy to do) by discovering many things during these trying months.

- 1) Long fingernails.
- 2) Kindness of friends and family.
- 3) I can cope.
- 4) Reduced car insurance with a lower mileage.
- 5) My cat is lazier than I am.
- 6) The house still gets dirty.
- 7) Too many projects on my list.
- 8) The importance of giving reassurance and mental support to our patients/clients.
- 9) We do exist!



## IS FOR EAGERNESS

Next, I knuckled down to filling my time doing projects around the house and garden, going for walks etc. until it dawned on me that *I was actually enjoying it!* (May I offer a little advice here? Be careful how you tell people that you've been having marvellous fun stripping in the hall!) People said "hello" on the street, showing a sense of camaraderie, the city air was clearer and the roads quiet. This was a new way of life – or was it an old way of life resurrected?

One day, the urge to be useful was very strong, so I ran into the street when I saw the elderly gentleman from across the road come staggering home from the shops. Poor man, he obviously wasn't coping too well as he was positively scruffy and his house looked less than well maintained. I struck up a conversation with him and offered to run errands, bring him food, or help him source items that had disappeared off the shelves.

The outcome of my kindly act was not what I expected. I found that this "poor old soul" was younger than me but, not only that, while I was outside three people approached us offering help ..... to me!!

Talk about mixed feelings! I returned home feeling incredibly ancient but also warm and fuzzy knowing people would look out for me.

## IS FOR MEDICATION

Wine!

## IS FOR IDENTITY CRISIS

One of the strangest feelings was something like an identity crisis. I reached a point where I wondered, "Do I really exist?"

I applied for SEISS but didn't qualify as my clinic's first year had produced a zero net profit and, guess what – 80% of nothing is...! During the first lockdown, I volunteered to deliver prescriptions and telephone people who may have been struggling, but no one replied to my offer. I probably could have received a Council Tax discount, but you had to apply online and I couldn't get the website to recognise my bank account. Therapists weren't mentioned anywhere. I found it vaguely insulting that hairdressers' services were considered more urgent than therapy treatments, along with the moaning

about missing an annual holiday. This all created an unsettling sense of isolation and detachment from life as I knew it.

## IS FOR CARING

Giving online treatments was challenging, but I did what I could although Deep Tissue at a Distance (or DTD as I call it) will never catch on in my opinion until we grow much longer arms.

I'm also the telephone contact person for the MLD UK website and was inundated with Manual Lymphatic Drainage practitioners wanting information and various cancer patients needing some guidance and reassurance. Stressful? Yes! Rewarding? Yes!

Remember to care for the carers – that's you, by the way.

# 2020: a year of 'bangs' and 'booms'

By Lauren Melville

2020 started off with a **BANG** – literally. Two weeks after returning from travelling in Morocco, my other half had a bike accident resulting in a broken clavicle, hallucinations from morphine, and eventually surgery (this guy is an ex-professional fighter with a high pain tolerance so this was a bad one for sure). After continuing to run my clinic full-time combined with physically caring of him for six weeks, we were finally coming out the woods when – **BOOM** – COVID and lockdown struck! Both our businesses closed (my clinic, his gym), he didn't qualify for any financial help from the Government, but we made the best of it and muddled

through. At last, July – business opened up, we returned to work... those six weeks were going great, it honestly felt like Christmas had come early, and then one August evening I got a phone call from my other half... "I'm sorry, it's happened again" he said. "Tell me you're joking?" I said... yup, fractured clavicle number 2 within six months of the first break (the other side this time). Serious bad luck. Surgery required, but far less pain this time at least. Roll on five weeks' recovery, and we were coming out of the woods again for the 2nd, 3rd, 4th... whatever time for this year... and then – **BOOM** – 2nd lockdown....

The day I was told we could return to clinical work after first lockdown I cried – I'm not a crier by the way – and when we got the news at the 2nd lockdown that we could operate, albeit "it was not business as usual", I cried again (I promise I really am not usually a crier), *however* both times it was with joy, joy that my job, career, clinic and clients were still there. I honestly never get up for work thinking "I can't be bothered today", and throughout all of this rough year (that I'm sure we've all had) I'm so grateful to my clients, colleagues, and the ISRM for helping my small business stay afloat. It means more to me than anyone will know.

# A reflection

By Sophia Florimo

**'My lasting memory from that day was coming home and putting all my work stuff in the hallway and then sitting down on the sofa staring, thinking... "Now what? Home at 2pm? Is this what it feels like getting the sack or retiring? Waiting for a nuclear attack? And so on. My day, my personality, my confidence, my work, my life had been taken away from me in two hours."**

It was midday on the 18th March 2020. Full day of clients, three more to go and time for a coffee and a quick browse through the email list. The atmosphere at the clinic was different. We were quiet, anxious, and there definitely was an elephant in the room that week.

The day before, we had had a pointless discussion about the new virus in reception:

*"Was it man-made in Wuhan? Well maybe... but it could also have been an accident from a laboratory... similar substance found in the river Po in Northern Italy you see, in dogs apparently – bloody Italians ha, ha, ha. Oh well, that explains the sudden rise in the Lombardy region. All Italians in lockdown, one man tested positive on a ski holiday in the Alps – must be him... it's just a question of time before we get it here in the UK."*

That's how the conversation had gone. Some of us took part, some decided it was too hard to listen to and went to their rooms. I was just bored with the banter and removed

myself from reception before I combusted. While my coffee was cooling, I changed a pillowcase and waited for the computer to load. New emails emerged and the top one was from Mel, announcing that we were now to pack up our work. I will never forget his wording: **"discontinue all treatment"**. The reality hit hard – we were now officially part of the world's biggest closure for centuries!

My first thought was, how long will this go on for? Shall I cancel the rest of the day? Actually... I need to cancel tomorrow as well and... oh, OK (nervous laugh)! The news gradually spread around the clinic and we were eventually told to stop working and pack all our equipment. Go home... The rooms were emptied in an hour and the cars were loaded with all our stuff. It was most bizarre. My lasting memory from that day was coming home and putting all my work stuff in the hallway and then sitting down on the sofa staring, thinking... *'Now what? Home at 2pm? Is this what it feels like getting the sack or retiring? Waiting for a nuclear attack? And so on. My day, my personality, my*

*confidence, my work, my life had been taken away from me in two hours.'*

In many ways, on the initial bombshell, I lost myself, but in many other ways I then actually *found* myself. I suddenly became a savvy computer nerd, impressing my two children who are normally my in-house computer technicians. I attended conferences, webinars, courses, and suddenly had a full day of meetings and Zoom calls. I developed office worker's back problems and coat hanger shoulders. Scheduled two walks a day, bought a Fitbit, and made banana bread. However, in all the sadness around us there is a certain glimmer of hope that we will get back to a better 'New Normal'. We have an opportunity to rebuild with stronger foundations, better sustainability, and with massively more compassion and community spirit.

So, will this ghastly year make me a better therapist? Dear God, I hope so!!

# A lesson in adaptability

By Francesca Bourne



My name is Francesca Bourne, and I have a small STT practice working from home near Totnes in South Devon.

Throughout the first lockdown I had a handful of faithful clients asking regularly when I'd be back at work, and since we have been able to start, again I've been fully booked, which has been great.

**This Pandemic has taught me that we are**

**all adaptable, and how valuable our work is for physical and mental well-being.**

I have felt really supported by the ISRM and knew that if I needed more information I could ask and get a response.

I feel grateful to have kept up my membership! I am also really looking forward to attending some courses in person when we can again.



# STT: A lifeline in lockdown

By Rachel McKay

Bill was a fit, healthy regular cyclist I had known from our cycling club's Sunday club rides for several years from the early 1990s. However, even in those days while in his 40ies, he was struggling with both lifelong chronic asthma and arthritis brought on later by his long and successful career in motorsport. His many high-speed crashes from motorbikes, sidecars, and saloon cars had pretty much broken every bone in his body and he was already suffering with pain and reduced mobility.

Luckily for both of us, in 2002 I started my LSSM Diploma course and Bill was a willing volunteer for my student treatments. He found that right from the start, regular treatment was taking away the pain and improving his mobility. Fast-forward 18 years to 2020 and Bill's condition had gradually and steadily declined. In the early days, the benefits of a treatment would last up to two weeks before the pain started to creep back in. Now he's at a stage where his pain is constant, prescription pain killers don't make any tangible difference (apart from psychotic side-effects), and he is unable to ride his bike because it is just too painful. He has been having regular fortnightly sessions which, in his words, bring the pain down to a bearable level where he can think straight, go for walks, and do light gardening.

As an aside, in 2019 he was placed on the NHS chronic pain management programme which ended up with Cognitive Behavioural Therapy (CBT), which for Bill was useless as his pain is totally physical, not psychosomatic.

When the first lockdown came in March, Bill opted to self-isolate because of his age (75) and chronic asthma. However, when I did check up on him it was clear that he wasn't coping with his arthritic pain and was starting to get migraines. His mental health was also deteriorating as the constant pain had started him on a spiral of depression, which he knew from past episodes would end up with suicidal thoughts. Yet he still felt unable to see me or any other therapist for help.

Finally, Lockdown One was lifted and I saw him on Monday 13th July. I knew he was suffering, but wasn't prepared for just how bad his condition had become. He was barely able to get out of his car, couldn't stand up straight, and climbing the stairs to my treatment room was a massive, slow effort. He had been suffering several migraines a week that had often kept him in bed. He also said that much of the time, he was so racked with pain that he wasn't able to function properly and his family were nursing him as best they could. That first session of general

relaxation and some gentle trigger-point work started to bring him back to normal and he could at least stand up straight. He did then admit that he hadn't realised just how far he'd declined.

Bill then had weekly treatments for the next five weeks until he was back to where we had left off at the start of lockdown. This experience drove home to both of us the fact that Bill, and countless other people with chronic musculoskeletal conditions, need this regular maintenance therapy to keep them going.

Fortunately, my toolbox has expanded further since my LSSM course and I now specialise in deep, structural myofascial work, incorporating the work of practitioners such as Ross Emmett, Tom Bowen, and Eyal Ledermann. For people like Bill, these fast-acting, powerful yet gentle techniques help tangled bodies unravel, jangled nerves calm down, and angry tissue relax. It also means that I can do a treatment in under 30 minutes and minimise contact time. This means that vulnerable clients can receive the COVID-safe treatments that they need. During this second national lockdown, Bill has continued to have his regular treatments as we both know they are essential to his well-being and will keep him out of the NHS emergency system.

# Morton's Toe Gazing

By Mary Sanderson



Lockdown gave me time. The sunshine was a blessing, and I enjoyed some contemplative time 'toe gazing' or more precisely 'Morton's toe gazing', sometimes with wine!

Phase one of lockdown was time for the jobs: gardening, decluttering, and cooking. It was also an opportunity to catch up with neighbours for a coffee in the street on a

Saturday and clapping on a Thursday evening.

It was good to do some GCSE maths, chemistry, and physics. My enthusiasm wasn't appreciated by the person who was supposed to be learning about it... But the catchy electromagnetic spectrum song from YouTube stayed jangling in my brain for most of lockdown.

There were some virtual running and cycling races to be completed by some family members and other 'remote' challenges. Taking off the T-shirt while doing a handstand was a fairly popular event, but it did set a precedent for more dangerous contests...

By the second month of lockdown, regular Zoom sessions were in full flow. Having a sister in New Zealand and a brother in Sweden provided interesting debates and insights. Worrying about the light and how the wrinkles were showing slowly subsided as we relaxed into the Zoom etiquette and humour: the Northern Hemisphere groups sticking to coffee while the smug Kiwis, with

their low virus infections, savouring their wine. It was strange not to be doing hands-on treatments! People in pain were often on the phone. It was good to be able to advise and send out some self-help. The three most popular videos were: self-STR of pectoralis minor, self-STR of adductor longus, and intrinsic foot strengthening. CPD seminars and webinars were available online and it was positive to be learning, sharing, and catching up. It was essential to touch base with some colleagues and share notes.

One of these colleagues was [long-standing LSSM Tutor - Ed.] Allan Murrell. Allan and

his humour will be missed as he heads into retirement. He has exceptional skills at delivering myofascial therapy and a unique presentation of the subject when teaching. It's been a chuckle to work with him all these years!

Despite much mocking over the years, I've never hated my feet. I have always enjoyed running around on them, although Morton's Toe is considered a 'deformity' that occurs during embryonic development... I feel grateful to be back working in a therapy where the techniques we use really make the most of however our bodies are thrown together!

# My lockdown

By Julia Hazelwood

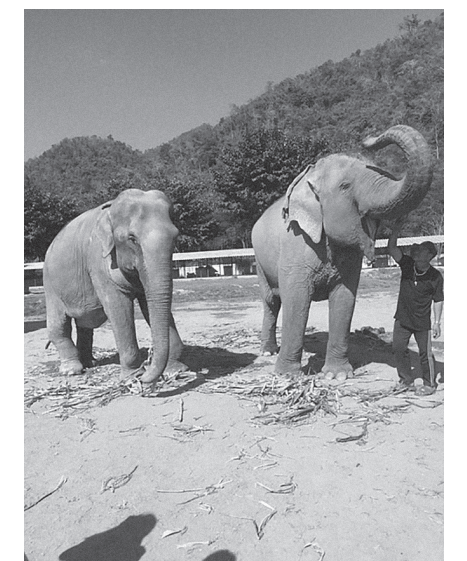


Lockdown for me initially was a welcome reprieve from an otherwise busy diary as a practitioner. We are so ruled by time and being on time, that to suddenly be forced into a complete time-free space was actually quite exhilarating. Not only that, it was guilt-free as everyone else was in the same boat, so a very unusual scenario! Blessed with great weather, I was able to walk and enjoy the countryside with my gorgeous dog Delta. Mind you, there did come a point when a waving of the lead caused her to hide!!

Delta is from Thailand, adopted by myself over two years ago, after working as a

volunteer at The Elephant Nature Park in Chiang Mai ([www.elephantnaturepark.org](http://www.elephantnaturepark.org)), where we were slaves to the elephants, working in the kitchens, out in the park and doing lots of poo pick-ups! No riding, no bathing of the elephants, just pure slavery that was a total pleasure to do. The lady who runs the park is a phenomenal human being who has been saving masses of elephants from logging, forced breeding, and tourism where they're used for riding, washing, and entertainment - a sickening exploitation of a beautiful animal. On the park there was also a dog sanctuary where dogs are saved from being either on the street, succumbing to the meat industry, or abandoned by families, who sadly become too poor to care for them. Delta was from a litter thankfully dumped at the gates when only days old. She was 18 months old when I met her and seemed to choose me by standing over me and giving me the 'Thai eye'! I'd only just waved my two daughters off to independence and finally had some freedom to travel, but instead... I went and tied myself right back down with a dog! BUT - she is so very much worth it and now, as we are living in these strange times, she has been my therapist! She really is a gorgeous girl. I mention all of this because if you fancy doing some volunteering overseas, ENP is brilliant and offers total food for the soul. Guarantee you would love it.

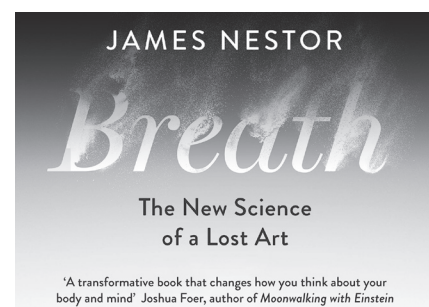
Back in UK and with lockdown underway, I decided it was a great time to exercise, study, and of course walk! I'm not a great fan of computers or a social media follower, but I did enjoy all the fabulous webinars that became available at such great affordable prices. Julian Baker (<https://functionalfascia.com>) presented amazing talks, all of which are still available. They kept me enthralled as I watched all on catch-up so I could take my time to make notes. For those of you not familiar with Julian, he works with cadavers, and I have attended many a dissection under his guidance in the past.





However, after some time I did struggle to face cadavers, so I was most chuffed to listen to him remotely and absorb his wealth of knowledge. Not only that, but he had guest speakers who were all fascinating. I strongly recommend to readers to look him up and buy the webinars at very affordable prices, which you can take your time to watch.

In addition to that, colleagues and I set each other subjects to study and then had to deliver a presentation. One of these subjects was 'breathing'. This took us down a rabbit hole of information, which as a result has significantly altered my approach to managing clients, particularly the highly stressed and anxious ones. I work not only in Soft Tissue Therapy, but also to a great extent in Manual Lymphatic Drainage (MLD), so our immunity is a hot subject currently commanding interest from my clients. However, so as to not digress down this route (another rabbit hole), I wanted to give you an insight into the breathing information I learnt as succinctly as I can, the aim being to encourage you to look up the links suggested, as well as DEFINITELY investing in James Nestor's *Breathe* book.



You'll be blown away by the information given (get notebook to hand) and how it can really help you in your practice. I appreciate that breathing techniques have been around for a long time in yoga, meditation etc., but James takes all the history and scientific papers and brings them together in a highly inspiring fact-hitting approach, that can enable the reader to really understand the benefits. As he says inside his front cover: *"No matter what you eat, how much you exercise, how skinny or young or wise you are, none of it matters if you're not breathing properly"*.

By enhancing your breathing techniques and oxygen/carbon dioxide balance, the health benefits are enormous, from

curing sleep apnoea, snoring, eczema, to helping with asthma, hypertension, anxiety, depression, improving internal organ health, autoimmune, to name just a few. In amongst all this information he embraces Patrick McKeown techniques of nose breathing. Patrick is based at the Buteyko Clinic ([www.buteykoclinic.com](http://www.buteykoclinic.com)) and also has another website, Oxygen Advantage ([www.oxygenadvantage.com](http://www.oxygenadvantage.com)) which includes tests you can do in order to learn how well oxygenated you are, as well as fabulous podcasts relating to breathing, one of which was produced with James Nestor. The Buteyko clinic also provides a remarkable breathing test sheet (photo shown) that mentions related ailments, which you can hand out to your clients. This will enable them to connect with the importance of how they breathe, and particularly the benefits of learning how to only nose breathe. Just from nose breathing and its relationship to nitric oxide, you can lower blood pressure, become more powerful in your sport, improve gut health, enhance your immune system, and encourage parasympathetic response, which given our current challenging times could be enormously beneficial, and... FREE!! I could give you so much information, but it would take me too long and Tanya wants all newsletter submissions in by tomorrow!! So, please take a look!!

The other thing I learnt was the astonishing benefits of Red Light Therapy. This is well worth investigating for clients who are athletes or those suffering with osteo- (OA) or rheumatoid (RA) arthritis, or who need wound healing and tissue repair or improved hair growth. Just be careful though when doing research if you choose to buy a red light, as the quality varies substantially 'out there'! It is suggested by some that Red Light Therapy may be suitable to use on our eyes, as it is also reported to improve eye health. I used Red Light Rising (<https://redlightrising.co.uk>) as their website is informative, with great science studies. Their cheapest light to try out is The Target Light at £95. Needless to say – I love it!

Post lockdown, my daughter incurred a cycling accident and sadly fractured her pelvis. She suffered a typical cycling pubic ramus fracture, thankfully stable, but the treatment still involved blood thinning medication [to prevent the risk of blood clots – Ed.] and strong pain killers. With

her living in London and me in Marlow, it wasn't easy for me to keep visiting, so I encouraged her to come home so I would be able to implement a treatment plan, for her to receive physiotherapy and hydrotherapy, and also so I could give her daily MLD and soft tissue therapy to ease the nasty haematoma in her left hip. Coupled with all the breathing I had learnt during lockdown, she implemented that as well and within weeks was off both crutches and medication. Full recovery was achieved within six to eight weeks. She also had eczema and very dry lips, but by applying the nose breathing technique of sealing her mouth at night to discourage mouth breathing (not as bad as it sounds – listen to Patrick podcast!) this all cleared up too. I'm so proud of her as she was a very compliant daughter-patient!

Overall then, lockdown and subsequent months have been very positive for me. As a self-employed therapist for many years, I was fortunately able to claim the Government's Self-Employment Support Scheme (SEISS) grant. I cannot imagine what it must be like for those people who for various reasons slipped through the State's financial safety net. My daughter works in a 'soup kitchen' every Sunday and tells me that many of those who are coming in had never before experienced such desperate times – terribly sad. We can only hope recovery comes reasonably quickly once this pandemic has passed. The planet will also hopefully benefit as we learn to truly appreciate the impact that we humans are having on the natural world. I decided from the onset not to listen to the news or read any of the widespread ghastly sensationalist journalism out there. Instead, I loaded the Good News Network on my phone and have been blown away by the staggering innovative, eco ideas and developments reported. So inspiring!

So... there we have it: just a resume of lockdown for me. I hope you will find all I learnt helpful – that is of course if you don't know it already! Lastly, I do also want to thank ISRM for all the informative emails sent through during lockdown and subsequently. These were so helpful and the mission to get us recognised properly by the Government was an absolutely brilliant undertaking. Thank you.

# If the Mountain wouldn't come to John... By John Richardson

I had been working in a small yet busy multidisciplinary clinic (MDC) in Bristol. It was a great set-up, but I didn't have the fire or necessarily the support and growth I'd come to expect of myself or the facility. Growing frustrated, in November 2019 I sent my CV off to 23 companies around the world to see what was available. Within 24 hours, I got a call from a company in France looking for therapists to work as part of their winter ski season – jackpot! So, I left the clinic on very good terms, bought a car, dusted off my skis and drove 900 miles to South of France! I ended up being based in Alpe d'Huez in the Southern Alps, famous for its 21-bend route in the summer cycling season, and hosting the longest Black ski run in the world in the winter. The work was unrelenting, but I loved it. Massaging for a minimum of three hours a day, being available most days to go out on the slopes, having space and time to read and grow as a person, not to mention the food which was always pretty good – what more could I have asked for? Even the car breaking down, leaving me to walk in-between appointments carrying the treatment table and equipment, at altitude, in the snow, wasn't enough to dull things!

I was living the dream and had the foundations to be doing the same work there in the summer season, so I sourced an apartment, and even found some event work in Portugal... Then the news finally came out in mid-March, that France was going into a lockdown. I was contacted by my family and encouraged to come home to be on the side of caution, especially as at the time the knowledge about C-19 was limited. So, I packed a bag, left two others behind in the broken down car, and caught two trains through France to then get on the Eurostar for London, where I was picked up to go back to the West Country... From my mountain apartment looking into the valley, to an estate on the outskirts of Taunton...

I used this time to self-improve, read, exercise, be with the family – all things which I was having a rare opportunity to combine. It

was a frustrating and difficult time, but also one for growth. As the lockdown came to a close, I returned to France to collect my now fixed car as well as my belongings. France was allowing massage at this point, so I worked with all of my friends based out there to fund the fuel for the long drive home, as well as a couple of day trips out on my bike – it's not everyday that you get to take on the 21 bends of Alpe d'Huez (69mins wasn't too bad for a first try either)! On the drive home, about 20 miles South of Rennes, I received the message saying that massage had been given the green light for the UK.

I got the mobile service live again to cater for Somerset, be it a small crowd, and found work at the local clinic as well as at another in Bristol. This busy combination was the outcome of the hard work completed not only in lockdown, but also during my time in France. It was all coming together, I was finding my flow, no burn out, loving the people I was working with, and most importantly helping to improve lives. I had been learning a great deal from the Physio team at the Bristol clinic, which motivated me to strive for even more. Then November happened... Lockdown 2...

To say that I took this hard would be an understatement. It was difficult to explain to clients why I wasn't able to practise while other professionals who, in some cases, hadn't been able to help them, could carry on working. It was harsh to take that although what I do was effective, because of some legislation I was being placed in the same bracket as a hairdresser (nothing against them, or my lack of hair these days) but I did struggle to work out how we fitted into the same group of professions. So, I did what all angry people do and took to social media. My open letter video to the local MP, despite not eliciting a response, built up a lot of support locally for myself and massage as a service as a whole. It encouraged me to replace my 'ranty' videos with more helpful content to help people during the lockdown period, which has now added another string to my bow. It was

refreshing to find a different outlet for the exercise and lifestyle rehab I'm so passionate about.

That we are now able to reopen again – no matter which COVID tier we are in – is a great success and a tribute to the ISRM for rallying to our cause, not only for our own livelihoods, but also the people who choose us to help them. On a personal note, it has undeniably been a rollercoaster year – but although tricky, it has been for the better. I am a better therapist because of all of this. I've needed to adapt and overcome. I've been given the chance to throw myself at learning and make mistakes to grow without the added stress of maintaining a client list. I've tried new things, new modalities, new approaches to help people. I've also learnt what I don't like and have been able to fine-tune my approach to be both consistent and client-focussed, without the 'negative' rebounding on me.

In summary...

- ✓ Left clinic job in Bristol to follow dream to work abroad in the Alps
- ✓ Lived said dream, became a better therapist
- ✓ Covid lockdown kicked in, so left mountain apartment for family home in Somerset
- ✓ Grew, learnt, became a better therapist
- ✓ New clinics and mobile service
- ✓ Grew and helped many people, became a better therapist
- ✓ Lockdown 2 kicked in, read, researched, reassessed
- ✓ Becoming a better therapist, looking at an exciting 2021

I've worked hard, everyone has. I would say that a big part of the growth and confidence I have accomplished in 2020 is down to the ISRM forum on Facebook. Not only was the information sound and consistent, but the admin team were very helpful, and by taking part I could see that what I know as a professional is valuable, and would like to think I have helped people on the said forum. 2021 could be a big year, but regardless of this and all the waffle above: my name is John and 2020 made me a better therapist.



2020, COVID & US





# COVID-19 – A tangible paradigm of irresponsible human abuse?

By Tanya Ball



## In the beginning: what happened when?

'On **31 December 2019**, WHO was informed of cases of pneumonia of unknown cause in Wuhan City, China. A novel coronavirus was identified as the cause by Chinese authorities on **7 January 2020** and was temporarily named "2019-nCoV". (...)

The new virus was subsequently named the "COVID-19 virus".

**On 11 March 2020, the rapid increase in the number of cases outside China led WHO Director-General Dr Tedros Adhanom Ghebreyesus to announce that the outbreak could be characterized as a pandemic. By**

1. ([www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/novel-coronavirus-2019-ncov](http://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/novel-coronavirus-2019-ncov))

**then more than 118,000 cases had been reported in 114 countries, and 4,291 deaths had been recorded.**

By **mid-March 2020**, the WHO European Region had become the **epicentre of the epidemic**, reporting over 40% of globally confirmed cases. As of 28 April 2020, 63% of global mortality from the virus was from the Region.<sup>1</sup>

## 'Here we go again' – or the consequences of failed 'historically-informed' responsibility

My adored husband of nearly 38 years Brian and I were enjoying our nowadays customary winter 'working holiday' escape to the Southern Hemisphere, this time in West Cape, South Africa, when alarming initial announcements of a 'severe viral respiratory outbreak in Wuhan, China', began to make international news in early/ mid-January 2020. The specific moment when we first heard those terrifying words on BBC World Service News, and my instant *literal* 'gut response' in the form of a potent wave of nausea, remain vividly anchored in my memory. With recollections of the 2002 SARS epidemic still fresh in our minds, our immediate joint thought was, 'here we go again...', followed by my vehement declaration that 'they should immediately ban all international flights and travel from China', knowing full well that no such action would be considered, never mind taken, at least not until well *after* the horse would have bolted.

Within days, as the scale and speed of exponential transmission of the disease became clear, we helplessly and despondently awaited news of the inevitable: not *whether*, but *when* the virus would cross borders and oceans to spread over all continents, eventually reaching Western and UK soil. All the while we hoped against hope that State governments, international medical and public health authorities, and other relevant organisations including above all the World Health Organisation (WHO), would demonstrate responsible leadership as we perceived it, by uniting in swift consultation and intervention to nip the surging outbreak in the bud by containing it within its country of origin. Fat chance!

## Collectively culpable international procrastination

All too soon, two people who had flown to Northern Italy from – no prizes for guessing – China, had tested positive in Lombardy. Same ghastly nauseating sensation accompanied the realisation of the inevitable and imminent implications for Europe: how long before cases would be diagnosed in every country, with people being hospitalised, some of them never to see or be seen by their loved ones again? *Still* no official mention of any international ban on travel from China, and of course the cat was, predictably, well out of the bag by now anyway. I was becoming more incredulous and frankly incensed by the day at the WHO's continuing denial of the inescapably obvious enormity of the global time bomb threatening us all. Despite the uncontrolled viral propagation and horrific consequences that followed, **it was not until 11<sup>th</sup> March 2020 that finally, finally the WHO was forced to concede that 'the outbreak could be characterized as a pandemic'.** As indicated in the quote above, 'by then more than 118,000 cases had been reported in 114 countries, and 4,291 deaths had been recorded'.

*The single time window when immediate, radical, even brutal, global collective action by those in power, could have made the greatest difference in terms infection containment and lives saved, was in my view that critical early to mid-January 2020 opportunity, which was deplorably missed on grounds of various admittedly delicate and complex, but from an existential perspective none the less untenable and feeble political, diplomatic, and commercial arguments I will not enter into at this time.*

As increasingly adverse news reports with ever more distressing visual coverage of chaotic, hellish scenes of overwhelmed hospital staff and desperately sick patients were aired over the following weeks, alongside intense, often contradictory speculation as to the origin of this unknown virus, I found my thoughts focussing ever more on the 'existential', even 'metaphysical' dimension and significance of what was unfolding. At the same time, I could only reach out with utmost but 'ineffective' empathy and compassion to each of the (then) hundreds of thousands affected.

## What do I mean by 'existential' and 'metaphysical'?

As far back as I can recall, I have always felt and believed in the existence of a 'deeper' spiritual, timeless, unseen but no less real dimension to life and the world, that complements and is *one with* the tangible physical reality we experience day to day, as opposed to these being separate entities. An analogy would be the two sides of a coin lying on a surface: only the upper side is visible, with its distinct imprint, while the under side is hidden, with a different imprint, but *both sides are part of the same coin*. The essence of *being* and existence pertain to this hidden, enduring dimension, which transcend the time-dependent variables of our experience of daily living, which is largely preoccupied with tasks and possessions – *doing* and *having*. Hence the terms 'metaphysical', 'existential' side contrasting with and complementing the 'physical' side of the coin.

My world view has been richly nurtured and at times robustly challenged, evolving through university and vocational study, life experience, and lifelong reflection and fascinating interaction with/exposure to countless holders of other views.

Fast-forward to early 2020: COVID's global and aggressive manifestation as well as leading hypotheses pointing to its man-made origin compelled me to view and interpret this through the prism of a metaphysical dimension: although the (yet to be officially termed) 'pandemic' was being described as 'unprecedented', 'worst ever', posing a 'global threat to humanity', it was far from the first disaster of that nature. The consistent common denominator among the catalogue of destructive assaults on the priceless Planet we have been entrusted with, its every living creature, as well as inorganic make-up is undeniably... WE HUMANS!

For all the wonders and excellence of human invention, which I am the first to be deeply grateful for (fancy surgery, or a tooth extraction, without anaesthetic? Or messaging LSSM office using a pigeon?), we have collectively repeatedly, sometimes unintentionally, but at other times *shamefully knowingly*, abused and caused devastation to the natural world, blinded by the human arrogance that



places *homo sapiens*' mind at the apex of the tree of knowledge and disregards the fundamental fact that for all our self-congratulating sophistication, *we are and will always be an integral part of Nature*. Yet we treat her with callous disrespect and cruelty. From merciless poaching of wild creatures, criminally ruthless mass breeding, rearing, exploiting and/or trading in defenceless pets and farm animals, destroying entire forests, to catastrophic yet predictable and hence avoidable contamination of coastal and open sea expanses, including destruction of oceanic species through crude oil spillages, reckless, excessive use and irresponsible disposal of harmful chemicals and non-recyclable waste, not to mention all the man-made factors potentially associated with climate change. The charges are mounting against the human race, building towards an eventual day of reckoning that may not be quite as distant and we may like to assume.

#### Nature's FINAL warning to humanity?

It is not as though we have not been warned: leaving aside the gross exaggerations and fabrications of social media and the hype of some sensationalist tabloids, Nature has time and again sounded ever-louder alarm bells through a range of calamities, from severe floods to devastating wildfires, species close to extinction, to virulent, fast spreading and mutating viral epidemics. Much hand-wringing, head rolling, lavish, costly international 'climate' and other summits invariably take place, with no shortage of headline-seeking talking, seldom matched by meaningful concrete action. Commendable measures may even be agreed, and target dates set, all too often for some 'comfortably' distant future time, ensuring that a) no process is started immediately and b) plenty of other competing priorities can and usually do arise in the interim, returning the would-be undertaking to the back burner.

The decibels of Nature's pleas, warnings, alarm bells have in my view risen dramatically in recent decades, with inadequate tangible remedial responses to achieve a trend reversal. ***It is my profound conviction that THIS TIME, the COVID pandemic is Nature's final, desperate,***

***deafening warning to the human race:*** despite its microscopic size, this virus has demonstrated its capacity, not only to paralyse much of the business and commercial world, but also our domestic and private lives on an unprecedented scale. It has also inflicted profound humiliation on the prevalent post-reductionist scientific world view that is convinced that nothing is beyond the all-conquering power of human – or indeed man-made artificial – intelligence. Unlike previous regional or continental warnings however, this one is touching every aspect of human existence and is punching specifically where it hurts most for the vast majority of us: 1) our pockets; 2) our pride; and 3) our very lives. ***THIS TIME Nature is in my interpretation giving us a non-negotiable ultimatum: 'change your ways, relearn to love, respect, nurture me, or destroy yourself.'***

There have been so far very encouraging positive stories about how 'lockdown' wherever it has been imposed has opened many peoples' eyes to the numerous blessings of ordinary daily living, all-too-easily and often taken for granted, and to re-evaluate what matters most in life, to show greater care and compassion for others, and to rekindle appreciation of or even enthusiasm for the natural world. Equally promising were the numerous reports about how Nature had responded to the 'reprieve' of lockdown by reclaiming deserted business areas, car parks, highways, city centres, even private property! Video clips of an elephant strolling up a village street (and freaking out a humble soul pushing his bicycle), kangaroos hopping across an outdoor shopping centre, little and larger darling creatures foraging in what looked like a communal play area, were shared over and over on social media. ***BUT the prize question remains: will any of this matter? Will the tone, loudness, severity, and desperation of Nature's Final Warning suffice to finally, FINALLY, shake us out of our selfish and greedy complacency, and finally, FINALLY deliver a sufficiently painful collective Kick-Up-The-Backside for us to commit permanently, wholeheartedly, uncompromisingly to change our abusive, irresponsible conduct, and learn once again to truly honour, revere, and love our Natural Planet?***

While serious international consensus and commitment are undeniably prerequisites for large-scale transformation, I am in no doubt that it is incumbent to every single one of us to engage personally in responding by reconsidering extremely carefully the consequences of our daily habits, choices, decisions, big or small. These include the products we buy, who we buy them from, how we use and dispose of them/their packaging, the environmental credentials of power-requiring household goods, building heating, lighting and insulation systems, methods of travel, the animal welfare licences of commercial pet breeders/suppliers, how we interact with and treat other people, how wildlife-friendly we make our gardens, how we protect natural habitats (in the widest sense), to name but a few.

#### On a more personal level...

Alongside and perhaps in contrast to the above reflections, Brian and I counted ourselves most fortunate not to have had to bring our return to UK forward – situations in various European countries were looking increasingly touch and go, while to its immense credit, for all its massively greater poverty, unemployment, and political difficulties, South Africa, which was several weeks behind Europe in terms of COVID incidences, proved light-years ahead with abundant hand and luggage sanitising stations at both Port Elizabeth and Johannesburg airports, staff mostly wearing face masks, large signage about hand washing, etc. It has to be said that for a number of years now, in has been commonplace for South African supermarkets to provide sanitising wipes for customers to clean their baskets and trolleys with on their way in. Given that so many humble homes in overcrowded townships do not have running water and not all residents can afford soap (can-you-imagine?), this is in my view an excellent, very necessary as well as commendable initiative.

Having gratefully reached home and not succumbed to any 'travel bugs', the writing was in our view fluorescently and indelibly on the wall in terms of an imminent UK lockdown. Being both in 'at risk' groups for different reasons, we had already virtually entered a self-imposed lockdown for nearly

two weeks before the Prime Minister's official announcement – a speech I will never forget, but which in a bizarre way brought us an immense sense of relief. We consciously counted our blessings in the knowledge that we would not personally be unduly affected by the new rules, but our overriding gratitude was that despite its many challenges, this lockdown was in our view the lesser evil decision for the common good.

#### Turning lockdown into opportunity

We had hardly unpacked our suitcases when I launched myself into 'turbo volunteering' mode: there was so much need, from right within our local community to far further afield, even within the limitation of avoiding any support involving direct (even socially distanced) contact due to the high risk of my 'compromised immune system'. I immediately volunteered as a 'friendly phone call voice' with the NHS (regrettably not a single request!) and took on up to four delivery rounds of our immensely popular local monthly Newsletter in place of people shielding: this latter came with the fabulous perk of a legitimate excuse to admire numerous beautifully tended front gardens and witness how they evolved over the seasons! I committed to virtually upholding and 'placing my arm around' a small number of my patients whose already traumatic circumstances were severely worsened by the pandemic, with at times daily messages of empathy, positive practical suggestions, and hope accompanied with YouTube links to uplifting classical music, sharing personal thoughts in the same local newsletter on how to turn the paralysing impact of lockdown into constructive opportunities, and of course checking on elderly neighbours etc.

With the national closure of all classroom-based teaching programmes, co-Lead LSSM Tutor Sarah Tidey and I were increasingly concerned about our dedicated and delightful Southampton-based students, and how to maintain their morale and motivation. So, thanks to Sarah's already set up professional Zoom facility (allowing sessions of unlimited duration) used for her virtual Pilates classes, we managed to deliver most enjoyable and productive monthly remote group sessions covering theoretical

elements of the Diploma syllabus, as well as 'bonus' detailed functional anatomy presentations on selective body areas. The excellent response was as rewarding as the joy of seeing and interacting with our much-missed students.

For the past 18 months + (now over two years!), I had also been painstakingly organising a major three-generation family reunion for July 2020 involving relatives from UK, Europe, North America and potentially even Australia. Although little of the groundwork will be wasted, the event was sadly postponed along with millions of other families' plans, but I suggested the consolation of a Zoom reunion on the same date instead. An amusing contrast in response emerged, with warm enthusiasm from the younger and most of the more senior generations on one hand, and reservations on grounds of technical capability, fear of confusion with everyone speaking at once, and lack of familiarity from a few elder relatives. The fantastic and heart-warming outcome was that gentle persuasion and practical remote IT guidance resulted in everyone who wished to do so, successfully joining in, enjoying every moment of the catch-up... and a collective vote to repeat the occasion periodically until our real reunion 'in the flesh' could take place, hopefully in July 2021. Accordingly, we held an equally uplifting Zoom chat on the first Sunday of Advent, which left my heart singing!

The combination of fewer working hours and the glorious spring weather enabled us to devote unprecedented time to our two-fold passions of outdoor exercise (running, walking, cycling) and gardening. Never had our beloved garden received as much attention as comparatively early in the season! In addition to our 'traditional' healthy (some would say OTT) obsession with annually producing a spectacular front garden display (see photos), this was providentially the first year we were able to use the two timber raised vegetable beds we had at last managed to build at the bottom of our rear garden in 2019, as part of a three-year long redesign project. Accordingly, we grew more vegetables and lettuce varieties than ever before, and proudly planted on raspberry, loganberry, and gooseberry mature cuttings grown

in the greenhouse last autumn. Many other ornamental shrub, herbaceous and semi-hardy plant cuttings had also rooted healthily, making wonderful home-grown, meaningful gifts for neighbours and friends. We enjoyed four generous crops of rhubarb, a continuous three-month + supply of the tastiest tomatoes ever, courgettes, tons of cucumbers, a small yield of four types of beans (must grow more of them next year), strawberries, and raspberries, but for some reason, not a gooseberry in sight!

We adjusted our grocery shopping to minimise trip frequency and mixing (going to more than one shop) so the new routine became that I walked or 'ran' (pathetically and embarrassingly slowly) a long way round to the chosen store, completed the shopping, and was gallantly collected by husband-cum-chauffeur Brian, removing any slim risk of infection for him.

**Most importantly of all, the entire and ongoing pandemic experience has yet again reinforced our joint awareness of and gratitude for the pricelessness of our marriage, our shared life we would trade for no other, and the depth of our love for each other.**

May I close somewhat unconventionally by sharing with you a tiny selection from the uplifting music pieces I shared with my troubled patients, which I can truthfully confirm 'struck a deep chord' (sorry for the pun) in them:

<https://www.youtube.com/watch?v=1DFqVqApms8> (Dmitri Shostakovich's *2nd Piano Concerto*, 2nd Movement)  
<https://www.youtube.com/watch?v=7KvrbYZB2vY> (Morten Lauridsen, *O Magnum Mysterium*, Responsories at Matins, Christmas Day)  
<https://www.youtube.com/watch?v=ZXeWiixwEz4> (Marquez, *Danzón No. 2*, Simón Bolívar Symphony Orchestra, Venezuela, conducted Gustavo Dudamel)  
<https://www.youtube.com/watch?v=dfwe5LiSBe0> (Ludovico Einaudi, *Divenire*)  
<https://www.youtube.com/watch?v=EmStUk8dKE> (Ludovico Einaudi, *Le Onde*).



## EVENT WORK

# (Non!)-Event work update

By Tanya Ball



### A year ago... 'Our vision for the future...'

In the December 2019 Issue, I enthusiastically informed readers of ISRM's fresh initiative to start 'building a list of appropriate contacts within major sports governing bodies, federations, associations, and possibly clubs, for enquiries relating to delivering STT at high profile national and/or international events.' The objective was to facilitate opportunities for members aspiring to a professional involvement in high level sport to take their own initiative in pursuing their goal. Suffice it to say that the devastating worldwide events of 2020 put a full, if hopefully temporary, stop to any such goal, as they did and in some cases continue to do to sports events from grass roots to global level.

### 2020 non-events

As any members affected are all-too aware, all events which ISRM had traditionally supported for up to two decades in some cases were initially postponed, and subsequently cancelled or shrunk and restructured beyond recognition (and in my view beyond purpose!), not least the London Marathon.

The LM event eventually took place on Sunday 4th October 2020, restricted to an elite Men's, Ladies', and Wheelchair Athletes' trio of races consisting of – wait for it, 19.6... yes, NINETEEN POINT SIX – laps of St James' Park, with all parties involved having been kept in COVID-safe 'bubbles', and ZERO spectators/supporters along the route. As seasoned former elite marathon runner myself (last Millennium – I love to say that! – and veteran of 31 positively competitive full marathons), I know only too well just how tough the latter stages of the race can be when everything hurts, exhaustion is creeping in, and you are spending all your energy trying not to slow

down – or even stop... And then someone shouts out encouragement or addresses you personally by your race number, urging you on. This can be instant adrenalin! Instead, this year's LM athletes received no such cheering on, ran in atrociously wet and windy conditions, and must at times have wondered why on earth they had ever agreed to turn up... In consolation to the amateur running fraternity, the organisers had devised an app whereby up to 45,000 participants could cover their own chosen 26.2-mile route in the vicinity of their home – again, in ghastly weather, many of whom chose that option to raise funds for their preferred charity.

### Looking to 2021

Some events have published their chosen dates for the coming year, while others have contacted me with 'provisional' dates – as ever, due to COVID developments. After careful consideration, I have decided NOT to suggest or confirm any event dates at this stage because a) none of the (few) dates mentioned are scheduled in the first half of 2021, b) it is counterproductive for me to post events on the ISRM website too far in advance as all too often, enthusiastic members register and then completely forget about their commitment... and then withdraw at a later stage when they receive a reminder! And c) I am confident that much greater clarity will be forthcoming by April/May if not sooner, once the majority of the UK and world population – God willing – will have been vaccinated for COVID.

Readers will be updated and notified of confirmed events/dates in due course via future monthly/bimonthly Mini Newsletters as soon as reliable information becomes available.

## 2020, COVID & US

### CPD through COVID

By Tanya Boardman

"I've been using the non-work time to pack in some CPD to help refresh my practice post-lockdown. This has been a mix of checking back on techniques from my training days, reading books old and new, and some online training. I've been combining some running coaching/biomechanics learning and fitting this together with soft tissue therapy. There's been more informal learning as well from connecting with other ISRM Therapists. I'm looking forward to putting this into practice and I'll be ready whatever the regulations say, with enough PPE to last a long, long time!"



Tanya catching up on CPD

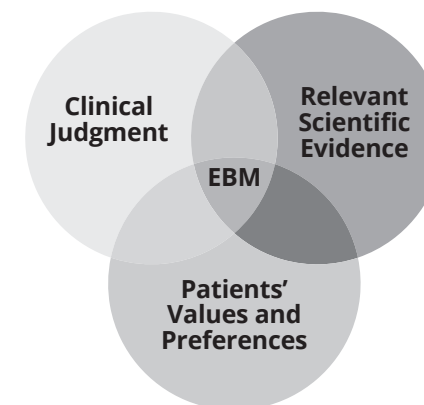
## SCIENTIFIC RESEARCH AND CLINICAL PRACTICE

# Evidence-Based Practice: a fast-growing buzzword in musculoskeletal (MSK) care, but what does it really mean and how does it apply to us?

By Anna Maria Mazzeri

The term 'evidence-based medicine' was introduced in healthcare in the early 1990's but the idea was first pioneered by Professor Archie Cochrane in his 1972 landmark book *Effectiveness and Efficiency: Random Reflections on Health Services*. In it he discusses how patient care should be based on objective evidence of effectiveness instead of the individual experience and beliefs of the doctor.

### What is Evidence-Based Medicine?



Sackett OL, et al. BMJ. 1996;312(7023):71-72.

Objective evidence of effectiveness is an important key concept as it helps the therapist make informed decisions for client treatments, and it can be achieved by rigorous research.

### Is it important that we Soft Tissue Therapists (STT) follow what evidence from research is telling us?

Historically, as STT therapists we relied on experience and intuition to measure success. Clinical and personal experience both have great value within Evidence-Based Practice (EBP), but only if we accept and recognise their limitations in terms of the bias they carry.

Experience and intuition are perfectly suited if we work within a leisure industry, however our role has evolved and continues to do so, moving us slowly but surely towards the

'acceptance' that we can be part of modern Healthcare for all the reasons Mel mentions at the end of his *Breaking News* article in this Issue.

Being part of contemporary Healthcare comes with great responsibility, which we cannot and should not shy away from.

In the moment when we interact with people who are suffering with pain, injury, or medical conditions, we are interacting with a person in a potentially vulnerable state. At that point we must ensure that we honour the Hippocratic Oath, 'Do no Harm'. Harm in its widest sense can come in more forms than just physical, hence we must be mindful that our thoughts, interpretations, words, and decisions also have the potential for causing harm<sup>1/2</sup>. Therefore, it is an essential requirement in Healthcare that EBP be followed to ensure that the safest and most efficient approaches are considered and weighed during clinical reasoning.

As Mel beautifully said in his article, 'we treat the person and not the injury', emphasising the importance of considering that any therapeutic intervention may have wider consequences for the whole person than just the short-term pain/symptom relief or improvement in range of movement.<sup>3</sup>

While there is tremendous value in clients feeling better after a treatment, does that 'feeling better' necessarily mean we have achieved the desired outcome for our clients' wellbeing? Does it mean we fulfilled their long-term needs? Not necessarily, I am afraid. Although our manual approach is effective, the narrative which we use to explain what is happening and what we are doing can have profound consequences by creating unhelpful and dangerous beliefs.

I will always remember one of Mel's own client stories which I think fits perfectly here as an example of how language can have a placebo effect. A client approached Mel for treatment, having been suffering with neck pain for almost 16 years following a road

traffic accident. At the time, a diagnosis of 'whiplash' was made and consolidated for over 16 years by all the different therapists he had interacted with, who added that he may never fully recover from the symptoms, and so every therapist that treated him for 'whiplash' was unsuccessful.

Mel approached the treatment by first reassuring the client that the whiplash may have been there at the beginning but by now the injury would have certainly healed, and then followed that up with the skilful use of Massage, MET and PRT to encourage the client to move safely and to trust his neck again. And guess what? Pain and function improved quite quickly and now the client is living a pain-free life.

Another example could be: imagine someone with back pain visiting a chiropractor and being told their back is 'out' and their vertebrae are 'misaligned'. After treatment which involves HVT (high velocity thrust) readjustments, the client feels immediately so much better and freer. Usually, any benefits or effects following treatment are attributed to the intervention itself, in this case the HVT readjustment (this is a common logical fallacy called *post hoc, ergo propter hoc*<sup>4</sup>: it is a fallacy because it implies causation, but it is not necessarily correct as there are other elements which may be involved in the effects).

One may argue 'what would the harm be if the client believed that the pain relief came from the chiropractor's readjustment as long as the client felt better, surely that's enough?' Well, the harm can come from the unhelpful belief that one's back is so fragile and unstable that it can easily be 'put in and out of place' by daily movements and/or by our hands. Besides, it is a fact that evidence does not support the existence of chiropractic spinal subluxations<sup>5/6/7/8</sup> and the clinical relevance of orthopaedic spinal subluxation. The narrative around the treatment creates a belief that unless the back is put 'back in', the pain will



## SCIENTIFIC RESEARCH AND CLINICAL PRACTICE

remain. This creates a dependency on the therapist and the intervention, moving the client away from self-efficacy, which evidence is showing to be the best possible outcome for people in pain.<sup>9</sup>

These are perfect anecdotes demonstrating the power of words and language in creating beliefs – words and language which, if not used appropriately and thoughtfully, can reinforce fears of structural damage, in turn promoting protective mechanisms of hypervigilance, anxiety, and fear of movement.<sup>10</sup>

On the other hand, a reassuring and mindful use of words within the therapeutic intervention can instil confidence, trust and reliance on one's own body and its potential to self-heal.

It is therefore most important that we now consider the tremendous benefits of Soft Tissue Therapy together with its potential 'nocebo' effects if the approach is presented with negative and unhelpful narratives.

In my view the two earlier examples reinforce the importance of being an Evidence Informed practitioner. EBP is a decision-based process which put the person at the centre, and is based on the integration of these three equally important elements:

- Client values which include preferences, needs, and expectations which have been shown to influence response to treatment
- Therapist expertise and clinical competence
- Best available evidence.

Whilst the first two are already a major part of being a Soft Tissue Therapist and to be honest that is what we do best, there seem to be an uneasy rapport with considering and introducing current evidence into our practice.

In my view we can start the process by becoming comfortable with the knowledge that some long-held beliefs about certain mechanisms may not necessarily be correct or valid any longer. As research methods have improved, so is our understanding of what may (or may not) be happening under our hands, and we should be ok with this; let's also not confuse lack of evidence for underlying mechanisms with lack of evidence for benefits of approach.

For example, knowing that massage doesn't break down scar tissue shouldn't be seen as meaning that massage is not beneficial. It just means that the benefits the client may experience from massage are not due to the breaking down of scar tissue.

Studies investigating manual techniques have so far failed to find robust evidence to support clinically meaningful, long-lasting mechanical effects of these.<sup>11/12/13/14/15</sup>

However, we know that our interaction with the client as Soft Tissue Therapists is more than just the techniques we use. It is a skilful interplay between our hands-on approach, the relationship we have built with the person (Therapeutic Alliance), and movement and lifestyle advice.

This is powerful and not easily measurable – at least not measurable within the framework of Randomised Controlled Trials (RCTs) – the gold standard of scientific clinical research, but there are other ways in which it can be measured, through more qualitative methodologies which are more suitable for studying our intervention.

And this is where the future looks bright for us STTs as once again ISRM is leading the way in our profession, embracing EBP and striving to bridge the gap between 'clinical practice' and 'research': the ISRM qualification focuses on training the therapist to treat the client as a person, and not just the injury they present with.

This person-centred approach can be seen in many elements of the Diploma teaching, ranging from having to write course assignments as if you were explaining the subject to a client, to considering lifestyle and emotional elements, which ISRM recognises as major contributors to the person's pain. The overall ISRM qualification fits very well within that very important 'biopsychosocial framework' (see diagram), which we should be considering when providing effective care.

To reflect the above, ISRM is in the process of officially introducing EBP elements into the curriculum, thus consolidating ISRM's position at the cutting edge of STT within MSK care.

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## EXPAND YOUR KNOWLEDGE, ENHANCE YOUR SKILLS

# Pricing your STT Services: 'Profit' is not a dirty word!

By Katie Warbuton



Setting your fees can be a challenge if you've never had to put a price on your skills before. It is often the least favourite thing for new therapists to do – dealing with money. We all like having it in our pocket but when we have to ask for payment from our clients, we feel shy as it is so connected with our personal worth. If you have had a salary before and have never had to take cash or negotiate/discuss a price for something, it can feel a bit daunting. It can also feel challenging if you have provided treatments during training that were only cost-covering and now you have to put your prices up.

I see so many massage therapists set up their practice and determine their prices by simply looking around at what the competition is charging and putting themselves in the middle. This is the easiest way to do it but not necessarily the most effective. You have no idea what your colleagues' costs are – if you set your fees on the basis of theirs, you might end up broke! They may have also completed a lesser quality course than you, not have as many skills or opportunities, or maybe you have a plush treatment room, use only

organic products or other niceties that cost more money and add greater value to the service you provide.

You're also putting yourself in the place of justifying your worth against other therapists, and it can be easy to get drawn into a price battle – where no one wins, not even the client. By the way – if anyone asks you to justify your fees, you don't have to... and they may not be your ideal client so – let them go!

### Things your fees do NOT need to take into consideration:

- How much people can afford: how people choose to spend their money is none of your business.
- The area you live in/work. This can be a bit tricky. You may not want to move house to start your practice! Essentially, we provide a 'luxury service' and not a necessity, so the people you are going to see will value spending their disposable income on your treatments. It might be wiser to open a practice in an area where residents have more spare spending money. If rents and rates are inexpensive

in the location you live in, you may choose to pass these savings onto your client. But it is still *your* choice and you are not obliged to do so.

- What your clients or a club you work at say you should charge. Their opinions do not pay your bills.
- What the next person/your best mate/your colleagues/the people you qualified with charge.
- What your Auntie Barbara, Uncle Bob, or Cousin Peter say you should charge. If any of your family members or friends are in the profession or in a service business, their opinion may be useful to listen to. However, if they don't work in either of these sectors, DO NOT LISTEN TO THEM! Ultimately, again, other people's opinions do not pay your bills.
- What a governing body/professional association/school say you should charge. See above – are you starting to get it?
- The milkman, the lollipop lady, your window cleaner, no, no, and no.

### Things your price may take into consideration:

- The amount of time you've invested in studying.
- The effort you've put into studying and practicing.
- The cost of the course you completed.
- All three above reflect the quality of the course you attended.
- What other aspects your services include, e.g. are your clients offered a cup of tea after a treatment? Do you have a warm treatment room/waiting room? Have you invested in new equipment/a more comfortable couch/an online booking system/a card payment facility?
- Any future investments you make, or plan to make in your education or your treatments/equipment.
- Your experience and what you bring to your clients.



## EXPAND YOUR KNOWLEDGE, ENHANCE YOUR SKILLS

Ultimately, your clients come to you for treatment because they like you, you offer them something no one else can – your personality, care, and attention, which are priceless.

Just as everyone's outgoings are different, everyone's needs and wants in terms of disposable income likewise vary. Nobody has the right to decide how much disposable income you 'should' earn apart from you. Fortunately, there is a simple formula that can help you figure out how much you should charge to achieve the practice you really want to work in:

### Simple formula

This is easier than it looks, I promise! It is a case of deciding how many hours you want to work, how much money you want to earn, and then dividing it up to obtain an hourly rate. The basic formula is:

**Divide** the amount of money you want to earn per year

**by**

the number of hours you want to work per year to obtain

The cost of treatment per hour



Try this simple formula and see what comes up first. Here are two examples:

- A) On the basis of aiming for an annual income of £50,000, working a 35-hour week, for 48 weeks a year:  
 $\text{£}50,000 / (35 \times 48) = \text{£}29.70$  i.e.  
 $\text{£}50,000 / 1,680 = \text{£}29.70$
- B) On the basis of aiming for an annual income of £50,000, working a 25-hour week, for 48 weeks a year:  
 $\text{£}50,000 / (25 \times 48) = \text{£}41.66$  i.e.  
 $\text{£}50,000 / 1,200 = \text{£}41.66$

When deciding what you want to earn, take into consideration your outgoings – personal and professional – and make sure you include tax. If you plan to earn over £85,000 you will need to take into account VAT as well [VAT registration is mandatory for turnovers of £85,000 or above – Ed.]. Don't be shy when deciding how much you want to earn. We work so that we can enjoy fun things with our families and friends. To do that, we need money... and just because our profession is in an industry that we enjoy, doesn't mean we don't deserve to engage in other chosen activities outside of that. If it helps, think of replacing the word 'profit' with the word 'freedom', e.g. 'I made £3,000 of freedom this year'.

When deciding how many hours you want to work, consider how many hours' admin you need to include alongside the clinical work. For example, if you want to work a total of 40 hours, I would allow a minimum of 5 hours within these for admin. Likewise, make sure you include laundry time, which may leave you with fewer than 35 practice hours. Remember to include your holidays and any time off you need for CPD. I would always plan for a best-case scenario, e.g. if you wanted or needed to take all the kids' holiday time off, this would leave you with approx. 42 working weeks per year. Then any additional weeks you might work at your hourly rate would be a bonus rather than a necessity.

Here's the formula again:

£100,000/year (now includes all outgoings, tax, VAT and plenty of expendable income to do things you like)

1,260 hours/year (now excludes all holidays, CPD and admin/laundry time)

100,000 = **£80** (£79.36)

This is the **minimum** you should charge to get the income you want to have. If you are doing block bookings they should work out at this number as well. This means that your advertised single session fee would need to be higher to offer value on a block booking.

For some of you this will sound about right, for some of you it may appear excessive,

while for others still, it may seem too cheap. That is because there is no indication of what those charges include, and you are evaluating a number against what you are currently charging or feel is appropriate to charge.

I hope this has helped some of you decide what is the right amount for you to charge. **Ultimately in my opinion, the only thing that really matters is your opinion.**

*In a following article, I will discuss how to find the clients who you really want to work with, how to increase your prices gently when the time is right for you and how to offer block bookings and regular treatments to keep the great clients coming back to you and your cash-flow looking healthy.*

## 2020, COVID & US

### What do STT and Star Wars have in common?...

By Suzanne Burnett

"Mid-summer, when I was working with a client's hamstring injury, he suddenly burst into fits of laughter saying, "It sounds like Darth Vader's giving me a treatment!!"... Is that really what we sound like?!"



## EXPAND YOUR KNOWLEDGE, ENHANCE YOUR SKILLS

### \*\*\* CPD Too Good To Miss \*\*\* Book and block your diary NOW!



#### (1) Born To Walk

Venue: Winchester

Date: Fri-Sun 19-21 March 2021

Time: 9 AM – 5 PM

Tutor: James Earls

**Walking is one of the most common daily functions, but one of the least understood biomechanically. To understand anatomy the therapist must first understand function.**

In this workshop we analyse the mechanics of efficient gait, looking at the chain of movement events from the feet to the spine and into the shoulders. Upon completing this course you will have the tools to understand true, real-life movement and how to correct faulty patterns.

#### Description

To understand anatomy, the therapist must first understand function. In this workshop we analyse the mechanics of efficient gait, looking at the chain of movement events from the feet to the spine and into the shoulders.

We explore how gravity works in concert with the joints and thereby the fascial and myofascial tissue to improve proprioceptive communication, muscle firing, and collagenous recoil. You will come away with the tools to investigate, analyse and intervene in non-pathological walking, learn how to build a personalised movement program to improve your clients' gait.



#### (2) Born To Move

Venue: Winchester

Date: Wed-Fri 21-23 April 2021

Time: 9 AM – 5 PM

Tutor: James Earls

**Born to Move (previously Active Fascial Release, AFR) blends functional movement principles with hands-on manipulation of the soft tissue to give you completely new and exciting assessments and treatment strategies for your clients. Born to Move allows the practitioner to work with motor control, joint and soft-tissue issues all with the same technique – the client is simultaneously assessed, treated and re-educated with pain-free interventions.**

#### Description

Born to Move has been developed by James Earls, blending his understanding of myofascial and functional movement principles with hands-on manipulation of the soft tissue to create a variety of therapeutic effects.

James trained with Tom Myers, the originator of the Anatomy Trains model, and studied functional movement principles with Gary Gray and David Tiberio of the Gray Institute. Born to Move aims to bring the best of both these models together to give you an immediate and effective treatment tool.

Born to Move combines elements of motor control theory with a neuro-myo-fascial approach to identify, treat, and finally re-educate the client's movement patterns. The blending of guided movement with various soft tissue engagement protocols has created a method that addresses the body as a whole and acknowledges the roles of the body's various tissues and their interrelationships.

#### Need more incentive to book?

\*\*\* Rare opportunity to be tutored by eminent writer, lecturer and bodyworker James Earls \*\*\*

\*\*\* Early Bird discount until 05/02/2021 \*\*\* Complimentary welcome pack, fresh fruit and refreshments \*\*\*

Cost, discounts, and registration information overleaf. For full course details, visit [www.borntomove.com](http://www.borntomove.com)

For all further enquiries and/or to request a WORD version of this registration form, email Sarah at: [sarahtidey@gmail.com](mailto:sarahtidey@gmail.com). Please send your completed Registration form with payment if applicable to: BTMove/BTW Courses, c/o 15 Parkstone Heights, Poole, Dorset BH14 0QE.



## EXPAND YOUR KNOWLEDGE, ENHANCE YOUR SKILLS

### 2021 Born to Walk (BTW)/ Born to Move (BTM) in Winchester – REGISTRATION FORM

A – Dates, venue and general details					
Venue (both courses)		Course dates & times		Accommodation	
Winchester Rugby Club North Walls Park, Hillier Way Winchester, Hants SO23 7SU		BTW: 19 <sup>th</sup> -21 <sup>st</sup> March 2021 BTM: 21 <sup>st</sup> -23 <sup>rd</sup> April 2021 Both 9:00 AM – 5:00 PM		Winchester offers a wide range of accommodation options to suit all budgets – please make your own arrangements as required.	
Parking					
Plenty of car parking is available behind and to the side of the Club House.					
Directions					
By car:			By rail / public transport:		
<ul style="list-style-type: none"> <li>M3 Leave at Junction 9.</li> <li>Head north on A34/A33.</li> <li>Keep to right hand lane marked A33 Basingstoke &amp; Kingsworthy.</li> <li>Take the first left onto B3047 (Cart &amp; Horses Pub) for 1.2 miles.</li> <li>Turn Left into Russell Road.</li> <li>Turn right at end, then first left into Hillier Way.</li> <li>The WRFC Grounds are 220 m on right at end.</li> </ul>			Trains: South Western Railway / Cross Country Rails From Winchester Railway Station: On foot: 15 min walk (check map or use preferred app.) The following transport lines have routes that pass <u>near</u> Winchester Rugby Football Club: buses numbers: 1, 66, E1 (please check according to individual requirements). Website: <a href="http://www.winchesterrugby.com/">http://www.winchesterrugby.com/</a>		
B – Personal and professional details					
Surname		First name(s)		Mobile number	
Email address (please write <u>LEGIBLY</u> , thank you!)					
Postal address					Post code
Profession(s)	Main:	FT <input type="checkbox"/> / PT <input type="checkbox"/>	Years' experience since qualification		Years / Months
	Additional:	FT <input type="checkbox"/> / PT <input type="checkbox"/>	Years' experience since qualification		Years / Months
	Additional:	FT <input type="checkbox"/> / PT <input type="checkbox"/>	Years' experience since qualification		Years / Months
Previous experience of Fascial Release, the Biotensegrity Model, Structural Integration, etc.:					
C – Your goals: what are your goals and/or expectations in attending this/these course(s)? (Multiple answers welcome!)					
1) 2) 3) ...					
D – Course registration cost details					
Course	Early Bird fee	Early Bird closing date	Full course fee	Please tick selected course(s) and rates	
				Early Bird	Full fee
Born to Walk (19 <sup>th</sup> -21 <sup>st</sup> March 2021)	£450.00	Friday 05 Feb. 2021	£510	<input type="checkbox"/>	<input type="checkbox"/>
Born to Move (21 <sup>st</sup> -23 <sup>rd</sup> April 2021)	£450.00	Friday 05 Feb. 2021	£510	<input type="checkbox"/>	<input type="checkbox"/>
BTW + BTM joint reg.	£750.00	Friday 05 Feb. 2021	£930	<input type="checkbox"/>	<input type="checkbox"/>
PLEASE NOTE that places are limited and will be allocated on a first come, first served basis.				(*) Full refund at organiser's discretion if cancelled place can be filled by another delegate but please note Admin. Fee applies. Cancellation by course organisers ('force majeure'): full refund.	
PAYMENT METHODS		By online bank transfer:	Bank: First Direct	Account name: 'Sarah Tidey'	Sort code: 40-47-59
		Account No: 70890618			
ESSENTIAL: Please ensure you state 'BTM', 'BTW', or 'BTM/BTW' in your Payment Reference – thank you.					
*** DUE TO COVID SAFETY GUIDELINES, PLEASE ONLY PAY BY CHEQUE IF INDISPENSABLE *** By cheque: please make cheques payable to 'Sarah Tidey' and send, enclosing your completed Registration form, to: BTM/BTW Courses, c/o 15 Parkstone Heights, Poole, Dorset BH14 0QE. Thank you.					

For all further enquiries and/or to request a WORD version of this Registration form, please email **Sarah at: [sarahtidey@gmail.com](mailto:sarahtidey@gmail.com)**  
 Send your completed registration form with payment if applicable to: **BTM/BTW Courses, c/o 15 Parkstone Heights, Poole, Dorset BH14 0QE.**  
 For full details about both courses, visit **[www.borntomove.com](http://www.borntomove.com)**

## EXPAND YOUR KNOWLEDGE, ENHANCE YOUR SKILLS

All CPD workshops are subject to cancellation due to COVID regulations and local tier restrictions. A full refund will be given if a course is cancelled or if you have to cancel due to self-isolating.

### Refresher/Revision sessions 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 that would like to revise.....Or just a list of things you have forgotten!!*

**Dates:**  
 Fri 29th Jan 2021 Fri 30th April 2021  
 5th March 2021  
**Time:** 10.30am-2.30pm  
**Venue:** 15 Parkstone Heights, Parkstone, Poole, BH14 0QE  
**Cost:** £60 \*4 people max\*

- Revising all techniques
- Introducing tips to avoid getting 'stale'
- Refresh the way you assess injuries and work out treatment plans
- Review rehab protocols

Please send an email to [sarahtidey@gmail.com](mailto:sarahtidey@gmail.com) if you wish to attend.

### Strapping & Taping workshop

Course objectives:

#### Part 1

- Basic principles of strapping to include rigid taping, compression, immobilisation and facilitation
- Looking at different types of tape and understanding their functions
- Practical application of compression strapping of an ankle
- Practical application of ankle & thumb rigid strapping
- Functional taping of the knee

#### Part 2

- Introduction to the theory of Kinesiotaping.
- Investigating Kinesiotape's uses for:
  - Inhibition of trigger points
  - Increase/decrease muscle tone
  - Offloading Myofascial pathways
- Use of Myofascial taping in a sporting arena

**Date:** Thursday 25th Feb 2021  
**Time:** 10am-5pm  
**Venue:** 15 Parkstone Heights, Parkstone, Poole, BH14 0QE  
**Cost:** £80 \*4 spaces available\*

Please send an email to [sarahtidey@gmail.com](mailto:sarahtidey@gmail.com) if you wish to attend.

### DRY CUPPING THERAPY FOR SPORT AND MASSAGE

This course focuses on the application and theory behind the use of Dry Cupping Therapy from a Western perspective. This workshop is a practical session to teach you how to integrate cupping into your treatments, you will be practicing Dry Cupping Therapy throughout the session.

#### OVERVIEW OF COURSE

- Introduction to Theory and physiology of Dry Cupping Therapy
- Contraindications and Health and Safety considerations
- Application of use within Sports Massage Therapy and other therapy contexts.
- Integration of Dry Cupping within therapy treatment
- Demonstration and Application of Dry Cupping Therapy:
  - static cupping
  - sliding
  - soft tissue release techniques
  - active movement within Dry Cupping

**Date:** Fri 15th Jan  
**Time:** 10.30am-2.30pm  
**Venue:** 15 Parkstone Heights, Parkstone, Poole, BH14 0QE  
**Tutor:** Sarah Tidey BSc Soft Tissue Therapist  
**Cost:** £60 \*4 spaces available\*

\*\*\* All workshops accredited by Institute of Sports and Remedial Massage \*\*\*

### Emergency First Aid at Work (EFAW) Colin Iggleden

This is a 6 hour course where an organisation's risk assessment of First Aid needs identifies that there is a requirement for Emergency First Aid at Work practitioners, then these national Awards for Emergency First Aid at Work satisfies the requirements of the regulatory body for first aid. All learners will have the skills and knowledge to provide the organisation with Emergency First Aider's that can provide treatment to their casualties in a prompt, safe and effective manner.

**Date:** Sat 27th Feb  
**Time:** 10am-5pm  
**Cost:** £70  
**Tutor:** Colin Iggleden  
**Venue:** To be confirmed. Southampton region  
 Please send an email to [info@icactivetraining.co.uk](mailto:info@icactivetraining.co.uk) if you wish to attend.



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

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

Requests can be made by e-mailing [tanya@tmb-src.co.uk](mailto:tanya@tmb-src.co.uk)

*Please note that while specific requests for tutorial or workshop subjects are all welcome, courses 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.theism.com](http://www.theism.com)

## Born to Walk – Tutored by James Earls

26th-28th February 2021 – Bristol

Walking is one of the most common daily functions, but one of the least understood biomechanically. To understand anatomy the therapist must first understand function.

In this workshop we analyse the mechanics of efficient gait, looking at the chain of movement events from the feet to the spine and into the shoulders. Upon completing this course, you will have the tools to understand true, real-life movement and how to correct faulty patterns.

For more information, visit

<https://www.thestschool.co.uk/james-earls-born-to-walk-21.html>

## Born to Move – Tutored by James Earls

4th-6th June 2021 – Exmouth

Born to Move (BTM) blends functional movement principles with hands-on manipulation of the soft tissue to give you completely new and exciting assessments and treatment strategies for your clients. BTM allows the practitioner to work with motor control, joint and soft-tissue issues all with the same technique – the client is simultaneously assessed, treated, and re-educated with pain-free interventions.

For more information, visit

<https://www.thestschool.co.uk/james-earls-born-to-move-21.html>



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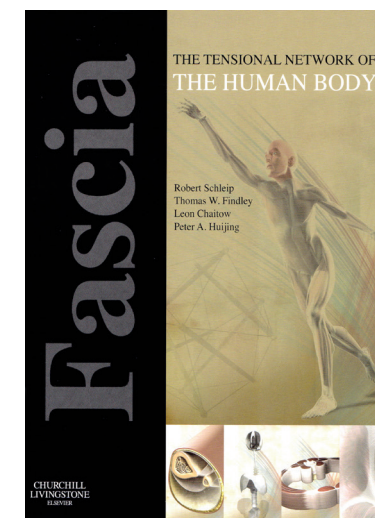
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## Journal of Bodywork and Movement Therapies

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Prevention & Rehabilitation: **Warrick McNeill**, MSCP, IJK; **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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# Membership benefits

## ISRM membership benefits include:

- Opportunities to gain new clients through the ISRM online directory of therapists
- Online forum for members, including work and business opportunities
- Work at major sporting events such as Marathons and Triathlons
- Regular Newsletters and information on legislation & rule changes
- Professional and clinical advice (from Mel Cash and others) available within the members' forums

## Benefits and discounts available to ISRM students and qualified members' from:



All ISRM Members get a 10% discount off purchases of professional treatment couches at Marshcouch - custom made to meet the demands of the physical therapist.



Professional Indemnity Insurance - ISRM has a Block policy with H & L Balens which covers the scope of practice for Soft Tissue Therapy.



PREMIUM Membership at Kenhub when they use their 'unique' ISRM email address (available when you login). Kenhub is a superb Anatomy online atlas with videos, articles, quizzes.



10% discount off purchases. Physique supply sports healthcare products to medical professionals, consumers and elite sports teams.



All ISRM Members can claim a 10% discount off Rehab My Patient, the Ultimate tool for Exercise prescription.



Multi-disciplinary community that complements ISRM therapists to meet their business and clinical goals.



Online Courses by Mel Cash.



Complementary & Natural  
Healthcare Council

ISRM Therapists can register with the Complementary and Natural Healthcare Council which is backed by the Department of Health

## VALIDATED SCHOOLS



**LONDON SCHOOL OF SPORTS MASSAGE**  
Central London, Southampton & Brighton  
[www.lssm.com](http://www.lssm.com)



**Oxford School of Sports Massage**  
Oxford  
[www.ossm.co.uk](http://www.ossm.co.uk)



**SCHOOL OF NATURAL THERAPIES**  
Clapham, London  
[www.schoolofnaturaltherapies.co.uk](http://www.schoolofnaturaltherapies.co.uk)



**BLUECHIP MASSAGE CPD**  
Central London (CPD only)  
[www.bluechipmassage.co.uk](http://www.bluechipmassage.co.uk)



**Massage Training School**  
Exmouth and Bristol  
[www.themassagetrainingsschool.com](http://www.themassagetrainingsschool.com)



**Cambridge School of Sports Massage**  
Cambridge  
[www.thecssm.co.uk](http://www.thecssm.co.uk)

## » FIND A THERAPIST

A register of ISRM members is available to the public on **[www.theisrm.com](http://www.theisrm.com)**

» **ADVERTISING:** ISRM offers free advertising to employers offering work opportunities to our members. Please contact: **[admin@theisrm.com](mailto:admin@theisrm.com)**

## Useful e-learning, digital, and other resources (\*)

\* Please note that not all items listed are free of charge

### Educational websites/links (listed alphabetically)

**Best 10 Anatomy Apps** - [tinyurl.com/w2sjssd](http://tinyurl.com/w2sjssd)  
**Introduction to Anatomy Trains** - [tinyurl.com/reqmzhq](http://tinyurl.com/reqmzhq)  
**Born to Walk** - [tinyurl.com/wmw632l](http://tinyurl.com/wmw632l)  
**Born to Move** - [tinyurl.com/vnpecum7](http://tinyurl.com/vnpecum7)  
**Comera Movement Science** - [tinyurl.com/vzo85ze](http://tinyurl.com/vzo85ze)  
**Evidence Based Fitness Academy** - [tinyurl.com/qkgpocr](http://tinyurl.com/qkgpocr)  
**Evidence Based Fitness Academy [Video]** - [tinyurl.com/twf6z8a](http://tinyurl.com/twf6z8a)  
**12 Best Anatomy Apps for Android & IOS** - [tinyurl.com/sewcst7](http://tinyurl.com/sewcst7)  
**Kenhub** - [tinyurl.com/v8vh4fc](http://tinyurl.com/v8vh4fc)  
**REHAB My Patient** - [tinyurl.com/vbsxcfl](http://tinyurl.com/vbsxcfl)  
**Sports Injury Fix** - [tinyurl.com/uynxunb](http://tinyurl.com/uynxunb)

**Introduction to Anatomy Trains® [Video]** - [tinyurl.com/utuvnu9](http://tinyurl.com/utuvnu9)  
**Anatomy Trains® talk by Tom Meyers [Video]** - [tinyurl.com/qs2zztt](http://tinyurl.com/qs2zztt)

### E-/hard copy books, Journals, DVDs etc. (listed alphabetically)

**Anatomy Trains® BodyReading 101** - [tinyurl.com/uo432xn](http://tinyurl.com/uo432xn)  
**Journal of Bodywork and Movement Therapies** - [tinyurl.com/u4gsl2h](http://tinyurl.com/u4gsl2h)  
**Fascia by Robert Schleip** - [tinyurl.com/wj7n5u2](http://tinyurl.com/wj7n5u2)  
**Kinetic Control by Mark Comerford** - [tinyurl.com/ue5rlun](http://tinyurl.com/ue5rlun)  
**Training & Educational Materials** - [tinyurl.com/rv5b94v](http://tinyurl.com/rv5b94v)

### Clinical equipment suppliers

**Marshcouch Pro** - [tinyurl.com/qn3paeh](http://tinyurl.com/qn3paeh)  
**Physique Management Company Ltd** - [tinyurl.com/r8ncvz](http://tinyurl.com/r8ncvz)