Sutherland-Chan School & Teaching Clinic

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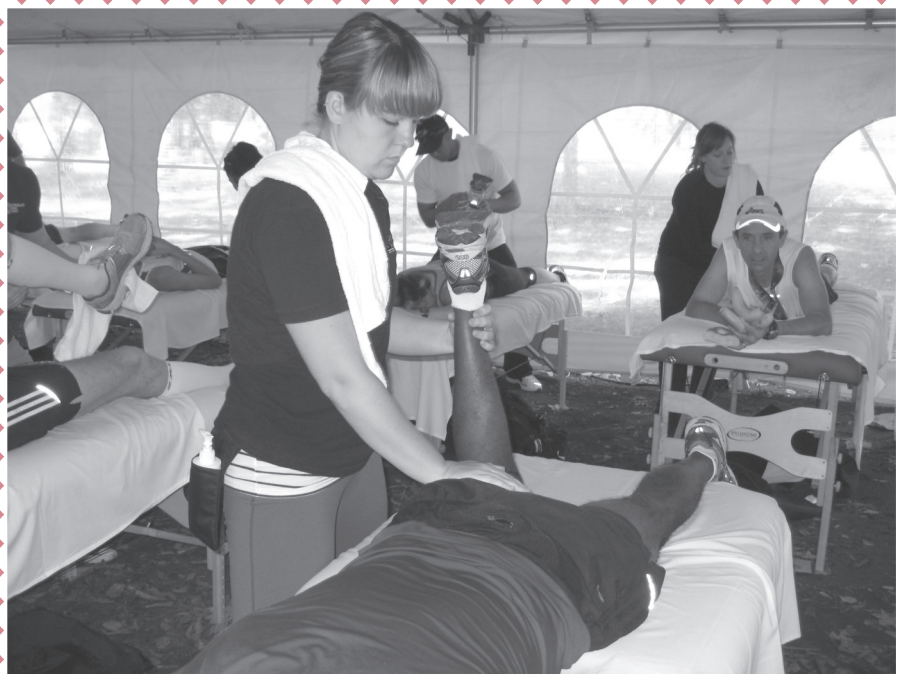


Karen Dawson is one of the group of S-C students who represented us so ably at the Toronto Marathon.

IN THIS ISSUE

S-C Alumna Susan Chapelle '97 Named B.C. Therapist of the Year

by Mike Nurse

The phone rang and the call display indicated it was the Massage Therapy Association of British Columbia. Susan's initial thought was that the call was probably about CEUs. On the other end of the line was Harriett Hall, an MTABC board member, calling to notify Susan that she had been chosen as the British Columbia RMT of the Year. Delighted and humbled by the award, Susan accepted her plaque at the MTABC's Annual General Meeting in May of this year.

Susan could have won for any number of reasons. It could have been her commitment to her practice and her community as a therapist, or her involvement in research, or her advocacy on behalf of evidence-based practices. Susan has been a part of the cancer care program in Squamish for seven years and sits on the board of directors for the local palliative care association. Her work with breast cancer patients resulted in the development of a protocol to treat post mastectomy symptoms, which in turn led to a research project with Hal Gunn and Geoffrey Bove to test the protocol's effectiveness.

Like many Sutherland-Chan grads, massage therapy was not Susan's first career. She was proud to say at the time that she was working as "the only female high steel rigger in North America," meaning that she was involved in the very physical, some would say dangerous, assembly of scaffolding and support structures for lighting and sound equipment used in the entertainment industry. **cont. on p. 2**

(cont. from p.1) Susan considered going back to school to be a doctor. She had already studied some anatomy and loved it. "I spent a lot of time hanging around doctors because I played hockey with a group of orthopaedic surgeons – what concerned me was their sometimes derogatory attitude toward their patients." The way the medical profession had moved away from time and touching with patients coloured her view as well. An avid rock climber, Susan met a massage therapist on a road trip and had her "light bulb moment." She returned to school to become an RMT.

Returning to school after 15 years was both challenging and stimulating. She described her days at Sutherland-Chan as "jam packed with learning." She is extremely thankful for the "foundations of science that were created at the school." Susan credits Sutherland-Chan with nurturing her love of science and the fact that it fueled her curiosity for more evidenced-based knowledge about massage therapy.

She fondly remembers her instructors and their love of their subjects. Whether it was Debra Curties and her ground-breaking work with breast massage or Fiona Rattray and massage techniques, each and every instructor brought passion to their teaching. "Everything at the school was cutting edge" she added enthusiastically. She remembers one course in particular taught by Michael Bard, a survey of other therapies that included a class on belly dancing.

After graduating in 1997 Susan went into practice in Toronto, opening a clinic to treat performance artists. Ten years ago she migrated to British Columbia and now lives with her husband and two children in Squamish, which is a small town of 16,000 halfway between Vancouver and Whistler. Along with rock climbing and skiing Susan is a mountain bike racing enthusiast and essentially loves all things outdoors.

Susan's practice was lauded in the Summer 2010 issue of MTABC's publication *Massage Matters* for its commitment to the environment and sustainability. "Her clinic is made entirely of local wood and recycled materials, including floors made out of recycled wine cork, making the building great for the environment and those who thrive within it." They went on to say, "No chemicals, solvents or glues were used in its construction, meaning therapists, and their expanded practice of 1,800 patients, can breathe in peace of mind."

When asked about her journey since graduation she replied, "I have always been disappointed that I could not get a degree for my massage therapy education. This would have led to an easier time developing research projects and partnerships that could influence and change the perception of our place in the medical system. The way it is now, unless we have PhD partners and university faculties, there will be no money for projects. Our profession currently relies on case studies for a large amount of information on our treatments. Case studies are not accepted data in the medical field and deal with small numbers. We need a deeper level of understanding on the effects of our treatments over a longer period of time, and at a more physiological level of understanding. If we work on partnerships with other professions, it is possible to put together better projects to test hypothesis on how and why massage therapy works."

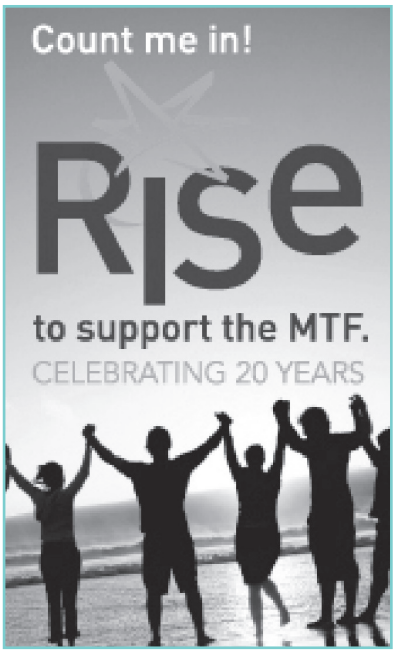
When encouraged to elaborate on her research she responded, "My questions have been very specific and have led me to study the effects of our treatments at the most basic levels. In addition to my protocol for post-mastectomy treatment, I have just recently completed a project studying the effects of massage therapy on post-surgical visceral adhesions. It was developed with my partner, Geoffrey Bove Ph.D., who works out of a lab at the University of New England. We looked at my work with the hospital patients, realizing that for all the lysis of adhesions that we claim to do with visceral manipulation (Barral, Barnes, Upledger), there is no data behind the claim. We set out to change that with a rat model, and it worked. We were able to prove that massage could indeed lysis as well as prevent adhesions in the abdomens of rats after surgery."

Susan has presented her research at the 2009 Amsterdam Fascia Research Congress and the Hospital Tour in B.C. for breast cancer protocol education. Always busy, she recently accepted a role as a reviewer for Leon Chaitow's *Journal of Bodywork and Movement Therapies.*

Susan would like to see all of the professions that do the same things with anatomy (physio, chiropractic, massage) be combined into one masters level program under the heading "manual therapist" with a solid education and the possibility to progress to a PhD. "Our profession of healing with our hands, manually manipulating tissue, keeping joints mobile and organs healthy, is important work. I would also like to see the Canadian government (cont. on p.7)

Thinking About the Massage Therapy Foundation

by Debra Curties '84



Most Canadian massage therapists have not given much consideration to supporting the Massage Therapy Foundation, but perhaps that should change. The Foundation has a solid twenty year history of providing funding to researchers and community service projects that serve our profession in important ways. Although it is based in the United States, which may give the impression that it is unrelated to us, the Massage Therapy Foundation actually has strong Canadian ties – Grace Chan was its inaugural president, and Canadians have served on its Board of Trustees and on various committees quite consistently over the organization's lifespan.

Given bedrock support from the American Massage Therapy Association, which funds its office, the Massage Therapy Foundation is quite stable. Despite still being a relatively modest granting foundation, it can consistently commit to using no more than 20% of fundraised monies for operational purposes. The remainder goes toward the Foundation's three areas of focus: funding research, assisting community outreach services, and supporting research literacy education and dissemination of information about massage-relevant research.

Research is expensive, and our profession does not yet have funders who can underwrite the six-figure costs of major projects, but the Foundation has the capacity to allocate up to $30,000 for pilot project grants, a respectable amount that means the researcher can expend less time trawling for bits and pieces of grant money. Grant applications are reviewed by a process that is blinded as to identity and location of the researcher, so any applicant from outside the U.S. is as likely to receive approval as an American applicant, based on the merits of the proposed study. Since 1993 five Canadian studies have received funding, the most recent being Marja Verhoef's at the University of Calgary in 2008. In total, the Foundation has awarded more than $650,000 to massage therapy related research projects.

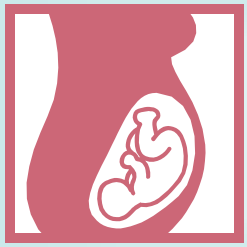
Since its inception, the Foundation has also maintained a truly commendable commitment to the community service aspect of our profession, funding as many as 10 grantees in some years, at up to $5,000 per project, to help local practitioners bring massage therapy to populations of people who could not ordinarily access its benefits. As with their research funding, these community service grants are allocated based on the quality of the project without country of origin consideration – grants have been awarded in various parts of the globe.

The Foundation has also established several important new educational mandates. Its open access on-line publication, the *International Journal of Therapeutic Massage and Bodywork*, is into its third year. They have held two conferences, most recently the highly successful *Highlighting Massage Therapy in CIM Research* that took place in Seattle this past May, and have sponsorship relationships to many others, including the much respected Fascia Research Congresses. In 2009, the Education Committee launched a new project, *Teaching Research Literacy*, in which they send presenters on request to massage therapy schools to help faculty learn to incorporate research literacy principles into their curricula.

Another of the Foundation's educational undertakings has drawn considerable interest from Canadians. In 2005, the Foundation started up a Student Case Report Contest, followed by a practitioner contest in 2007. Each year these two competitions produce first, second and third prize winners, who receive cash awards and publication opportunities for their case reports. The first prize recipients also receive stipends to attend and present their research at that year's AMTA National Convention. These contests have attracted numerous Canadian participants, with considerable success, especially in the student competition. This contest has had at least one Canadian in the top three most years – in 2010, second place was awarded to Melissa Pierson of Foothills College (Calgary) and third place went to Sara Davidson from Atlantic College (Fredericton).

All of these Foundation programs and activities are well documented on their website www.massagetherapyfoundation.org and queries will also be cheerfully answered by Foundation staff members when directed to 1.847.869.5019 or info@massagetherapyfoundation.org.

Donations to the Massage Therapy Foundation from Canadians are made as easy as possible. Contributions can be sent in Canadian dollars and their receipts are accepted by Revenue Canada for charitable deductions. To date, donations from Canadians consistently total less than $5,000 per year, or less than 3% of fundraised monies. It is time to take a closer look at this quality organization.



Pregnancy & Labour Support Skills of the RMT/Doula

by Jes Markoff '07 and Michelle Tomlin '00

Pregnancy and labour support is a skill set that many massage therapists choose to add to their list of services. More couples are choosing doulas or labour support persons to ensure that the birthing process is less stressful and more enjoyable. We tracked down Tanya Meyers '97 (TM), Michelle Francis-Smith '01 (MFS) and Darla Anderson '05 (DA) to answer some questions about their experiences in this vital dual role.

Which hydrotherapy modalities have you found to be most effective during pregnancy and labour?

TM: During labour: Since a labouring woman frequently changes position, I have found that hot and cold compresses that mold well to the body are practical, effective and easy to use. Gel packs and frozen water bottles are also useful. Pregnancy: Local applications of heat, usually in the form of a heating pad to address tight muscles are what my clients seem to like and respond to the most.

MFS: Cold or hot towels, cold pop cans for rolling over the low back and sacrum for added relief during contractions.

DA: It's been my experience that women in labour prefer cold modalities… from a cool compress on the face or back of the neck, to cold over their sacrum and lumbar spine. Having said that, I have been present for water births in which the temperature was neutral or tepid and both mother and baby seemed comfortable.

What kind of support do you provide for the partner who is not in labour?

TM: Reassurance and a reference point – I often get feedback from partners that during times of stress, tension or worry they've looked at me and I'm calm and it calms them. I also remind them to eat, sit down when the opportunity arises and breathe during tense moments. I also include them in their partner's care and comfort as much as possible.

MFS: Ensure that they are able to contribute in the ways they both want, e.g., including them in treatment techniques. It really depends on what the couple has outlined as their goals. Some couples decide that they want the partner to be a silent observer and that is why they need labour support.

DA: This support role tends to be from more of a mental/emotional standpoint. It's about reassuring the partner that they are doing a great job of helping care for the woman in labour. Some have told me that just my calm presence was a huge support for them, because it meant that they weren't the only one responsible for their partner's needs.

How important is it to get to know the communication style and partner relationship before assisting in the labour support process?

TM: It is somewhat important because it helps you to know which communication style may be most effective with each person. A woman in labour is in an altered state, however, so her communication patterns are often not typical. I encourage partners to follow the labouring mother's cues and if they need to ask her a question, to make sure she can answer it with "yes" or "no" – nothing she has to problem solve, because that will be too stressful and distracting.

MFS: Communication is so important in this process! It is vital to understand all parties' styles of communication (strengths and weaknesses) so that I can be the appropriate buffer for them. One of the last hospital births I attended was for friends of mine. She had been labouring through the night and I had come to meet them at the hospital when she was about 7 cm dilated. The setting was such that they had ample space and her partner was sitting in a corner reading a magazine and she was very uncomfortable. Her eyes widened when she saw me and I knew I needed to jump right in. I quickly assessed where she was in the labour process and got a sense of frequency and intensity of her

contractions. It seemed like the techniques I was applying were working until she looked at me and expressed her concern that he was all the way over in the corner with a magazine instead of being involved. Knowing them both well, I knew it wasn't a sign of disinterest but more a coping mechanism as well as a feeling of being no help to her. I got him to replace my hands with his and coached them both as a unit. It worked beautifully.

DA: I am always observing the communication style between the partners on visits prior to the birth to gain a clearer understanding of their dynamic.

What are the most important communication elements required during labour support?

TM: The non-verbal cues are really important. It is often difficult for a woman to clearly communicate her needs when in active labour – she is very focused. It is important to watch for changes in body language and sounds she is making.

MFS: During labour you need to be aware of all elements of communication but if I had to pick the most important I would say listening... if you are really, truly listening you will feel better, hear better and see with more clarity all of the necessary things you need to do to help the woman most effectively.

DA: You have to establish boundaries that support what the client wants or needs during labour. Sometimes this means absolute quiet, and sometimes it means constant verbal reassurance that "they can do it!"

What have your communication experiences been like with other healthcare professionals that take part in the labour process (doctors, nurses, midwives, etc.)?

TM: Mostly very good. I am there as a non-clinical support person so I respect their role and space and work alongside them to benefit the labouring mother and her partner. I let them know that I am there to help and as an advocate for the family. They usually respect and appreciate the help and the important role of the labour support provider.

MFS: I have worked in settings with all three and have learned from and enjoyed them all. I have to say, though, my favourite is to work hand-in-hand with midwives because they are usually most welcoming of me in the process and seem to understand my training and skills to better utilize my talents. I even had a midwife take me step-by-step through the postpartum analysis of the placenta and explain what to look for and what is a red flag. Awesome!

DA: I have been present with midwives who were very thankful for my assistance and support and others who have been threatened by it. Luckily, I have had more positive experiences than negative ones. I met a doctor who told his patient that she "could have a doula (i.e., me) there for the birth as long as I didn't get in the way of his work." Throughout the progress of labour, he saw the comfort and support I was giving her and ended up thanking me.

What have your communication experiences been like with the partners/family members that take part in the labour process?

TM: Good. They usually really appreciate what an experienced labour support person can provide. It can be an overwhelming experience and most birth partners as well as extended family members are very grateful to have that extra assistance. I've had a lot of very grateful grandmothers (the mom of the labouring mom) thank me numerous times – it is very reassuring to them that their daughter has a connected, experienced support person with her while giving birth.

MFS: Attending a couple's birth is such an intimate experience, it has always been that both wanted me there and I have always felt such gratitude from both parties and a sense of now being part of their extended family. I try to be a chameleon for everyone involved so that ultimately the couple has the experience they have hoped for.

DA: I've been really fortunate to have wonderful experiences with all of the family members of my doula clients, except one. It is truly one of the most amazing things to be a part of and you can't really help but be drawn closer together. The one occasion that wasn't so great was an experience I had during the early days of my work as a doula. It was a hospital birth and the parents of the woman in labour came to the hospital against the couple's wishes. Part of my job was to keep them out of the room, let the woman in labour rest and have some quiet time. Needless to say, the parents of the labouring woman were a little resentful of the fact that I was there for the birth of their grandson and they were in the hallway!

Aromatherapy and Pregnancy

by Michelle Tomlin '00

The concern over the use of essential oils during pregnancy has likely been around since Victorian times when the abortifacient pennyroyal was ingested by women. Today, it is known that active chemical components in essential oils are absorbed into the body, and likely via the placenta into the fetus, in the same way that conventional drugs and medicines are. Compared to extensive pharmacological research, there are few studies concerning the specific effects of essential oils on human reproductive toxicology. The potential potency of pure essential oils combined with a poor understanding of the development of fetal detoxification mechanisms has led to many sources advising against their use during pregnancy, especially in the first trimester.

Although there is often insufficient evidence to support what is mostly based on anecdotal opinion, aromatherapy literature recommends certain essential oils to help relieve some of the physical/emotional symptoms of pregnancy and childbirth. In the later stages of pregnancy as the body continues its profound transformation, aromatherapy may prove invaluable to some women who are experiencing pregnancy-related symptoms and pain during labour. One study[1] reported that more than 50% of mothers receiving aromatherapy during labour reported it to be helpful. A Cochrane Review[2] in 2006, however, reported no significant benefits during childbirth, so there is no consensus.

The essential oils listed below, many of which are believed to have antiseptic and antibacterial properties, are the most commonly recommended and are regarded by most sources as safe when well-diluted:

Breast Tenderness
chamomile, lavender

Morning Sickness/Nausea
chamomile (with peppermint as a tea)
lemon, mandarin, tangerine

Cystitis
sandalwood, bergamot

Varicose Veins, Constipation, Heartburn
cypress, lemon, mandarin tangerine

Depression
neroli, ylang ylang, geranium, lemon
mandarin, tangerine, petit grain
patchouli, sandalwood

Fluid Retention/Edema
lavender, cypress, grapefruit

Stress and Anxiety
lavender, chamomile, ylang ylang
neroli, frankincense, petit grain

Poor Circulation
geranium

Insomnia
chamomile, lavender

Headaches
lavender

Muscle Soreness/Pain
chamomile, bergamot
geranium

Poor Digestion
grapefruit

Inflammation
neroli, bergamot

Special Considerations: Ylang ylang is contraindicated for hypotensive clients
Geranium is used only after the first trimester
Cypress is used only in the third trimester
Lavender is not used during childbirth

The majority of sources caution against excess essential oil usage and consistently list the following as contraindicated during pregnancy: nutmeg; rosemary (hypertensive and may increase uterine contractions); basil (may contribute to abnormal cell development); jasmine and clary sage (may trigger contractions); sage (may cause uterine bleeding); juniper (kidney stimulant); cedarwood, cinnamon, clove, fennel, hyssop, myrrh, marjoram, origanum and thyme. It is considered safer if essential oils are avoided during the first trimester and then used with caution throughout the rest of the pregnancy. If the pregnancy is complicated by another health condition or considered high-risk, it is advisable to avoid or minimize exposure to all essential oils. For pregnant women who are healthy and in their second or third trimester, one or two drops of essential oil in either carrier oil or vaporized for no more than 15 minutes is suggested.

As women continue to find more natural methods of addressing symptoms that arise throughout their pregnancies and experience the positive effects of essential oils, the need for more valid research increases. Despite numerous accounts of the effective use of essential oils in pregnancy, controlled studies examining their safety are lacking. The potency of essential oils is likely to give them the ability to help reduce many pregnancy-related symptoms. With injudicious use however, it also means that they have the potential to be harmful. With a clearer understanding of the reproductive toxicological properties of essential oils and scientific proof of their reported powers to heal, the use of essential oils may, for some, become more of an integral part of their massage therapy practice. Whether evidence based aromatherapy becomes more mainstream or not, we will all be better off when we are more informed.

1. E. Burns, C. Blamey, S. Ersser, L.Barnetson, A. Lloyd. An investigation into the use of aromatherapy in intrapartum midwifery practice. The Journal of Alternative and Complementary Medicine. 2000 Apr; 6(2): 141-147.
2. Smith CA, Collins CT, Cyna AM, Crowther CA. Complementary and alternative therapies for pain management in labour. Cochrane Database of Systematic Reviews. 2006 Oct 18; 4.

For an excellent overall reference on this subject, refer to Denise Tiran's book, Clinical aromatherapy for pregnancy and childbirth. 2nd ed. Edinburgh: Churchill and Livingstone; 2000.

POEMS

by Keith Bridger '10

A BODY IS COVERED WITH BARK

hand on your back
rest there
a small pull twist stack

warmth opens up
beneath my hand

little blooms of red

FOR KRZ—

lying on the breathing bed
head on a hair covered pillow

his neck meets my hand
and he tries not to smile

feels good – he says

as my hand touches grey fade
of him going

won't see you next week

TrP

an angry worm
with soft teeth
gnaws at your shoulder

the head squirms
to get away
from pointed squish

then a stretch
takes the head
away from tail

Where's Waldo, you ask???
At the Halloween student potluck lunch.

Term 3 students (l to r) Christine Tang, Kate Taylor, James Gomez, Sarah Henriques, Raymond Dyer and Andrea denElzen with 2010 MS Case Exercise client Cathy Brown-Evernden

(Susan Chapelle, cont. from p.2) come up with our own version of NCAM (National Complimentary and Alternative Medicine) for research funding into modalities popular with the public."

The MTABC describes its ideal candidate for the RMT of the Year Award as "a highly valued member of the profession who is a superb role model and representative for Registered Massage Therapy in the province of British Columbia." We are thrilled that a Sutherland-Chan grad has received such an important recognition.

Bulletin Board

Newsletter Committee

Editor
Debra Curties '84

Alumni Representative
Jes Markoff '07

Faculty Representative
Michelle Tomlin '00

Admin Representatives
Mike Nurse
Marion Bishop
Robert Rodbourne

We are all very interested in your feedback and ideas about the newsletter. Please contact us.

Robert Rodbourne
416-924-1107 ext. 19

Please Encourage Your Alumni Friends to Give Us Their Address Updates!

Baby News !!

Andrea McCulloch '07
Son Haythem
born October 23

Paul Dyck '01
Daughter Alexis
born September 1

Pauline & Peter Becker ('99,'98)
Son Lucas born June 5

Welcome To New Staff

Faculty

Huma Anjum Butt
Pathology, Nutrition

Aaron Tanason '08
T3 & T4 MSK
Student & Specialty Clinic

Linda Novick '79
T1 Techniques
Specialty Clinic

Welcome back, Linda!

Help Keep Our OSAP Default Rate Among the Lowest in the Province

Repay your student loan promptly. It's good for your credit rating and the financial standing of your practice.

Do you know someone who should be at Sutherland-Chan? Mike Nurse 416-942-1107, ext. 14

Student Referral Raffle

Alumni support the school in many ways - recommending students is just one example. Each year we collect from new T1 students the names of alumni who directed them to the school.

A very special thank you to the 40+ alumni who referred new students to the school this year.

This year's winners are:

First Prize
Sarah Joy Bennett '08
Apple 64 GB iPod Touch

Second Prize
Jackie Mirkopoulos '08
$250 Home Depot Gift Certificate

Third Prize
Deirdre Casey '10
$200 Sutherland-Chan Con-Ed Gift Certificate

Fourth Prize
Susan Patterson '06
$50 Second Cup Gift Card

Next Draw—September 2011

New In the Library

Books

Hannon, Pooler& Porth, Pathophysiology, Canadian ed.
Hendrickson, Massage and Manual Therapy for Orthopedic Conditions
Kisner & Colby, Therapeutic Exercise: Foundations and Techniques, 5th ed.
McIntosh, The Educated Heart
Vizniak, Conditions Manual (Quick Reference Guide)
Vizniak, Muscle Manual (Quick Reference Guide)
Vizniak, Physical Assessment (Quick Reference Guide)
Vizniak, Physical Medicine (Quick Reference Guide)

DVDs

AllenTouch Associates, Power of Touch
Barlow, The Alexander Technique
Lewis, Dynamic Integrative Massage Techniques for the Upper Body
Jones, Kresge & Morency, Women in Sports Massage - Issues We Face
King, Myofascial Therapy for Low Back Pain