

MassageTherapyMEDIA

MAGAZINE

► SPRING 2022

GETTING IN FOCUS

Massage Therapy Media:
Behind the Scenes of Bringing
Therapy to Screens

► INSIDE

A Sneak Peak at the Future of
Massage Therapy: New streaming
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Massage for The 21st Century

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Social Media For Massage Therapists



Canadian Massage
Conference: See What's New
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Contributors



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Whitney has been a massage professional for over 30 years. Professionals and schools have used Lowe's texts, *Orthopedic Assessment in Massage Therapy* and *Orthopedic Massage: Theory and Technique* for years. His articles appear regularly in professional journals and magazines. You can catch him every other week in his podcast, *The Thinking Practitioner*. In 1994, he founded the Orthopedic Massage Education & Research Institute, (now the Academy of Clinical Massage), to provide massage therapists the advanced education for treating orthopedic soft-tissue disorders.



AMANDA COOKE, BA (sp. Hon), RMT

Amanda has a degree in Kinesiology and is a Registered Massage Therapist. She has practiced in multidisciplinary settings, corporate settings, and has been a clinic and outreach supervisor for Massage Therapy Students. Amanda and her partner Mark own ConEd Institute in Toronto which is a continuing education company for Manual Therapists. They are also the hosts of the *2 Massage Therapists* and a *Microphone Podcast*. Amanda is one of the founders of Massage Therapy Media which is combining education and entertainment for bodyworkers around the globe.



RACHEL FAIRWEATHER

Rachel is author of the best selling book for passionate massage therapists – *Massage Fusion: The Jing Method for the treatment of chronic pain*. She is also the dynamic co-founder and Director of Jing Advanced Massage Training (jingmassage.com), a company providing degree level, hands-on and online training. Rachel has over 25 years experience in the industry working as an advanced therapist and trainer. Rachel holds a degree in Psychology, a Postgraduate Diploma in Social Work, an AOS in Massage Therapy and is a New York licensed massage therapist.



DYLAN CRAKE

Dylan has a knack for learning, after completing her B.Sc and M.Sc both in Human Kinetics, she went on to become a R.Kin (2015) and worked at a Multidisciplinary clinic for 2 years. Wanting to do more for her clients, she went back to school to get her certificate in Massage Therapy (Algonquin College) and became an RMT in 2019. She now spends her time working at her clinic as an R.Kin and RMT, working on the Board of Directors for the RMTAO, selling her Muscle Trading Cards and spreading her love of anatomy, massage and exercise to her social media followers.



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As we develop future issues, we want your input. We want to hear about the great things you're doing and about the things you'd like to learn about through this magazine. Tell us what you have been doing or simply email us your ideas for future articles and features.

We'd love to hear from you!

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Editor's Note



Amanda Cooke, RMT
Editor

Massage Therapy Media has arrived

Please allow me to introduce you to the future of Massage Therapy. Have you ever been scrolling through YouTube videos, TikToks, Facebook groups, or Instagram hashtags looking for cool new techniques, Massage Therapy, self-care, or exercise videos? The rabbit hole is endless. There are so many incredible educators and content creators that allow us to continue to improve our own practice as well as keep the profession moving forward that you could learn something new every time you open your phone. Whether you're pondering a difficult clinical case or looking to spice up your technique toolbelt, online platforms have become one of the most popular ways for us to pick up new tips and tricks to incorporate into our treatments.

Continuing Education is of course still king in any healthcare related profession because there is so much you cannot learn from a 1-minute TikTok or without practical hands-on instruction. Live-stream and in class courses are so valuable to Manual Therapists but how do we decide which ones to take and how to we even begin to find all of the mentors and educators that we want to learn from? Imagine an opportunity to check

out dozens of educators' content before committing to taking a full course that costs valuable time, money, and your energy. Well, isn't that what conferences are for? Sure, conferences are a fabulous way to network and learn from the broader community and get a chance to check out some of the brilliant minds in our profession. Well, what if I told you that we can have it all?

Massage Therapy Media is launching in Spring of 2022 and our aim is to provide Massage Therapists with the resources, content, and access to continuing education, business coaches, and educators all on one platform and to further bring the Massage Therapy community together. In November 2021, the One Concept Group who have been the organizers of the Canadian Massage Conference and the American Massage Conference, partnered up with the team from ConEd Institute and 2 Massage Therapists and a Microphone to put our heads together and create something that checks all of the boxes based on what you all have told us you would love to see in our profession. From many hours of brainstorming sessions, Massage Therapy Media was born. After months of filming, curating content, working with the best of the best, we could not be more excited to finally get to share this incredible new platform with you.

Massage Therapy Media is an online platform and streaming service that allows members access to hundreds of hours of video content by various educators and content creators in the Global Massage community. A Free Membership will give you access to publications such as this new digital magazine which will be sent out quarterly, blogs, articles, editorials, and various Massage Therapy podcasts. Included with a Free Membership you also get access to student study resources,

infomercials for products and services, industry news, classifieds, and previews of live TV to showcase what is in store with a paid membership.

By purchasing a plan with Massage Therapy Media, you get all of the perks we think you need to improve your Massage practice. There are over 20 channels of original content organized by the topics you want to find to make your scrolling more efficient. We have everything from 5-minute lectures, to assessments, business, energy work, exercise, international massage, modalities, self-care, techniques, and so much more. New content will be uploaded regularly so you can continue to get more from your favourite Massage Therapy Media personalities all the time! Aside from the hours of entertaining and educational video content, a subscription with Massage Therapy Media comes along with Member Benefits ranging from business consultations, legal consultations, discounts on Continuing Education, discounts on products and equipment, as well as practice management software and professional liability insurance.

Massage Therapy Media aims to provide Massage Therapists with resources to make the connections they need, obtain information in a fun and engaging way, as well as to showcase the talent that exists in this profession. For educators and content creators we want to give them a platform to get in front of a broader audience to increase their following and class sizes. We will also continue to organize in person conferences with a new and exciting look and feel. Our mission is to bring the global massage community together for the benefit of the individual therapists, our patients and clients, the educators and mentors, and the profession as a whole.

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A photograph of a woman with short grey hair, wearing a black t-shirt, performing a massage on a woman with long brown hair who is lying on her back. The woman being massaged has her eyes closed and a relaxed expression. The background is a plain, light-colored wall. The text of the article is overlaid on the right side of the image.

Massage for the 21st Century:

Working with the
hands the head
and the heart

BY RACHEL FAIRWEATHER
PHOTOGRAPHY BY: ANITA BARRETT

“One who works with the hands is a labourer, one who works with the hands and the head is a craftsperson, one who works with the hands, the head and the heart is an artist”

This beautiful quote neatly encapsulates everything that I feel about massage. We all know that there is a world of difference between a quick rub up and down from an amateur and the exquisite bespoke healing that you can receive from a master therapist.

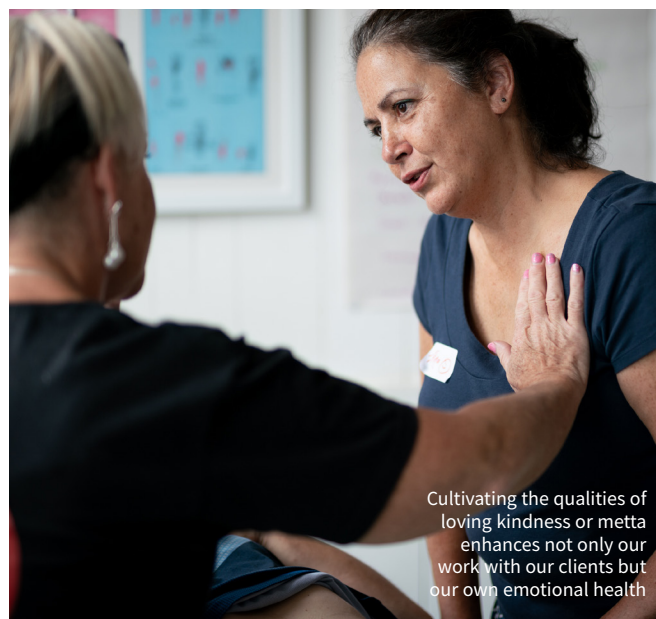
A true massage therapist is without doubt a great artist - as one of my students put it “With these advanced techniques I feel like now I have a huge palette of colours with which I can create whatever beautiful picture I desire”.

Yet as the 21st century advances we are in grave danger of losing the artistry of bodywork. Increasingly, courses emphasize theory and research at the expense of teaching great touch. Powerpoints are more in vogue than palpation skills. The drive towards evidence based research, although vital for our profession, is triumphing over the skills of connection, intuition and mindfulness. On a course I was teaching recently, an osteopathic teacher of 40 years remarked ruefully “these days we are turning out osteopaths who are great at writing dissertations but are not so good at touching people”.

But it was not always so. When I first trained as a massage therapist in the early nineties, bodywork was still in the “post hippy” era. Massage was heavily influenced by the countercultural milieu of the sixties that advocated inner growth and outer social change. We were urged to “turn in, tune in, drop out”, find our true potential and inner selves. Massage was seen as a key element in bringing the beauty of transcendence and connection to others. Massage schools were founded by therapists who were passionate about their craft and incorporated notions of tai chi, healing, energy and psychotherapy into the basic training. Massage was about connection, flow, dance, meditation, growth and love. As a spiritual seeker in my late twenties I remember being entranced and delighted by the amazing magical world that was unfolding before me.

Yet somewhere along the way that all changed. In my home country of the UK, elements of massage became inextricably linked with the beauty industry and further education colleges started churning through high volumes of students, often taught by teachers who had never had a massage practice themselves. Tai chi, mindfulness and energy work were abandoned in favour of health and safety, white trolleys and poor body mechanics. In the USA, as the founders of the sixties reached their own retirement years, their cherished “mom and pop” schools were bought out by big business. Inevitably, experienced teachers left in disillusionment and schools closed in the dozens as profits failed to match expectations.

In the drive towards evidence based research for the bodywork professions, gifted teachers and healers started to lose ground if they were unable to back up their experience of a lifetime with a fistful of double blind randomized controlled



Cultivating the qualities of loving kindness or metta enhances not only our work with our clients but our own emotional health

trials. I remember walking into the treatment room of an osteopathic colleague and seeing her shaking her head over a scientific article on bodywork muttering “how do they manage to make something so interesting so boring?”

The burning question is - in our drive to become more professionalized - have we thrown the proverbial baby out with the bathwater? So allow me to ignite you with a rallying cry to bring back into our profession the very qualities that have made massage great throughout the ages. Let's keep the advances of the past few decades - increased professionalism, voluntary regulation of the industry, minimum standards for practice, an appreciation of research and being able to dialogue with medics. But let us reclaim as a valued and necessary part of our profession the true artistry of bodywork. Let's bring back to centre stage the skills of listening touch, mindfulness, great body mechanics, flow, intuition and listening with the heart. Let's repossess as our guiding mantra “working with the hands, the head and the heart.”

Working with the hands

“Approach touching the client with the utmost respect for her sanctity-that is with reverence. This form of touch allows for transformational change to occur at a level of being that might take years to reach in non-touching therapies” Hugh Milne, cranial osteopath. (Milne, 1998)

Technique alone is not enough to obtain good results with clients. A more important element is the art of touch; the ability to literally develop “fingers with brain cells in their tips, fingers capable of feeling, thinking, seeing” (Sutherland 1914). The key to true transformation lies not in learning technique but in our ability to connect with the client, really listen to the tissues and be directed by the body, rather than our intellect. This skill is beyond science, beyond textbooks. This is the quintessential art of bodywork, the sweet place where we are able to let go of our ego, our fear of not knowing, and enter a place where we can just simply be. The place where there is just you, your hands, the body, the breath, the interface. In that state lies the key to genuine change.

Tips for Developing a Listening Touch

You should constantly be working on developing your sense of touch. This will enable you to feel not only physical restrictions such as tight

muscles and trigger points but also more subtle energies such as the flow of Qi in the meridians or the cranial rhythm.

Here are a few tips for developing your listening touch:

Good body mechanics: This lies at the heart of everything we do including developing good listening touch. You need to be fully grounded and comfortable in your body to be able to develop the necessary sensitivity in your hands.

Keep your hands, arms and shoulders soft: Develop the habit of checking into your body especially your shoulders, arms and hands to make sure you are not holding them in a state of tension. Tense muscles affect your ability to really feel; your body should be relaxed but not floppy.

Focus: You need to develop a relaxed curiosity about the body so that your attention is totally focussed on what is going on in the tissues. If your mind is somewhere else such as when your next client is arriving, how uncomfortable your body is, what you need to do later that evening or even what technique you should be executing next, you are losing a unique opportunity to truly listen to your client's mind-body. Clear your mind as much as possible; good massage is based on principles of mindfulness, of truly being in the present moment. As we know this is a difficult skill to develop so just keep bringing your mind back to the body and your hands when you feel it has wandered.

Stay grounded: Really make sure you are connected to the earth through your feet at all times.

Slow down! Most massage therapists are working far too fast. When you go slowly you can feel more and give the client a much more



relaxing experience. Relaxation is an extremely important part of the process of reducing chronic pain so never underestimate the power of slowing down your work. Always think to yourself 'how slow can I go!'

Less is more: When touching the body, avoid the temptation to push, prod, poke and generally engage in a lot of busy work. Instead carry an inner sense of stillness, even when you are doing strokes that require movement. When you palpate, have a sense of letting the structures come to you rather than straining to find them. Do less techniques with more focus to achieve the best results.

Still work: Don't be afraid to be still during treatment. Find places on the body where you can just connect with your hands and simply be rather than do.

Practise practise practise: Developing this ability to connect and really listen to the story of the tissues doesn't come overnight. As Michelangelo famously said 'If people knew how hard I worked to get my mastery it wouldn't seem so wonderful after all'. Developing your listening touch takes practise. For a massage therapist, practise amounts to time spent with your hands on bodies. The more bodies you tune into with focus, mindfulness and reverence, the better results you will get. There are no shortcuts. There are no tricks. There is no such thing as innate genius. No-one is special, no-one develops these skills without putting in the time.

The head

Let us now ponder on our second quality of artistry – that of working with the head. The quote suggests that combining the quality of thought to the process of working with the hands adds an important extra dimension – raising the quality of work to that of a "craftsperson". How does this translate to our art of massage?

If you amalgamate the magical qualities of great touch with the power of analytical reasoning and an enquiring mind, then you have a truly dynamic combination. Great bodyworkers and teachers have a hunger for learning more about their art, for reading articles, books and attending training.

It has never been easier to keep up with latest trends in bodywork and massage. The wonder of the worldwide web means that we can



Slow down! Great bodyworkers work slowly and with focus.

easily access (and even directly interact with) bodywork experts from all over the world at the click of a keypad.

Here is a brief run down of some of the major resources I have found useful over the years:

Journals and magazines

Subscribing to an online or print journal is a wonderful way of keeping up with the latest trends and research in massage. I advocate that your reading material comes not just from your home country but from worldwide sources.

Try these great publications for starters:

co-kinetic.com - a great UK resource pioneered by the lovely physio turned publisher Tor Davies. For a mere £9 a month you can get access to over 800 massage articles and other great content to give to your clients. Check out the website for a months free trial. Highly recommended.

mendeley.com - this easy to use website is invaluable for keeping abreast of bodywork research. Download the free software onto your computer so you can effectively organize content – the interface is like ‘itunes’ and extremely user friendly. Once you are signed up you can choose to receive weekly emails to keep you up to date with your specific areas of interest.

Journal of bodywork and movement therapies: (bodyworkmovementtherapies.com) - definitely the best journal around for new research into massage and related disciplines. Choose from an online subscription only or, if you love the power of print, get the shiny new journal delivered through your door quarterly.

Books

We are fortunate in the UK to be home to 2 wonderful publishers of bodywork related books – the fabulous Handspring publishing (handspringpublishing.com) and Lotus publishing (lotuspublishing.co.uk). Both these companies are founded and run by beautiful, passionate individuals who epitomize working with the “hands, the head and the heart”. Check out their wide range of manual therapy, anatomy and movement books to broaden your mind and enrich your soul.

The heart

“I am larger, better than I thought; I did not know I held so much goodness.” Walt Whitman

The hands and the head are nothing without the heart. For me working with the heart is the magical “X factor” that is integral to true massage artistry. We all subconsciously yearn for the connection of a loving heart and holding a space of compassion can work miracles.

In Western society it is all too easy to limit feelings of love to our families or romantic partners. However, Eastern practices such as Buddhism teach us that our capacity for love is far far greater.

The compassion and universal loving-kindness concept of Metta is a central concept of Buddhism and the cultivation of this quality is a popular form of meditation (metta bhavana). Cultivating loving



kindness for our clients not only enriches their experience but also our own. Small sample studies on the potential of loving-kindness meditation suggest many potential benefits for individual health and wellbeing.

The traditional Buddhist metta bhavana practice consists of dwelling on the ancient phrases:

- May you be well
- May you be happy
- May you be free from suffering
- May you reach your highest potential

I am in the habit of beginning and ending all my treatments with a few minutes of still work – hands on the body, grounding myself and focussing on the breath. It can be a lovely practice to mentally repeat the above words in your mind, dwelling on each phrase and really allowing yourself to feel the very real human connection with your client.

In a nutshell

The most important thing is to work with your “hands, head and heart” and go forth and perfect your own unique art of massage – as Seth Godin, famous inspirational blogger and speaker puts it in his book “Are you Indispensable?”

“Art isn’t only a painting. Art is anything that’s creative, passionate, and personal. And great art resonates with the viewer, not only with the creator. Art is a personal gift that changes the recipient. The medium doesn’t matter. The intent does. Art is a personal act of courage, something one human does that creates change in another.” Godin and Hagy, 2010

Go forth, brave bodyworkers and make a difference with our beloved art of massage. As President Obama famously said “We are the people that we’ve been waiting for.”

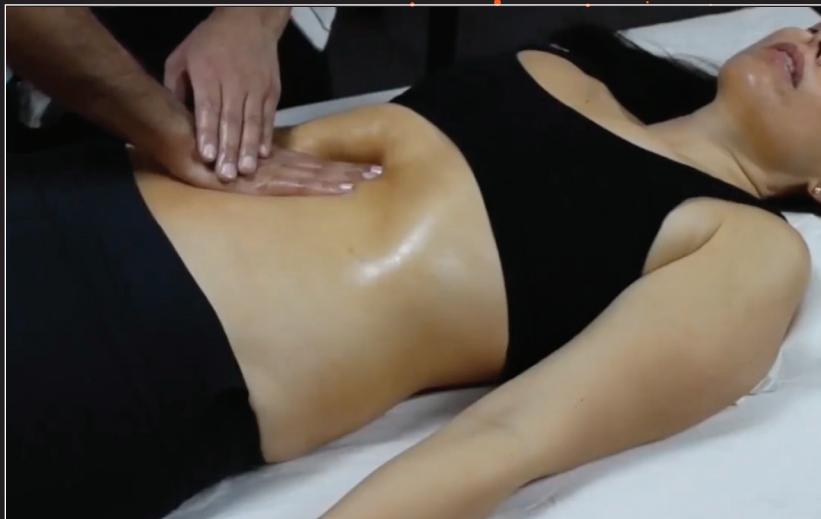
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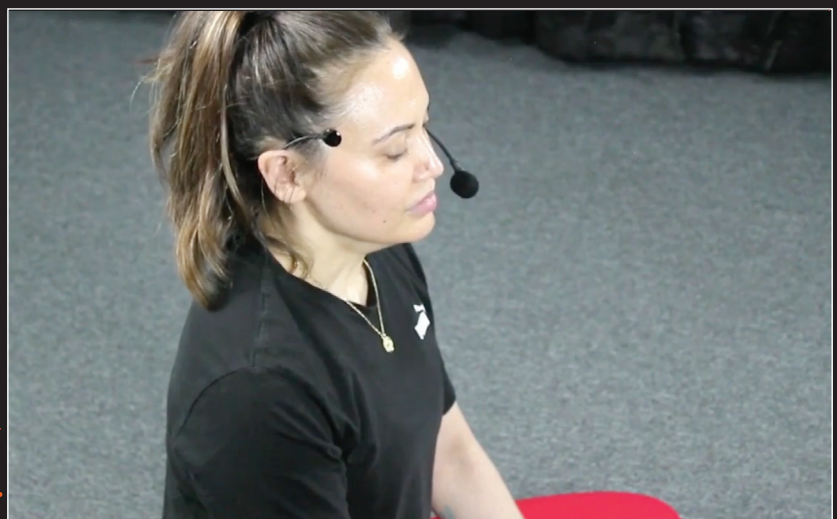


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[Click to access the videos in the web version of MTM Magazine Spring 2022](#)

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Social Media for Massage Therapists

BY DYLAN CRAKE, RMT & R.Kin

Instagram, Facebook, LinkedIn and TikTok, also known as social media. Social Media is probably the easiest tool a RMT can use to market themselves. The world is literally at your fingertips, the only obstacle? Trying to get noticed amongst many other health care practitioners also trying to market themselves.

So, how can you be sure that when you're using social media, you're getting your name out there to the people you want to see it?

Before we even begin to delve into how to use social media to promote yourself, think of a goal you want to achieve when using social media and set some boundaries while you're at it. Some examples of goals are:

- Do you want to attract new clients through social media?
- Do you want to help your current clients?
- Do you want to network with like-minded peers?

And when it comes to setting boundaries for social media, here are a few examples:

- Set time limits of when you're on social media
- Set boundaries on how you wish to communicate with clients through social media
- Set up a plan on how you wish to deal with potential new clients that want to book in with you

How to plan out your socials

Okay, you have your goals set up for your professional social media pages, you have the boundaries set for these pages, now what?

1. Brainstorm and organize

Before you start posting, you're going to start brainstorming ideas. But remember to keep these ideas SIMPLE! Sometimes one concept

“The most important thing to remember about all this, be yourself!”

- Dylan Crane

can be broken down into multiple different posts that are more bite-size and easier to comprehend. Write these ideas down, so they are organized. For myself, I created a calendar and wrote out what I was going to make and post each day. This allowed me to create not only themes for the week, but also themes for the days of the week. For example, each Monday would be a quick anatomy lesson of a muscle I'd be going over for the rest of the week. So every Monday, you could expect a short anatomy lesson and have the foundations of an impairment I was going to post about before I actually posted about it. Writing and organizing your thoughts makes planning your content much easier and more manageable for you.

2. Create to be consistent

Next, when you've brainstormed the concepts you want to post. You're going to create all those posts. Why? This allows you to be consistent in your posts. Social media platforms, such as Instagram, LOVE consistent posters, and therefore they may boost your posts a bit more. I won't go into the algorithm side of it, because frankly, I don't understand it. I just have seen what works first hand.

Another reason why it's important to be consistent with your posts, is that your name is consistently popping up on people's feeds. That means, people are constantly seeing your name and the work you're doing. Now, if they need to see a Massage Therapist, your name may pop into their head when they go to book an appointment.

Therefore, making all your content at one time, whether it be a month's worth or a week's worth, allows you to post consistently.

3. Determine the platforms to use

You have come up with the content you want to post, you created it and now...you have to figure out where you want to post. Facebook, Instagram and LinkedIn are the typical top contenders. But did you know that each platform likes different forms of content? You can either decide to stick with one of these platforms, or you can use all three and change your content slightly. For myself, my main platform is Instagram. Therefore, I make all my content the way Instagram likes it; short videos, images and short captions. And I can see from my analytics on LinkedIn and Facebook that I don't get the same reach as I do on Instagram. However, social media is a tiring job and I still have a full time job of being an RMT. This is what I found has worked best for me and my mental health.

Moreover, let's just do a quick dive on what each platform likes. As

I mentioned above, Instagram loves short content. Almost nobody reads long paragraphs on Instagram, so keep that in mind. Facebook and LinkedIn on the other hand. They LOVE long paragraphs. Those are also two platforms that can be used on a computer to post, so it's much easier. Therefore, think about the content you want to post. If you can get your point across in a one minute video, or a short caption, Instagram should be your main platform. If you prefer to write in depth and like making longer videos, Facebook, LinkedIn and even Youtube should be your main platform.

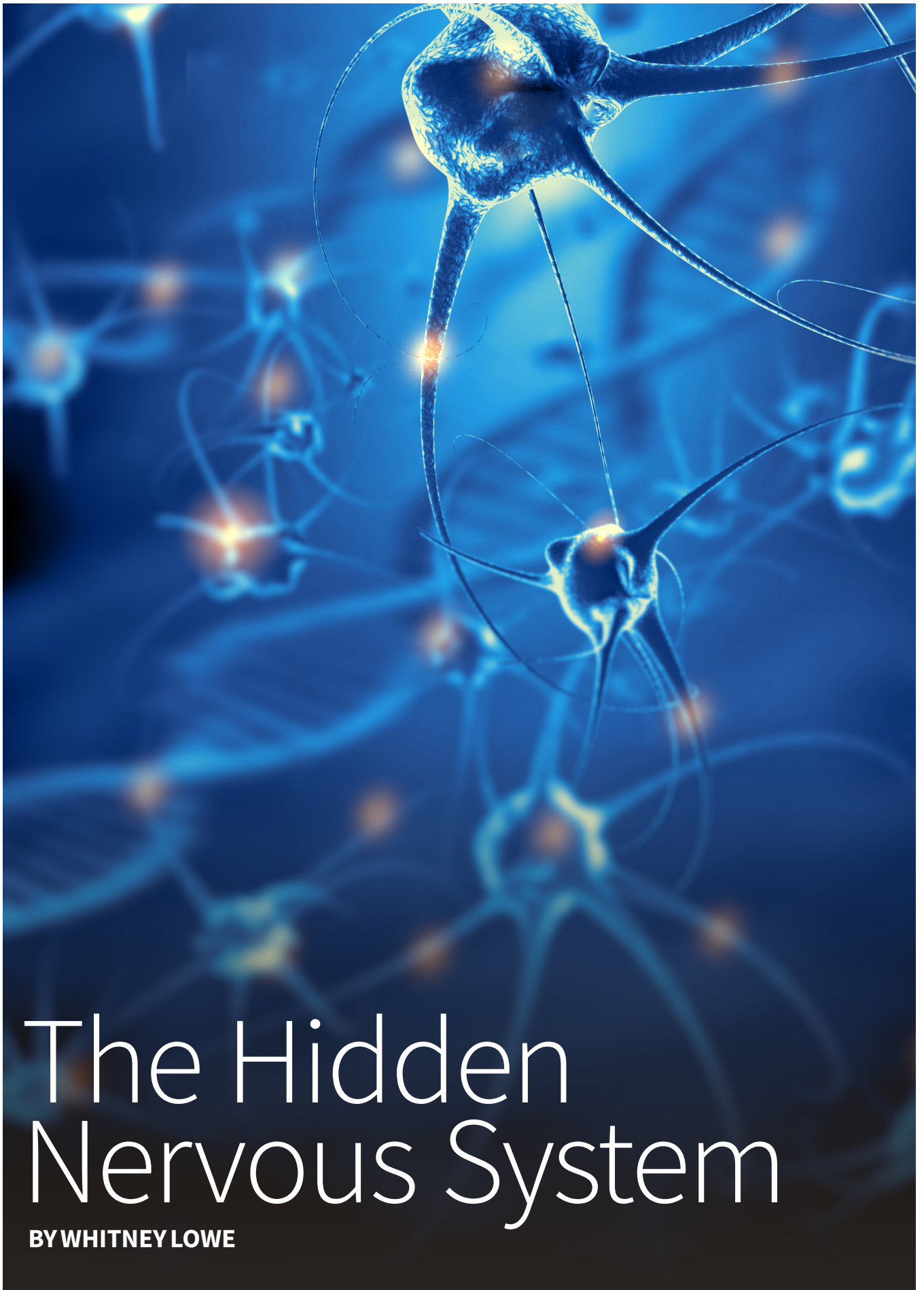
4. Be yourself

You have your content, you know where you are going to post this content, but the most important thing to remember about all this, is be yourself! You're going to enjoy the journey so much more if you're not acting like a character on your social media.

Being yourself will make you more relatable to your audience. More people will be wanting to interact with you and next thing you know, you'll be networking with peers and getting clients booked in. I show myself not being perfect with doing challenges and how I've worked my way up to being able to do something (I took a full year to be able to do a handstand and showed my progress). This shows people that they CAN do something, it just takes time. Being yourself on social media also attracts the people you want to work with or treat. If you're not being yourself, you're going to surround yourself with people you can't relate to, and you don't want that.

In the end, social media is a great tool for marketing yourself! Not only have I found clients through social media, I've also come into contact with other like-minded RMTs and new Massage Therapy grads. Social media has even grown my side-business of my Muscle Flashcards! When I was first creating them, I would make polls about different designs of the cards and what people wanted the most out of the flash cards. Once my cards were created I was able to use social media to market and sell my cards. Most of my sales have actually come from Instagram and TikTok! And my furthest sale was all the way in Australia! (If you want a pack of these cards, I'd head over to etsy.com/ca/shop/DynamicRMT and get yourself some).

Social media is a beautiful place, but it can be draining. So, on a final note, don't be afraid to take breaks from it. Everyone will still be there when you get back. If you need any help with content ideas of social media in general, as always don't be afraid to send me a message through Instagram: @dylan.dynamic.rmt or send me an email at dylan.wholetherapy@gmail.com.



The Hidden Nervous System

BY WHITNEY LOWE

Introduction

An extensive network of nerves courses throughout virtually every tissue in our bodies. Yet, if you look up information on nerve injuries in medical resources you will find most of the attention on the pathologies associated with the large nerves, such as the sciatic, median, or ulnar nerves. However, there are many small nerves that are also root causes of pain or injury complaints.

These nerves are often ignored because they are smaller and/or simply not studied in depth. Yet, many lie just under the skin and are affected, either positively or negatively with massage. In this issue we take a look at a number of these important smaller nerves. You might have heard of some of them, but chances are others will be unfamiliar to you. We'll explore their location, pathway, and contribution to various pain complaints.

Dorsal Rami of Spinal Nerves

Low back pain is one of the most common complaints. For this reason, nerve pain in and around the spine, particularly the low back, has been explored in great depth. In 1934, a groundbreaking research paper published by Mixter and Barr highlighted the presence of the herniated intervertebral disc and suggested it was a key reason for low back pain and lower leg complaints. (Mixter and Barr 1934) When a disc protrudes it is likely to press on the ventral branch of the exiting nerve trunk (Image 1).

The ventral branches in the lumbar region, where most disc herniations occur, feed into the femoral nerve in the upper lumbar region and sciatic nerve in the lower lumbar region. This condition is called intervertebral disc pathology; for decades this complaint took center stage as the focus and cause of back pain for many physicians. As a result there were extensive developments in surgical strategies for attempting to rectify this boogey man of back pain.

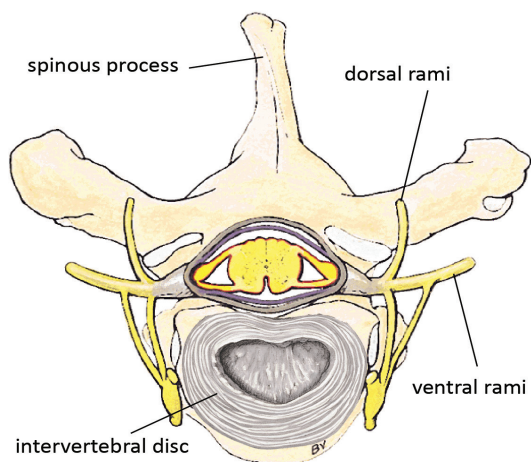


Image 1

It wasn't until many decades later and the development of more accurate high-tech diagnostic procedures that attitudes and understanding changed and began to move away from the focus on nerve roots and disc herniation as the underlying cause in so many cases. The high percentage of unsuccessful surgeries combined with the recognition that people with no back pain often had similar disc herniations indicated that just having a disc herniation was not necessarily painful, and may not be the root cause of pain.

Interestingly, some of the newest research on nerve pain suggests

that in fact it may be the small nerve fibers, such as the dorsal rami, that are a key to low back pain. Low back pain, while also potentially radiating down the lower extremity is often felt in the muscles and other tissues closest to the spine, which ironically are not innervated by fibers from the ventral nerve branches.

The dorsal rami (Image 1) are smaller nerve branches that come off the posterior aspect of the nerve root and are less vulnerable to disc compression than the ventral branches because of the location of the disc. The dorsal rami are called 'mixed nerves' because they carry both motor and sensory fibers. The motor fibers innervate the paraspinal muscles such as the three divisions of the erector spinae group, as well as the smaller intrinsic muscles like the multifidus. Sensory fibers from the dorsal rami supply the skin along the spine, as well as deep connective tissues of the vertebrae such as the posterior longitudinal ligament. While very small, the dorsal rami of spinal nerves can still carry up to 200,000 nerve fibers so there is still a great deal to be affected when these nerves are subjected to increased compression or tension. (Tubbs et al. 2015)

Because they are very short, the dorsal rami don't travel through any major tunnels or have nearby anatomical obstructions that often impact other nerves. However, that doesn't mean they can't be bound, restricted, or pulled. Many people report pain in their paraspinal muscles that is aggravated with additional pressure or stretching. It is likely that sensory fibers of the dorsal rami may be aggravated in many of these complaints.

Massage therapists help people with paraspinal muscle pain by using long gliding strokes along the length of the muscles. This treatment helps reduce muscle tightness and increases blood flow to superficial capillaries and tissues that experience ischemia. Gentle approaches, such as those used in myofascial release techniques, apply traction to the skin, which decreases tensile forces on the dorsal rami nerve fibers. Taking tension off the fibers helps reduce the noxious signals sent back to the central nervous system and can greatly reduce back pain.

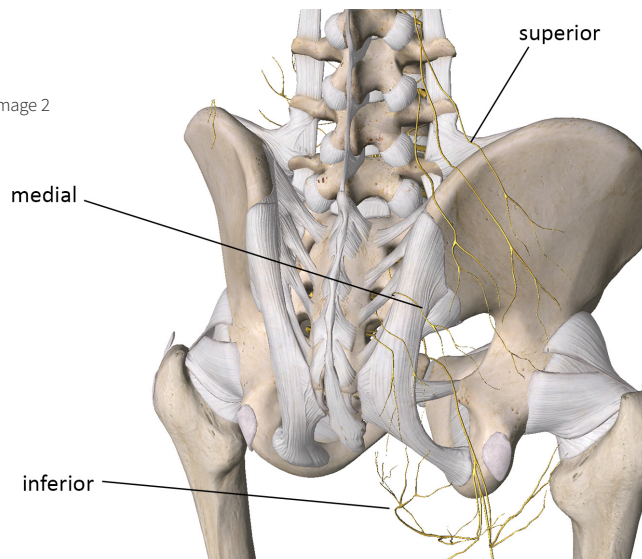
Next time you are working on a client's paraspinal muscles, try visualizing the location of the dorsal rami and consider how your massage techniques may be used to the greatest advantage in helping them function more effectively.

Inferior, Medial, & Superior Cluneal Nerves

In the last issue we explored some of the nerves of the pelvic region that may be involved in gluteal pain problems and the role of the piriformis muscle. Piriformis syndrome is most commonly suspected when a person has serious gluteal pain. Yet, there is another set of superficial sensory nerves that innervate the gluteal region and should also be considered for gluteal pain – the inferior, medial, and superior cluneal nerves.

The cluneal nerves innervate superficial tissues in the entire gluteal region, yet they are rarely mentioned in references on pelvic or low back pain. It is likely that you haven't even heard of them. The cluneal nerves are sensory, not motor, and are divided into three branches: inferior, medial, and superior (image 2). The inferior division branches off the posterior femoral cutaneous nerve (PFCN). As a result, it could be affected by piriformis compression of the PFCN, which was discussed in the last issue.

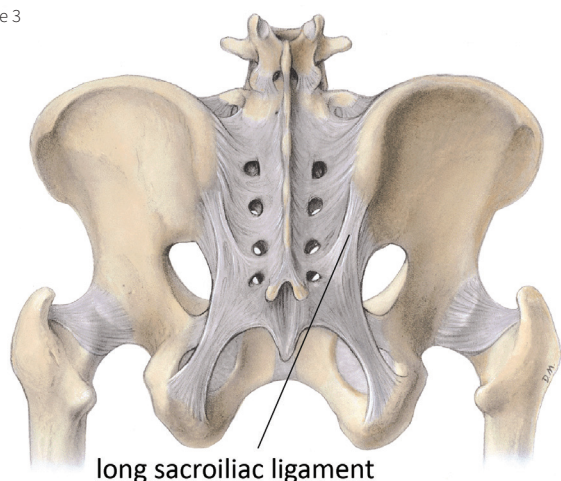
Image 2



The medial cluneal nerve is derived from the dorsal branches of S1-S3. It supplies innervation to the skin over the middle buttock region. Other S1-S3 nerve roots supply innervation to the lower leg. Sometimes a barrage of sensory input in one region can spill over to adjacent nerve fibers that are derived from the same level. As a result, lower leg pain that is being reported to the S1-S3 nerve roots can extend into the buttock region because of spill over to the medial cluneal nerves. Similarly, pain that might be caused by entrapment of the medial cluneal nerves is likely to be felt in the buttock, but could also be felt in the lower leg.

The medial cluneal nerve fibers pass just adjacent to the long sacroiliac ligament and this is one location where they are vulnerable to compression (Image 3). Irritation or entrapment of the medial cluneal nerve by the long posterior sacroiliac ligament is often mistaken for sacroiliac joint dysfunction. (Aota 2016) Identifying specific tissue causes of sacroiliac joint pain can be very difficult and one reason may be involvement of nerve pain in small nerves like the medial cluneal nerve that are not easily identified.

Image 3



The superior cluneal nerve is the division most susceptible to compression injury and is a likely cause of back or gluteal pain. Noting the anatomical path of the superior cluneal nerve it is easy to see how it could be involved in these conditions. (Image 4). It arises from the posterior rami of the 1st through 3rd lumbar vertebrae. It angles diagonally from the lumbar spine and then its branches pierce the thoracolumbar fascia and course across the upper margin of the iliac crest.

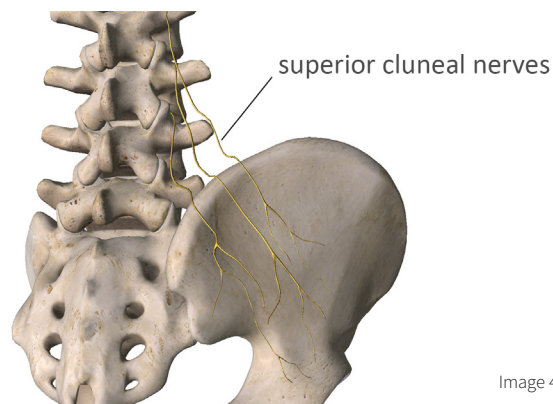


Image 4

Entrapment of the superior cluneal nerve fibers can occur as they pierce the thick thoracolumbar fascia, or they could also be compressed against the bony edge of the superior iliac crest. The thoracolumbar fascia is a dense fibrous tissue, so it can be difficult to increase elasticity or pliability of the fascia where the nerves pierce through it.

The region just under the lip of the iliac crest is a common location for the aggregation of small fatty lipomas. They feel like small peas under the skin when you are massaging this area. They don't appear to involve significant tissue pathology, but they can sometimes be painful. One possible explanation for their pain could be pressure on adjacent superior cluneal nerve fibers.

Because the cluneal nerves are so superficial you are easily affecting them any time you work in the gluteal region. However, working tissues of the low back region extensively can help free mobility of the superior cluneal nerves in some cases. Static compression or broad contact sweeping techniques may also help free up cluneal nerves in the gluteal region (Image 5). Last year *Massage & Bodywork* devoted an entire issue to treatment of the gluteal region. Many of the techniques described in that issue could be helpful in freeing up mobility and reducing compression on cluneal nerves.

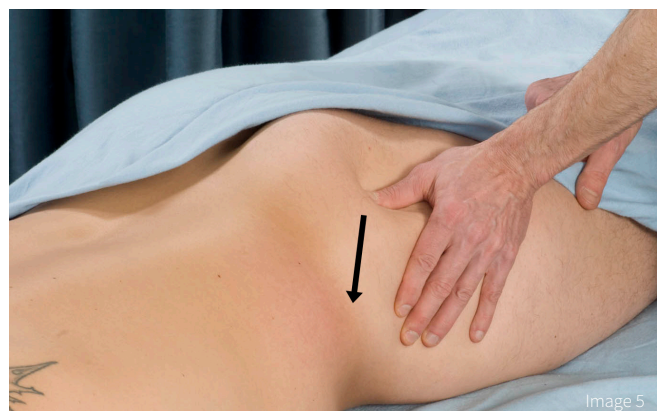


Image 5

Lateral Femoral Cutaneous Nerve

A frequently overlooked cause of lateral hip and lateral thigh pain is entrapment of the lateral femoral cutaneous nerve (LFCN). This condition also goes by the name of meralgia paresthetica. The LFCN supplies sensation to the skin on the lateral thigh and hip region.

The nerve originates from the L2 and L3 lumbar nerve roots and then courses around the inner aspect of the iliac crest. It then descends beneath the inguinal ligament. It takes a very sharp bend just as it passes the inguinal ligament, which is one of the locations where it is frequently entrapped (Image 6).

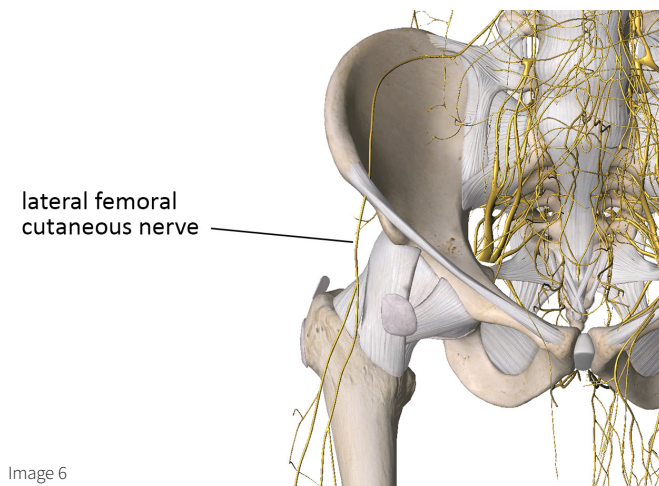


Image 6

Just after the nerve passes under the inguinal ligament, it passes through the fascia lata of the thigh. The fascia lata is a connective tissue sleeve encompassing all the thigh muscles. When nerves pass through muscles or connective tissues, as they often do, they are highly susceptible to compression.

There are a few different anatomical variations in the pathway of the LFCN. In some cases the nerve may pierce through the inguinal ligament or the sartorius muscle as it is leaving the pelvis and entering the anterior/lateral thigh region. It is common for nerve compression to occur in this region from clothing such as tight jeans, especially if the individual is sitting for long periods. Nerve compression can also occur from girdles, belts, military armor, seatbelts, or in diabetic or obese people.

Symptoms from LFCN compression can include pain, coldness, numbness, paresthesia, burning sensations, and/or disturbances in sensation or itching or buzzing sensations in the skin of the lateral hip or thigh. Some people find pain sensations from LFCN compression so strong that they won't put things in their pocket on that side because of additional pressure on the nerve.

LFCN pathology is often mistaken for other conditions such as lum-

bar nerve root pathology, trochanteric bursitis, hip joint pain, joint capsule problems, abductor muscle pain, myofascial trigger points, or iliotibial band pain. It is common for manual therapy practitioners to engage direct treatment of these tissues in an effort to address the pain problem. However, in many cases this treatment approach might cause further aggravation of the problem if they do not recognize that the disorder is coming from nerve compression. Manual compression of nerves from soft-tissue work can further aggravate the condition.

The LFCN is a very small nerve and often the region of compression is simply a small area where the nerve perforates through another tissue, where it becomes constricted. One of the more effective ways to address this type of disorder is simply applying traction to the skin and pulling the skin over the upper anterior thigh in an inferior direction (Image 7). This treatment actually helps to mobilize the nerve tissue and decrease the degree of binding between the nerve and adjacent tissues that are interfering with it.

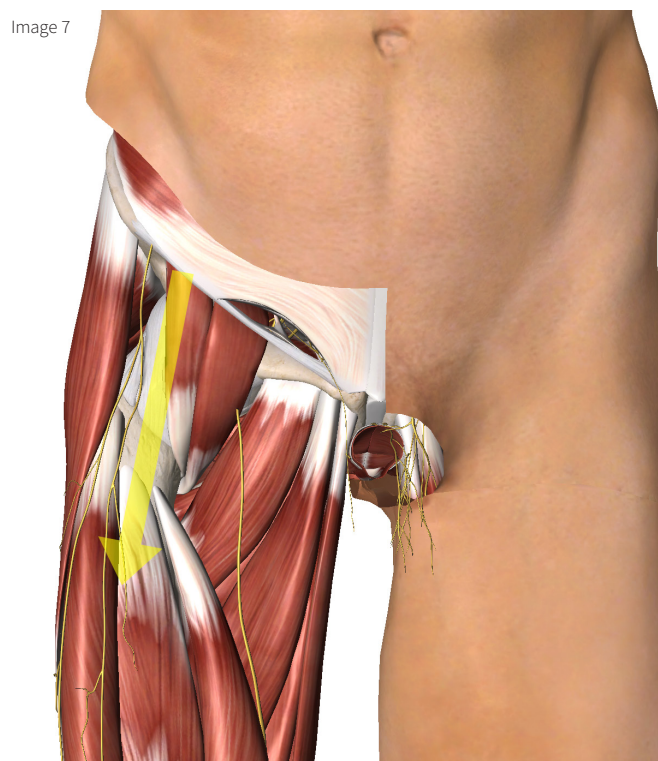


Image 7

The first step in resolving many clinical problems is accurately determining what the problem is to begin with. Medical references don't cover many of these superficial nerves in much detail so it is no surprise that there is often little attention paid to nerve dysfunction from them. Now that you know a bit more about their existence and roles, and how they may contribute to your client's complaints, you can consider them as a potential factor in your assessments.

Notes: 1. Mixer, W J, and J S Barr. 1934. "Rutur of the Intervertebral Disc with Involvement of the Spinal Canal." *N Engl J Med* 211: 210–15. 2. Tubbs, RS, E Rizk, MM Shoja, M Loukas, N Barbara, and R Spinner. 2015. *Nerves and Nerve Injuries: Vol 1: History, Embryology, Anatomy, Imaging, and Diagnostics*. Amsterdam: Elsevier. 3. Aota, Yoichi. 2016. "Entrapment of Middle Cluneal Nerves as an Unknown Cause of Low Back Pain." *World Journal of Orthopedics* 7 (3): 167–70. doi:10.5312/wjo.v7.i3.167.

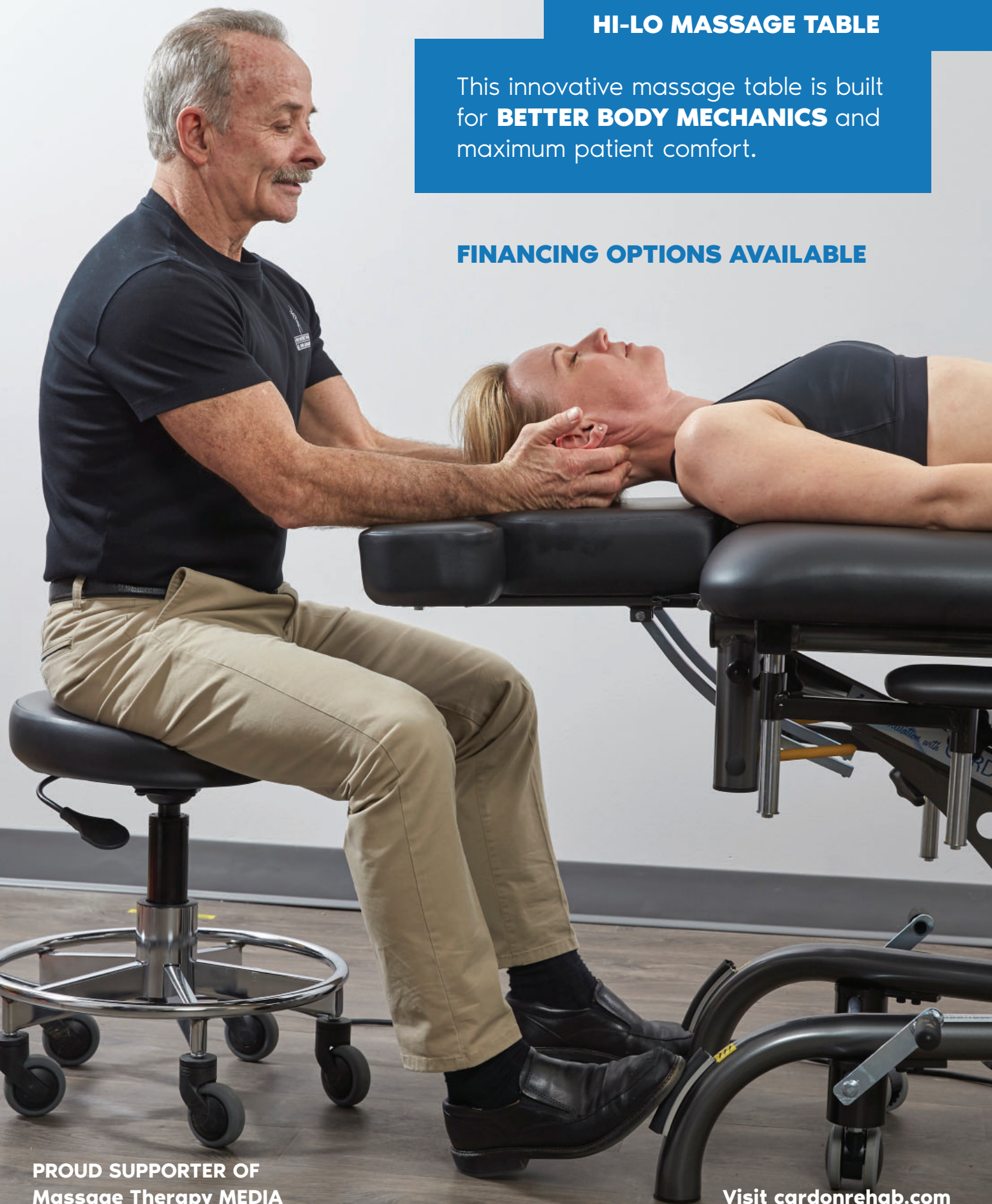
Images: Image 1 - Dorsal and ventral branches, Medclip image copyright (1998) Williams & Wilkins. All Rights Reserved. Image 2 - Superior, medial and inferior cluneal nerves, Image is from 3D4Medical's Essential Anatomy 5 application. Figure 3 - Long sacroiliac ligament, Medclip image copyright (1998) Williams & Wilkins. All Rights Reserved. Image 4 - Superior cluneal nerves, Image is from 3D4Medical's Essential Anatomy 5 application. Image 5 - Superior cluneal nerves, Image is from 3D4Medical's Essential Anatomy 5 application. Image 6 - Lateral femoral cutaneous nerve, Image is from 3D4Medical's Essential Anatomy 5 application. Image 7 - Applying traction to treat LFCN restriction, Image is from 3D4Medical's Essential Anatomy 5 application.

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