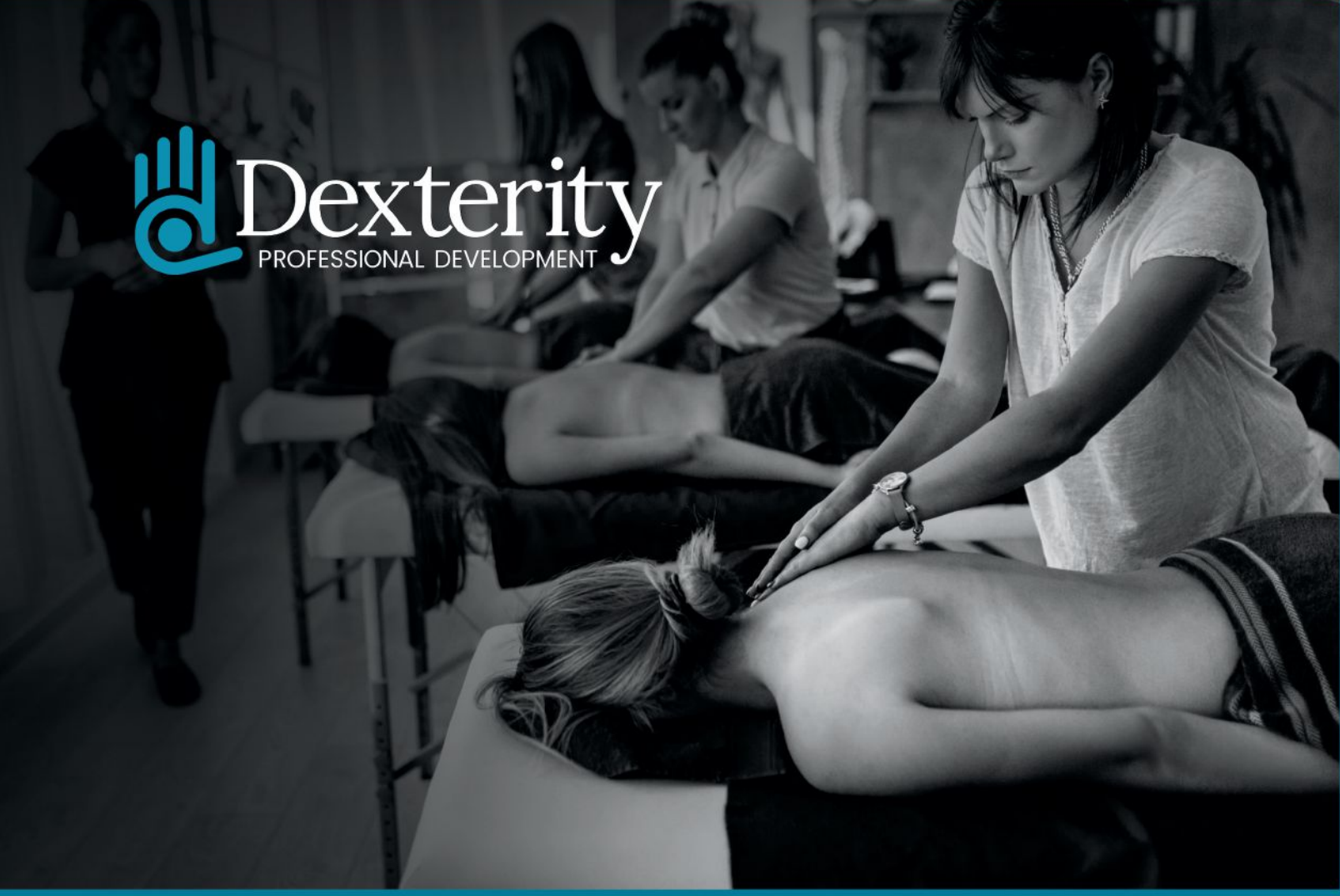
Winter 2024 • www.rmtao.com

Massage Therapy Today

Putting Knowledge into Practice

FOCUS:
MYTHS AND MISCONCEPTIONS



Grow Your Career

Our mission is to help you advance your massage therapy career with e-courses that build skills and expertise. We aim to provide high quality and engaging e-learning experiences through our step-by-step and practical application approach to continuing education. All our courses are developed by massage therapy professionals and educators.

Self-paced, peer-reviewed, and convenient.

Go ahead and explore our growing library of courses and expand your skills with Dexterity PD!

SCAN THE CODE

Massage Therapy Today
Putting Knowledge into Practice

Winter 2024 • Volume 19, No.1

Published by
BCS Group for the Registered Massage Therapists' Association of Ontario
Laura Fixman, Manager of Communications

Submissions
All editorial contributions are to be submitted to the RMTAO for review. All original articles become the property of and copyrighted to the RMTAO. Submission guidelines are available on the RMTAO website. For all inquiries, please contact the RMTAO.

Registered Massage Therapists' Association of Ontario

Registered Massage Therapists' Association of Ontario
1243 Islington Ave., Suite 704
Toronto, ON, M8X 1Y9
Tel: 416.979.2010
Toll Free: 1.800.668.2022
Fax: 416.979.1144
www.rmtao.com
Email: info@rmtao.com

Publication Management
BCS Communications Ltd.,
247 King Street East,
Cobourg, ON K9A 1L7
Tel: (416) 421-7944
www.bcsgroup.com

Managing Editor
Caroline Tapp-McDougall

Art Director
Joseph Finbow

Advertising
Michael Murton
Tel: 416.970.5123
Email: michaeljmurton@gmail.com

Printed in Canada

Canadian Publications Mail Product
Sales Agreement 40036705
ISSN1911-8813

MESSAGE FROM THE EDITOR

Busting Myths and Developing an Evidence Base

Although RMTs want to recommend treatments based on the best available research, there are still myths that persist among the public and some RMTs. It could be that an RMT learned something in school that is now outdated, heard a colleague sharing a myth and didn't question its accuracy, or just encountered a myth in their daily life. Unknowingly, RMTs can sometimes spread misinformation.

In this issue we go over some of the common myths that relate to massage therapy, and the damage that health care misinformation can cause. We hope that this will help each of you to ensure that you are providing the most accurate and up-to-date data and treatment information when speaking with patients.

Research indicates that people with cancer can benefit from massage therapy to help with pain or other symptoms related to both cancer and its treatment. However, there are many persistent falsehoods about the safety and effectiveness of massage therapy for people living with cancer. Susan Shipton outlines some of these myths and then debunks them.

People are increasingly seeking massage therapy to treat temporomandibular disorders (TMDs) but may have an inaccurate understanding of TMDs and how massage therapy can help. Jules Poulin debunks some of the more common TMD myths in her insightful article.

Additionally, there are a number of myths that can be found among anyone receiving massage therapy. This includes the erroneous belief that massage therapy can release "toxins," which is a possible reason some RMTs offer water. Christin Sadler outlines how current scientific knowledge and understanding shows that the toxins myth doesn't have any basis in evidence.

"No pain, no gain" is a common saying, often applied to exercise, but some people try to apply it to massage therapy as well. Dylan Crake explains why believing in "no pain, no gain" can lead to treatments that won't be as effective as they could be.

Finally, Rob Haddow speaks about the overall dangers of misinformation for RMTs, highlights the potential harms, and explains what we can do to avoid contributing to it ourselves.

What we know and understand about our profession, and about health care in general, changes rapidly. It's important for each of us to do our best to stay up-to-date. Spreading myths and inaccurate information, even unintentionally, can create confusion for patients and negatively impact patient outcomes.

By reading this issue and learning how to review the real evidence and both identify and debunk myths, we hope that you will be better equipped to confidently offer all of your patients the very best possible care.

Laura Fixman,
Manager of Communications

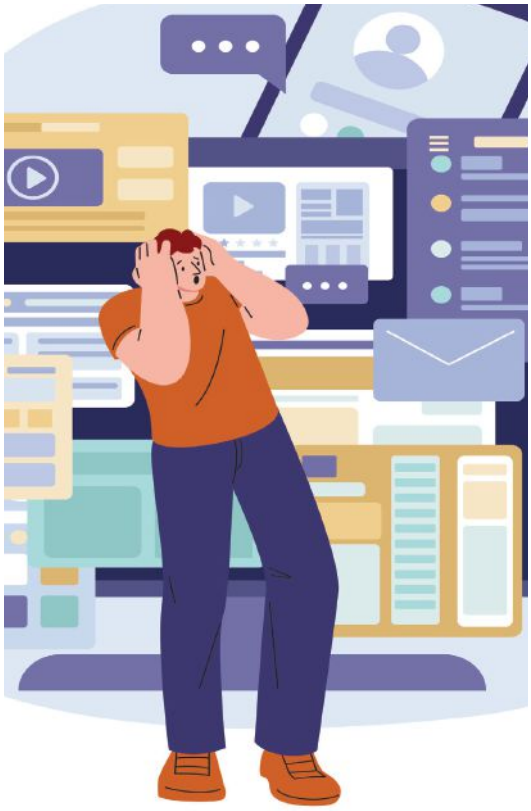
Flushing Toxic Myths and Misinformation out of Massage Therapy

By Christin Sadler, MSc, RMT

Facts matter, especially when it comes to health and health care. Allied health, which includes the profession of massage therapy, is rife with myths and misinformation. Regardless of whether the myths are perpetuated by patients or practitioners, correcting and combating myths with facts is one of our responsibilities as health care professionals. A persistent myth heard frequently in our field is that massage therapy "flushes toxins" from muscles, and drinking water after a massage is essential to help the body "detoxify." The goal of this article is to debunk this statement and present some facts and resources to be shared in its place.

Let's begin with toxins. Typically, a toxin is defined as a poisonous substance that causes disease. Importantly, humans do not make toxins. We don't have venom like some reptiles, and we don't produce poisonous spores like some plants or bacteria, so it's very unlikely for any toxins to be present in our systems. On the rare occasion that toxins are introduced from an external source (e.g., snake bite, sepsis, or botulism), this is usually a medical emergency with the patient presenting to an emergency room and not a massage therapy clinic. So if most medical professionals don't use the word "toxin" to describe anything in the human body, where did this phrase come from? The long answer involves a deep dive into various marketing and media strategies of the Big Wellness industry, but the short answer is that "toxins" (and other fad "wellness" terms) are used to scare us into buying products.[1]

Christin Sadler is a PhD candidate, professor, and researcher in the Faculty of Health Sciences at the University of Ottawa. Christin has been an RMT for 15 years and practices at Continuum Fitness & Movement Performance in Ottawa.



Importantly, our bodies do not require external support to "cleanse" or "detoxify." If an individual has a functional heart, liver, set of lungs, and pair of kidneys, then they have everything they need to break down most substances that may harm cells (e.g., alcohol). The idea of metabolic by-products and/or cellular waste being "toxic" has been debunked. For example, lactate, often called lactic acid, did have a "toxin" label based on some early work on cellular metabolism by Hill and Meyerhof in the 1920s. Based on methods and technologies used at the time,

these researchers suggested lactate was "a waste by-product" of carbohydrate metabolism in skeletal muscle and potentially "toxic to cells."[2] This idea held strong for decades, perpetuated in textbooks and other scientific works. However, since the 1980s, research in the fields of human physiology, exercise science, pathology, and immunology have all provided an overwhelming amount of evidence against the idea of lactate being toxic; it is instead a useful and essential product created by muscle cells to cope with metabolic stresses. In other words, lactate is a fuel source created for and used by working cells, such as skeletal muscle cells, cardiac muscle cells, and neurons.[2,3,4]

How do cells use lactate as a fuel source? The short answer to this question is that they use a "lactate shuttle" system, which is the term used to describe the complex feedback loops triggered and used by lactate to support our working cells. Basically, a producer cell forms and secretes lactate for a consumer cell to use as an immediate fuel source. For example, during exercise, fast twitch muscle cells convert glycogen and glucose into lactate and excrete it locally for nearby slow twitch muscle cells to use to produce more of our body's energy molecule: adenosine triphosphate (ATP).[3] As such, high lactate levels seen in the blood during exercise, or even during illness or after injury (e.g., severe head trauma) are no longer viewed as a problem to get rid of, but instead an indicator the body is attempting to fuel muscle and/or carry out cellular repair and adaptation processes.[4,5]

As myths in massage therapy go, the old idea of lactate being toxic and harmful to muscle cells may occasionally present in practice. Importantly, there is very little evidence that massage removes lactate from muscles, much like massage cannot remove nutrients from our intestines or gases from our blood. Indeed, there is very little evidence to suggest that manual therapy techniques increase circulation at all. Any local hyperemia and heat found in a massaged area have been attributed to the external application of force (the therapist's hands) producing mechanical stress on skin and subdermal tissues resulting in brief vasodilation and an increase in temperature; however, no changes in circulation or temperature have been measured below a depth of 2.5 cm or in other areas of the body.[6,7] There is some evidence that slow rhythmic movements can increase local venous return, especially when 5–10 seconds are left in between strokes (e.g., manual lymphatic drainage techniques)[6,7]; however, much more research is required to understand how massage interacts with the nervous, cardiovascular, and endocrine systems.

Let's move on to the second part of the myth: drinking water after a massage is "essential to flush toxins." If we review our discussion so far, humans don't have toxins and massage doesn't increase circulation…so should we drink water? Water is an essential nutrient and must be ingested (not because of a massage, but because our body requires it). The National Academy of Medicine, an independent, evidence-based scientific advisory organization in the United States, suggests the adequate intake of daily fluids is about 13 cups for healthy adult men and 9 cups for healthy adult women, respectively (with 1 cup equaling ~240 mL). Higher amounts are required when physically active, breastfeeding, working/living in warm climates, and/or having a larger body size.[8] About 20% of our total water intake comes from the foods we eat (e.g., fruits and vegetables, soups), so it makes sense for patients to reflect on their water intake. However, there is no evidence that drinking water after a massage will assist, amplify, or cause any additional effects induced by applied techniques (other than a placebo effect (This is a phenomenon that happens when

"As myths in massage therapy go, the old idea of lactate being toxic and harmful to muscle cells may occasionally present in practice. Importantly, there is very little evidence that massage removes lactate from muscles."

> "Always critically consider the source of information, especially when reading or listening to any resource touting "health" or "wellness" advice."

symptoms are lessened or improved through the power of expectation or suggestion and not through any measurable effect on physiology. In other words, a person's expectation that they will improve or worsen can be a self-fulfilling prophecy. The placebo effect contributes to the persistence of many health care myths and the use of alternative therapies like homeopathy or herbal medicines.[8]) Thirst following a prone or supine massage therapy treatment (or a nap) may be due to our body attempting to correct for lower-than-normal blood pressure, or not enough water intake during the day; however, it's difficult to know for sure without measuring and monitoring many different physiological variables before, during, and after a treatment.

So, if water is useful, then what is the harm in perpetuating the myth? The harm is in the misinformation. According to a report from Research and Markets (as reported in the *Washington Post*), the global market for products that are developed as "health" or "wellness" supplements or tools in response to myths (including products like detox herbs, pills, teas, and juice cleanses) is projected to reach approximately 75 billion dollars by 2026.[10]

Detox products use health disinformation tactics, which differ from misinformation and are defined as the deliberate sharing of inaccurate or incomplete information, to score massive profits. In other words, even though there is much evidence that there is absolutely nothing magical about drinking lemon and cayenne pepper or cucumber-infused water, or only juice for seven days, companies rely on our misunderstanding of physiology, and our emotional responses to their marketing and advertising, to trick us into thinking there's something wrong with our bodies. These companies feed off misinformation and myths to sell products that provide a false sense of control over our health, illness, or age.

Managing myths in massage therapy

One of the reasons myths are perpetuated is that science has a massive communication problem. Peer-reviewed articles generally discuss ultra-specific experiments or review dense topics using complex terminology and are hidden behind expensive paywalls. In addition, blog posts and podcasts, written or hosted by literally anyone, discuss anecdotal experiences or biased personal interpretations of scientific work in easily accessible and widely sharable mediums. Furthermore, marketing teams convince us we need a specific product to be healthy. Regardless of whether the intent is to create confusion, cause mistrust of health professionals, promote a specific product, or to share anecdotal experiences or personal views on a topic, misinformation and disinformation can prevent our patients from accessing the health care they may really need.

So, how do you combat myths and misinformation in massage therapy? Always critically consider the source of information, especially when reading or listening to any resource touting "health" or "wellness" advice. When a podcast host or blog post author discusses a "study," search the article to confirm the

information discussed by the host is both real, accurate, and supported by additional work. Importantly, one study cannot be used as absolute evidence for an effect; science doesn't work this way. Consider each scientific article as one brick in a brick house of a community of brick houses: the data presented in the article may provide some evidence in support of or against a specific hypothesis, but rarely "proves" or "disproves" anything; instead, multiple articles (multiple "bricks") are required to build a wall, and so many more are required to build a multiroom house. If we consider the field of health sciences as an entire city of gigantic brick houses, one can quickly see how many peer-reviewed articles or other vetted resources must be written or read to accurately understand a hypothesis. Additionally, there are lots of great books and podcasts written or hosted by scientists dedicated to knowledge translation and combating misinformation, so seek these out, and always search for any biases, endorsements, or other ways the author(s) may profit from pushing a specific product or (mis)information. I'd highly recommend *Relax: A Guide to Everyday Health Decisions with More Facts and Less Worry* by Timothy Caulfield (a professor at the University of Alberta awarded the Order of Canada (2022) for their work on combatting misinformation), *How to Talk to a Science Denier* by Lee McIntyre, the *Unbiased Science* Podcast by Drs. Andrea Love and Jess Steier (@unbiasedscipod on Instagram), @ScienceUpFirst on Instagram (Français: @lasciencedabord), and the Ologies podcast hosted by Alie Ward.

It's easy to fall for myths because we typically all want the same thing: to live our healthiest lives. Considering the very low amount of health education the average person receives in their school years, one of the best things we can do for our patients is help them learn a little bit about how the body works, which includes leaning into discussions about health myths. And as New Year's resolutions begin, recommend prioritizing sleep and exercise (resource: *CSEP's 24-Hour Movement Guidelines*), and nutrition and hydration (resource: *Canada's Food Guide*) to any patient interested in evidence-based behaviours for optimal health. MT

References

1. Gunter, J. (2018, August 1). Worshiping the false idols of wellness. *New York Times*. https://www.nytimes.com/2018/08/01/style/wellness-industrial-complex.html
2. Coggan, AR, Costill, DL. (2022). A brief history of exercise metabolism. In G. McConell (ed.), Exercise Metabolism (pp. 1-18). *Springer International Publishing*. DOI: 10.1007/978-3-030-94305-9_1.
3. Brooks, GA. (2018). The science and translation of lactate shuttle theory. Cell Metabolism, 27(4), 757-785. https://doi.org/10.1016/j.cmet.2018.03.008
4. Gladden, LB. (2004). Lactate metabolism: A new paradigm for the third millennium. The *Journal of Physiology*, 558(1), 5-30. DOI: 10.1113/jphysiol.2003.058701.
5. Brooks, GA, Arevalo, JA, Osmond, AD, Leija, RG, Curl, CC, Tovar, AP. (2022). Lactate in contemporary biology: A phoenix risen. *The Journal of Physiology*, 600(5), 1229-1251. DOI: 10.1113/JP280955.
6. Couturier, A, Le Meur, Y, Huiban, C, Saunier, M, & Férey, FX (2013). Massage and physiotherapy. In Recovery for Performance in Sport (pp. 111-134). *Human Kinetics*.
7. Weerapong, P, Hume, PA, Kolt, GS. (2005). The mechanisms of massage and effects on performance, muscle recovery and injury prevention. *Sports Medicine*, 35(3), 235-256. DOI: 10.2165/00007256-200535030-00004
8. The Nutrition Source, School of Public Health. (2023). Water. https://www.hsph.harvard.edu/nutritionsource/water. Accessed January 10, 2024.
9. Wilson, C. The placebo effect. *New Scientist*. https://www.newscientist.com/definition/placebo-effect. Accessed February 25, 2021.
10. Rosenbloom, C. No, you don't need a detox juice cleanse. Here's why. *Washington Post*. https://www.washingtonpost.com/wellness/2022/01/11/are-detox-juice-cleanses-necessary. Accessed January 11, 2022.

Bibliography

- Borges Do Nascimento, IJ, Beatriz Pizarro, A, Almeida, J, Azzopardi-Muscat, N, André Gonçalves, M, Björklund, M, Novillo-Ortiz, D. (2022). Infodemics and health misinformation: A systematic review of reviews. Bulletin of the World Health Organization, 100(9), 544-561. DOI: 10.2471/BLT.21.287654.
- Poppendieck, W, Wegmann, M, Ferrauti, A, Kellmann, M, Pfeiffer, M, Meyer, T. (2016). Massage and performance recovery: a meta-analytical review. Sports Medicine, 46(2), 183-204. DOI: 10.1007/s40279-015-0420-x.

"One of the best things we can do for our patients is help them learn a little bit about how the body works, which includes leaning into discussions about health myths."

The Truth About Cancer-Massage Myths

By Susan Shipton, RMT, CDT, MClSc

Susan Shipton, RMT, CDT, MClSc, has been a massage therapist in Toronto since 2012, with a practice that focuses on helping people alleviate complications related to cancer treatment and managing chronic conditions, such as lymphedema and persistent pain. She presented at the RMTAO 2023 Education Conference on Cancer-Related Pain and Interprofessional Pain Management and has previously written for Massage Therapy Today on breast cancer, trauma-informed care, and compassion fatigue. In January 2024, she launched her online continuing education course for RMTs on oncology massage (www.SusanShiptonRMT.com).

Massage therapy has a valuable role to play in cancer care because of its proven effect in alleviating complications related to treatment, reducing pain, and offering nurturing touch and relaxation during a stressful time. Training in oncology massage began in the 1990s in the United States and by 2007, almost 40% of hospitals in that country offered complementary therapies to cancer patients, with 71% of those specifically offering massage.[1] Today, massage therapy is recommended by the Canadian Cancer Society, the American Society of Clinical Oncologists, and Cancer Network UK, among other national cancer agencies around the world.

This hasn't always been the case, however. Historically, there have been beliefs around cancer and massage that created barriers. These beliefs are no longer supported by current evidence, yet some linger, excluding people unnecessarily from appropriate and helpful health care through massage therapy. Let's take a look at these pervasive myths and the evidence that refutes them. It is worth noting that cancer is not a single disease. It is rather a group of almost 200 diseases with similar characteristics but individual presentations and treatments. In this article, we will be talking about cancer in general terms.

Myth #1:

Massage spreads cancer: False

We know that cancer cells can travel through the cardiovascular and lymphatic systems to spread to other parts of the body. We used to think that massage increased circulation systemically, and it would then follow that

massage could heighten the risk of cancer metastasis. Recent research, however, demonstrates that massage does not affect systemic blood flow.[2] If anything, the lowered heart rate that results from the relaxation effect of massage[2] may temporarily decrease circulation. It is, however, still best to avoid massaging directly around superficial malignancies so as not to disturb the tumour.

How should you modify your treatment to be as safe as possible?

- Gather information about the location of cancer and any sites of metastasis. You may want to see recent imaging or surgical reports.
- Avoid massaging directly over cancer on the skin or close below the surface. If a malignancy is deep in the body, such as in the lungs, there is little risk that massaging a person's back or trunk will disturb the

tumour site. Be assured that you can always find areas of the body with no cancer that you can safely massage and still offer the wonderful benefits of massage therapy.

- If cancer has spread to the bones, especially the delicate ribs and vertebrae, avoid heavy pressure and joint mobilizations to the area to minimize the risk of fracture caused by bone erosion.

Myth #2:

A person on chemotherapy is toxic: Largely false

Chemotherapy that is administered intravenously or orally is a systemic treatment for cancer that is effective because of its toxicity to individual, rapidly-dividing cells, cancerous and non-cancerous. A person receiving IV or oral chemotherapy may produce toxic output through bodily fluids for 24–72 hours after administration of the drugs, during which time they may be advised how to protect family members and caregivers exposed to vomit or diarrhea, which are common side effects of chemo.

Topical chemotherapy cream is applied to some skin cancers but does not spread to other parts of the body.[3] An RMT should not touch an active skin cancer, regardless of treatment, so they are not at risk of picking up traces of topical chemo through their hands.

Massage therapy has been shown to reduce pain, fatigue, nausea, and anxiety associated with chemotherapy,[4] offering much-needed relief for the distressing side effects of cancer treatment.

How should you modify your treatment to be as safe as possible?

- Ask about the type and schedule of chemotherapy your patient is receiving, and any safety instructions they have been given by their medical team. Some patients do not retain details of their treatments or are affected by "chemo brain," so you may wish to ask permission to communicate with a family member or the patient's oncologist.
- Book massage appointments 72 hours after IV or oral chemo dosing and avoid massaging over areas of topical chemo.
- For your patient's comfort, avoid massaging directly over or around a port-a-cath or pic line in the patient's chest or arm through which IV chemo is delivered.
- Focus on offering a soothing, feel-good massage with long, fluid effleurage strokes and avoid jarring, nociceptive touch, such as uncomfortable pressure levels or sharp, fast percussive techniques.

Myth #3:

Radiation makes people radioactive: Largely false

Radiation is most often a local, targeted treatment for cancer that may be administered in different ways.[5] A patient's medical team will advise on any precautions

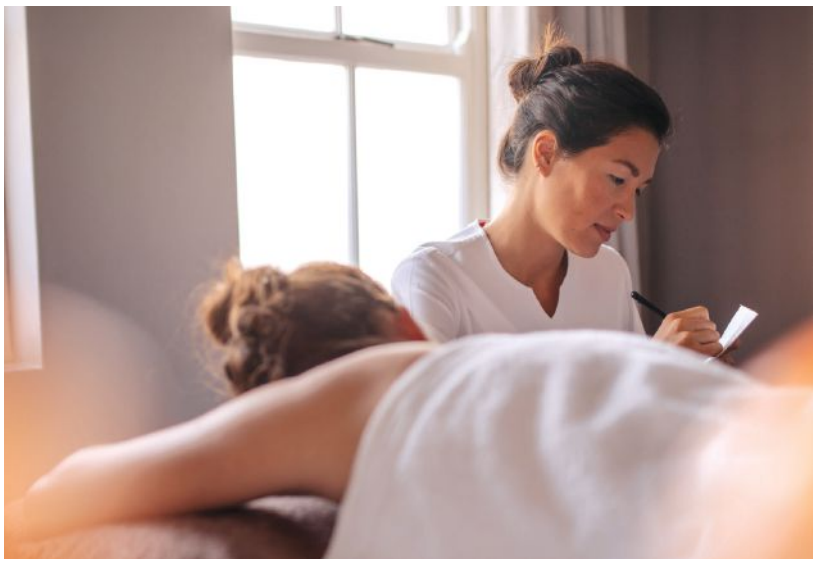
"Massage therapy has been shown to reduce pain, fatigue, nausea, and anxiety associated with chemotherapy, offering much-needed relief for the distressing side effects of cancer treatment."

“This belief in positive thinking is flawed and creates problems. The cause and progression of cancer is multifactorial and not completely understood.”

the patient should take, such as limiting exposure to other people.

These are some forms of radiation used in treatment:

- **External beam radiation:** This is the most common form of radiation. A person is not radioactive at any time, during or after treatment, because there is no radiation source inside the patient's body; rather, the radiation simply passes through the body.
- **Internal radiation:** There are two types: a) permanent, also known as brachytherapy, in which beads are surgically implanted in the body that slowly give off radiation for a short period of time; and b) temporary, in which a radioactive substance is inserted via catheter or balloon; once removed, the body no longer gives off radiation. In either case, the radiation does not spread much farther than the point of insertion.[5]
- **Internal radioembolization:** This is used for liver cancer. Tiny beads are injected into the liver via the blood. The patient's body may exude small amounts of radiation for approximately three days.
- **Oral or systemic radiation:** This type is used for some types of thyroid cancer. Patients may be kept in hospital for a few days following dosing.



How should you modify your treatment to be as safe as possible?

- Ask about the type of radiation and dosing schedule and any safety instructions given by the patient's medical team.
- Schedule your massage appointments a safe amount of time after dosing, if applicable.
- Confirm what areas of the body are targeted by the radiation. For breast cancer, this may include the axilla and supraclavicular areas, as well as the chest, and in some cases, even the back of the trunk may be affected because the external radiation beam passes through the body. For prostate cancer, the low back may be involved in radiation treatment.
- Avoid massaging over the radiated areas of the body for several weeks after radiation is finished. Radiation can compromise the tissue integrity, causing skin changes such as peeling and blistering, sensitivity, and pain, that may not appear until after treatment is complete. During this time, be aware of what movements may affect the radiated area, e.g., how raising an arm may pull on the tissue in the axilla and trunk, and engage your patient in active, not passive, range of motion so they can stop when they feel the current limit of their tissue extensibility.

Myth #4:

Positive thinking is the cure: false

There is evidence that suggests that positive psychological wellbeing, indicated through gratitude, optimism, and purpose, contributes to successful clinical outcomes across the cancer experience.[6] This should not be confused, however, with an insistence on being positive all the time. There is a movement in our culture that believes that people must be positive in order to achieve optimal health and to beat disease.

This belief in positive thinking is flawed and creates problems. The cause and progression of cancer is multifactorial and not completely understood. Implying that disease comes from dis-“ease,”

Your Pathway to Success Just Got Easier...

Discover Our NEW Online Learning Workshops and Products!

Check out our online learning programs and in-person workshops. Below is a sampling.

Online Workshops:

Check website for your local time zone.

- **Palpating and Treating the Abdomen: Anatomy, Palpation, Mapping, and Application of CST to Issues Caused by Inflammation in the Abdomen (CSIRAB-V)** – April 11 - 14, 2024
- **CranioSacral Therapy: Listening to the Second Brain – The Enteric Nervous System (CLSB-V)** – April 26 - 28 & May 3 - 5, 2024
- **Unwinding Meridians 3: Applying Acupuncture Principles to CST (UMAC3-V)** – May 16 - 19, 2024

Free Recorded Online Programs:

- **CranioSacral Therapy Rhythm**
- **CranioSacral Therapy and the Immune Response – An Introduction Program**
- **CranioSacral Therapy for Cranial Nerves – An Introduction Program**

For more online learning workshops, please visit us at iahe.com/virtual/

In-Person Workshops:

Upledger's CranioSacral Therapy 1 (CS1)	
Saskatoon, SK	Apr 5 - 8, 2024
Anchorage, AK	May 2 - 5, 2024
Halifax, NS	May 2 - 5, 2024
Vancouver, BC	May 30 - Jun 2, 2024
Toronto, ON	**May 30 - Jun 2, 2024**
Barral's Visceral Manipulation; The Abdomen (VM1)	
Ottawa, ON	**Apr 11 - 14, 2024**
Saskatoon, SK	Jun 6 - 9, 2024
Barral's Neural Manipulation 1; An Integrative Approach to Trauma (NM1)	
Seattle, WA	Apr 5 - 7, 2024
Calgary, AB	Sep 20 - 22, 2024

Inquire about our Core-Pak Training and Certification Package

START TRAINING NOW – $100 PER MONTH!

International Alliance of Healthcare Educators® | Upledger Institute International | The Barral Institute

To Register, Call 800-233-5880, Ext. 2 or Visit Upledger.com • Barralinstitute.com

Check Out Our NEW Online Streaming Video Programs and eBooks !

No matter where you are on your education path, we are proud to offer a variety of learning tools for entry-level to advanced students.

- Convenient to watch, review, and… watch again from anywhere!
- Lighten your load. No physical discs or tapes, and no shipping fees!
- Accessible through all browsers, platforms and devices!

Visit: shop.iahe.com/Product-List/Online-Videos

Many of our books are available as digital eBooks. We use secure PDFs that offer content identical to the print version.

Visit: easy-ebooks.com

ORDER TODAY!

Call 800-233-5880, Ext. 2

> “RMTs can familiarize themselves with local community resources, such as support groups, exercise classes, and mental health resources geared toward cancer patients.”

or someone’s emotional state, or that an individual has the power to change the course of their pathology places an unrealistic burden on them. The flipside of positive thinking is blame and an implication of a lack of effort or character flaws in the individual, creating guilt and shame.[7] It is just as egregious to impose a narrow psychological response on someone instead of encouraging them to honestly share the full range of their feelings. This can make them feel alone at a time when they need support.

How should we relate to our patients?

- We should foster a space where every feeling is welcome: Whatever emotions our patient is carrying that day can be acknowledged and validated as a legitimate and normal part of their experience. No one should feel pressure to put on a brave face, or to hide their fear, anger, or sadness when coming for a massage. After all, the very nature of therapeutic massage is to help dissolve someone’s stresses so their true, unencumbered self can re-emerge.
- Massage therapy can offer many valuable benefits to people with cancer, from much-needed stress relief and relaxation to alleviating specific soft tissue, gastrointestinal, and mood-related complications of treatment. Massage therapists do this better than other health professionals because of the unique way in which we work: RMTs are the masters at creating a soothing one-on-one patient interaction that is of long enough duration to allow both physical and psycho-emotional healing effects to occur. By staying up to date on current cancer treatments and scientific research, knowing what questions to ask and how to modify our treatment plans, RMTs can provide therapy that is safe for both the patient and ourselves without compromising any of the wonderful benefits massage therapy confers.

Recommended resources

Many national cancer agencies have reliable, up-to-date, and comprehensive information online about living with, being treated for, and recovering from cancer. RMTs may find these resources helpful to separate fact from fiction, guide their clinical decisions, and answer and direct patient queries:

- Canadian Cancer Society (www.cancer.ca)
- American Society of Clinical Oncologists (www.cancer.net)
- American Cancer Society (www.cancer.org)

In addition, RMTs can familiarize themselves with local community resources, such as support groups, exercise classes, and mental health resources geared toward cancer patients. The Canadian Cancer Society has a helpful community services locator (https://cancer.ca/en/living-with-cancer/how-we-can-help/community-services-locator). MT

References

1. Collinge, W, MacDonald, G, Walton, T. (2012). Massage in supportive cancer care. S*eminars in Oncology Nursing*. 28(1), 45-54.
2. Gasibat, Q, Suwehli, W. (2017). Determining the benefits of massage mechanisms: a review of literature. *Rehabilitation Sciences*. 2(3), 58-67.
3. Cancer Research UK. Chemotherapy cream for skin cancer. https://www.cancerresearchuk.org/about-cancer/skin-cancer/treatment/chemotherapy-cream. Accessed December 6, 2023.
4. Robison, J. (2016). Therapeutic massage during chemotherapy and/or biotherapy infusions: patient perceptions of pain, fatigue, nausea, anxiety, and satisfaction. *Clinical Journal of Oncology Nursing*. 20(2), E34-E40.
5. American Cancer Society. Radiation therapy safety. https://www.cancer.org/cancer/managing-cancer/treatment-types/radiation/safety.html. Accessed November 28, 2023.
6. Amonoo, HL, El-Jawahri, A, Deary, EC, Traeger, LN, Cutler, CS, Antin, JA, Huffman, JC, Lee, SJ. (2022). Yin and yang of psychological health in the cancer experience: does positive psychology have a role? *Journal of Clinical Oncology: Official Journal of the American Society of Clinical Oncology*. 40(22), 2402-2407.
7. Andrade G. (2019). The ethics of positive thinking in healthcare. *Journal of Medical Ethics and History of Medicine*, 12(18).

No Pain, No Gain?

By Dylan Crake
RMT, RKIN

Dylan Crake graduated from the massage therapy program at Algonquin College in June 2019 and became an official RMT in August 2019. Before becoming an RMT, she worked as a registered kinesiologist and completed her master of science focusing on activities of daily living and older adults. She is currently working at HW Health in Ottawa as both an RMT and R.Kin, where she focuses on getting her clients to move pain-free through massage and exercise. Follow her on Instagram: @dylan.dynamic.rmt where she posts daily rehab-oriented exercises.

Pain is an interesting sensation, mainly because there are different types and no one really knows what another person is feeling in terms of pain. The whole purpose of pain is to tell the body something isn't right and that the body may be in danger.[1] The science of pain helps explain this sensation and why it's important to understand the different types of pain, so before going into why the saying "no pain, no gain" may not be the best, let's dive into the world of pain science so we have a better understanding of what pain is and how it works.

To keep it brief, let's focus on the receptors that tell us we are in pain. These are called nociceptors. They respond to potentially damaging stimuli, such as extreme temperature, excessive pressure, and inflammatory chemicals.[2] These nociceptors can be further divided into two different classes of nociceptors: A-delta fibres and C fibres.[2]

A-delta fibres and C fibres both respond to mechanical and thermal stimuli. However, A-delta fibres produce a sharp, well-localized pain. C fibres create a dull, diffused, burning, and delayed type of pain.[1] Therefore, different pain receptors stimulate and create different types of pain.

In massage therapy, RMTs may deal with both types of pain (sharp and short or dull and delayed). So, it's important to ask patients about the characteristics of their pain. If a patient points to a spot on their body and says it's painful, but it's difficult for them to identify where the pain actually starts, this can give us an indication that the pain is referring to another area. If a patient can pinpoint the area right away and they refer to it as sharp, we can take a look at that tissue and the surrounding tissue. Knowing more about the type of pain allows us to start to get a clearer picture of what our clients might be going through. Understanding the type of pain also helps us

to understand what our patients mean and provide them with effective education when they use the phrase "no pain, no gain."

I'm sure there's been a point in everyone's practice when a patient says something like "go as hard as you need to, no pain, no gain, right?" This phrase, although it makes me cringe, is an excellent opportunity to educate our patients about the different types of pain and dispel the myth that all massage therapy treatments should be painful, while also reminding ourselves of the intent versus the outcome of the massage therapy treatment, the differences between depth and pressure when it comes to massage therapy techniques, and how the nervous system is the link between it all.

When going over the possible negative effects of a massage therapy treatment, one of the most common points we might bring forward is "You may feel sore after your massage therapy treatment." If this phrase ended here, the patient may expect the massage therapy treatment to hurt and they may even believe that it has to hurt in order to be effective. Hearing about this potential risk during the

> “If you find your patient is guarding their muscles and holding their breath during deep and hard pressure, you can bet there are going to be fewer benefits of the massage and a lot of pain afterwards.”

consent process may lead patients to believe the “no pain, no gain” phrase, even if they don’t mention it.

It’s during this point in a treatment that I like to make a point of explaining to a patient the different types of pain, what their discomfort might feel similar to, how to tell if the pain they feel during a massage therapy treatment is too much, and how to determine a useful pain scale for them. Not only will this decrease the amount of soreness a patient may feel after a treatment, but it opens up a line of communication between therapist and patient, thus improving the patient-therapist relationship.

Starting at the consent stage, we can improve this line of communication by explaining in more depth about the possible negative effects of the massage therapy treatment. Instead of just stating, “You may feel sore after this treatment,” add an explanation of what we mean by “possible soreness” after a massage therapy treatment or what type of soreness should be considered too much.

For example, “You may feel sore after this massage, similar to how your muscles feel after a workout. If it lasts for more than 2 days or the discomfort feels more than that, let me know at your next treatment and we’ll dial it back.”

Right away, the patient has it in their mind that they don’t need to feel sore after a massage in order for it to have worked, and they know what level of soreness might be concerning. However, if you check in with your patient during treatment to ask how the pressure is, and they say they can handle more, it is time to use your therapeutic touch. Are you increasing the benefits of the massage if you increase the pressure? Is the muscle you’re targeting deeper than the depth of your touch? Is the patient guarding their muscles more the more pressure you apply? Is your patient breathing at a normal rate or are they holding their breath? At this moment, you need to weigh your pros and cons and educate your patient on what pressure you believe may benefit them the most during the treatment.

Take a moment to consider what happens when the patient is holding their breath during the treatment. It’s not very relaxing, first of all. Second, it limits oxygen getting to the tissues, and tissues need oxygen. Third, it’s going to cause more tension in the muscles. If the massage therapy treatment is too painful, it can cause the patient to hold their breath, and the effect on the muscles will be the opposite of what the patient hoped for when they came in. They are possibly going to leave with even more high-toned muscles and in more pain. A few days after treatment, the patient may think they are better because they feel better, but they may actually just be where they were prior to the massage. In other words, it’s only the pain from the massage that has subsided.

Going hand in hand with breath holding is muscle guarding. If the pressure or depth of a technique is so much that the patient is contracting their muscles to protect themselves, it’s causing too much pain. Because, once again, the patient is contracting the muscles they want to be treated. They’ll leave with overworked and hyperactive muscles, and that can lead to high resting muscle tone and trigger points, the opposite of what we typically want after a massage therapy session.

If you find your patient is guarding their muscles and holding their breath during deep and hard pressure, you can bet there are going to be fewer benefits of the massage and a lot of pain afterwards. If your patient asks for more pressure and a deeper touch, listen to them and tell them you will go deeper, but

let them know that if they find themselves holding their breath, then the "no pain, no gain" mindset is not going to benefit them.

With all that being said, if pain during massage therapy feels productive, e.g., it is not sharp, there is no muscle guarding, and there is no breath holding, the treatment is okay! Some techniques, like targeting a trigger point, are going to elicit productive pain, and this is once again where communication between therapist and patient becomes key. Whether it's using a pain scale of 1 to 10 or constantly checking in with a patient during a moment of productive pain, communication is going to set up trust between you and your patient.

Next, let's talk about depth versus pressure in massage therapy. Many patients believe that the deeper you go (e.g., deep tissue massage) and the more forceful the pressure, the better the outcome. This is another great opportunity for education. The depth of a massage therapy technique depends on the muscles and/or tissues that are being treated. If there is a trigger point and high resting muscle tone in the upper fibres of the trapezius, the depth will be somewhat superficial, because it's a superficial muscle. But that doesn't mean the pressure has to be light, it just has to have the right balance. If there is high resting muscle tone in the rhomboids, the massage will have to be a little bit deeper, because it's under the trapezius muscle, as well as all the fascia and other connective tissue. Obtaining the best outcome from treating the high tone and trigger points depends on your knowledge of anatomy and on fine-tuning your massage technique to create that perfect depth and pressure. And then explaining to your patient why you may not want to cause more pain by going deeper.

Also, the nervous system is often forgotten when it comes to massage therapy. Massage therapists work directly with muscle tissue and connective tissue, but we also work alongside the nervous system. We have the power to influence the autonomic nervous system. If you're treating your patient and they request a "deep tissue massage" along with the phrase "no pain, no gain," and you listen to them instead of their body, you run the risk of stimulating the sympathetic nervous system (SNS). The SNS is the "fight or flight" nervous system. This system is responsible for increasing heart rate, increasing respiratory rate (after holding your breath, you need to make up the oxygen loss), raising blood pressure, and initiating sweating. Overall, this could leave the patient feeling not at their best after a massage therapy treatment.

However, if we listen to the body and use proper depth and pressure for the planned outcome of the massage, we can stimulate the parasympathetic nervous system (PNS). This system is known as the "rest and digest" system. Some effects the PNS can have on the body include slowing down the heart rate, reducing blood pressure, and promoting digestion. So, if you ever hear gurgles coming from your patient's stomach, you know it's a good sign that they are relaxed.

Having your patient in a state of relaxation makes it easier to manipulate the tissue that's causing them discomfort. They won't be guarding their muscles; therefore, the muscles and tissue will be more malleable.

In the end, the phrase "no pain, no gain" in the massage therapy world can make it seem that the only way to get the appropriate outcome of a massage therapy treatment is to cause immense pain. Although this phrase is outdated and perhaps often misunderstood or unsuited to the situation, it can be used as a great educational moment. We can educate our patients on the different types of pain (productive pain versus harmful pain) during a treatment, as well as the differences in depth and pressure between different massage therapy techniques and when it's appropriate to increase depth and/or pressure. It's also important to explain how massage therapy works with the nervous system and how we have the power to influence the SNS or PNS depending on how we listen to the body and to the patient. Perhaps the new phrase should be "No harmful pain and lots to gain?" MT

References available upon request.

"In the end, the phrase "no pain, no gain" in the massage therapy world can make it seem that the only way to get the appropriate outcome of a massage therapy treatment is to cause immense pain."

Temporomandibular Disorders: Myths and Misconceptions

By Jules Poulin, RMT

The prevalence of patients seeking treatment for temporomandibular disorders (TMDs) from RMTs seems to have increased. More and more, massage therapy is being recognized by dental and medical providers as an effective modality for the treatment and management of the symptoms associated with TMDs. However, there are variety of myths surrounding TMDs in the massage therapy profession that can influence how massage therapy is perceived within the medical community, the effectiveness of treatment for patients, and how RMTs educate patients and themselves on the complexities surrounding TMDs and the temporomandibular joint (TMJ).

Jules Poulin, RMT is a clinic owner and director, educator, and entrepreneur. An RMT since 2000, she has dedicated her career to rehabilitation. In 2018, Jules opened From the Neck Up, North America's first and only RMT clinic focused on the rehabilitation of the head, neck, voice, jaw, ears, and tongue. Her From the Neck Up course series are set to launch in 2024.

MYTH 1

TMJ is a condition

The TMJ is an anatomical area. The general term used for people with jaw issues is that they have "TMJ." This term is used by the public and some dental and medical professionals. However, this use of the term is incorrect in describing the condition, as it is simply describing the joint itself. It is akin to saying that someone who has lateral epicondylitis has "elbow." The correct term to describe the more than 30 orofacial conditions that exist[1] is "TMDs." Disorders of the masticatory system (ie, TMDs) involve the muscles of mastication (chewing), the TMJs, and associated nerves and tissues.[2]

MYTH 2

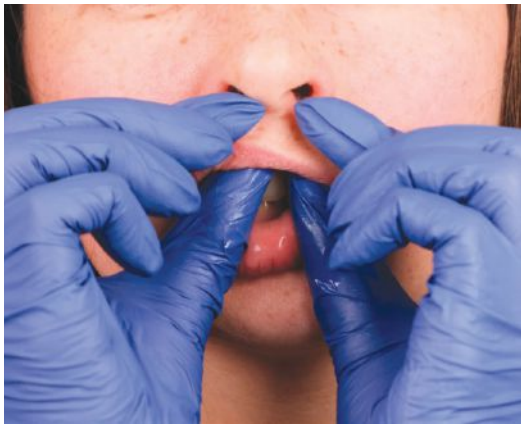
Intra-oral massage has to hurt to be effective

When palpated correctly and with clear communication, massage should feel relevant but doesn't need to be painful for the patient

to receive effective intra-oral treatment. One of the biggest misconceptions from patients and practitioners is that TMD rehabilitation, in particular intra-oral work, hurts or should hurt in order to be effective. Unfortunately, this myth either exposes patients to unnecessary pain or prevents them from seeking treatment that could provide them with relief from their symptoms. One thing that is of note when it comes to manual therapy is that it is impossible for anyone to know what it feels like to be in someone else's body. As such, RMTs should approach intra-oral treatment with the patient in mind and not their own biases regarding pressure. We should ensure the patient's relationship with pain and palpation are a priority, which keeps us aligned with the Hippocratic oath of "first, do no harm."

How to minimize patient pain with intra-oral treatment:

Presenting intra-oral treatment from a patient-centred care approach allows RMTs to respect patients' preferences, needs, and values. Intra-oral massage does not have to hurt to be effective. One of the best ways to minimize pain with intra-oral treatment is to inform the patient prior to the start of the treatment that they can adjust the pressure of a technique or cease the technique at any time. If the patient indicates anything more than a slight discomfort, it should be considered a sign that the area is relevant but that the pressure needs to be reduced. Empowering the patient to communicate if the treatment and techniques feel relevant and safe results in a treatment that is not beyond the patient's pain threshold. Remember, we are working with a patient and not on a patient. Try intra-oral techniques on yourself. One of the best ways to understand how your intra-oral pressure and techniques might feel for a patient is to put on a glove and try them on yourself. You'll get a sense of how they feel for a patient. You might even surprise yourself and create a new technique that feels relevant and helpful for you. If you recoil or wince in pain with your intra-oral self-massage, there is a high likelihood that your patients are experiencing the same thing during their treatments with you. Though all RMTs have basic training in TMD treatment, there is not enough focus on safe palpation for this highly sensitive anatomical area.



A gentler approach to intra-oral work is recommended for several reasons:

- Intra-oral tissues are highly innervated
- These tissues have often not been therapeutically palpated
- The oral cavity is an emotionally vulnerable area
- RMTs cannot see the tissues being treated
- The patient may be nervous
- Wearing gloves alters palpation
- Inflammation may be present
- Aggressive techniques may cause clenching of the muscles of mastication during treatment
- There may be a history of oral trauma (dental or sexual)
- A gentle approach minimizes the power dynamic between therapist and patient

MYTH 3

TMDs present as pain at the TMJ

The presentation of TMDs can affect various areas in the head, neck, and jaw. Another common myth with TMDs is that pain is solely at the TMJ. The reality is that every patient's presentation is different: "It is important to note that there are more than 30 individual TMDs.… It is not unusual for the multiple diagnoses of myofascial pain, arthralgia, disc displacement with reduction, and headache attributed to a TMD to be present in the same individual."[3] Headaches and migraines have also been strongly associated with TMDs,[4,5] as have ear,[6] voice,[7] swallowing,[8] and orofacial sensory changes,[9] to name a few lesser-known presentations of TMDs. When there is localized pain at the TMJ, it may be associated with anterior disc displacement (with or without reduction), retrodiscitis, capsulitis, lateral pterygoid spasm, inflammation, or arthritic changes, to name the most common causes. A thorough assessment of the TMJs is helpful to aid in determining the cause of localized presentation of pain.

> "One of the best ways to minimize pain with intra-oral treatment is to inform the patient prior to the start of the treatment that they can adjust the pressure of a technique or cease the technique at any time."

> "A thorough assessment of the TMJs is helpful to aid in determining the cause of localized presentation of pain."

Below are some of the symptoms associated with TMDs:

- headaches
- migraines
- otological (ear) issues
- tooth pain
- malocclusion
- tightness
- stiffness
- sinus issues
- dizziness
- decreased mandibular range of motion
- tongue tension
- vocal issues
- swallowing issues
- ocular pain
- clicking, popping, or thuds at the TMJ
- open or closed lock
- referred facial sensations
- fatigue, tension, and/or weakness with chewing or speaking
- orofacial sensory changes
- facial neuralgia

MYTH 4

RMTs can specialize in TMD rehabilitation

Only dental professionals who have been designated as specialists by the Royal College of Dental Surgeons of Ontario can claim to be TMJ specialists.[10] It is common for RMTs to state that they are TMJ specialists, or that they specialize in TMJ, if they've taken courses or spend a lot of their clinical time treating this anatomical area. However, the title "TMJ specialist" can only be used by dental professionals who have completed 12–16 years of schooling and are designated by the Royal College of Dental Surgeons of Ontario.[10] RMTs claiming to be TMJ specialists or to specialize in TMJ/TMDs are misleading the public into thinking that they have completed extensive advanced studies, when there are no advanced designations within our profession. There exist no standards for completion of education and training, and the CMTO's position on specialization clearly indicates that RMTs "cannot include any: term, title or designation that states or implies a specialty."[11] For those who have advanced training and who want to work more or exclusively with this patient population, the terms focused or dedicated are aligned with the CMTO.

MYTH 5

Clenching and grinding cause of TMDs

There are a multitude of causes for TMDs. Often the first providers that patients with TMD seek or are referred to are dental professionals, as many are trained to assess and treat bruxism. The effects of bruxism are defined as repetitive jaw-muscle activity characterized by clenching or grinding of the teeth, as well as bracing or thrusting of the mandible. These effects can frequently be seen on the teeth in the form of dental erosion, chipping, or cracking. This demographic

of patients is often prescribed an oral appliance to protect their teeth and in advanced cases can be referred to a TMJ specialist for the assessment and treatment of their TMD. Bruxism does biomechanically affect both the muscles and joints of the masticatory system, resulting in muscle/joint pain, and stress factors aggravate those symptoms[12] and can be a causative factor of TMDs. However, it is important to note that there are many more factors that may also cause or influence TMDs. Though bruxism can in some patients be the causative factor for their TMD, it is of great importance not to assume that it is the only one. There is more and more research on the variety of causative factors for TMD, including the role that hormones play (especially estrogen[13]), the higher incidence of TMDs in patients with sleep apnea,[13] hypermobility disorders,[14] anxiety,[15] and prolonged mandibular depression at dental appointments,[16] as

NEW

THE *Traveling* THERAPIST

Connecting RMTs and clinics to fill temporary positions

The Traveling Therapist is a NEW auction based matching service where clinics seeking temporary RMTs are matched with clinicians willing to complete these work terms.

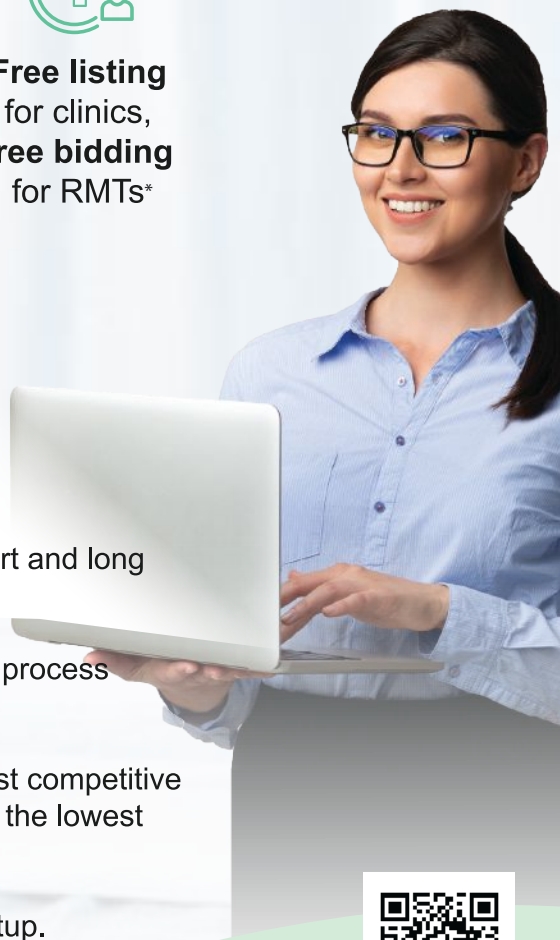
HOW IT WORKS

Clinics post an ad outlining the coverage needed

RMTs place bids with their price

Lowest bidder wins and is matched with the clinic

Free listing for clinics, **free bidding** for RMTs*



BENEFITS:

MASSAGE THERAPISTS

You control the price of your work with the price of your bid.

Network & travel while you work.

Expand your skillset by working with other client/patient populations.

Flexibility & work life balance.

CLINIC OWNERS

Find coverage for your short and long term leaves & vacations.

Skip the recruiting & hiring process for a temporary worker.

We ensure you get the most competitive price by matching you with the lowest bidder.

Quick and easy posting setup.

*The Traveling Therapist charges 5% of the winning (lowest) bid ($300 minimum) to the clinic at the end of the auction once matchmaking is complete.

to learn more, please visit

TRAVELINGTHERAPIST.CA

Questions? info@travelingtherapist.ca

> "Though bruxism can in some patients be the causative factor for their TMD, it is of great importance not to assume that it is the only one."

well as the role of overuse injuries, such as one sided-chewing, to name a few. A thorough health history intake and assessment of the patient will allow RMTs to provide effective treatment, build helpful self-care programs, and refer out when appropriate.

These are some of the common factors that can cause or contribute to TMDs:

- malocclusion
- hormones
- disordered breathing during sleep
- whiplash
- hypermobility conditions
- stress/anxiety (situational and chronic)
- dental appointments
- habitual parafunctional behaviours (chewing gum, nail biting, biting inside cheek, etc)
- cervicogenic origins
- traumatic intubations
- psychological distress
- arthritic changes
- psychosocial factors
- overuse injuries
- direct blow to the mandible
- medications
- infections

Myths and misconceptions surrounding TMD exist not only within our profession, but also among the general population and other medical professions. By elevating our standards of care to be patient-centred, staying informed with the current research, using the correct terminology, and having a better understanding of the complex nature of TMDs, RMTs will continue to elevate their profile among both the public and the medical community as important collaborators in the rehabilitation of TMDs.

References available upon request.

The Dangers of Misinformation

By Rob Haddow, RMT, Dip. SIT

I'd like to discuss the harm we can do by basing our treatments on a false narrative. This may be a difficult or frustrating read for some. I don't intend it to "push boundaries" or "make waves," but as a person with a primarily myoskeletal-presenting disease, it's a topic very important to me and I believe it warrants discussion.

I do want to narrow it down a tad, though.

Given that I'm discussing misinformation, and not disinformation, I believe it will be helpful to differentiate between the two. We can define misinformation as information that is contrary to the epistemic consensus of the scientific community regarding a phenomenon, while disinformation is an intentional effort to spread misinformation. Simply put, the former is the creation of the latter.

Trying to combat disinformation is never going to succeed. We're always going to have people in health care who prioritize sales over transparency. The problem is that pain-free living (which isn't always possible) and our state of health rely on a constant ebb and flow of factors, which is, honestly, more complex than I could even manage to understand, much less explain. A simple and easily digestible explanation doesn't usually represent what a person experiences. However, patients want answers to their issues, and therapists may be quick to provide ones that appease their patients regardless of what their experience or the evidence may indicate. I'd like to cover misinformation instead. I do believe that most of us in the field of massage therapy want to genuinely help people, and that a lot of the misinformation we either spread or base our treatments on is incidental rather than intentional.

There are myriad ways I could try to illustrate the potential harm of misinformation.

I could talk about informed consent, professional liability, or even the way other practitioners may view the more prevalent and anachronistic beliefs common in musculoskeletal care about things like trigger points, toxins, and electrical modalities. That said, I'd like to arbitrarily pick one obvious form of direct harm, another form of harm that is indirect, and then give feasible examples of ways to ameliorate that damage.

Direct harm

Are our treatment modalities universal? Is there the potential to do harm via inaccuracy?

There is no shortage of popular modalities in our field. We have folks making the claim that we can remodel fascia or bone with our hands or stating that by directing our intent we can target tissues and organs, or claiming that people should walk, stand, or lift a certain way at all times to minimize damage. Biomechanics can matter. Posture can be a factor in dysfunction. Manual therapy can be helpful in visceral discomfort. Subjective outcomes are a real thing, and when we troubleshoot with our patients, we need to listen to them. That said,

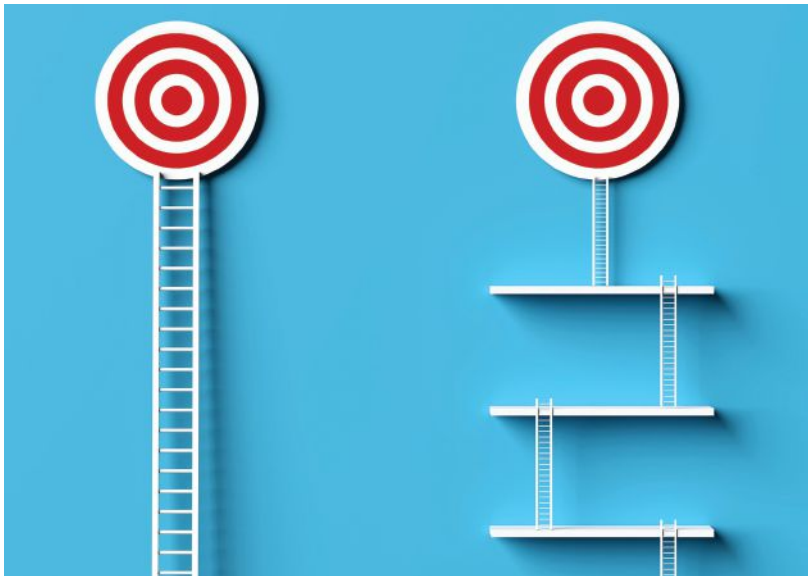
Rob Haddow, RMT, Dip. SIT is a clinician and educator who takes an evidence informed approach to holistic care, with a particular focus on movement and play in rehab. As an Ehlers Danlos patient, he focuses his own personal time on movement, strength training, and self-empowerment.

> A part of our responsibility to patients is recognizing the impact we can have. We have the opportunity to make a huge difference in the lives of our patients, but that opportunity is a double-edged sword.

we should be realistic about what level of change is possible. Just yawning and panicking in the morning would likely avulse the muscles of mastication from the mandible and rupture the biceps tendons if we could create that much change. How do we reconcile a claim that fascial work will break down an iliotibial band when it is so obviously robust and adaptable? What about moving our cranial sutures with gentle touch? If that were possible, the instant someone wore a baseball helmet they would suffer brain damage, or at the very least experience immediate and obvious trauma. See www.painscience.com for an excellent analysis of fascial relevance.

Treating with the goal of changing these obviously robust structures can result in injuring less adaptable ones like nerves, or in my case, joints. I have had multiple practitioners dislocate my joints under the belief that they're breaking down scar tissue or (when I was less informed) give me suggestions for home care that caused significantly more harm than good. Also, while I'm on the topic: Scar tissue from what mechanism? Was what they perceived as scar tissue the result of an adaptive mechanism to lay down more tissue to make up for the generally compromised nature of that tissue? Is a thicker ligament a pathology or an adaptation?

I'm not saying that non-invasive mechanisms can't cause scar tissue, but I am saying that our claims to cause and effect need to be tempered by reason. Don't forget, people have incredible capacity for neurological and mechanical adaptation and optimization, and it's entirely possible that things like postural deviations are normal or adaptive for them rather than arising from muscle imbalances or scar tissue.



Indirect harm

Are we providing advice that's compatible with the reality of what's going on in our patients' bodies? If not, are we even truly obtaining informed consent?

A very long time ago, early in my career and before I knew enough or had the confidence to speak up, I worked at an office that had a practitioner who offered thermographic screenings for breast cancer. Thermography is very simple and convenient, but taken in isolation, it is unreliable and often returns false positives and false negatives. Now, I need to clarify that the individual in question firmly believed thermography to be the "secret weapon" in breast cancer screening. Patients would receive their diagnosis, but upon communicating with their primary health care practitioners they would often receive conflicting information. As I'm sure just about anyone can imagine, this led to conflicts of interest, issues with disagreement within their circle of care, and (potentially significant) stress for the patient. What started off as a well-intentioned tool was in reality problematic.

We are experts in massage therapy. We need to recognize that we regularly deal with patients and discuss something that is very common and intellectually comfortable for us, but that is all but a foreign language for them. When we speak, it is with a voice of authority. Patients will often alter behaviours based on our advice, and even though a claim may make superficial sense, it may result in harmful changes in behaviour. A part of our responsibility to patients is recognizing the impact we can have. We have the opportunity to make a huge difference in the lives of our patients, but that opportunity is a

2024 OSTEOPATHY PROGRAM

- 3-Year Diploma program
- Designed for health practitioners
- 3-day modules (Friday-Sunday)
- Small class sizes
- Flexible, part-time program
- WHO Type II program
- No commitment (pay per module)
- Friendly & supportive environment
- Conveniently located in Mississauga

Diploma in Osteopathy, Manipulative Practice (DOMP)

JOIN ANYTIME!

SOUTHERN ONTARIO COLLEGE OF OSTEOPATHY

APPLY TODAY

905-916-7626

www.clinicalosteopathy.com

> "Rather than a diagnosis, we formulate a clinical impression, or what I came to understand as an "index of suspicion"—a conclusion based on the cumulative history, testing, and presentation we are examining in our patient."

double-edged sword. A careless statement or practice can do even more harm than good.

So how can we compensate for what we don't know?

Avoid making claims

One of my massage therapy instructors mentioned that we really don't know what's going on in a person's body without imaging, or vivisection. His solution was simple. Don't make claims as to how things are happening. We can't make diagnoses, so don't say, "This is happening because of x." A perfect example is something obvious, like lateral epicondylitis—even though the assessment is perfectly obvious and clear, there are still enough other conditions that mimic its symptoms that we really can't be certain, so my instructor's advice was to always say. "This is what I think it is." Rather than a diagnosis, we formulate a clinical impression, or what I came to understand as an "index of suspicion"—a conclusion based on the cumulative history, testing, and presentation we are examining in our patient. Discussion on this basis is much more suppositional, and in my opinion, reasonable. As an example, I recently told a patient, "I believe this to be Baxter's neuropathy, but I'd still like you to get imaging to rule out any injury to the heel." This offers an actionable assessment, as well as leaving room for further investigation where needed.

Reach out

Ask someone more knowledgeable on the subject, or if you just want to add to your toolbox, check in with your patients about treatment approaches they have found helpful in the past, and don't forget that researchers are generally pretty thrilled to answer questions.

As always, I'd like to leave myself open to contact. If you have questions, please look me up and contact me. I make myself fully accessible, for better or worse, and if you'd like to narrow things down a bit, please feel free to consider me as a resource. Asking others is something I have had to do on too many occasions to count, and I don't imagine that will change anytime soon, so paying that forward is the least I can do. MT

Bibliography

- Cleveland Clinic. Informed consent. https://my.clevelandclinic.org/health/treatments/24268-informed-consent
- College of Massage Therapists of Ontario. Consent standard. https://www.cmto.com/rules/consent/
- Ethics Unwrapped. Fiduciary duty. https://ethicsunwrapped.utexas.edu/glossary/fiduciary-duty
- Fagan D. Federal Reserve Bank of St. Louis. Real life examples of opportunity cost. https://www.stlouisfed.org/open-vault/2020/january/real-life-examples-opportunity-cost
- Federation of State Medical Boards. Professional expectation regarding medical misinformation and disinformation. https://www.fsmb.org/siteassets/advocacy/policies/ethics-committee-report-misinformation-april-2022-final.pdf
- Ingraham P. Painscience.com Does fascia matter? A detailed critical analysis of the clinical relevance of fascia science and fascia properties. https://www.painscience.com/articles/does-fascia-matter.php#sec_fuzz. Accessed January 10, 2024.
- Muacevic A, Adler JR. Thermography as a breast cancer screening technique: A review article. *Cureus.* Nov 8;14(11):e31251. DOI: 10.7759/cureus.31251.
- Neylan J, Patel SS, Erickson T. Strategies to counter disinformation for healthcare practitioners and policy makers. *World Med Health Policy*. 2022 Jun;14(2):423-431. DOI: 10.1002/wmh3.487.
- Shah P, Thornton I, Turrin D, Hipskind JE. *National Library of Medicine*. Informed consent. https://www.ncbi.nlm.nih.gov/books/NBK430827/
- Swire-Thompson B, Lazer D. Public health and online misinformation: challenges and recommendations. *Annual Review of Public Health*. 2020. 41. 433-51. DOI: 10.1146/annurev-publhealth-040119-094127.

安大略中醫學院
Ontario College of Traditional Chinese Medicine

Earn points with your patients and be a registered acupuncturist or traditional Chinese medicine practitioner

- Two convenient locations
- Full- and part-time diploma programs
- Flexible scheduling options
- Financial assistance may be available to those who qualify
- We also offer a **300 hour acupuncture certificate course** for registered massage therapists

Learn More
octcm.com

Markham Campus
Unit 110 · 3190 Steeles Ave East
Markham, Ontario L3R 1G9
905.477.8855 / markham@octcm.com

Toronto Campus
283 Spadina Avenue, 3rd Floor,
Toronto, Ontario M5T 2E3
416.901.8818 / toronto@octcm.com