



Massage Today

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We Get Letters and E-Mail

By Editorial Staff

Massage Today encourages letters to the editor to discuss matters relating to the publication's content.

Letters may be edited for space and clarity, and published in a future issue or online.

Please send all correspondence by e-mail to editorial@massagetoday.com or regular mail to:

Massage Today

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The following two letters are in response to Janine Ray's article, "Updating Texas Massage Regulation" (Nov. 2004, www.massagetoday.com/archives/2004/11/04.html).

"Please stop pushing for more hours"

Dear Editor:

Why stop at 500 hours? Why not create an Associate's Degree in Massage Therapy Services (ASMTS) or better yet, a Bachelor's Degree in Touch Therapies (BSTT), then a Master's Degree in Specialized Touch Therapy Techniques (MSTTT), and eventually a PhD in Healing Arts (Dr. of HA)! If professional massage therapists wish to be doctors or physical therapists or other specialized healers, by all means go to college or get the education you need to be better and more validated. There are certainly unending opportunities out there. But please stop pushing for more hours and more continuing ed hours and more regulation within our industry.

I have been a "professional" massage therapist for over 10 years. I graduated with 500-plus hours. I could do a great massage before I ever went to school - the only thing the school did for me was give me the documentation required to sit for the licensing tests. My massages are soothing, relaxing and healing not because I am well versed in massage techniques and anatomy, but because I do not try to fix anything. I don't need more massage education (especially CEUs) even though I do seek out information and classes that I am interested in or feel may help me be better at what I do.

Yes, I want to help my clients feel better and I know that massage therapy can often do more to provide relief for many ailments than doctors, medication, psychotherapy, physical therapy, etc. It also complements other healing arts; however, I think too many massage therapists are playing doctor now.

CEU credits are a joke and a rip-off. Either you pay \$300 or more for a class that teaches some "new," "revolutionary," or "simple" technique that will stretch, release, relax, fix and repair, or you opt for the cheapie \$99 or under anything-you-can-get-to-qualify-as-six-CEUs-with-the-massage-licensing-board-class that doesn't really provide anything but a piece of paper to validate the time spent in class. Point being: There are some excellent training classes out there; I think it's great that massage therapists want to improve their skills - I certainly want to improve mine - but I don't want to be required to do so, and I don't think it is necessary.

Those who wish to accept personal injury and workers' comp claims and "treat" their clients' ailments are the ones who need to do whatever it takes to make that an option in their practices. I certainly don't want to get involved with insurance claims. Nor do I want to be involved in litigation because I performed services outside my scope of practice, which is happening too much in our industry.

Specialization and diversity in scope is wonderful. CranioSacral, Esalen, medical massage, visceral manipulation, myofascial release, and multitudes of techniques ad infinitum are expansions of practice and all require extended educations. Bravo! You go ladies and gentlemen, but leave those of us who want to practice a simple relaxing massage to our own devices. I have a thriving business of clients who don't want me to fix anything. Perhaps if more massage therapists could give a good basic massage instead of trying to dazzle 'em with BS, there would be a lower attrition rate.

I don't think these are issues at all. They are contrived excuses for people who want to tell others how to run their businesses - people who feel a need to demonstrate their competence and abilities and who want to eliminate as much competition as possible. What do you get out of micro-managing our industry? Bah

humbbug to committees and coalitions promoting required increased hours for massage therapy licensing in Texas. Best wishes to those who wish to be better and do better in their chosen areas of massage - go for it. Just leave the rest of us alone.

Betty Jacobs

Granbury, Texas

Editor's note: The following letter was sent to Janine Ray and copied to *Massage Today*. It appears with permission of the author.

Janine:

I am ashamed of the TAMT [Texas Association of Massage Therapists]! Ashamed as you should be for distorting the original intent and misrepresenting Texas massage therapists as an officer of the TAMT. Why should I, a Florida LMT, be ashamed of the TAMT? Who am I to say how the TAMT should be acting for its members? Because I am the founder of the TAMT, that's why! I started the TAMT to oppose the AMTA - not to sleep with it! The TAMT is supposed to represent all massage therapists, not just its school-owner members. More training at the basic level provides benefits for one group and only one group, massage schools.

To say that "The existing education requirement is limited because the current law specifies that the schools can only require a maximum of 300 hours of training in their entry-level programs" is a lie, pure and simple. There are schools that offer advanced courses beyond 300 hours. If so many RMTs wanted these courses as the poll suggests, they would have waiting lists of RMTs applying for them. Instead, very few schools offer them because they are not in demand. Of course RMTs are going to say that they need more anatomy because that is what they have been told by their schools. That's what I believed when I graduated from a Texas school. I then got my wish when I had to return to school to get my Florida license. I haven't had to use that original 75 hours of A&P yet, never mind the additional 150 hours I took here. A total waste of time and money! The fundamental truth is that you do not need any anatomy to be a qualified, safe and effective massager.

The leadership of this organization has sold out its members. It's time for the members to start voting with their feet. I encourage everyone who is sick and tired of the same lame arguments to leave their association and build another one, one that will truly represent all touch therapies and not just an elite few.

Rich Haslam

North Miami Beach, Florida

Talking Trigger Points

Dear Editor:

Although the majority of the article, "Medical Massage for Jaw-Joint (TMJ) Disorders" (Dec. 2004, www.massagetoday.com/archives/2004/12/05.html), by Boris Prilutsky was quite well written and informative, his information about trigger points was far from correct. Actually, it was offensively incorrect to anyone who has studied Travell & Simons, who are, without question, the experts on the subject.

The trigger point is not usually found in the area of greatest pain to the patient. A major characteristic of trigger points is that they refer pain to another area. This is well documented and has been understood for many years. Travell & Simons first book was published in 1983, and this fact was stated in that volume. In fact, the trigger point causing the pain is elsewhere 70 percent of the time. This type of information is the major reason why many people think that trigger point therapy is not very effective. Massage therapists are constantly getting incorrect information such as this. They are being taught part of the picture of what trigger points are [and] how to effectively treat them. My other point is that ischemic compression is no longer the standard form of treatment.

In *Myofascial Pain and Dysfunction* (Vol. I, 2nd ed., pg. 140), Simons states that TrP pressure release is much preferred to IC: "The pressure release approach seems to be equally or more effective and is not likely to produce appreciable additional ischemia."

As a certified myofascial trigger point therapist, I feel that you should be more careful about allowing people without proper training to speak about techniques that they don't know enough about.

There is an entire organization of people who are well trained in trigger point therapy, and studied from the Travell & Simons medical text. Please contact the National Association of Myofascial Trigger Point Therapists; I'm sure that you could find someone there to write articles with correct information about trigger points.

Mary Jo Smiley, CMTPT

via e-mail

Boris Prilutsky Replies:

Dear Editor:

Thank you very much for giving me the opportunity to respond to Mary Jo Smiley's comments. I'm glad that Ms. Smiley believes "the majority of the article was quite well written and informative."

Ms. Smiley: You stated that my "information about trigger points was far from correct." More than this, you felt "it was offensively incorrect to anyone who has studied Travell & Simons, who are, without question, the experts on the subject." I am familiar with Travell & Simons' book. In my article, I introduced the readers of *Massage Today* to a protocol of medical massage that was developed by Drs. Sherbak, Glezer and Dalicho. After extensive research, they published their first book, *Medical Massage*, in 1955 - a text written for massage therapists, physical therapists, and other physical rehabilitative specialists who utilize medical massage in their treatments.

Medical massage procedures consist of skin mobilization techniques, periosteal massage, connective tissue massage, trigger point therapy, muscular mobilization techniques, and post-isometric relaxation techniques. Incidentally, in many of Dr. Travell's papers that were published in the 1960s, she referenced the works of Sherbak, Glezer and Dalicho.

To your comment that "a major characteristic of trigger points is that they refer pain to another area," I would like to refer you to Travell & Simons, page 16, paragraph eight. It describes the trigger point as a pinpoint localization of a sharper level of pain. You can find a similar definition of trigger points within my article.

To your comment that "this type of information is the reason people think trigger point therapy is not very effective" and teaches "part of the picture of what trigger points are [and] how to effectively treat them," I again refer you to my article where I highly recommend discovering all trigger points and eliminating them. It is true that some acute, active trigger points can refer pain to other areas, in which case, satellite trigger points (which are on the pathways of referring pain) must also be treated. Latent/sleeping trigger points that respond to palpation in a higher sharpness of pain but do not produce pain unless compressed, must be

palpated (discovered) and eliminated by ischemic compression, as well. Patients can develop acute active points, which can potentially (but not always) have satellite trigger points as well as latent/sleeping trigger points. Detailed explanations of how to perform ischemic compression can be found in my article.

To your other point, "ischemic compression is no longer the standard form of treatment," I ask you to refer to Travell & Simons, page 34, and look into descriptions of morphology of trigger points. On page 86, you will find an explanation of mechanism of ischemic compression. Furthermore, under the sentence "Travell 127," you will find that only ischemic compression applied by our own hands allows us to eliminate trigger points. Your reference to Vol. I, 2nd ed., pg. 140, contains a description of TrP pressure release, which parallels my article description of proper ischemic compression. These same descriptions of ischemic compression were first written by Sherbak, Glezer and Dalicho in the book I referenced above.

You suggest to the editor of *Massage Today* "to be more careful about allowing people without proper training to speak about techniques that they don't know enough about." Ms Smiley, I am the fourth generation of a family of physical rehabilitative specialists who extensively utilizes medical massage therapy. I graduated from two professional schools and have more than three decades of clinical experience. I think that I am entitled to have my professional opinions based on research, education and clinical experience.

I could refer you to another text, not less reliable than Travell & Simons, but because you have sworn by this text, I have decided to use it. The pages that I referred you to are from the 1983 edition. I can assure you that trigger point therapy alone is not enough to achieve consistent results in cases of support and movement system disorders, as well as inner organ disorders.

If you carefully read the explanation in my article on post-isometric relaxation techniques, you will understand the way in which development of trigger points in muscular tissue occurs and the necessity of utilizing other modalities in addition to trigger point therapy.

Our bodies do not carry myofascial tissue. We have an alliance of fascia and muscles. We as massage therapists have to take into consideration that the fibers of fascia have no capability to contract, but the fibers of muscles do have this ability. In order to release tension in the muscle-fascia alliance, we must apply connective tissue massage followed by muscular mobilization. This is another reason why we should apply more modalities in addition to trigger point therapy.

Ms Smiley, you call yourself a "certified myofascial trigger point therapist." If you perform trigger point therapy by hand and you are not a physical therapist, chiropractor or medical doctor, to me you are a massage therapist. For the last 30 years, I have been a massage therapist. My grandfather, who was an MD and PhD, used to be very proud to personally incorporate medical massage in his treatments. Believe me, we have many good reasons to be proud of being such practitioners. In these days of massive recognition of massage therapy by the general public, as well as the medical society, we should stop creating new alternative names for massage therapy. I am very proud to be a massage therapist, and so should you be, as well as all of us who practice massage therapy.

Truly yours,

Boris Prilutsky, MA

Beverly Hills, California



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