



Massage Today

March, 2006, Vol. 06, Issue 03

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

P.O. Box 4139

Huntington Beach, CA 92605

Truthaches and Trigger Point Therapy

Dear Editor:

In response to the article in the December 2005 edition of *Massage Today* titled, "Truthaches and Trigger Point Therapy," we would like to know how Dr. Lawton came to the conclusion that he did when stating, "Pain does not cure pain." In this article, he questions the validity of trigger point therapies. He does not, however, state precisely where this conclusion comes from. Has he tried using trigger point therapy? Has he had it performed on him?

Many healing modalities have been used since the beginning of recorded time. Acupuncture was practiced for many years without any research or scientific theories to back it up; however, it worked. Where there any complaints about the lack of science behind it or were patients more interested in the fact that it worked for them? The same is true for Bonnie Prudden Myotherapy® (BPM) and many other trigger point therapies.

Sandy Dirks and Diane Sutkowski have been Certified Bonnie Prudden Myotherapists (CBPM) for over 25 years. Both have massage therapy in their background and Diane is also a registered nurse. However, it's their experience in practicing and teaching BPM that makes them question Dr. Lawton's article. BPM is based on relieving muscular pain and dysfunction using gentle ischemic pressure on trigger points and re-educating affected muscles with corrective exercise.

It would be easy to use a quote and layout directly from Dr. Lawton's article, "If you are in a hurry and want to save yourself the trouble of reading the rest of this article on trigger point therapy, you can save yourself some time if you just read and agree with the following:"

- Gentle ischemic pressure on trigger points works, as used in BPM.
- Truthaches and Trigger Point Therapy is an article based on theory (Dr. Lawton's) and not real people with pain.

Bonnie Prudden first published her book detailing Myotherapy in 1979 (*Pain Erasure the Bonnie Prudden Way*). Diane worked her way through Bonnie's school as her secretary. When Bonnie was out promoting *Pain Erasure*, Diane would receive mail and phone calls from lay people who, having heard her in an interview or read her book, tried the techniques and were successful in ridding their family and friends of pain. People were excited by having an effective pain relief technique that they could use either on themselves or on their friends and family members; and they got results. BPM gives people control over their pain. We find it odd that in 30 years that BPM has been around, so many have been able to use the techniques simply by following a book; they have had no specialized training and are not health care practitioners; yet Dr. Lawton claims that this type of therapy does not work. Has he tried it? And, if so, why is he not getting results? Bonnie's office continues to receive mail and phone calls from those who have picked up one of her books and found success today.

Over the years, the techniques have been refined. We teach 16-hour introductory and 12-hour advanced courses on BPM to health professionals. We believe strongly that each therapist who comes to our seminars must not only learn the techniques for their clients; they also must learn how to take care of their own bodies so that they can continue to enjoy their professions without hurting themselves. We stress self-help Myotherapy combined with corrective and strengthening exercises to help keep their muscles as strong and flexible as possible.

There are many theories as to what trigger points are and how and why trigger point therapy works; just as there are many theories about pain. Nobody really knows for sure what the mechanisms are, thus, Certified Bonnie Prudden Myotherapists don't subscribe to any set theories as to how and why what they do helps to alleviate muscular related pain. They only know, because of the thousands of patients they have treated over the past 30 years that it does. As teachers of BPM, we receive letters and e-mails from our former students detailing their successes using the techniques that they have been taught. We are sorry that Dr. Lawton doesn't see the benefits of such a successful and easy to perform modality, perhaps he just got lost in all the scientific theories surrounding it.

Diane Drummond Sutkowski, RN, CBPM, Master Instructor

Sandra Dirks, CBPM, Master Instructor

Myotherapy Seminars, LLC

Via e-mail

Dear Cliff Korn:

I am inclosing the letter I wrote to Dr. Leon Chaitow whom I admire and respect greatly. I have read 75% of Dr. Lawton's Medical Massage theories (seven manuals in all) and am quite familiar with his arguments (in my opinion, sophistries). I am grateful to Dr. Chaitow for courageously challenging some of Dr. Lawton's notions.

I wish to thank you for allowing Dr. Chaitow a chance to speak. I realize that Dr. Lawton does advertise in your paper. However, he is a big boy, and if he wants to make public statements he is going to have to face the challenge they pose from other practitioners.

Being from Michigan, we have had special problems with state licensing because of Dr. Lawton and his associates. He has finally compromised and the bill now has a good chance of getting through. The letter I sent to Dr. Chaitow is below and will fill you in on my perspective.

You do a great job and I am thankful for your work. By the way, I am a full time neuromuscular therapist at Dynamic Back and Neck here in Michigan and the Medicare bill has affected us at the clinic. Forty percent of my patients are Medicare and I can no longer work on them at the clinic and they are mad. The clinic is using Physical Therapy Assistants (PTAs) to massage these Medicare patients. None of them have any training in myomassology at all. Sometimes they send the PTAs to a one week marathon course for NMT 1,

2, and 3 as presented by Paul St. John Seminars. Wow!

Sincerely

Brian J. Piccolo, BA, MA, NCTMB

My Letter to Dr. Chaitow Below

Dear Leon Chaitow:

I wish to thank you sincerely for the article you wrote for the February 2006, issue of *Massage Today*. Mr. Lawton is quite a problem back here in Michigan. He has been an obstacle in getting state licensing for massage therapists here in Michigan. As you already perhaps noted he selectively and cunningly tried to create a form of massage therapy, he called "Medical Massage." Besides being somewhat of a semantic term, it became a way for Lawton to try to create a massage bill that only recognized students from his academy, using his methods based on his written test.

Mr. Lawton tried to go back to Emil Kleen and Oakley Smith in 1892, when massage therapy was separated from exercise physiology in the United States. He believes that the stream that became all the myofascial techniques so widely used and practiced today is an aberration. He believes that the stream from Kleen and Smith, which later became physical therapy, chiropractic, and other types of similar disciplines are the only right ones. Thus, his version of massage is a joint manipulation-type therapy including periosteum massage, deep pocket compressions on the synovial joints, and lymphatic drainage to name a few. All these are valid methods but they are incomplete as far as representing the whole field of bodywork.

He tried to redefine massage therapy and neuromuscular therapy by another standard, his own.

Unfortunately, there are young souls who are being deceived by this man. Lawton claims that the principle of Reciprocal Inhibition is false. He makes a lot out of Type 2 mechanoreceptors in the synovial joints, but tries to deny the effectiveness of the Golgi Tendon organs even to the point of claiming that they must be in reality part of the joint complex if they work at all. This is just a glimpse into Lawton's mind.

I believe that he is too intelligent to misquote all the sources in his publications to be merely mistaken. He is too educated to not realize he is misrepresenting the facts. His motivations, in my opinion, are highly suspect and are perhaps money driven. The sad part is the younger students who have been taken in by this man in Michigan. I hope that your article will stimulate some unbiased freethinking so the facts will stand on their own merit. Thanks for your great work over the years. I am a massage teacher and a full time

neuromuscular therapist at a neck and back rehabilitation clinic. Your teachings have helped me over the years and I quote from your writings quite often. Thanks.

Dear Editor:

After reading the past issue of *Massage Today*, I was angered by the article/commentary by Mr. Lawton. He cited no evidence of his assertions. As an MT for 15 years who has utilized NMT among many other techniques, I know trigger points exist and that static pressure and various other things helps reduce and eliminate trigger points. I was very happy to read this issue with a well-substantiated article by Leon Chaitow and Judith Delany. They, of course, said everything I was thinking and knew to be true in a very clear and concise manner. I hope all readers who were misled by Mr. Lawton's article will also thoroughly read this one by Chaitow/Delany.

Kay Peterson, WCMT

Certified NeuroMuscular Therapist

Via e-mail

Dear Editor:

Thank you for printing Judith Delany and Leon Chaitow's response to Gregory Lawton's article, "Truthaches." In Lawton's second paragraph, he set the tone for his article, "If you are in a hurry just read and agree with the following."

I was surprised that *Massage Today* printed the article in the first place. The tone was arrogant, the information clearly was wide-sweeping without any true documentation and left me feeling that the author had a huge need to be "right." As a teacher of neuromuscular therapy for almost 20 years, as well as a practitioner of NMT and other deep tissue modalities, I can agree with some of the concerns Mr. Lawton raises about the skill needed to deliver safe and effective therapy. I want Mr. Lawton to know that there are many of us teachers out here keeping current with the ever changing understanding that science AND experience bring us, and this is reflected in our classrooms. I invite him to visit the Florida School of Massage in Gainesville, Fla., during our neuromuscular portion of the program and experience what I consider an excellent beginning into the world of neuromuscular therapy and deep tissue modalities.

Cate Miller

Instructor FSM

Dear Editor:

I have just read an article headed "Truthaches and Trigger Point Therapy" by Gregory T. Lawton and I would be most grateful if you would pass the following comments on to this guy.

I know virtually nothing about trigger point therapy. However, I have had an on-going problem with the lateral side of my ankle for the past five years. I have gone down the orthodox route and also tried complementary therapies to combat the excruciating pain that I experience, to no avail. As I tried to find sleep on yet another sleepless night due to this pain, "something" guided me to a spot on the peroneus muscle approximately three inches below the knee, which I rubbed from side to side. This action immediately stopped the pain in my ankle and allowed me to move my foot which was in spasm. I have repeated this procedure on many occasions and the result is always the same. It hasn't cured whatever the problem is (which incidentally nobody has been able to find) but it stops the pain.

I'll now return to the first sentence of this paragraph, I know virtually nothing about trigger point therapy, BUT, one of my students (I teach A & P and massage diploma courses in adult education and incidentally, the syllabus does not include trigger points) brought a book into class relating to trigger points, and right there on a diagram was the exact spot on the peroneus that I had been rubbing on my own leg. The description read that this trigger point relates to pain in the lateral ankle which feels like a bad sprain. And that is the problem I have, every few days my ankle feels badly sprained but it isn't. I saw an orthopedic consultant a few months ago and I don't have arthritis.

Before discovering your article earlier this morning, I placed an order for the same book my student brought to class and I feel excited about discovering more relating to other trigger points. I feel sad you felt it necessary to write this article because, at the end of the day, I discovered this self-help technique through my own pain and if clients and friends alike can be given a very simple self-help remedy, so much the better. There is no need for pain, I certainly don't apply pain to the spot on my peroneus, I rub transverse across the fibers which gives immediate pain relief. Whether this action is working on myofascial tissue or peripheral nerve endings I have no idea, what I do know is it is the best pain relief I have experienced.

May I suggest when you write future articles that your research is not so biased in only telling one side of the story, take testimonials from people like me that have been greatly helped by trigger point therapy. Don't know something until you've tried it yourself.

Marilyn Benson

Via e-mail

Time to Unify

Dear Dixie:

How did you arrive at 375 hours as a compromise figure? Do you believe a person with less than 250 hours shouldn't be allowed to do massage? Do you really think licensing is the way to go? Why licensing if there is no harm to the public? I believe nearly 40 wrongs (licensed states) do not make it right.

Robert Flammia,

Holistic Bodywork Therapist & Health Educator, CMT

Dixie's Response:

Thank you for your response. I understand and respect your opinion. However, at this point, licensing in California is just around the corner whether we like it or not. The tiers history with other states has been rocky, so a compromise of 375 hours was developed by taking the half-way point between 500 and 250 hours. I do agree that just because a practitioner has less than 250 hours of education doesn't mean that he or she is not a great therapist. Under the bill, one with under 250 hours can practice but without using the titles given by state licensing. Most of the public would be more likely to receive massage if they could bill their insurance. Licensing could help establish a greater respect in the medical community, therefore making it easier to bill insurance. Once again, I appreciate your time.

Dear Dixie:

I am a massage therapist as well as a student advisor at the Northern California Massage School. Today, I came into work to your article on my desk. I feel compelled to act or assist wherever I can. I am fully behind SB412, as I feel that having more hours brings forth the best practitioners. I would love any information you

can send me that would help in getting [this bill] to pass.

I am curious as to why we as professionals would allow someone to "sample the profession with little training?" I cannot understand that thinking as this is a profession which needs to be taken seriously, and requires training in technique as well as muscle layout, not to mention the ability to handle and process what emotions may come up for a client. Just because someone is good at a backrub doesn't mean that they would be a good Massage Therapist. Schooling should be a requirement. Why would someone not want to learn more about such an amazing field with hundreds of modalities?

Yes, those who have practiced for years should have some sort of special allowance, but all new practitioners should have these requirements. Most other states see it as the benefit it is. I wish those professionals could see it that way as well.

Maybe some sort of incentive program or discounted schooling would be an option. But, for massage to be taken seriously and to finally be given the medical recognition it deserves, we as professionals need to rise up to the responsibility proudly. This is an honorable profession standing the test to time; which goal should be to finally receive full Western Medical approval. If these little requirements are what it will take then we should proceed without fear or hesitation.

Your thoughts are welcome and, again, any information as to how I may assist in getting SB412 to pass would be greatly appreciated.

Any views expressed here are mine and not necessarily that of my employer.

Melody Rice

Via e-mail

Dixie's Response:

I appreciate you taking the time to respond. Whatever hoops we have to jump through to get approval and reputable status from the Western Medical Community is, indeed, worth the time and effort. Massage Therapists having an extensive anatomical education will ensure that we can communicate appropriately with other medical professionals. Massage therapy is more than a seasonal job, it is a profound career that should be taken seriously.

State regulation can create a professional protocol to ensure our reputations. You may send your letters to Senator Figueroa directly at senator.figueroa@sen.ca.gov and you might want to check Web sites such as www.handson.ca.org or www.AMTA-CA.org. State licensing will happen soon thanks to you and others like you who want to see the profession taken seriously.

Dear Dixie:

Unify? State regulation for Massage Therapy in California has been talked about for decades. There is a reason for this. California represents the most unique and vast population of bodyworkers in the country. There are hundreds of modalities available and people flock to California to train in these sought after programs. Because schools have flexibility in curriculum, hours, modalities and philosophies, thousands of people are able to explore the art of massage each year. Schools are able to offer teachings that accommodate and invite people who would not be able to, or are not interested in, taking a set 500-hour program. Being able to offer smaller modules that allow people to train and specialize, as they are able to and in the modalities that interest them needs to remain an option. In regulating massage, we need to be very careful not to lose the very essence of what we are teaching.

It is no secret that the "minimal national standards" of 500 hours has been conveniently aligned with the requirements to take the National Certification Exam. The NCE is a computerized test that does not assess hands-on skills. In fact, this test is frequently questioned on its reliability to assess the competency of a massage therapist. I feel aspiring to align ourselves with the "minimum national standards" needs to be geared toward creating a new model for a "national standard" rather than molding to current standards. We are, after all, a state with a history of writing and implementing progressive legislation; the most relative being SB577 which already allows massage therapists and other complimentary health care professions to practice legally.

As a school owner and member of CAMBS, I feel we represent a broad range of massage and bodywork schools. We meet regularly and discuss the field; how it is growing, changing and evolving. It is not that we adamantly oppose stream lining the process for people to practice massage. Rather, it is our goal to see that how this is implemented is in the best interest and feasible for everyone involved, including the public, students, employers, therapists, schools and the agencies that regulate them. As it stands, SB412 has not taken into account the perspectives and realities of many potentially affected parties. Unification among the parties that stand to be affected will only happen when the truth about costs, zoning laws, bureaucracy and

limitations that will be put on students, schools and the public are made clear. By adopting a standard, we will be forced to teach to that standard, students will learn that standard and the public will receive that standard massage. There needs to be a way to language variability in curriculum and account for intuition, quality of touch and the inherent connection that is the essence or excellence of a massage. A certification by the state would suggest that these qualities are met, yet I am not sure how that is measured in this current attempt.

These laws do directly affect the density of not only professionals, but also the future of massage and its natural evolution. For decades, the field of massage has grown and changed in ways that have opened the general public up to massage and it is now recognized as a major complimentary health modality. Let's celebrate the unique presence that California has in the field of massage and bodywork and recognize its significance and allow it to grow.

Selena Lee, Director/Owner
McKinnon Institute

Dear Dixie:

I am writing in response to your column on massage licensure in California. My name is Teresa Nead and I am the President of CAMBS; the California Alliance of Massage and Bodywork Schools. Our Web site can be found at www.camassageschools.org. I am also the owner of The Body Institute Inc. a massage school in Northern California that offers a 500 hour program with the first tier at 250 hours.

In your article I believe that CAMBS was classified as an informal organization of "schools offering minimum training." As an organization, CAMBS represents more massage schools across California than any other organization. We are the only organization that represents only massage schools. CAMBS was formed in 1997 to discuss issues of education and to advocate for fair state regulation of schools in a climate in which legislators had written punitive regulation in response to abuse of financial aid by a small percentage of private vocational schools. Our membership includes a diverse group of schools and does not exclude those schools with short programs. Many members have programs that exceed 500 hours. Some schools are tiered but not all are tiered. CAMBS is pro-education. Many of our schools can offer students a route into the profession that does not leave them anchored with massive debt.

The tiered system that is currently included in SB412 allows the student to enter the profession with a reasonable amount of education; then encourages them to continue with more education to elevate themselves to the title of Therapist. Should it pass, SB412 is a reality therapists will have to live with for many years to come. The delays in SB412 are not mainly coming from disagreement between massage organizations. Such disagreements were largely worked out before January 2005, resulting in a proposed ordinance. Movement of the bill stopped partly because of issues such as physical therapists objecting to open access for massage, and chiropractors wishing to reduce the current scope of massage practice. The most immediate reason that the bill has been held, however, was that the League of California Cities felt that they needed more time to negotiate specifics of the exemption language or that they would be forced to oppose the bill. These discussions are not yet complete. It is unlikely that any bill opposed by the cities would be passed.

Achieving passage of a bill that does not harm current practitioners and schools and that does not create unwarranted limitations for future practitioners is not a simple matter. We have a long history of massage practice in California and more established business practices and schools than have existed in other states pre-regulation. A good bill requires discussion, letters to regulators, and, yes, time and patience. Securing our future should not be undertaken in haste.

It is also important to consistently remind all therapists that, regardless of licensure, therapists will need to comply with all zoning and all business licensing requirements that may still be different from city to city. While state licensure may encourage future modification of these sometime onerous requirements, it will not negate them. This means that, in addition to obtaining licensure on a state level, therapists will need a separate business license and will be required to comply with already existing zoning requirements in every city where business is taking place.

I would be happy to discuss with you any questions you may have. Please feel free to contact me if you have any questions. You can e mail me at teresa@bodyinstitute.com.

Teresa Nead;

President, CAMBS

www.camassageschools.org

Dear Editor:

From the perspective of a person with continuing involvement with California massage legislation, I believe that there are several misconceptions in Dixie Wall's article (*Massage Today*, February 2005, "California: Time to Unify") that require correction.

The current two-year legislative session, beginning in January 2005, began with AMTA-CA, ABMP, and CAMBS (the California Alliance of Massage and Bodywork Schools) already in substantial agreement. Prior to the sunrise hearing in January 2005, the three organizations had agreed upon language developed from the prior bill AB1388. While the California Joint Legislative Committee on Boards, Commissions and Consumer Protection agreed that regulation on the state level was warranted to correct problems with diverse and in some instances onerous local regulation, they did not feel a full licensing bill was needed. Thus Senator Liz Figueroa, chair of both the Joint Committee and the Senate Business and Professions Committee, authored SB412 under a model of private certification with control/review by the Joint Committee. California has previously used this model of regulation for tax preparers and interior designers. SB412 retained at least two features previously agreed upon by the three massage organizations mentioned above: a two-tier system and exemption from local licensing of individual practitioners. In a series of hearings and negotiations, I believe that the AMTA-CA lobbyist, Mark Rakich, the ABMP lobbyist, Kathryn Scott, and officials of the organizations have been scrupulous in adopting a unified approach. For those interested, hearings before the several committees have been archived as Web casts by the California Channel www.calchannel.com.

As one technical clarification, CAMBS is not "an informal organization of schools," but a member organization specific to massage schools that has been acting as a school advocate since 1997. Many smaller vocational schools in California had been severely impacted in the early 1990's by state regulation adopted to curtail abuse of financial aid by a few large vocational schools. The regulation did not originally discriminate between schools not using financial aid and those that did. It also did not originally discriminate between training leading to placement as employees and training often leading to self-employment. As noted in the "about" section of their web page www.camassageschools.org, CAMBS grew out of efforts at correcting inequities of regulation and examination of curricula.

As another technical correction, the exam connected with the 500-hour massage therapist tier is a sufficient requirement, not a mandatory requirement. The proper phrase is "500 hours or passage of an approved

exam."

After SB 412 proved to have sufficient unified backing to clear the state Senate and the Assembly Business and Professions committee, other entities began to take a more serious interest. There have been a number of areas in which the bill has had to be defended or modified. Physical therapists objected to open access for massage professionals. The chiropractic association had a number of objections, including wanting to limit movement of a joint to the active range of motion. This would have virtually eliminated passive stretching from the scope of practice. Drawing on the texts and input of a number of colleagues, I was personally involved in the response to this issue www.rambleuse.com/articles/Massage_ROM.pdf. CAPPS a general organization of vocation schools, including career colleges with massage programs, objected to the 250-hour tier. The lower tier, however, provides an important economic niche for those not wishing or able to accumulate loans, those making career transitions while meeting multiple responsibilities, and for many of the over 200 state-approved schools.

Despite the seriousness of these issues, however, the main impediment to continued movement of the bill has come from the League of California Cities.

After SB412 passed the assembly B&P committee, the Cities decided that they either needed time to review and negotiate the exemption language or they would have to oppose the bill. To my knowledge, the Cities have not agreed upon specific language as of the end of January 2006. Perhaps they also suffer from some disunity. A brief summary of the League of Cities on the bill is at www.imakenews.com/priorityfocus/e_article000422838.cfm. It's extremely unlikely that a bill opposed by the League of Cities would become law and it's equally unlikely that a bill not providing an exemption would be supported by the massage profession.

Unlike other states that have initiated state massage regulation, California already has a large number of practitioners and schools and well-developed business models. Any bill with wide support will need to respect our existing economic niches. Despite our unique diversity, the massage profession in California came into the 2005-2006 legislative session in relatively wide unity. Contrary to Ms. Wall's statement, it's not time for us to unify, but time to demonstrate to the legislature our solidarity and support for the agreements we have already forged. The business of advocating for a bill is neither a quick matter nor one without effort and need for defense. Ms. Wall's ersatz cheerleaderism (*) is a disservice to the many who have spent long hours to support a bill for all of us.

(*) Cheerleading is an athletic endeavor potentially leading to injuries.

Massage may be useful as part of maintenance and rehabilitation

www.physsportsmed.com/issues/1997/09sep/hutch.htm.

Keith Eric Grant, PhD

Via e-mail

Medical Massage vs. Massage Therapy

Dear Editor:

In the January 2005 issue of *Massage Today*, two articles "California: Time to Unify" by Dixie Wall, and "What, Why, How and to Whom?" by Cliff Korn, inspired me to write this commentary." Nowadays, as you know, many surveys indicate that massage therapy has become a well-accepted tool for treating back and limb disorders, tension headaches, stress management, etc. The title of "massage therapist" signifies that a person is a provider of therapy by means of massage. The two above mentioned articles are calling to our community to unify. In my opinion, in order to unify, and to expect recognition from others, we have to agree that we provide therapy.

For the last 32 years, I have practiced medical massage, and called this method I utilized "medical massage" because in my school where I was trained, they taught me so. If one looks at the calls for article submissions by the various professional publications in our industry, among the topics of most interest, you will find requests for articles on "clinical" modalities. In most publications, you will find many articles on utilization of massage in different cases of pathologies. On the other hand, I was told from a very reliable source affiliated with our professional publications that at least 60% of readers are not interested in material under the title of "medical massage."

To me, massage therapy or medical massage procedure means absolutely the same thing. Therapeutic effect, which translates to improving the health of the client/patient, automatically means medical procedure. Personally, I do not mind dropping the name of "medical massage" because, in fact, I am a person who provides therapy by means of massage. Yes, I am a massage therapist. What I am not ready to compromise on is an alternative name for massage therapy. Traditionally, massage therapy procedure means manual mobilization of the soft tissues, including skin mobilization, fascia mobilization, muscle mobilization and

trigger point therapy (when trigger points exist). Therefore, all methods such as neuromuscular stimulation, myofascial alliance release, trigger point therapy, soft tissue release techniques, if performed by hands, should be called massage therapy. In my opinion, to call the method by its original traditional name of massage therapy will avoid confusing the general public, will further promote massage therapy as a therapeutic tool, and will likely contribute to the unification process in our massage community.

Boris Prilutsky, MA

www.borismedmassage.com

Via e-mail

Chair Massage

Dear Editor:

I read your article in the December 2005 issue of *Massage Today* in regards to fainting in the massage chair. I don't remember being made aware of this issue when taking an on-site chair massage course, but I do a lot of OCM and figured that I'd keep it in mind.

I recently started to take a new therapist with me to one of my corporate sites and had someone start to faint. I previously took three other therapists to the same site and not once had any fainting episodes. There is one difference that I can see, I'll explain. When the new therapist started, there were quite a few people that mentioned sudden lightheadedness and they were visibly sweating. I made note that there were no areas in common being worked on. I didn't think anything about it because they were all having Trigger Points worked out, which the sweating and physiological change made sense. That was in November 2005. I then read your article in December and thought, hmm, I wonder if that was happening to those clients.

In January 2006, we were back at the same site when my therapist was working on a TrP in the rhomboids of a client when the client started to slide from the chair. She was pale, then green and showed signs of fainting. I recalled your article discussing the phenomenon of fainting in the massage chair. I'm not sure the client had a real low blood sugar level, but she had been running around all morning and was taken from a speedy pace to a stop when receiving her massage. I, however, think there is something more consistent. The new therapist has a different massage chair than mine and the previous therapists. Also, many people have stuck their heads up during the massage looking flushed and sweating instantly only to say that they feel that the head rest is too low (there has consistently been an indentation across the bridges of their

noses). I have a concern that it's the massage chair's headrest and not even necessarily the positioning of it. The other therapist's chairs were like mine, Oakworks. Our head rest plates and the new therapist's plates are different. The quality is clearly different. To answer your question, what type of chair is the new therapist's? I don't know but will find out.

I hope my observations help you out, as I will be watching more closely and reporting again in April. By the way, thanks for bringing this issue to my attention as well as to others.

Sincerely,

Erin Robinson LMT

Ohio



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