



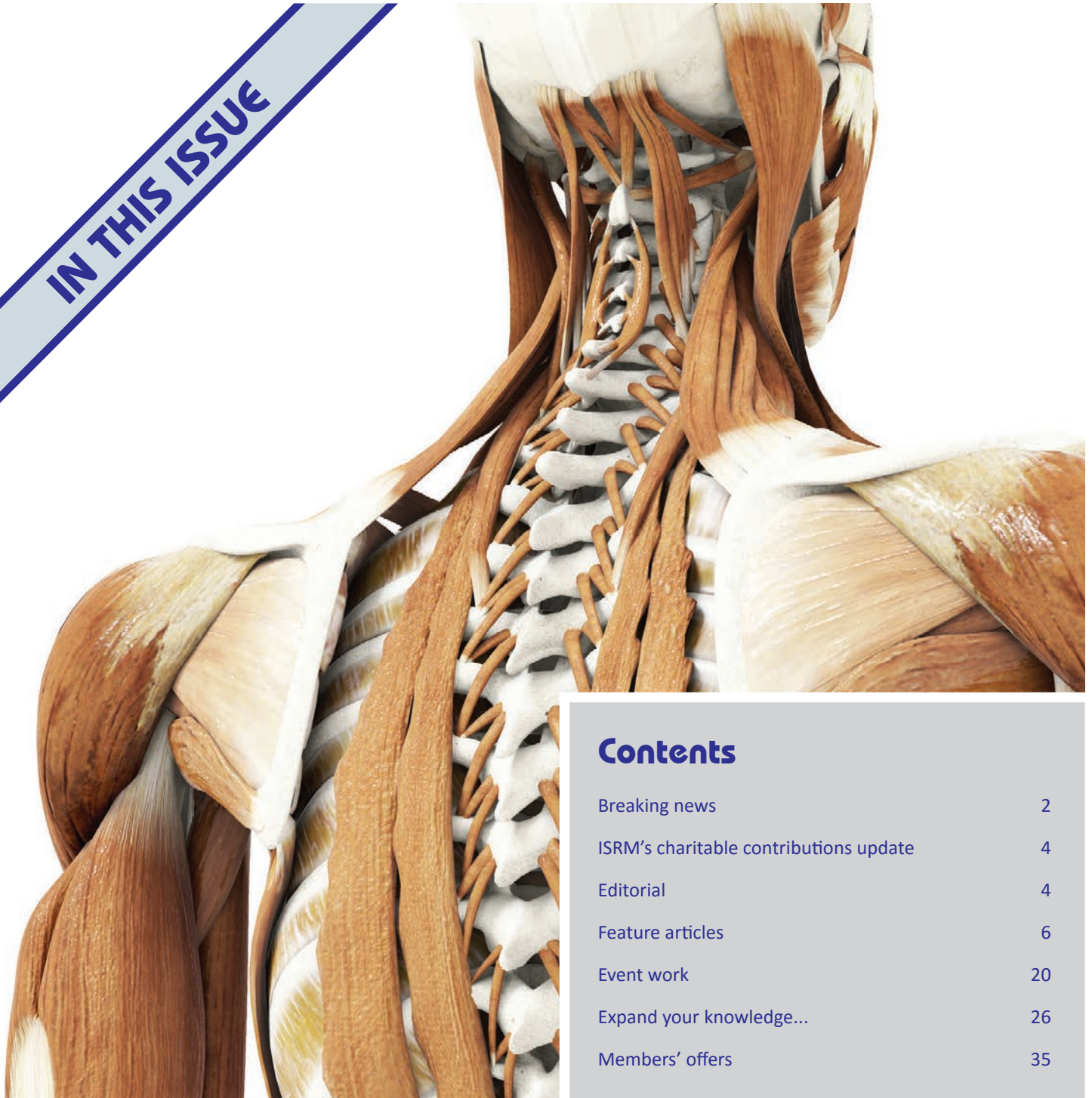
**I.S.R.M**  
INSTITUTE OF SPORT  
& REMEDIAL MASSAGE



**N E W S L E T T E R**

**ISRM | ISSUE 30 | DECEMBER 2015**

**IN THIS ISSUE**



## **Contents**

Breaking news	2
ISRM's charitable contributions update	4
Editorial	4
Feature articles	6
Event work	20
Expand your knowledge...	26
Members' offers	35



# Breaking news! Breaking news!

## Why 'Soft Tissue Therapy' is not 'Sports Massage'

From Mel Cash

*'Sports massage may have been our past, but soft tissue therapy is most certainly our future.'*

### What is 'Soft Tissue Therapy'?

Wikipedia definition:

*'Soft tissue therapy (STT) is the **assessment, treatment, and management** of soft tissue injury, pain, and dysfunction, primarily of the neuromusculoskeletal system.'*

My latest book is currently the only published textbook with "Soft Tissue Therapy" in the title, and this defines the therapy in a very similar way; **assessment, treatment and rehabilitation** of minor and chronic musculoskeletal conditions.

ISRM has been developing its training for over 25 years with the constant aim of achieving optimal clinical care for our clients. In this way we have pioneered Soft Tissue Therapy, establishing it as a new category of clinical expertise in the UK.

The demand for Soft Tissue Therapy is immense because the techniques we use consistently produce excellent results in treating minor and chronic pains that almost everyone suffers with from time to time. People might assume that a Physiotherapist should deal with these injury problems, but despite the huge market, or maybe because of it, they do not. None of the soft tissue techniques that we use to such great effect are included in their training curriculum. Instead Physiotherapy is now mostly exercise-prescription-based, with very little hands-on therapy input. Although the exercises prescribed may be sound, without actually treating the soft tissues properly first, they can often have little effect. With rare exceptions, Soft Tissue Therapists and Physiotherapists work in completely different ways even though they may be treating similar conditions. People like receiving good hands-on treatment because it works well, feels good, and can produce instantly noticeable improvements. ISRM is the only organisation in the UK that is teaching Soft Tissue Therapy in this way.

### What is 'Sports Massage'?

Wikipedia does not have a definition for 'Sports Massage', and this is no surprise to me because it is just a name which has no real meaning. You cannot massage a sport, only a person who happens to do sport as part of their overall lifestyle. It is just massage with an emphasis on the techniques that may help athletes recover from, and prepare for, sport. It does not involve any assessment, treatment and rehabilitation of specific injuries caused by sport or anything else. Sports massage training courses (Levels 3 & 4) often give the impression that they are something more than this, but in reality their training curriculum only covers this very limited scope of practice. Sports Massage Therapists who try to make a living with this limited training will inevitably get clients coming to them with injuries, even though they have not been trained to assess, treat, and provide rehabilitation for, these specific conditions. This means the client will be at risk of receiving a poor, or even potentially a harmful treatment. Also, because a therapist's insurance is based on their qualification, any claim for damages that could arise from inappropriate treatment would not be covered if they have exceeded the limited scope of practice they were trained in.

### Recognition

***A title only becomes recognised if people see it being used. Nobody had heard of 'Sports Massage' until it started to appear in 1988, and in just a few years it was being taught all over the country. So the more we use 'Soft Tissue Therapy' to promote our work, the sooner it too will become well recognised. It is also the only title that properly describes what we do, so we really should be using it now.***

This is the right time, because sports massage is not doing as well as people may think. There are still numerous poor quality courses, some of which should be more accurately called 'Brutal massage'. Shockingly, some

people now think that pain, bruising, and tears are what it is all about. Sports massage courses have been popular for years, and many thousands of people have done them but very few have ended up with the skill and knowledge needed to really succeed in practice.

### The route to success

It disappoints me when I hear of ISRM graduates who do well in their training, but don't succeed in practice; but then I am delighted when I hear of others who may not have excelled on the course, but have thriving practices within a few years. The difference I have found is that the ones who succeed are not talking about 'Sports Massage'. They talk about 'Soft Tissue Therapy', and how they can deal with the vast range of pain and injury problems clients may present. They can explain how we do more than 'just treat the immediate problem' by also considering the underlying issues such as postural alignment, occupational factors, exercise, etc. This is what people want to hear, because it makes perfectly good sense.

*'Sports massage may have been our past, but soft tissue therapy is most certainly our future.'*

### ISRM written assignments go online

ISRM now has about 450 students a year enrolling on its BTEC Diploma course, which means we have over 2,000 written assignments to process. The old-fashioned hard-copy system cannot cope with such volume, and with a less than reliable postal service these days, we had to decide to switch to an online system. It has taken many months to develop a fully integrated system, which finally went live in November.

Students can now work on their assignments from anywhere at any time using any computer device that connects to the Internet. Our team of markers and our independent

moderator can do the same. This will make it all much more convenient for everyone as well as being a lot more efficient and reliable.

#### ISRM in 2015

2015 was another good year for us: London School of Sports Massage opened a new branch at excellent premises in Brighton.

Anna Maria Mazzieri continues to run superb quality training at the Massage Training School in Exmouth and Bristol. The Oxford School of Sports Massage now has a new head tutor, Adrian Edwards, who is doing a very good job and making a valuable difference. Carl Major has taken his experience of running the course in Oxford to set up the Cambridge School of

Sports Massage, and courses are doing very well there.

We now run courses at 8 venues and are expecting about 450 enrolments on our BTEC Level 5 Diploma course in 2016.

## MedBridge Massage Online CPD courses

From Mel Cash and others

Mel has produced a series of online courses with *MedBridge Education*, a major American online training provider specialising in musculoskeletal medicine. They have launched *MedBridgeMassage* to provide advanced courses specifically for massage and soft tissue therapists.

#### Courses by Mel Cash

- Deep Massage Techniques with Functional Anatomy
- Advanced Soft Tissue Techniques
  - Neuromuscular techniques
  - Soft Tissue Release
  - Muscle Energy Techniques
  - Positional Release
- Musculoskeletal Assessment

See <https://www.medbridgemaassage.com/instructor-cash>

They are ideal for:

- Experienced ISRM therapists, or those retuning after a break, who want to update and refresh their skills
- ISRM students, to support their studies and revision.

For a one-year subscription you have unlimited access to these courses plus many more excellent courses by leading American therapists including:

- Myofascial Release Approach: Walt Fritz
- Precision Neuromuscular Therapy: Douglas Nelson
- Structural Relief Therapy: Taya Countyman
- Joint and Fascial Balancing: Kerry D'Ambrogio
- And many more!


See <https://www.medbridgemaassage.com/courses>

One-year unlimited access subscription to all courses \$149 (about £97)

**Discount price for ISRM Full and Student members: only \$99 (about £65)**

**If you are interested, and to benefit from this discount:**

- **Log in to your ISRM account, go to 'courses' to obtain your access code**
- **Use access code when prompted on purchasing your subscription.**



Watch my courses online  
**MEDBRIDGE** *massage*


**Subscribe to MedBridge today** for 12 months of unlimited access to my courses and many more **for only \$99** (normally \$149)

**5 COURSES ON:**  
 Deep Massage Techniques  
 Advanced Soft Tissue Techniques  
 Musculoskeletal Assessment

### Watch my courses online at MedBridge


**INDUSTRY LEADING INSTRUCTORS**

Learn from world-renowned experts like Mel Cash, Ruth Werner, Eric Spivack, and more!



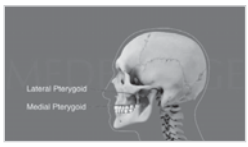
**LIVE PATIENT DEMOS**

Watch live patient demos from multiple camera angles to see movement and pressure.



**CAPTIVATING ANIMATIONS**

Engage with captivating graphics and animations for a visually stimulating experience.



Subscribe at [medbridgemaassage.com/CASH-ISRM](https://www.medbridgemaassage.com/CASH-ISRM) or use promo code **CASHmassageISRMonly**

# ISRM's Charitable Contributions update

From Mel Cash

## **Seeing Hands Nepal (SHN)**

Seeing Hands Nepal is a not-for-profit project that trains and qualifies young blind Nepalis to provide very high quality massage therapy, and has set up three clinics (in Kathmandu, Pokhara and Patan), where the therapists mostly treat trekkers and tourists.

ISRM have been supporting this charity for many years, providing their technical and business training, and logistical/administrative support. Mel Cash and Jo Chatfield in particular have travelled there many times to these ends, and have developed strong friendships with 'our' blind therapists and students.

We were very concerned about them when the earthquake disaster struck in Nepal in early 2015. Thankfully none of our people were injured, although they had to endure major hardship and danger for the first few weeks, as they left the towns for safer places, often sleeping out in the open. None of our three clinics were too badly damaged, and they are all now back in action, but with the huge drop in tourism since the tragedy, work continues to be scarce.

Over the years we have developed good relationships with many local people, and through these contacts we managed to get some aid and supplies to reach remote villages outside the towns. Sadly the Nepali Government is doing a very poor management and regeneration job in the disaster aftermath, and it is the charities and local people who are trying to rebuild the country. For more information see [www.seeinghandsnepal.org](http://www.seeinghandsnepal.org)

## **Rural Clinics (Rural clinics in Ethiopia funded by Mel Cash, Colleagues, and Friends)**

We have built a small hospital in a remote rural town in northern Ethiopia. The Lalibela Medical Centre opened in February 2015 and is significantly improving the health of this good, gentle community in one of the poorest parts of the World. We provide a wide range of essential medical treatments including minor surgery, maternity, and children's healthcare. We are also developing education programmes for family planning and preventative healthcare in the community.

To find out more about this amazing project, you can see a short documentary film about it on [www.ruralclinics.org](http://www.ruralclinics.org)

Healthcare is not free in Ethiopia, not even in State hospitals. We aim to make the clinic self-funding, with about half the patients being able to pay a small contribution toward their treatment, but we provide a lot of free care for those who cannot afford anything.

Unfortunately the region received very little rain during this rainy season, which may be related to global warming, so this will be a year of drought for the people. It means that healthcare needs rise, but there will be even less money in the community to pay for it. The project will need extra funding and any donations will be a very big help.

Please support us if you can by visiting/donating via the above website, thank you.



## Editorial

From Tanya Ball

### Welcome...

As always, a very warm welcome to our final ISRM Newsletter for the year, and a special welcome to all new ISRM members.

After LSSM's 25th Anniversary celebrations last year, 2015 has also been an eventful year for all those connected with ISRM:

- LSSM successfully developed and greatly expanded since initially providing a single, small-group London-based annual course, to

running no fewer than five courses at Regent's College and two in Southampton per annum over the past 12-13 years.

- In addition, LSSM played a central role in the creation of ISRM and the emergence of a number of high-quality ISRM-accredited other Schools, from Loughborough to the West Country, and this year has seen the start up of further small schools in Brighton and Cambridge.

- The past 18-24 months have also marked a significant shift with regard to how our profession and its perception by others have evolved, and consequently, what professional title we should be adopting for ourselves going forward. The 'metamorphosis' from our former 'sports & remedial massage' designation to the more appropriate and relevant title 'soft tissue therapy' has already been introduced and reinforced in recent Newsletter Issues. I would none the less encourage every ISRM member to read Mel Cash's 'Breaking News' page, which includes very sound rationale in support of this 'transmutation' alongside other must-read announcements.

- Lastly, on a more personal note, 2015 has been a very special year for Mel and Ruxy, who tied the knot in July, sharing their special day and celebration with family and numerous friends and colleagues. In this Issue...

As in previous years, this hard copy and online edition incorporates all relevant contributions from previous 2015 (electronic) Issues, alongside excellent new material, and one two-part contribution 'repeat' from the December 2014 newsletter, by 'popular request'. The variety of content should ensure that there is something informative, entertaining, and inspirational for everyone, so I wish you all some very enjoyable reading.

Mel Cash's 'Breaking News': Building on this theme in recent Issues, Mel makes a very strong case for why we should, both as individual practitioners and collectively as a profession, aim to distance ourselves and evolve from our former 'sports and remedial massage' professional title, towards that of 'soft tissue therapy'. There are also important and exciting announcements regarding the transition to an online student course work system, and recently opened new Schools.

#### **Charities' update**

There follows a short update on the voluntarily run Seeing Hands Nepal, and Rural Clinics Ethiopia, projects generously supported in time, skill, as well as funding, by various ISRM members.

#### **Feature articles**

Readers will find a wide selection of articles to choose from, including two contrasting but equally inspiring first-hand accounts, by Robert McKilroy and Roger Hamilton-Smith respectively, of their experience of the highs and lows of completing the Level 5 Diploma course. Also featured are two clinically-centred pieces, one on 'Hypermobility' by Steve Guyatt, the other, on 'Foot biomechanics', by James Barnett. Interspersed among these is a very funny, if short, anecdote from Mags Schofield about one of her charming, but somewhat unusual, clients, and a valuable feedback account from Tanya Boardman about how attending some CPD (Continued Professional Development) workshops brought fresh ideas, enthusiasm, and effectiveness to her practice, and therefore even more contented clients!

Event work: My usual annual Event Work Round-up is brightened up by a selection of colourful photos and (unfortunately rare) first-hand accounts of various 2015 ISRM-organised events. It is often said that 'a picture says more than a thousand

words', so I do hope that the photos will convey a strong flavour of what it is like to work at large sports events... and tempt readers to come and taste these for themselves next year!

'Expand your knowledge, enhance your skills' pages: This section offers possibly the widest range of courses and workshops to date, for variable levels, in London, Oxford, Southampton, and Basingstoke. There are also a number of Kinesis UK courses and an offer for free Structural Bodywork treatment listed. Please ensure that you enquire from the correct email address for any courses you may be interested, as these vary depending on the provider concerned. Thank you.

Special offers to ISRM members: Lastly, make sure you take full advantage of preferential rates on the excellent Journal of Bodywork and Movement Therapies, Marshcouch couches and accessories, and Physique clinical equipment featured on the inside back page.

My grateful thanks, as always, to all who have contributed to this Issue, and my renewed appeal to all readers please, please to send me your contributions for the spring 2016 edition. No story is too small or trivial – who knows how much you could inspire, inform, or just lighten up someone else's spirits by sharing your knowledge or experience.

Finally, may I wish every reader and their loved ones the best of health, happiness, and fulfilment in 2016 and beyond.

## Feature Articles

# A moment of (remedial massage) magic! \_\_\_\_\_

From Margaret ('Mags') Schofield

Hughie arrived for his first treatment with me clearly uneasy, and maybe unsure of what to expect, as many people are who have not experienced remedial massage before. The session went well and he was relaxed and comfortable by the end of the treatment. Once dressed, he came out to pay. He said nothing. He had the correct money in his hand and started to give it to me, but retained a pound coin by closing his fingers over it, palm

upwards. He then uncurled his fingers... and the pound had gone! I looked up at his face and he was smiling. He then put his hand to his ear and produced the coin again. I watched his fingers curl over the coin once more, and it had again disappeared once he uncurled them. This time he appeared to retrieve the coin from behind my ear...

I was giggling by this point. He was no more than half a metre away from me as we were

on the landing. He then performed a couple more tricks, which I could not see at all how they were done. He had previously been involved with a circus in his youth, as a trapeze acrobat, which may have contributed to his present back problems – but he certainly understood how to entertain! I was smiling for days. He has since returned for further treatment, but we have had no time at the end of the session for a repeat performance!

# The LSSM Diploma Course – A student's perspective – Part 1 \_\_\_\_\_

From Robert McKilroy

*'As the course progresses, the techniques become more advanced and equip you, as a therapist, with great options to address many of the different injuries and conditions your clients present with. This is where I feel I am evolving into the 'finished product'. Alongside the continuous stimulation/encouragement from lectures, the coursework complements your progress in terms of skills and knowledge. I have also found all my classmates most supportive, which has likewise been a great help.'*



Since embarking on the LSSM's Soft Tissue Therapy Diploma, I have never looked back. Some people might think that for a 46 year-old below-knee amputee searching for a new career and lease of life, a demanding course such as this would be one step too far (no pun intended). How wrong could they be!!!

Not only has this course given me more motivation than I have had in at least a decade, but it has made me a much happier person, has rekindled my thirst for knowledge in an industry with such incredible rewards and has given me belief: belief that this form of therapy does work incredibly well; belief that as a person with or without a disability, you can still make a difference at my age, or any age; and belief that you can enhance your own life with the right attitude, determination, and application.

My recent journey began when I was working for a large corporate company, working myself into the ground and starting to feel depressed that this could potentially be my job lot. Don't get me wrong, the money came in handy, but as anyone will know, when working for a large company, there is only one goal – to earn wealthy people

even more money. So in December 2013, I decided that there must be something else more rewarding I could do, and to change my life around before it was too late. So I handed in my month's notice, left my job in January 2014, started a part-time job and, most importantly, began researching a potential new career. After a couple of months, I stumbled across the LSSM Diploma course and immediately rang Mel Cash to find out exactly what the course entailed. My twofold concerns were, one, whether I would physically be able to do the job, and two, whether I could qualify for admission on the course. I was initially informed that I required some massage experience and was advised to attend a LSSM introductory course (one weekend). This experience would answer all my questions and provide me with enough

## Feature Articles

massage background to be able to enrol on the Diploma course. I immediately paid for the single weekend course, which was held in May 2014. May could not come around quickly enough! I was delighted to find out that the physical demands of becoming a Soft Tissue Therapist were not beyond my capabilities, and were in fact made to appear quite simple by the tutors. Posture, technique, and more posture were emphasised repeatedly over the weekend. For those of you who have not attended an introductory weekend, or who know someone considering a career in the field, I would highly recommend enrolling on such a course, which covers all the 'basic' massage techniques and thoroughly prepares you for the Diploma course. Finally, by September 2014, I found myself on the Diploma course. I had the usual nerves and anxiety of being in a room alongside some very intelligent and experienced individuals, but I soon realised that everyone else felt the same... After all, you are putting yourself on the line, as the fear of failure is always lurking at the back of your mind, and odd moments of self-doubt creep in. However, I was here to change my life for the better, and I was sure that with a lot of hard work, and some grit and determination, I could do it.

The first weekend of the course is more about settling in, receiving all the information for the

course and consolidating the basics taught on the introductory course, with some additional anatomy. I must say, the tutors and support staff have been absolutely outstanding. The way they guide and teach you from being a complete novice, to a semi-confident therapist in such a short space of time is incredible. I am personally studying at LSSM-Southampton, where I have completed weekends 1-8 out of 12 – an amazing experience. The people attracted to this course are very bright, positive and great company (this includes the introductory course) and a real pleasure to be spending your weekends with. I hope to remain good friends with them for many years yet. The tutors have been incredibly inspirational. To be guided by them will leave you humbled. The passion and motivation they exude is infectious and certainly rubs off on you. I often find myself reading an article, or viewing techniques on YouTube, thinking, 'my tutor told/showed me that'.

As the course progresses, the techniques become more advanced and equip you, as a therapist, with great options to address many of the different injuries and conditions your clients present with. This is where I feel I am evolving into the 'finished product'. Alongside the continuous stimulation/encouragement from lectures, the coursework complements your progress in terms of skills and knowledge. I have



also found all my classmates most supportive, which has likewise been a great help.

I am told that weekend 9 gets even better... I am scratching my head wondering whether this is at all possible, as I have already received enough tools (techniques) to feel comfortable enough to go out and practise by myself, but I know in my heart that on completion of this course I will be truly confident.

Our final written exam is in June, followed with the final practical exam in July. I can't wait to become qualified, but something tells me that I shall miss the contact time with these amazing people (students and lecturers). Wish me luck and I shall write again with a post-course and hopefully post-qualification article...

# The LSSM Diploma Course – A student's perspective – Part 2

From Robert McKilroy

As mentioned in 'Part 1', there were promises of the course becoming even more enthralling on weekend 9. Well, that's exactly what it did. That's because it introduces fascia and myofascial release. For those of you that don't know, it is the connective tissue throughout the body, which has a massive influence on posture and functional movement. For me it felt like filling in the dots on a picture, where on completion you can actually see the whole picture and not just the outline.

With the final few weekends in sight, you start to get a real sense of excitement, that you will complete the course, your bonding with all the other students just becomes stronger and the lecturers, still committed as ever, keep reinforcing functional anatomy and all the techniques. Everything was going so well.

Then, out of the blue... Bang!!! A good friend of mine took his life, and I was, as you could imagine, in total shock. I was just in the middle of my final large piece of course work and I

found myself unable to function. My initial reaction was to contact Mel's office and my course tutors, as I was clearly not going to complete the assignment by its due date. I did this, and received their full support. After all, they're a good bunch of people and just wanted to support me in any way I felt the need, which they did. However, the best therapy by far, was to be back on the course, surrounded by all that positivity. It completely took my mind off things more pressing and gave me a great sense of relief, even though I'm sure I was still in shock.

## Feature Articles



Being back in Southampton on Weekend 10, everyone seemed ready to complete the course and were looking more like professional therapists than students. However, the thought of exams was creeping in, and occupying the forefront of everyone's mind, and soon becoming the main topic of conversation. Nerves were showing, and I thought the tutors did a great job of calming us all down and helping us keep our feet on the ground.

There's plenty of classroom practice time programmed into the final stages of the course, which also helped settle nerves and gave us a good opportunity to think about and discuss all the various techniques. One thing that really stood out for me, was just how much everyone had improved technically. It was such a pleasure to see, and it reinforced my own confidence at the same time.

I had previously agreed with another student to become her revision partner. She doesn't live close by, but we contacted each other on our mobiles whenever possible and tested each other's anatomy. I must say, this was perfect for both of us and I can highly recommend the idea!

June soon came round, which meant one thing... Weekend 12, and the dreaded theory paper, had finally arrived. I was as prepared as I was ever going to be, and did as much as I could on paper. However, I did have a blank for the first ten minutes or so, and then it all

came back to me. All the hard work had paid off and I was soon flying through the paper. I did have to rush to complete it at the end, but it's amazing how much you can write when push comes to shove. Everybody, including myself, was more than relieved when it was over. The rest of the weekend concentrated on the practical exam, so more practice was to enthuse us for the remainder of the weekend.

So that was it – only one more morning lay ahead of us all. Many of the students started to feel a sense of loss, as we were not going to see each other every month, as we had done for the past academic year. It's amazing how close you all become, that's for sure.

On the first weekend of July, we all completed the final practical exam and most of us all went for a meal and a well deserved drink (some clearly felt more deserved than others), and we said our goodbyes. It was hard to leave after everything that we had all achieved together, for more than one reason. Not only were we going to miss the amazing people we had become so close to, but also there were no excuses any more... We were no longer going to be 'students', but were in fact about to become fully qualified therapists. That in itself, brings its own pressures and a degree of anxiety. After all, up until then, we could always revert to saying, 'I'm still learning', or, 'I'm still a student', but now that cushion had been stripped away and a certain sense of vulnerability was creeping in once more.

Before we knew it, word had soon got out and individuals were informing us they had received an acknowledgement email of successful course completion. It was such a great feeling when mine finally came through, as I had to wait a little longer than most, due to my delayed final piece of coursework having to be marked. Then it became official for me too. I could have cried with relief, when that email eventually arrived. What an achievement!!! What a year! And what an experience! I have achieved many things in my life, but this was right up there – and still is!!!

Once qualified, there are many routes you can take, but I opted for working from home and

I also work in a clinic one day a week. I find it gives me the best of both worlds. I can make the most of any gaps in my appointments, whilst the clinical experience I find critical as I evolve as a therapist, and it is always a good entry on a CV.

Since completing the Diploma course, my client base has increased tenfold, I attend CPD days as regularly as possible, have been earning a reasonable wage, and have achieved some amazing results. Some of my clients clearly enjoy a much more active lifestyle compared to when they initially walked through the door, their sense of wellbeing has increased dramatically, and they look remarkably happier. I can assure you, this for me is priceless. The sense of achievement is incredible. All those anxieties about vulnerability were quickly replaced with confidence and reassurance. This without doubt, is all due to the way the course is planned and delivered by some incredible tutors. The course delivers exactly what it should. It gives you the knowledge to work the rest out for yourself, whilst equipping you with the essential skills to treat and help your clients.

Regarding my fellow students, since passing our exam, we have organised BBQs, a Christmas meal, and we occasionally either hook up for a social, or on the occasional CPD course. I personally have made some friends for life and can't wait for the next social event, and to reminisce about the good times we shared and will continue to do.

I'm so glad I made the decision to re-train, unclip my wings and set myself free from the corporate world I was working in. I'm so proud of what I have achieved up till now, and will endeavour to better myself as a therapist and hopefully reap the benefits in the future.

Don't get me wrong, this course is not for the fainthearted, it takes hard work, good planning, drive and determination to pass. You don't get something for nothing in this world, let's face it. But if a 46 year-old leg amputee can change their life around in such a positive manner, I'm sure anyone can!



## Feature Articles

# Hypermobility & Soft Tissue Therapy

From Steve Guyatt



I have a number of clients who are hypermobile. Most of them know they are 'double jointed', but some do not, and there are different degrees of hypermobility in each client. I call these the 'bendy people', and as a Soft Tissue Therapist eager to incorporate advances in sports & remedial massage, I find that more care is needed to treat them, as many of the normal techniques for stretching tight muscles are not appropriate and can be counter-productive, causing more pain to the client post-treatment.

This is a brief article based on research and my own experience with an increasing number of clients with this condition. 'Bendy people' are particularly vulnerable to soft tissue injuries and the effects of overuse. My clients have often turned to a number of different types of practitioners, with no significant benefit, before coming to see me.

### Background

There is plenty of information regarding hypermobility, e.g. 'Hypermobility Syndrome', 'Beighton Score' to screen for the condition, ligament laxity issues, genetic factors, increased susceptibility of women and children, etc. In contrast, limited information is available (web or books) regarding effective soft tissue therapy. The best publication I found was *Hypermobility Syndrome – Recognition and Management for Physiotherapists* by Rosemary Keer and Rodney Grahame. Although this book was informative, it gave me little 'hands-on' soft tissue treatment advice.

Hypermobility can affect all joints of the body, and the following are common findings:

- Increased spinal curvatures (the lumbar region is particularly susceptible to back pain)
- Over-pronated ('flat') feet
- Hyperextended knees with sway-back posture (NB women display a greater tendency to resting at their ligamentous end-range, possibly due to reduced muscular support compared to men)
- Greater joint instability and susceptibility to subluxation
- Poor balance, generally reduced stamina, and/or increased post-exercise soreness.

One common source of hypermobility-associated low back pain (LBP) is the sacroiliac joint (SIJ), located in the pelvis, which in some cases can be considered an 'Achilles heel'. The SIJ is supported anteriorly and posteriorly with dense, highly resilient, fibrous, mostly triangular ligaments limiting its range of movement (RoM). Laxity in these ligaments can result in postural and/or functional pain, for instance with prolonged sitting, driving, standing, etc. The SIJ 'should' also be supported and stabilised by a number of muscles including: the deep lateral hip rotators (piriformis etc), portions of gluteus maximus, the distal erector spinae fascia, and the thoracolumbar aponeurosis). However, not all the above are primarily 'stabilisers', and with gradual muscle hyper/hypotonicity imbalance, excessive over/under-pull can displace the sacrum from its neutral alignment with the spine and pelvis.

### Treatment

I have successfully treated many clients with hypermobility for their immediate problems and they leave with reduced or absence of pain. Postural assessment work is key in order to determine the areas to

focus on and what needs strengthening. Muscle strength testing also is very useful to highlight imbalances and helps to decide how to treat each client and each treatment is unique and will vary dynamically according to what is found during the soft tissue / massage treatment.

As mentioned above during massage treatments more care is needed almost straight away, for example ensuring bolsters are positioned under knees while the client is lying on their back (prone), as knees will often hyperextend without them. (Although the client may not be aware and it does not cause pain, it is not advisable to keep clients in this position for long during massage. Similarly a stomach support can help with back alignment when the client is lying on their front. A more holistic body approach to treatment is needed to ensure all affected muscles and fascia that may need attention are treated, as hypermobile people use other secondary muscles to help the prime movers more often than normal.

Somewhat strangely, stretching is still helpful as part of the treatment to alleviate pain but needs to be undertaken in an even and controlled way to maintain muscle length and ensure that no increase to an already hypermobile range. A careful soft tissue release technique, with good pinning, focused at the muscle mid point / knotty area is very effective. Stretching normally works best at the end of the treatment session. I still rarely use Myofascial release techniques on hypermobile clients except on the thoracolumbar aponeurosis (lower back), and do not use friction techniques near any joint. I do favour Neuro Muscular Techniques (NMT), trigger points, deep transverse strokes in the deeper belly of the muscles which are more effective, but all clients are different so it follows that every treatment is different.

## Feature Articles

### Kinesiology Taping

Kinesiology taping works well in aiding treatment, used for support, unloading tension and posture re-education and awareness but care should be taken to avoid dependency. I regularly use tape on my clients and probably the most common taping I do for hypermobile clients is at back of the knees helping to reduce the sway back posture and also across the back to bring the shoulders back.

### General Client Advice

1. Clients should consider the following:-
2. Stop - if they commonly and voluntarily subluxing shoulders or popping hips etc;
3. Take regular breaks during daily activities eg even standing in one position at a cooker or sink can often induce pain;
4. Watch or avoid pro-longed sitting positions;
5. Avoid carrying heavy loads on one shoulder;
6. Buy good foot-wear with arch supports;
7. Use a good neck support pillow while traveling especially on overnight flights;
8. Avoid sleeping face down with sustained rotation of the head (a softer mattress may be more help);
9. Try to avoid static postures and resting at end of range – no locking knees into hyperextension so body awareness and posture are very important.

### Fitness & Strength Training

For long-term benefits I believe that fitness and strength training can be more helpful than frequent soft tissue treatments.

Muscle strength promotes joint stability and together with posture awareness and correction is the starting point in improving symptoms. I encourage my clients to exercise like swimming, cycling, dance, Pilates and the other specific ones below where relevant, and consider these to be an essential part of the long-term treatment. Increasing gluteal muscle strength and tone in the maximus helps to reduce sway back posture. Other regular advice as appropriate includes: -

- Isometric back exercises;
- Strengthen-up weak iliopsoas and gluteus medius to help clicking hips;
- Pilates or specific exercises will switch on and strengthen the core, especially the transverse abdominals and obliques, and multifidus;
- Hyperextensions, controlled leg lifts and 'superman' exercises;
- Swiss ball work and standing on one-leg exercises.

Hypermobile clients need to be aware that they need to work their muscles harder to produce stability, as they are more likely to incorporate other secondary muscles to help in the task than someone who is not hypermobile. This can explain why hypermobile people tend to tire easily, lack good balance or their gait may be slightly different when they run.

Unfortunately it is likely, (but not always the case) that hypermobile patients will have recurrent problems throughout their lives so exercise and treatment may need to become a part of normal life. I can help with specific problems but hypermobile clients may take longer to heal than

others. I can advise which muscles to strengthen, and help re-educate posture and gait. I sometimes advise or refer clients to orthotics specialist in shoes but only after a few treatments to ensure muscle and skeletal balance are correct before proceeding with this option.

### Summary

Soft Tissue Therapy which advances on Sports and Remedial massage is still effective for hypermobile clients experiencing pain provided the therapist fully understands the condition and that during treatment the client and therapist communicate well and treatment work is carefully thought out and slowed down. Advice around posture, use of tape and strengthening muscles may in the longer term be more beneficial.

Ps If you are one of these bendy people and have a thumb similar to the picture, – I would not recommend becoming a Sports and Remedial Massage Therapist, (I know there are some good therapists around with this condition) but soft tissue work can be hard enough on your thumbs, muscles and joints without the complication of being bendy!

### References



Keer R. and Grahame R. (Eds.) (2003). Hypermobility syndrome—recognition and management for physiotherapists. London: Butterworth-Heinemann.

<http://www.manualtherapyjournal.com/article/S1356-689X%2807%2900082-3/references>

# ISRM online FORUM – let it work for you!

From Jo Chatfield

Did you know that as an ISRM member you can use our free online advertising service?

Among other things, you can use the ISRM FORUM page to:

- Buy and sell

- Ask questions from fellow members
- Look for or promote work opportunities.

Through the ISRM website you can contact hundreds of fellow soft tissue therapists and ISRM students. Login to the ISRM

[www.theism.com](http://www.theism.com) then go to the FORUM tab. You can then view posts under various topics such as 'News', 'Buy and Sell', or 'Ask Us'.

## Feature Articles

# Benefits of CPD – A year as a qualified Soft Tissue Therapist

From Tanya Boardman

*'A half-day workshop, with three other therapists, gave us a re-cap on theory and new techniques, plus an opportunity to ask questions and gain specific guidance for hands-on work.'*

*'So I am now feeling less stuck in a rut, and the workshop has resulted in the purchase of a new book and a renewed ambition to improve my practice. The ultimate benefit is that I have already received increased positive client feedback from the fresh approach to treatment.'*

With the focus on finishing coursework, re-living long-forgotten exam stress, and the excitement of qualifying and achieving my diploma, my mind this time last year was a long way from further training.

My thoughts were all about building up a client base, finding somewhere to work, designing a website (did I even need one?), printing business cards, and generally coming to terms with being a qualified Soft Tissue Therapist. A few months on and once things had settled down a bit, I realised that I missed my monthly catch-up with fellow students: checking that I was doing things 'right' and finding new and easier ways to access muscles. I found that I was ready to refresh my skills in an informal way:

- **Massage swaps** with ex-classmates served as a great reminder of our course, and needless to say offered the added benefit of being on the receiving end of treatment too!
- **Class catch-ups:** we also arranged one of these and are due for another one shortly. This was more beneficial from a business point of view than for practical massage. With the focus on finishing coursework, re-living long-forgotten exam stress, and the excitement of qualifying and achieving my diploma, my mind this time last year was a long way from further training.

My thoughts were all about building up a client base, finding somewhere to work, designing a website (did I even need one?), printing business cards, and generally coming to terms with being a qualified Soft Tissue Therapist. A few months on and once things had settled down a bit, I realised that I missed my monthly catch-up with fellow students: checking that I was doing things 'right' and finding new and easier ways to access muscles. I found that I was ready to refresh my skills in an informal way:

- **Message swaps** with ex-classmates served as a great reminder of our course, and needless to say offered the added benefit of being on the receiving end of treatment too!
- **Class catch-ups:** we also arranged one of these and are due for another one shortly. This was more beneficial from a business point of view than for practical massage techniques (due to meeting in a pub!), but I thought we swapped a few useful practical ideas as well.
- **Event work:** this provides you with time to observe others and to ask for hints and tips. It also gives you a chance to share your experience – after all teaching is a great way to make sure of your own understanding.
- **Reading:** revisiting textbooks from the course and catching up on journal

articles reminds you of the theoretical basis for different techniques.

- **Internet:** from a broad search to social media and the ISRM Forum, you can view videos of practical techniques and read details from a wide variety of sources (although remember to keep your wits about you as anyone can post anything!).

Earlier this year, I felt the time was right to get back into the 'classroom' (clinic/treatment room) for some CPD. We had been introduced to 'fascial release' on the LSSM Diploma course, but I was looking for different ideas to bring into my treatments, and a focus on the shoulder seemed a good idea. A half-day workshop, with three other therapists, gave us a re-cap on theory and new techniques, plus an opportunity to ask questions and gain specific guidance for hands-on work.

So I am now feeling less stuck in a rut, and the workshop has resulted in the purchase of a new book and a renewed ambition to improve my practice. The ultimate benefit is that I have already received increased positive client feedback from the fresh approach to treatment.

## Feature Articles

# From the feet up (and why you'll never look at them the same way again)

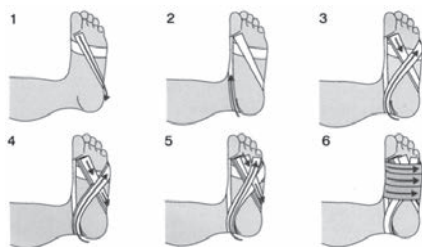
From James Barnett

I think it is fair to say that as soft tissue therapists, we can often view the feet as an enigma (at best), and at worst we can totally ignore their importance in musculo-skeletal pain.

I'll also hazard a guess that many of you will have battled with treating plantar fasciitis, sometimes with great results, and then on occasion providing nothing more than a transitory relief lasting only until the sufferer starts the activity that aggravates it again.

The most effective way I had of dealing with plantar fasciitis was to use the low-dye strapping technique, as taught on the majority of strapping and taping courses available. Yes, trigger point therapy and fascial work would temporarily relieve the pain, but if I wanted to help protect a long distance runner from another flare-up, the low-dye strapping was the only 'bomb-proof' way of helping.

Classic low-dye taping technique:



This led me to taking a further interest in foot biomechanics and what actually happens to the foot during the gait cycle, as I was spending more and more time referring clients to podiatrists.

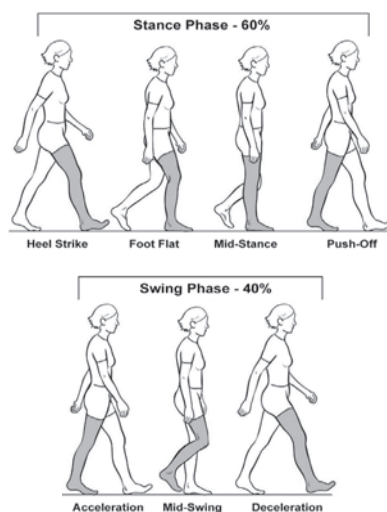
**Before we continue, I must emphasise that all the foot biomechanics theory discussed from here on in is taught by Paul Harradine MSc BSc (Hons) SRCh**

***MChS CertEd, and is either from his 'unified theory on foot biomechanics', or (where credited) other research on foot biomechanics.***

It is also fair to say that Paul's course is excellent, but there is far too much information on it to discuss it effectively in print. However, I will attempt here to present some of the salient points, so that we may understand in better detail what happens to the foot (and leg) during the gait cycle. We can then apply that knowledge to help us become better soft tissue therapists.

### The Gait Cycle (walking, not running)

Firstly, it is important to understand how the leg and foot should move during a correct gait cycle (as shown in diagrams below).

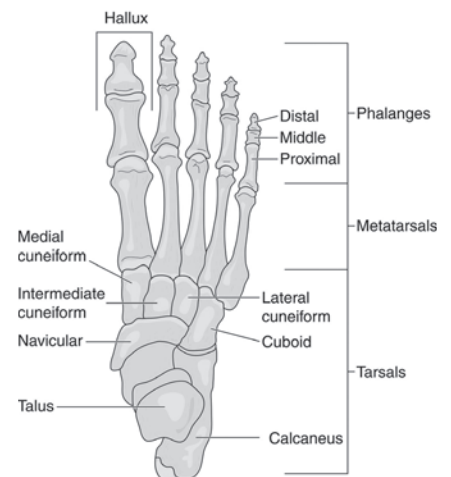


As you can see from the diagram above, the gait cycle has different phases, and in each of these the leg and foot, particularly the arch, should perform in a way that facilitates that cycle (we will be focusing on the stance phase).

Firstly, heel strike: it is important to note here that as the heel strikes the ground, the knee is in full extension. What this does is disengage the hamstrings and allow the gluteals to activate as the body moves through the rest of the stance phase. If the knee is flexed on heel strike, then the hamstrings will not receive the signal to 'switch off' from the Golgi tendon organs, and which can result in the classic 'misfiring' between gluteals and hamstrings, whereby hamstrings become dominant over gluteals in the gait cycle. This in turn can lead to both inhibited gluteals and hip flexors.

As the lower limb moves through from the 1st to the 2nd stage of the gait cycle, the foot arch should pronate and the hip joint should internally rotate. The pronation stretches the plantar fascia which, with this increased tension, stabilises the foot by adding plantarflexion to the phalanges (Stainsby 1997).

The plantar fascia 'wind up' at this point is called the 'reverse Windlass effect'. Simultaneously an additional stabilisation



## Feature Articles

occurs through a combination of ligament tension and muscle contractions, the purpose of which is to prevent over-pronation.

As the leg and foot move through mid-stance and into the propulsive phase of gait, the reverse takes place: the hip laterally rotates and the foot arch supinates. This occurs due to the fact the plantar fascia is wound round the 1st metatarsal as the hallux (big toe) dorsiflexes. This draws the head of the 1st metatarsal and calcaneus together. It is known as the 'windlass effect'.

So far so good – however, what happens when the foot is still fully pronated (commonly called flat-footed) during the reverse Windlass phase?

To put it simply, it can compromise the propulsive aspect of gait and alter the cycle itself to the extent that dysfunction, pain and inflammation occur, not only within the plantar fascia, but further up the kinetic chain as well.

The reason for this is the 1st ray complex (the 1st metatarsal, medial cuneiform and navicular) must be able to plantarflex during the gait cycle to allow for full hallux dorsiflexion (Root 1977); failure for this to occur results in functional hallux restriction, in turn leading to limited, or absence of arch supination within the cycle.

Other factors can cause functional hallux restriction, which must be considered when assessing a client. However, for the time being, we will focus just on the arch remaining fully pronated as the only factor limiting hallux dorsiflexion.

What can result from this functional restriction? One consequence is a torsion and shearing effect on the plantar fascia, which in turn can lead to plantar fasciitis.

### Why does the low dye work?

So, back to our low dye taping: why does it work? In short it facilitates 'proper' hallux

dorsiflexion by reducing pronation forces in standing, whilst allowing for some arch pronation to occur during the gait cycle.

### 'Reserve' pronation: what is it, and why is it important?

'Reserve' pronation is the ability for the arch to flatten further when required during gait. So 'functional hallux dorsiflexion restriction' in the present instance follows a lack of 'reserve' pronation at the start of the cycle. Conversely, if sufficient reserve pronation is available, adequate hallux dorsiflexion will be possible when appropriate, allowing the arch to supinate and the foot to function as it should.

Why is this important? Not only is it important to allow for correct foot/toe movement and reduced plantar fasciitis incidence, but also, hallux restriction can prevent knee extension on heel strike, taking us back to the hamstring/gluteals/hip flexor problem mentioned earlier. There can also be a myriad of other potential soft tissue dysfunctions associated with this, some of which we will consider later on.

### 'Pronators' versus 'Supinators' (and why runners' magazines have so often got it wrong...)

If again like me you've read the articles and seen signs in running shops telling you how to determine whether you're a pronator, neutral, or supinator, you'll know that the easiest way to tell is to do the 'wet foot' test. To the uninitiated, you simply make the soles of your feet damp and then stand on a piece of paper. The resulting pattern should resemble one of the three images below:



*The problem here is that a standing pressure test does not necessarily determine whether you have any 'reserve' pronation in your foot when you are walking, or running.* If you are flat footed in standing, then yes, you will probably not have any reserve pronation, as your arch is already fully flattened against the floor. However, you may have a normal, or a high arch, and still lack reserve pronation, so in effect you are maximally pronated in terms of your own foot biomechanics, even though you have what could be described as a 'nice arch'. To put it another way: your foot could 'look good' on a wet foot test, but you may still be 'flat-footed'.

### Muscle inhibition versus weakness

Just a quick note here on why I prefer the term 'inhibited' or 'inhibition' to 'weakness' when referring to muscle dominance. 'Inhibition' to me it more apt, because you could have a 'strong' muscle, for example trained through specific exercises, but if, due to poor biomechanics, it fails to fire/recruit when it 'should', it is not actually weak, but inhibited (i.e. prevented from firing with correct order and timing). Equally, an inhibited muscle may also be weak – but not necessarily. Therefore in short I regard 'inhibited' as the more appropriate descriptive term in this context.

### In Part 2...

Further detail on 'other' issues that can affect gait, how to correct foot alignment using 'temporary' orthoses, why arch fillers are bad news, and how gait dysfunction affects more than just the feet.

### References:

Harradine P and Bevan L (2009). A review of the theoretical unified approach to podiatric biomechanics in relation to foot orthoses therapy. In: Journal of the American Podiatric Medical Association. Jul-Aug 2009, 99 (4): 317-25.

Stainsby G D (1997). Pathological anatomy and dynamic effect of the displaced plantar plate and the importance of integrity of the plantar plate-deep transverse metatarsal ligament tie-bar. In: Annals of the Royal College of Surgery, England.

Root M L, Orien W P, and Weed J H (1977). Normal and abnormal function of the foot. In: Clinical Biomechanics Volume II. Clinical Biomechanics Corporation, Los Angeles.

## Feature Articles

# From the feet up (and why you'll never look at them the same way again) – Part 2

From James Barnett

In Part 1, I discussed (using theories taught by Paul Harradine) how over-pronation could cause plantar fasciitis and how spotting over-pronation is not as straightforward as 'just doing the wet-foot test'. In this Part 2, we are going to consider ways (other than low-dye taping) to reduce the effects of over-pronation, as well as some problems over-pronation can cause further up the kinetic chain.

As part of this, I will also be referring to research from another author, tutor and therapist – John Gibbons BSc (Osteopathy) and his book *The Vital Glutes*.

### Why arch fillers/supports aren't all that great

For 'normal' feet (i.e. those without arthritis, or bunions) arch fillers certainly aren't the best way to correct over-pronation. They will lift the arch, and in the process take the pressure off the plantar fascia whilst standing. However, during the gait cycle the 1st ray-complex remains compromised and unable to function correctly. Therefore the added support won't help plantar-fasciitis arising from walking/running.

### How can this be the case?

You will recall from Part 1 that the arch needs freedom to move between pronation and supination for the 1st ray complex to function correctly during gait. If this does not happen, the hallux is 'blocked', placing adverse, torsional stress on the plantar fascia. This remains the case with an arch filler/support: the arch/foot cannot function; instead they are just locked into a supinated position, which as you will likewise recall, comes to the same as being maximally pronated.

### How can the problem be resolved?

As with all other 'issues', numerous approaches are available, and I have no doubt that some highly skilled therapists out there are capable of raising the arch using fascial techniques and/or teaching the client effective exercises they have acquired over the years.

Both are valid approaches. However, my personal view is that unless we also address 'what is going on' when our clients are wearing their running shoes, I am not convinced that a lasting result is achievable.

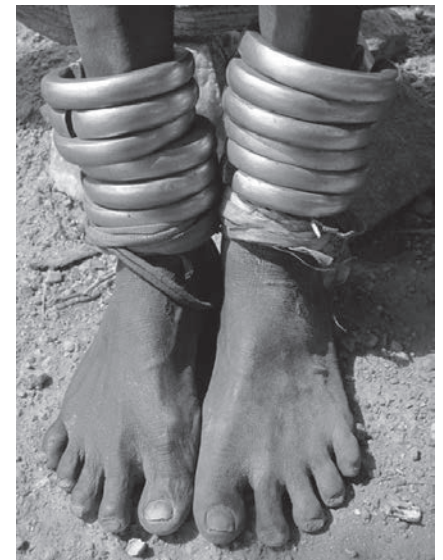
My reason for holding this view is simple: as children, we spent the majority of our formative years with our feet in shoes, which already influenced and changed the shape of our feet over time. To gain an idea of this change, compare the picture of an African tribal person's feet (who had never worn shoes) that of a 'Westerner's' feet.

As you can see, the African's toes are much more splayed than the Westerner's. This difference in shape also means that these feet function in different ways. Our adaptation to accommodate shoes may be part of the reason for our feet performing less than efficiently.

The change in our feet is so ubiquitous that a Podiatrist acquaintance of mine suggested that only 5% of feet in the UK would be capable of coping with running barefoot, or safely using barefoot-style shoes.

So my question is whether it really

can be that 'easy' (or simple) to make lasting changes to foot bio-mechanics only through applying fascial work and exercises, when all the client is going to do is place his feet back in the shoes which 'caused' the problem in the first place.



### Where does this leave us?

As already mentioned, my view is that we should use the shoe to facilitate correct foot function, as well draw on soft tissue techniques. Where necessary I do this by using semi-compressed foot felt to create a 'MOSI' (medial oblique shell inclination) wedge in conjunction with a 1st ray

## Feature Articles

cut-out. If that sounds a bit like an orthotic to you, then don't worry – you'd be right!

### So should I just re-train as a podiatrist then?

Before you throw this article down either in disgust, or for enthusiasm for podiatry... let's bring things back to our current speciality... fascia...

### Further complications that will require 'soft tissue' work

Let us rewind the clock back to our 'faulty' foot mechanics. We know that over-pronation means that the knee fails to extend during (walking) heel strike, and the hallux is 'blocked', creating a functional restriction during the propulsive phase, leading to potential plantar fasciitis and hamstring dominance.

While it is documented that orthotic insoles can correct poor foot mechanics and (although I haven't discussed it in this article) this means that it may, and does improve biomechanical function further up the kinetic chain, what if the alleged 'foot predicament' were not actually the source of the problem, and the feet were in fact symptomatic of (an)other issue(s) elsewhere?

To elaborate, we already know that poor foot mechanics means the gait cycle is compromised, but what if the person in question were over-pronating subsequently to short hamstrings, and not the other way around?

This leads us neatly to what could be described as the 'Chicken and Egg Scenario of faulty foot mechanics'. One thing I have noticed since starting to make temporary orthotics for my clients, is that they don't always resolve the problem on their own. Soft tissue work is essential as well, to attack the issue from several angles.

### Dominant hamstrings, internal hip rotation, and weak 'Gmax' and 'Gmed'

Hamstrings have come up a few times now, so we definitely need to work on lengthening these, using our massage techniques. But what else could be a problem?

Another common issue associated with a faulty gait can be 'excessive' internal hip rotation. Or to put it another way, inhibited Gmed and Gmax muscles tend inadequately to (eccentrically) resist internal hip rotation, leading to over-pronation in walking/running.

What you may also find, due to this internal rotation, is a number of problems that need the surrounding fascia releasing, as well as the muscle. Complications such as Runner's Knee, Patello-Femoral Syndrome and meniscal pain may also require our specialist skills.

### Low back pain

A weak Gmed and Gmax can also cause issues to the contralateral (opposite) side of the lumbar spine, by causing the quadratus lumborum (QL) on that side to over-activate as part of the compensation for gluteal weakness. This is known as the Trendelenburg gait. There is also what is known as a 'compensatory Trendelenburg gait', but for the sake of brevity we will ignore this for now.

An overactive QL (on either side) is likely to encourage side-bending of the lumbar spine. A feature of spinal mechanics is that spinal motion is coupled, and therefore there cannot be side-bending without rotation (Freyette's law of spinal mechanics). Displacement in one vertebra inevitably affects the adjacent vertebra above, and so on. Releasing QL therefore must be another among the areas we need to tackle.

### Upper back and neck pain

This really follows on from the dysfunctional gluteals causing the low back issues. We know that subconsciously or not, there is always

an attempt to maintain the eyes and head level. If the spine cannot move 'properly' due to poor gait, this is likely to lead to problems in the cervical spine and associated structures, quite commonly on the contralateral side of the problematic QL. Again in an effort to keep things short, I won't unfortunately go into further detail here.

### In conclusion...

Firstly, I appreciate that this article has been a whistle-stop tour of pain and dysfunction, and know there are so many associated issues which I have not discussed. What I have tried to achieve is keep things simple enough, without making them inaccurate, or going off on a tangent to try and cover something that may well be relevant but not immediately key to the topic. What I hope this has accomplished, is to give you an insight into foot biomechanics as well as tie that in with some musculoskeletal issues further up the body, which may be influenced by the feet... or vice versa.

Lastly, I do hope you enjoyed reading it!



James Barnett is an LSSM graduate. Further information on him can be found here:  
[www.ss-rm.co.uk](http://www.ss-rm.co.uk).

He will also be running a practical course based on the information presented here in 2016. If after reading this article you're interested in attending, please pre-register (you can still change your mind at a later date) by contacting James at: [enquiries@ss-rm.co.uk](mailto:enquiries@ss-rm.co.uk) © James Barnett 2015

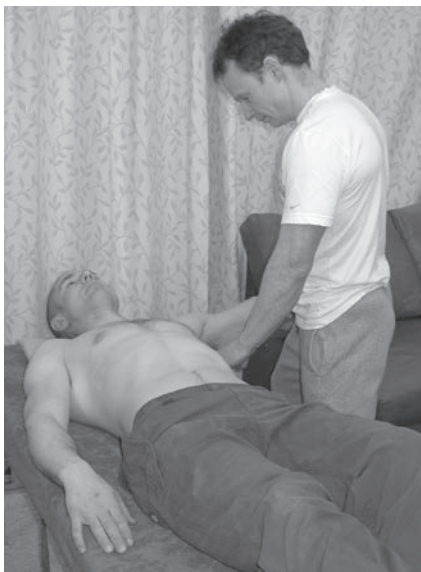
## Feature Articles

# A Sports & Remedial Massage student's journey – Part 1

From Roger Hamilton-Smith

*'One of the other climbers in El Chorro was offering his services as a massage therapist. Not only did his understanding of climbing and its demands on the body, combined with his massage skills provide immediate relief to my aches and pains – but he convinced me seriously to consider a career change...'*

*'The Sunday of Weekend 5 was for me the most interesting one of the entire course to date. It was the first introduction to Soft Tissue Release (STR) technique, which opened a new dimension within the world of SRM. This made me realise how broad the range of techniques and skills available to us can be.'*



In February 2012, I was 60m up on a rock face near a small Spanish settlement called El Chorro. It is an infamous place with the climbing community, with polished rock (slightly harder to climb) and spaced protection (slightly more intimidating to climb). The people I met on this trip were the inspiration and the reason I am writing this article.

Several days of pulling on the polished rock and a lifetime of not taking proper care of myself were beginning to take their toll. One of the other climbers in El Chorro was offering his services as a massage therapist. Not only did his understanding

of climbing and its demands on the body, combined with his massage skills provide immediate relief to my aches and pains – but he convinced me seriously to consider a career change...

Fast-forward a year, almost exactly as it happens.

I have just completed Weekend 6 of the LSSM Sports & Remedial Massage (SRM) Diploma Course in London. I am starting both to gain confidence and understand how much more there is to learn. I will never be an expert and shall remain for ever more a student of my profession. This thought was and is a scary realisation, and yet at the same time it excites me to know there will always new skills and techniques to learn. My only regret is that I took so long to realise that SRM should have been my career path.

The first weekend of the course was a mixture of nervous excitement and trepidation, fuelled by far too much caffeine. Mel Cash provided a thoroughly engaging introduction to the LSSM and what we might come to expect from the Diploma. He regaled us with tales of his journey through massage; from treating Nepalese villagers to the application of Tai Chi as a means of efficient petrissage technique.

The remainder of the weekend was a series of superb lectures delivered by passionate and confident tutors. Special

mention should go to Zac Laraman for his STOMP, STOMP, STOMP technique to really emphasise how the body transmits and dissipates energy. The massage practice during both days was a sure way to break the ice with my fellow students – with little or no introduction, it was straight into hands on massage practice!

Travelling back home on that first Sunday evening, I read over my notes, realising it was too late now to back out. My note pad was filled with words and phrases that required extensive further reading and revision. I had also made a full list of other books and websites that have proven to be really useful. The reading list included the hefty *Clinical Sports Medicine* by Brukner and Khan, and *How My Body Works* in the Mr Men's Collection.

Weekend 2 was in the same month so I only had a couple of weeks to read through the notes, start the question paper, purchase the books, find people to practice my massage techniques on...

... There really was an awful lot of work to undertake in the initial part of the course. I am not the most academically gifted person and find studying a challenge. However there was something in that first weekend that inspired me to put aside these concerns and get my head in to the books and my hands on some friends and family.

Weekend 2 was led by Zac, who not only



## Feature Articles



supplied top tips for websites, books and podcasts. He strongly emphasised the need for complete immersion in to the world of anatomy. With the same level of passion as Bond villain Zac informed us to listen to everything, read everything, and touch as many bodies and muscles as possible. His top tip for this weekend was to learn five different things about each muscle: attachments, primary actions, antagonists, synergists, and joints crossed by the muscle.

And so the workload increased.

The deadline for the submitting Question Paper 1 was fast approaching; I found this a hugely challenging paper. The hardest part was to balance the wealth of information in the books and on the internet and decide what was important from a SRM therapy perspective. However all the reading and other research was both enjoyable and informative, and helped me understand the human body. Weekend 3 was another two days of intense learning, with a good combination of theory and practical work. Perhaps for the first time in this course, we also started taking notes on how to run and maintain a SRM practice. Knowing how to take a concise case history in an efficient and timely manner helps to put the client at ease. Understanding the client's anatomy and physiology, the pathology of their injury and the biomechanics of their activity (sport, work, or daily life) will help formulate a personalised approach to

their treatment. This avoids the pitfall of a standardised solution for all clients, which would be unchallenging and tedious for the therapist, less than effective for many clients, and hence potentially detrimental to the clinic's long term reputation.

At the beginning of Weekend 4, my friends and I were sat gossiping in the café prior to the start of the course. It must be a weird phenomenon that, no matter how old we are, concerns about 'homework' are all the same.

'What did you put for Question 1?'

'I really struggled with Question 4b.'

'Wow, your drawings are exceptional, Nick.'

Saturday morning of Weekend 4 provided fascinating insights into Exercise Physiology, with a superb lecture by Steve Hunter from LSBU. He managed to make a highly complex area of study interesting, engaging, and relatively easy to comprehend.

In the afternoon we had a chance to learn more complex and interesting massage techniques and gained a hint of the standards expected by LSSM of its students.

Weekend 5, and the dreaded assessment of general massage techniques loomed large in mid-December (2012).

During the preceding three weeks, I had spent most of my time trying to revise the five different things about each muscle. I felt reasonably confident with my massage techniques as I had plenty of people to practice with. However the age-old issue of 'study, study and more study' was causing a few stressful evenings. Weekend 5 arrived and rather than trying to cram extra revision in during the journey to London, I took the time to relax and focus my mind. The assessment would only last for an hour and only take place in the morning of the first day. It helped to try to keep it in perspective, the tutors has done a good job at reassuring us that aim of the assessment was primarily to see how we were progressing on the practical elements.

The classroom was buzzing with intense, nervous excitement from a group of well-rounded adults! Then came the

sucker-punch: the assessment would not be until the afternoon! There was a mix of responses ranging from relief to frustration from us all; I am sure we would have preferred to have got the assessment out of the way. The morning session started with a pop quiz on the muscles, movements, attachments, and bony prominences. I would have scored better if I had not been so lazy in my responses when describing the movements at various joints. I learnt that accuracy is key to everything, and I have come to realise that this is so important, not only in anatomy, but also in record-keeping for my clients.

The general massage techniques assessment came and went with varying degrees of success for us all. Although it is not a pass/fail assessment there is some relief in knowing the practice sessions with family and friends paid dividends.

The Sunday of Weekend 5 was for me the most interesting one of the entire course to date. It was the first introduction to Soft Tissue Release (STR) technique, which opened a new dimension within the world of SRM. This made me realise how broad the range of techniques and skills available to us can be. I can only say that I am finally starting to feel like a massage therapist now, and appreciate how much hard work lies ahead.



## Feature Articles

# A Sports & Remedial Massage student's journey – Part 2

From Roger Hamilton-Smith



The first assessment weekend came and went, the deadline for the next coursework paper loomed very, very large. Christmas and the New Year seemed like a distant memory as Weekend 6 approached. With the cost of books, a couch, and travel, I decided it was time to start charging my clients for their treatment.

It was not an easy decision to make, as many of these clients are good friends. They supplied willing, and mostly injured bodies to allow me the chance to practice and learn. However, with a short explanation, most understood the need for me to begin charging. The immediate effect was a down turn in clients, somewhat to my surprise. It required a change in strategic thinking, and so I approached a local gym where some friends trained. The gym manager was exceptionally open-minded and allowed me to set up my couch in a back room.

Back to Weekend 6: this was the submission weekend for the Anatomy and Physiology Paper. – a difficult paper for me, which I had started working on at the beginning of the Diploma course. The combination of coursework papers, research, revision, and practice, were gradually eroding my time and willpower. Doubts were beginning to set in as to whether I would or could complete the Diploma – I just wanted my life back.

The winter months are a very quiet time for the sport of climbing: often it is too wet, miserable, and cold to start pulling on small holds. I had no choice but to stick my head in books and add to my

learning. Finally I completed my A&P paper well within the time limit and was glad to hand it in. I found Weekend 6 the most interesting so far. Muscle Energy Technique (MET) was a hard concept to understand, but simple to learn. It has since proven to be the most effective technique for my clients and me.

Weekend 7 was an intensive weekend, with almost too much information to take in. However, while the joint assessment material has been useful to my personal development, it is something that many of my clients have not been too interested in. Most of my recent treatments have only been of 30 minutes' duration – not really sufficient for an effective treatment and joint assessment. I am hoping to be able to carry out these assessments on a more regular basis once I have my own clinic in due course. I consider the text book by Kendall et al. *Muscles, Testing and Function with Posture and Pain*<sup>1</sup> as 'mandatory reading', as it does help me to retain knowledge about assessment techniques and understanding.

Weekend 8 seems so far away, I have spent a while re-reading my coursework paper to remind me how much time I had spent completing it. This assignment was not easy to prepare either, in fact I was required to rewrite some of my answers – frustrating to say the least, however it did force me to review the questions and see where I had gone wrong... I concluded that I should have taken more time over the questions and read their wording more closely. Weekend 8 offered a great opportunity to revise MET-PIR (Post Isometric Relaxation) and

## Feature Articles

learn MET-RI (Reciprocal Inhibition). The Sunday was another excellent day of learning as we were introduced to a further 'advanced technique': Positional Release (PRT). This session was run by Alex Fugallo, a superb teacher with great delivery and patience... and a fabulously well-groomed beard. On the face of it, PRT appears to be hokum, or magic. However when performed correctly with care and attention, it has become a useful tool. It is a technique I will be taking further training in during 2014. So far PRT has proved a success for a couple of clients, particularly for those who spend much of their time rock climbing.

Soon, it was Weekend 9 – another interesting weekend, with a real mix of Connective Tissue Manipulation (CTM), MET practice, and 'remedial massage for medical conditions'. Allan Murrell and Brian Clarke ran a very tight ship in introducing CTM, conveying clearly a difficult subject to a bunch of sceptics. However – as with all hands-on learning, the proof was in the pudding: the tutors gave such excellent demonstrations, which changed my view of this particular technique. Although I have used it on several occasions since, I do not yet feel experienced enough to judge whether it is effective... Another CPD course perhaps required for the future?

I also found Gisela Payne's presentation on massage techniques to treat medical conditions (Weekend 9) fascinating, and not intimidating at the time. Only my lack of self-confidence in applying these to treat 'real' medical conditions was holding me back. Since graduating however, I have 'taken the plunge' and treated people presenting with various medical conditions, and found the experience both satisfying and a good challenge. I am finding that each client, both new and existing, compels me to undertake plenty of research, and am encouraged by their trust in my skills, and open-mindedness towards massage therapy. I have been

searching over recent weeks to find one or more course(s) that would boost my confidence and knowledge in treating medical conditions.

Weekend 10 arrived, and – whoop, whoop! – with it, submission of the final piece of coursework. One of the big remaining hurdles had finally been jumped. This was perhaps the most interesting paper in view of the medical conditions to research after completing the previous weekend. Collectively, we found the STR/MET assessment far less stressful than we had expected. David Katz is a patient tutor but a strict examiner: he takes no prisoners, especially when people have not learned their anatomy. Once the assessment over, we spent the rest of the day exploring different techniques, and working out how to apply MET to those hard-to-reach muscles. This was where David's wealth of knowledge, experience, and anatomical understanding really shone through.

With the exams looming ever closer, most of our class organised small and regular revision sessions. Our Facebook group helped arrange dates that people could accommodate around other commitments. It also gave us all a chance to ask questions, give support, and pass on knowledge from experience.

Weekend 11 was all about advice on how to run a business, set up a practice, the professional and ethical conduct required of an ISRM-accredited therapist, and professional indemnity & public liability insurance. The Sports Nutrition lecture, delivered by Masimo, a member of our own group, was both interesting and at times controversial. This added to the quality of the session and made it more memorable, with ideas and opinions coming in from the whole class. The underlying message was that as therapists, we need to take care, not only of our posture, but also of our overall health in paying attention to what we eat and drink.

Weekend 12, what can I say? – The main exam! All the weekends, all the revision, homework, and all the theory came down to this one single theory test. There is really little to say about the exam: while most people cope, and some excel... I was a gibbering wreck. Written exams have always been a difficult prospect for me, so I had spent almost every spare moment revising anatomy in the lead-up to the day. Turning the paper over at the start, I was pleasantly surprised by the questions, and the final result proved that I had put in the required effort.

The practical exam passed in a blur; all I can remember really is being told we had passed the practical, and then wolfing down a huge Burrito with a friend from the course, Jack Hanrahan.

### What would I do differently next time?

To be honest, there is little I would change as I believe I put in as much effort as time and other commitments allowed. I do think I would take more time to read the exam paper questions: the feedback I received from the exam markers suggested, to me at least, that where the question asked for 'some' information, I should in fact have included 'all' the information.

Now that the course is finished I can take stock, feel proud of the achievement, and consider how to pursue a career in sport and remedial massage. The biggest decision will be when to leave my full-time, secure, well-paid job, and become self-employed. Only time will tell.

Within one week of graduating from the LSSM, I started a small business called Blue Frog Sports Massage.

<sup>1</sup>Kendall F.P., Kendall McCrear E., Provance P.G., Rodgers M.M., Romani W.A. (2005). *Muscles, Testing and Function with Posture and Pain*. Philadelphia: Lippincott Williams and Wilkins.

## Event Work

# Fleet 1/2 Marathon Sunday 22nd March 15 - Back to Action Sports Clinic

From Chantal Robinson

*'Well I was head-down busy with a runner when I heard an elated and excited voice come bounding up next to me. It was Julie, who had come in specially to announce that she had completed her race well within the cut-off time, in 2 hrs 20 min, and had had an amazing run. This was a moment of absolute joy for her, she was so appreciative for the support, gave me a huge hug, and expressed how she had thoroughly enjoyed her first half marathon. This moment I'll never forget!'*



Well, the morning started with an early wake-up call at 5.30 am to get ready and travel up to Fleet to be there by 7.30 am. The weather was looking good, no rain and the clouds began to clear as we made our journey.

Following Jenny's (the team leader on the day) excellent directions, we easily found the marshals and race director to direct us to our offloading point, and to where to park our vehicle for the day. It was fresh and sunny, with a breeze making it pretty cool inside the marquee, which comprised a perfect massage area. It wasn't long before some of the estimated 2,400 runners

began to arrive with family, friends, partners, kids, and even pet dogs. You could feel the nervous tension rise inside and out of the marquee as more and more arrived.

I was delighted to be able to provide pre-race massage to a lovely lady named Julie. As she lay there full of nerves, she shared her story: on turning 60 years of age, she had decided she wanted to take up running and complete a half marathon. So, today was to be her first ever such experience. 'Wow!' was all I could say. We prepared her leg muscles with a good warm up, calmed her tense shoulders and set her on her way. I was

keenly aware of how important it was to give 100% positive motivational chit-chat at that point with her, avoiding any element of doubt to creep in. She just wanted to complete the race before the cut off time.

Our massage service hit a lull once the competitors had set off, granting us time to chill in the sun, eat, and also listen to an awesome presentation by a member of The Running School in Southampton called Lee. We got to try out his 'magic mat', which was impressive in picking up our compensations and lack of basic co-ordination.



## Event Work



Then all of a sudden, it was time to be ready for action as the first runners came in. We were performing 15-minute treatment slots, and it wasn't long before all nine of us were working flat out on legs, gluts, and lower backs. From 11.30 am to 2.30 pm, we took care of approximately 65 runners between us. It was a well-oiled machine, so the runners didn't have to wait long even if they hadn't pre-booked their session. It was a wonderful experience, and such positive team work was displayed by all.

Now, I know you're wondering what happened to our 60 year-old Julie... Well I was head-down busy with a runner when I heard an elated and excited voice come bounding up next to me. It was Julie, who had come in specially to announce that she had completed her race well within the cut-off time, in 2 hrs 20 min, and had had an amazing run. This was a moment of absolute joy for her, she was so appreciative for the support, gave me a huge hug,

and expressed how she had thoroughly enjoyed her first half marathon. This moment I'll never forget! Awesome lady, so inspirational – just shows it's never ever too late to try something new, even a half marathon in your sixties!

We were about the last to pack up, on a high note of working with Jenny

Doughty from 'Back to Action Sports Clinic'. A huge thank you to Jenny (who was just wonderfully calm, friendly, kind, and professional) for the opportunity to help her promote her clinic and help so many runners on the day. I am sure I can vouch for the others that it was a great day out!



# Massage at London Marathon 2015 in pictures





## Event Work

# Event work update

From Tanya Ball



A warm welcome to all new and existing members to the ISRM Event Work section. May I start with a couple of 'Please note' requests for the benefit of eager students wishing to become involved in event massage, and their tutors:

- **Students (and anyone else interested):** you will find at the end of this report, full details on how to become involved in ISRM-organised event work. This information is repeated in every (electronic and hard copy) Issue of the Newsletter, so please refer to this rather than emailing me individually about 'how to get involved'... thank you.
- **Tutors:** please would you likewise direct all student event work enquiries as above. By all means mention my name as ISRM event work coordinator but *please ensure you instruct people NOT to email me 'to get involved'*. Very grateful thanks.

NB: Members' enquiries regarding an event they may be involved in and require a team for are of course very welcome.

Thank you to everyone for assisting me in this way.

### 2015 Summary

Despite ISRM again not having been involved in the Blenheim and London

Triathlons this year, 2015 has none the less been an active year in terms of ISRM providing onsite SRM (Sports & Remedial Massage) at sports events. A number of members offered their wide-ranging soft tissue skills at the following events this year:

- Fleet pre-London ½ Marathon – March
- London Marathon – April
- Full Circle Fund (Charity) Cycling Event, Oxshott, Surrey – May
- Bournemouth 7's Festival, Bournemouth – 3-day event – May
- Tackle Africa Football Marathon, London – June
- Basingstoke Hockey Festival, Basingstoke – July
- Ride London, Surrey/London – August
- Tonbridge ½ Marathon – October
- Royal Parks ½ Marathon, London - October

Four ISRM teams supported charities at the fast-growing, challenging 100-mile Ride London cycling event. Based on recent years, I believe this has the potential to develop into a comparable fundraising event to the London Marathon, with ever more charities involved, and hence ever-increasing demand for post-event SRM support, so this is a valuable event to focus our efforts on in the coming years.

In addition, we received requests from charities for various smaller events, but unfortunately some of these failed



Basingstoke Hockey Festival

to materialise as either they recruited therapists from other sources (charities often approach several massage providers concurrently, which can be frustrating), or no response was received from members.

The above represents participation from some 150+ students/graduates – a 20%+ increase on 2014. My grateful thanks and congratulations to each one of you, as we could not deliver our high quality of services without your support.

***If you enjoyed your experience, I urge you to spread the word and encourage others to follow suit.*** Besides providing excellent all-round 'work experience' (getting to the venue with all necessary equipment, 'thinking on your feet' due to short, consecutive 'one-in, one-out' treatment slots, variety of client needs, etc.), it can also prove a valuable promotional exercise as you can hand out business cards, leaflets, etc., and are likely to treat some competitors local to you.

Reports on and/or photos of some of the above events can be found elsewhere in this Section, and make excellent reading/viewing, reflecting the buzzing atmosphere – enjoy!



## Event Work

### 2016 and beyond

I am awaiting confirmation at the time of writing regarding our involvement in some of our 'regular' events next year, but there is already a February 2016 event in the pipeline, the Fleet Pre-London ½ Marathon is almost certainly 'on', while the London Marathon is definitely confirmed. I will be uploading details of these on the ISRM website from late December/early January (as they become confirmed), so please keep an eye on these if you are interested. Further events will of course be added as and when they are confirmed. I am also actively pursuing other event work opportunities which hopefully will materialise and be announced in due course.

### The ISRM event work registration process

(This reminder features in each Issue, primarily for the benefit of new Members, but I still also receive email enquiries about 'how to get involved' from existing Members...)

**Would all members, specially new student members for whom this is their first ISRM Newsletter, please kindly note the one and only Event Work registration process below, thank you.**

Registration for any/all ISRM event work is available **exclusively online**. For logistical reasons, there can be no exception, and because the Event Work web page is understandably accessible to members only (as the ISRM fund the associated administrative costs), it follows that applicants/participants must be ISRM members. Unfortunately I regularly receive e-mails from people unable for some technical reason to access the page, or... because they are not/no longer ISRM members. I can only advise people to ask to borrow someone else's PC in the former case, or to (re-)join the ISRM and reap its many benefits in the latter case!



*Basingstoke Hockey Festival*

In addition, to qualify for ISRM event work, Professional Indemnity and Public Liability insurance at the appropriate level (student/graduate), valid at the time of the event is mandatory. We regret that no exceptions can be considered. Students must also have successfully passed their Weekend 5 General Massage assessment in order to be considered. Very rare exceptions may be made at ISRM's discretion.

### How to apply for Event Work:

- From the ISRM home page ([www.theisrm.com](http://www.theisrm.com)), login
- Click on 'Your ISRM' and select 'event work' from the drop-down menu
- Follow any (very easy) instructions to view the current list of events
- Click on whichever you are interested in
- READ CAREFULLY the information in red below the event, and ENSURE that you are available on the date of the event(s)
- Please, please, PLEASE ensure that you enter **ALL** details requested including your 'status' e.g. 'student', 'recent graduate', etc.,
- Please, please, PLEASE only apply (click) **once** for a given event! Some people have managed to click as many as seven times for the same event...

Duplicate entries are difficult for me to spot due to the automated system, and once an applicant has been approved, I am unable to delete them from the relevant event team list. This again means having to e-mail that person individually to ask them to cancel one of their applications, unnecessarily wasting time I could be devoting more productively to the Event Work scheme. If you cannot 'see' the event you are looking for but know it was previously on display on the web page, the most likely reason is that I have 'closed' the event because applications have reached full capacity. Please therefore do not e-mail me individually to ask if you may be included – events fill on a first come, first served basis and it is therefore up to members to 'jump in early' if they want to secure a place. Please note however that sometimes a 'closed' event may re-appear nearer the date if withdrawals mean that new places have become available, so it is a good idea to keep checking.

Should you encounter problems with registering which you suspect to be website-related, **please contact ISRM** – not me – as this is well beyond my control, let alone my skills! Thank you.

A very grateful 'thank you' to all those who have supported/continue to support ISRM events over the years. Remember, we could not possibly field these teams nor provide the quality of service without each one of you.



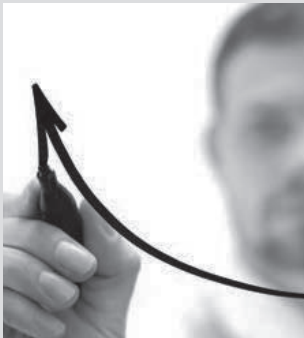
*Basingstoke Hockey Festival*

Expand your knowledge, enhance your skills

## BUSINESS BUILDER WORKSHOPS

# THE THERAPY CENTRE

FOR ALL YOUR COMPLEMENTARY THERAPY NEEDS



Are you a self-employed complementary therapist, who's looking to start, increase or improve your business?

If so this workshop series is for you. Developed by James Barnett, self employed practitioner and owner of The Therapy Centre, this series of workshops will show you how to successfully build your Complementary Therapy business.



Why choose these workshops?

Unlike other courses run by other business professionals this course has been developed and written by James, using his extensive first-hand experiences working as a practitioner.



How much does it cost?

The first workshop is free, with no obligation to continue. After that the remaining four workshops cost just £250.

Workshop 1 (Free session)

- Welcome to your dream, let's get planning
- Start a high level business training plan for the next 12 months
- Strengths, Weaknesses, Opportunities, Threats. An analysis of your business so far.
- The hard yards

Workshop 2

Finances and the importance of spending your money wisely

Workshop 3

How to create or improve your brand/identity

Workshop 4


Marketing and Advertising - What to do and when


Workshop 5

Rapport, skill development and ethics

To find out when the next set of workshops starts, to book, or to find out more information, please contact James:

01722 340364 07508 588542  
enquiries@therapy-centre.co.uk

 [www.facebook.com/TheTherapyCentreSalisbury](http://www.facebook.com/TheTherapyCentreSalisbury)

 @therapy\_centre

BUSINESS BUILDER WORKSHOPS

Expand your knowledge, enhance your skills

## 'Business building' Workshops with James Barnett

Each workshop will last around 2 – 2.5 hours and will start at 10.30am on the dates below.

Sunday 28th Feb 2016 – Session 1 (free)

Sunday 6th March 2016 – Session 2

Sunday 20th March 2016 – Session 3

Sunday 3rd April 2016 – Session 4

Sunday 17th April 2016 – Session 5

**Venue details:** The Therapy Centre, 57 Winchester Street, Salisbury, SP11HL.

For all details and/or to book, please contact James as follows:

**Email:** enquiries@therapy-centre.co.uk, **Website:** www.therapy-centre.co.uk

**Phone:** 01722 340364 / 07508 588542.

## Refresher Sessions with Sarah Tidey

Refresher/Revision sessions

*Designed to target your areas of weakness.  
Come armed with a list of injury scenarios, joint  
assessment that would like to revise... Or just a  
list of things you have forgotten!!*

**Dates:**

26th Feb 2016                      13th May

18th March                         10th June

15th April                          8th July

**Time:** Fridays 10-2pm

**Venue:** 15 Parkstone Heights,  
Parkstone, Poole, BH14 0QE

**Cost:** £60

**\* 4 people max\***

- Revising all techniques
- Introducing tips to avoid getting 'stale'
- Refresh the way you assess injuries and work out treatment plans
- Review rehab protocols

For further details or to book a session, please contact Sarah Tidey at: sarahtidey@ymail.com

## First Aid at Work Course with Colin Iggleden

One-day course

**Choice of dates:**

Sunday 7th Feb

Saturday 23rd April

Saturday 7th May

**Time:** 10-4pm.

**Venue:** Health Professions building  
(Building 45)  
Southampton University  
Burgess Road  
Southampton  
(Same venue as LSSM course)

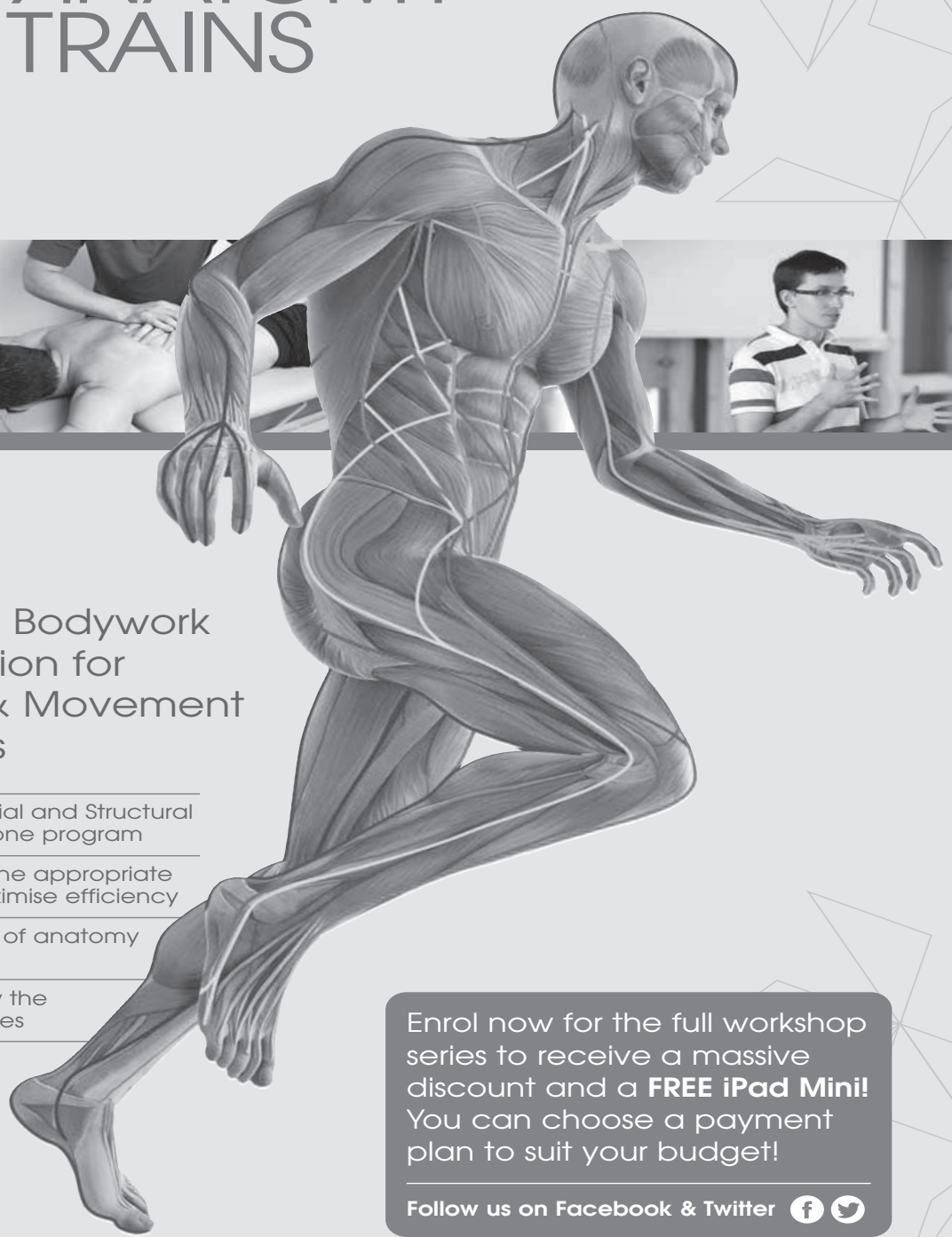
**Cost:** £70

For further details or to book place,  
please contact:  
Sarah Tidey at: sarahtidey@ymail.com

Expand your knowledge, enhance your skills



# ANATOMY TRAINS



**NEW!**

## Structural Bodywork Certification for Manual & Movement Therapists

Functional, Fascial and Structural  
Approaches in one program

Learn to make the appropriate  
changes to maximise efficiency

Break the myths of anatomy  
and physiology

Understand how the  
body really moves

Enrol now for the full workshop  
series to receive a massive  
discount and a **FREE iPad Mini!**  
You can choose a payment  
plan to suit your budget!

Follow us on Facebook & Twitter  

Expand your knowledge, enhance your skills

Anatomy Trains is changing.  
By integrating the most recent research  
and the latest understanding of  
biomechanics and myofascia we have  
updated and improved our training.



The modular, weekend workshop format is designed to give the student more flexibility in their learning compared to the previous longer format.

It is more affordable, requires less time away from work and loved ones and can be taken in any order – letting you decide the speed of your progression through the series.

Building on the renowned Anatomy Trains and Thomas Myers' style of BodyReading, our training now also includes much more functional assessment which combines, biomechanics and functional anatomy alongside the myofascial meridians.

You will come away with a model of efficient and graceful movement, and a clear understanding of the roles of the various types of fascia and their interactions with the neural and muscular tissues. Most of all, you will learn assessment techniques to identify weak links and a range of effective treatment strategies to correct them.

Beginning with the newly updated Anatomy Trains weekends, we will give you a general overview of the body, bringing you up to date with the newest thinking on how the body 'likes' to move.

By analysing the bones and joints we can see the channeling effects of the forces through the body and how they fit into the Anatomy Trains model to create a map of the body's response during normal function.

Each subsequent weekend will build on the introduction, deepening your understanding of the area covered and including new assessments and techniques to create a comprehensive analysis and treatment system.

It is a system that allows the therapist to design unique, dynamic and effective interventions for each client, strategies that will allow them not only to feel better but also move with greater ease and comfort.

## Expand your knowledge, enhance your skills

### Anatomy Trains in Structure & Function

In this new and expanded workshop format you will learn about the myofascial tissue and its many roles in the body. You will begin to appreciate how the body incorporates the Anatomy Train Lines to create easy and graceful movement – provided they are in some form of balance and harmony; restriction or weakness in one section can have many knock-on effects elsewhere.

This workshop will show you how that happens, how to trace the lines of strain and, most importantly, how you can develop strategies to deal with them.

This is the first workshop to combine Anatomy Trains theory alongside structural and functional anatomy and analysis, blending together the concepts of tensegrity with elastic recoil for movement efficiency.

- **Get the latest information on fascia, muscle, and movement.**
- **Be able to identify the 12 myofascial meridians and their link to human growth, development, perception and consciousness.**
- **Accurately “BodyRead” posture and movement; assess your clients in a new way.**
- **Gain effective myofascial and movement strategies.**
- **Develop treatment strategies specific to your clients’ structural and functional patterns.**

**Anatomy Trains in Structure & Function courses give you new techniques to transform structure by reaching deeper issues in the tissues.**

### Anatomy Trains in Structure & Function (formerly ATI & ATII)

Dates:  
 2-3 & 28-29 September 2015 – London  
 30-31 Oct & 1-2 Nov 2015 – Birmingham  
 21-22 Nov 2015 & 16-17 Jan 2016 – Suffolk  
 30-31 Jan & 5-6 Mar 2016 – Oxfordshire  
 1-2 Febru & 25- 26 May 2016 – London

### Anatomy Trains in Motion

Dates:  
 22-24 April 2016 – London  
 30 September - 2 October 2016 – London

### Walking the Lines

Dates:  
 12-14 February 2016 – London  
 27-28 February 2016 – Brighton

### Fascial Release & Functional Movement Series

Designed with the busy therapist in mind, these workshops can be taken in any order. The unique circular skill-building which is inherent in the system means that you do not have to fit your diary around ours. Each workshop can stand on its own to give you new understanding of each area and how the structural and functional anatomy relates to many common issues.

### Arches & Legs

We will look at the structure of the foot and its interaction with the ground and the forces coming from the leg muscles, creating strategies to improve mechanics by dealing with myofascial restrictions and imbalances.

Dates:  
 12-14 October 2015 – London  
 18-20 March 2016 – Oxfordshire

### Fans of the Hip

The hip and pelvis combine to transfer the forces from two legs to one spine and therefore have a hugely complex role to fulfil in the body. This course sheds light on the pelvis – the keystone of human architecture – by organizing the 20 or so muscles of the pelvis into three fans. Get specific with sensitivity.

Dates:  
 13-15 May 2016 – Oxfordshire

### Abdomen, Breath & Chest

This workshop focuses on the rib cage and its relationship with the pelvis and how structural issues in the trunk can compromise the breath.

Dates:  
 4-6 September 2015 – Bristol  
 23-25 November 2015 – London  
 17-19 June 2016 – Oxfordshire

## Expand your knowledge, enhance your skills



### Tensegrity Spine

This workshop examines the spine as a tensegrity truss. The spine is an integral part of our structure and we all know the painful effects of incorrect mechanics when it doesn't work. However, we often fail to appreciate the wonderfully adaptive job it does when the vertebrae are allowed to 'float' in myofascial balance.

Dates:

4-6 December 2015 – Exmouth

23-25 September 2016 – Oxfordshire

### Shoulders & Arms

You will learn to recognize 'ideal' and compensated patterns and how to tie them into the story of the rest of the body. This will allow you to see what work needs to be done to create lasting results for this region of the body.

Dates:

12-13 March 2016 – Exmouth

21-23 October 2016 – Oxfordshire

### Head, Neck & Jaw

The neck is a remarkable feat of biomechanical engineering and this course will focus on key areas of the neck and jaw complex to enable you to create successful strategies and thereby set the body up for long-lasting change.

Dates:

12-13 September 2015 – Oxfordshire

4-5 June 2016 – Exmouth

26-27 November 2016 – Oxfordshire



## ANATOMY TRAINS

### Structural Bodywork Certification Module

Learning the 3-Session Series - after completing the full series of FRSB workshops you will be able attend the final 8-day section (3 days on, 2 days off and 5 days on). You will learn how to combine them into a 3-session format to create a powerful tool in producing long-lasting change and benefits for your clients. Sessions will be demonstrated in class. You will then exchange the series with a class partner before working on an outside model to ensure your familiarity and competence with the full process.

Dates:

6-15 November 2015 – Oxfordshire

16-26 February 2017 – Oxfordshire

### KMI Part3 – Structural Integration Training

Dates:

16 February - 4 March 2016 – Oxfordshire

4-21 April 2016 – Oxfordshire

### James Earls – Active Fascial Release

Dates:

22-24 October 2015 – Belfast

20-22 May 2016 – London



Check our website for full details:  
[www.anatomytrains.co.uk](http://www.anatomytrains.co.uk)

## Expand your knowledge, enhance your skills

Details of all other CPD workshops can be found on the ISRM website

### Hampshire-based CPD & tailored under-/post-graduate tuition programme with Tanya Ball

A wide range of high quality courses, workshops, or tailored Tutorials are available for all levels throughout the academic year in Kempshott (M3 J7 just South of Basingstoke).

The Winter/Spring 2016 CPD/Tutorial Programme is available in this Section, or can be requested by e-mailing [Tanya@tmb-src.co.uk](mailto:Tanya@tmb-src.co.uk)

**Requests for tutorials or workshop subjects not featured in Programme are welcome!**

Thank you in advance for your interest.

Tanya Ball MSc BA BCSI LSSM MISRM MCNHC MIASI  
Remedial Soft Tissue Therapist / Board Certified Structural Integrator

For further ISRM-accredited CPD workshops and courses, visit [www.theism.com](http://www.theism.com)

### Winter/Spring 2016 Hampshire Tutorial/CPD Programme - Basingstoke Course Programme

Tutor: Tanya Ball MSc BA BCSI LSSM MISRM MCNHC MIASI  
Clinical Soft Tissue Therapist / Board Certified Structural Integrator  
e-mail [Tanya@tmb-src.co.uk](mailto:Tanya@tmb-src.co.uk) / website [www.tmb-src.co.uk](http://www.tmb-src.co.uk)

Day	Workshop	Level	Course details
Thursday 18/02/16 2 pm-5.30 pm	Restriction/compensation patterns: lower leg, ankle, and foot: essential assessment = effective treatment HALF DAY	Intermediate - L5 Dip. w/e 5+ students/ graduates seeking confidence/ broader techniques etc.	<b>Restriction' over time leads to 'compensation'. How do we unravel this 'chicken and egg' enigma?</b> Understanding the <b>source</b> of pain/overuse injury: learn to 'see', interpret what you 'see', and focus on effective, relevant treatment.
Thursday 03/03/16 2 pm-5.30 pm	Fascial Release for the foot, ankle, lower leg HALF DAY WORKSHOP	Introductory/ intermediate	Learn/enhance your ability to address fascial restriction/imbalance to enhance clients' postural and functional support. Discover/expand your skills in seeing and addressing the 'whole' beyond the 'local', and effectively influencing troubled areas 'from a distance'.
Thursday 17/03/16 2 pm-5.30 pm	Positional Release (PRT) integrating Neuro-Muscular technique (NMT) HALF DAY WORKSHOP	Intro/ intermediate	PRT can be particularly useful in addressing acute/sub-acute pain, with optimal results when combined with NMT (see above). Many 'chronic' presentations also respond very well. Attending both workshops in order is recommended.
Thursday 24/03/16 2 pm -5.30 pm	Safe working posture- how well do you protect your body as a therapist? HALF DAY WORKSHOP	Introductory/ intermediate	<b>Essential review opportunity</b> if you suffer from overuse strain (hands, back, neck, shoulder...) in your work as a manual therapist! (Re-) learn how to use your bodyweight and protect yourself more effectively, reducing fatigue whilst enhancing efficacy.
Thursday 07/04/16 2 pm-5.30 pm	Restriction/compensation patterns: the hip & knee: essential assessment leads to effective treatment HALF DAY WORKSHOP	Intro/ intermediate	<b>Restriction' over time leads to 'compensation'. How do we unravel this 'chicken and egg' enigma?</b> Understanding the <b>source</b> of pain/overuse injury: learn to 'see', interpret what you 'see', and focus on effective, relevant treatment.



## Expand your knowledge, enhance your skills

Thursday 21/04/16 2 pm-5.30 pm	Fascial Release for the thigh, hip, & knee HALF DAY WORKSHOP	Intro/ intermediate	Learn/enhance your ability to address fascial restriction/imbalance to enhance clients' postural and functional support. Discover/expand your skills in seeing and addressing the 'whole' beyond the 'local', and effectively influencing troubled areas 'from a distance'.
Thursday 28/04/2016 2 pm -5.30 pm	Soft Tissue Release (STR) consolidation/ development HALF DAY WORKSHOP	Introductory/ intermediate	Ideal to refresh and develop further skills – reaching those 'difficult' muscles, making STR more specific. Also ideal 'bridging' workshop for therapists aspiring to ISRM accreditation, or as L5 Dip. Pre-exam revision.
Thursday 12/05/16 2 pm-5.30 pm	Restriction/compensation patterns: the lower back and pelvis: essential assessment leads to effective treatment HALF DAY WORKSHOP	Intro/ intermediate	<b><i>Restriction' over time leads to 'compensation'. How do we unravel this 'chicken and egg' enigma?</i></b> Understanding the <b><i>source</i></b> of pain/overuse injury: learn to 'see', interpret what you 'see', and focus on effective, relevant treatment.
Thursday 26/05/16 2 pm-5.30 pm	Fascial Release for the lumbar & pelvic region HALF DAY WORKSHOP	Intro/ intermediate	Learn/enhance your ability to address fascial restriction/imbalance to enhance clients' postural and functional support. Discover/expand your skills in seeing and addressing the 'whole' beyond the 'local', and effectively influencing troubled areas 'from a distance'.
Thursday 02/06/16 2 pm-5.30 pm	Muscle Energy Technique (MET) consolidation/ development HALF DAY WORKSHOP	Intermediate - L5 Dip. w/e 6+ students/ graduates seeking confidence/ broader techniques etc.	Ideal to refresh and develop further skills – targeting those 'difficult' muscles, making MET more specific. Also ideal 'bridging' workshop for therapists aspiring to ISRM accreditation, or as L5 Dip. Pre-exam revision.
Thursday 16/06/16 2 pm-5.30 pm	Restriction/compensation patterns: the cervical and thoracic region: essential assessment leads to effective treatment	Intermediate - L5 Dip. w/e 5+ students/ graduates seeking confidence/ broader techniques etc.	<b><i>Restriction' over time leads to 'compensation'. How do we unravel this 'chicken and egg' enigma?</i></b> Understanding the <b><i>source</i></b> of pain/overuse injury: learn to 'see', interpret what you 'see', and focus on effective, relevant treatment.
Thursday 23/06/16 2 pm-5.30 pm	Pre-assessment/pre-exam revision - <u>HALF DAY TUTORIAL</u>	Intro/ intermediate	Ideal opportunity to consolidate skills / maximise confidence ahead of assessments or exams. Students to select tutorial content in advance e.g. STR/MET/other...
Thursday 30/06/16 2 pm-5.30 pm	Fascial Release for the trunk/thoracic/cervical area - HALF DAY WORKSHOP	Introductory/ intermediate	Learn/enhance your ability to address fascial restriction/imbalance to enhance clients' postural and functional support. Discover/expand your skills in seeing and addressing the 'whole' beyond the 'local', and effectively influencing troubled areas 'from a distance'.
			<b><i>Other suggestions welcome!</i></b>

### Details for all above courses

Venue: Basingstoke, Hampshire (7 mins' from M3 J7 just South of B'stoke).

Tutor: Tanya Ball

Workshop enrolment fee: (Half-day workshops): £50 per person

Please note that a minimum of four Delegates is required for a workshop to run.

For further information and an enrolment form, please email Tanya at: [tanya@tmb-src.co.uk](mailto:tanya@tmb-src.co.uk) - Thank you.

***Please note that full payment for your selected workshop(s) must be received at the time of enrolment to guarantee your place on the relevant course(s). Should a course be postponed or cancelled due to insufficient uptake, you will be offered the choice of a full refund, or the reallocation of your fee to another workshop of your choice.***

***Please make cheques payable to 'Tanya Ball' and email [Tanya@tmb-src.co.uk](mailto:Tanya@tmb-src.co.uk) for forwarding address, thank you.***

CPD hours: three and a half CPD hours per half-day.

Rare opportunity – FREE Bodywork Sessions!



Anatomy Trains UK are holding  
a Structural Bodywork Certification Training Series  
for practitioners from all over the world, taking place at:

**The Memorial Village Hall,  
Weston-on-the-Green, Oxfordshire**

They need models for postural assessment followed by FREE structural bodywork. The work will be performed by a class student, but all students are qualified practitioners of other modalities and they will be closely supervised by Certified Trainers of Structural Bodywork. You will be receiving high quality bodywork from a well-trained practitioner.

---

**Models MUST be available on ALL of the following days please:**

- S1 Friday 19 Feb 2016
- S2 Sunday 21 Feb 2016
- S3 25 Thursday Feb 2016
- S4 27 Saturday Feb 2016
- S5 Wednesday 02 March 2016
- S6 Friday 04 March 2016
- S7 Thursday 07 April 2016
- S8 Saturday 09 April 2016
- S9 Wednesday 13 April 2016
- S10 Friday 15 April 2016
- S11 Monday 18 April 2016
- S12 Wednesday 20 April 2016

All model sessions will take place in the afternoon, the first one commencing at 12:45 pm and the last one at 4:00 pm, and models will be allocated a two-hour slot within that window.

***To apply to be a model, please contact Tanya on  
[Tanya@anatomytrains.co.uk](mailto:Tanya@anatomytrains.co.uk) or  
Call the office on: 028 9058 0764***

*(Please note – this is a different ‘Tanya’ from the Newsletter Editor – please do not contact me regarding this opportunity, thank you... – Ed.)*



# MARSHCOUCH

**Special Offer  
to all ISRM  
Members**

All couches made to order.  
Contact Marshcouch on

**01442 263199**

**5% off all  
Couch orders!**

**Marshcouch@aol.com**

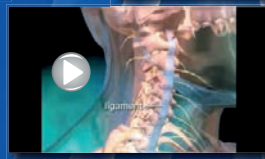
**FOR HANDS-ON  
MANUAL THERAPISTS**

**sportEX  
dynamics**

SPORTEX DYNAMICS is published quarterly and written specifically for manual therapists. A standard subscription includes both printed journals and an online version.

SPORTEX DYNAMICS gives you:

- Case studies and protocols
- Clinical reviews
- Printable client advice leaflets
- Online quizzes which provide CPD certificates
- A summary of each quarter's key research
- An online reference resource of over 300 articles



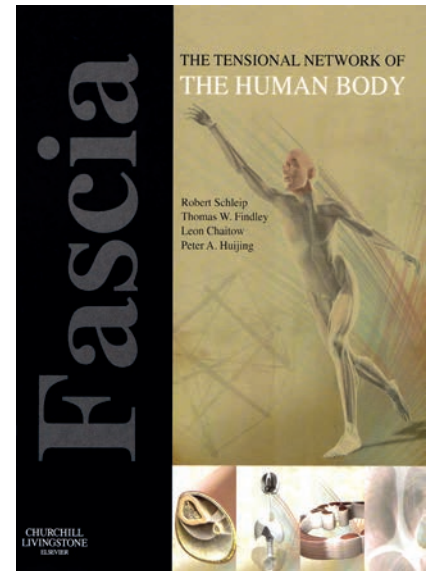
Videos,  
animations  
and CPD  
quizzes  
online

**ANNUAL SUBSCRIPTION FROM ONLY £54  
USE CODE ISRM15OFF TO CLAIM YOUR  
UNIQUE ISRM 15% DISCOUNT**



**ORDER  
A FREE  
SAMPLE  
AT**

**WWW.SPORTEX.NET**



## Journal of Bodywork and Movement Therapies

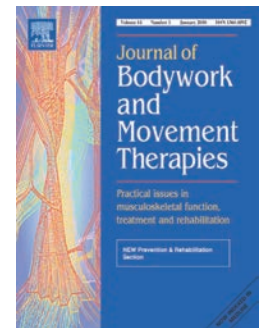
NEW – Prevention & Rehabilitation Section

**Editor: Leon Chaitow ND DO, UK**

Associate Editors: **John Hannon, DC, USA; Glenn M Hymel, EdD, USA;**

**Dimitrios Kostopoulos, PhD, USA; Craig Liebenson, DC, USA;**

Prevention & Rehabilitation: **Warrick McNeill, MSCP, UK; Matt Wallden, DO, UK**



*Journal of Bodywork and Movement Therapies* brings you the latest therapeutic techniques and current professional debate. Publishing highly illustrated articles on a wide range of subjects this journal is immediately relevant to everyday clinical practice in private, community and primary health care settings.

## 15% discount for members of the Institute of Sport & Remedial Massage

All members of the ISRM are entitled to a **15% discount** to an annual subscription to the *Journal of Bodywork & Movement Therapies*.

Want to subscribe? – Four issues per annum – £72. Contact Customer Services and quote your ISRM member number. **Journals Customer Services – email: JournalsCustomerServiceEMEA@elsevier.com, Tel: 01865 843434**

VAT to be added\* Elsevier is obliged to add VAT at the appropriate member country rate for unregistered customers in all EU states, with the exception of Luxemburg.



Below are a selection of websites that might be of interest to you. If you have discovered some others that you would like to share, please send them along to [admin@theism.com](mailto:admin@theism.com) Thanks

<http://www.movementlectures.com>

[www.news.bbc.co.uk/1/hi/business](http://www.news.bbc.co.uk/1/hi/business)

[www.getbodysmart.com/ap/muscularsystem/quizzes/upperextremities/menu/menu.html](http://www.getbodysmart.com/ap/muscularsystem/quizzes/upperextremities/menu/menu.html)

[shoulderdoc.co.uk](http://shoulderdoc.co.uk)

[sportsinjuryclinic.net](http://sportsinjuryclinic.net)

[stopsportsinjuries.org](http://stopsportsinjuries.org)

[sportsresource.org](http://sportsresource.org)

[leonchaitow.com](http://leonchaitow.com)

[osceskills.com](http://osceskills.com)



ISRM is on the Sport and Remedial Therapies Council, which is recognised by CNHC as the lead body for Sport and Remedial Therapies.



## Complementary & Natural Healthcare Council

ISRM Therapists can register with the Complementary and Natural Healthcare Council which is backed by the Department of Health

### VALIDATED SCHOOLS



**LONDON SCHOOL OF SPORTS MASSAGE**  
Central London, Southampton & Brighton  
[www.lssm.com](http://www.lssm.com)



**Oxford School of Sports Massage**  
Oxford  
[www.ossm.co.uk](http://www.ossm.co.uk)



**ACTIVE SCHOOL OF COMPLEMENTARY THERAPY**  
Loughborough  
[www.activerecovery.co.uk](http://www.activerecovery.co.uk)



**SCHOOL OF NATURAL THERAPIES**  
Clapham, London  
[www.schoolofnaturaltherapies.co.uk](http://www.schoolofnaturaltherapies.co.uk)



**BLUECHIP MASSAGE CPD**  
Central London (CPD only)  
[www.bluechipmassage.co.uk](http://www.bluechipmassage.co.uk)



**Massage Training School**  
Exmouth  
[www.themassagetrainingsschool.com](http://www.themassagetrainingsschool.com)



**Cambridge School of Sports Massage**  
Cambridge  
[www.thecssm.co.uk](http://www.thecssm.co.uk)

#### » FIND A THERAPIST

A register of ISRM members is available to the public on [www.theism.com](http://www.theism.com)

» **ADVERTISING:** ISRM offers free advertising to employers offering work opportunities to our members. Please contact: [admin@theism.com](mailto:admin@theism.com)

Designed & Printed by  
QP Printing  
07593 025013  
[info@qpprinting.co.uk](mailto:info@qpprinting.co.uk)

**QP**  
Printing