

Within Reach

FEBRUARY
2001

AMTA Texas Chapter Newsletter: ALL THE NEWS THAT'S FIT TO TOUCH

Insurance Reimbursement:

A Case for Insurance Alliances

Debra Brooks

AMTA National Member-at-Large

Being a provider for an HMO (Health Maintenance Organization), PPO (Preferred Provider Organization), or EPO (Elective Provider Organization) is a profitable alliance for the massage therapist. There are many massage therapists that see it differently and are spreading false information throughout the massage profession, false information based on fear instead of an honest and open look at and discussion of the issues involved. Massage therapy is a relatively young profession. If massage therapists are to gain the respect of other professionals, we must behave professionally, perform professionally and interact with other professionals in a manner that gains their respect.

Benefits of an Alliance

A massage therapist who elects to be a provider for an insurance company, or several companies, benefits in the following ways:

The insurance companies provide the massage therapists with a base of thousands of clientele, at no cost.

The insurance companies do all the marketing and are constantly introducing new products and increasing their base of clients that massage therapists have access to, at no cost.

The insurance companies promote massage therapy through their newsletters and list all massage providers, their location and telephone number in their provider booklet and on their Web site. Again, at no cost. Also, this means that no matter where the client chooses to vacation, they will be able to find a massage therapist in that area.

Massage therapists receive increased credibility because insurance companies are respected third party payers. As one of their providers, you get the insurance company's stamp of approval. Being affiliated with an insurance company publicly demonstrates that you are a credible profession and ready to take your place among other health professionals. Isn't this what we are looking for? Hasn't the AMTA been working hard for us to be accepted as creditable in the health care profession?

Competency and Responsibility

If we are to be accepted as a full partner in the health care profession, we must be competent and responsible. These are the two qualities the insurance companies and other professions look for in their peers. If we are not competent and responsible we will not be taken seriously in the health care profession

What Insurance Companies Require

When you apply to become a provider for an insurance company they will want to credential you. They are looking for information about you and your background that will justify their giving you their stamp of approval. They only recommend massage therapists that have met the minimum requirements acceptable in our profession. The insurance companies want to know the same information your state requires when you applied for a license, if you reside in a state that has licensure. They want to know what massage school you graduated from, how many hours in the school's program, are you licensed, are you Nationally Certified, do you have a criminal record, do you have liability insurance and the location and telephone number of your office. It is not a difficult process. They only want to know what any reasonable person would want to know before recommending you.

Your clients refer their friends because they know you, trust you and understand your background and quality of work. Credentialing is the process where insurance companies get to know you and trust you. Based on the credentialing information, insurance companies refer their clients to you.

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**insurance
reimbursement**



unit reports



how pain hurts



alternative medicine



massage therapy



readers response

Alternative/Complementary Benefits

Over the past few years, based on subscriber pressure, the pressure of competition and pressure from the general public, most insurance companies have added alternative/complementary benefits to their offerings, massage therapy being just one. In states where there are mandated benefits, there are generally limits to the frequency of the services used and fees. This is based on the premiums of the insurance policy. Like anything else, the higher the insurance premium the more benefits you will receive.

There are no free benefits in life. When you receive reduced insurance rates, or increased benefits at no additional cost, someone else will be picking up part of your costs. Conversely, in similar circumstances, you will pick up part of someone else's cost. The cost of an insurance policy is based on the size of the group you are in, the age and general health of the people in that group and other actuary statistics. The days of insurance companies paying all charges submitted by providers disappeared decades ago.

To look at it from another perspective, if the insurance companies take in \$100.00 in premiums they cannot afford to pay out \$110.00 in benefits. Therefore, they try to balance the group with some people who will most likely not use the benefits with people who will probably use their benefits frequently. They also try to balance one group against the other. The insurance company's, or any company's, bottom line is the same as yours. More money must be taken in than goes out.

A second approach that many insurance companies are taking is to offer alternative/complementary programs at no cost to the subscriber. In these cases massage therapists are not required to keep or submit reports to the insurance

companies, there are no limits to the number of times the client can come for a massage and there are no additional fees. The insurance companies only ask that you give their subscribers a 10% - 20% discount, depending on the insurer. If you stop to think about the value of your time, it would cost more to submit the paperwork each time to the insurer than the amount you have discounted your services.

A third approach that is beneficial to massage therapists has been taken by Landmark Healthcare, Inc. of California. Landmark is a national health care company expressly focusing on complementary and alternative pathways to health. It has a long history of arranging for clinically supported complementary alternative medicine (CAM) programs within the managed care environment. The company is parent to 11 subsidiaries across the company. What are the benefits of this type of structure? You credential once and become a provider to many insurance companies simultaneously. No credentialing with every insurance company. You instantly are listed as provider in all the affiliated companies' publications and Web sites. Your potential clientele base is increased automatically each time Landmark affiliates with another insurance company. No marketing cost, just an increased client base. They do the statistical research on consumer demands, at no cost to you. This option also asks its providers to discount its services.

Professionalism

On the professional level, it is not responsible nor is it acceptable for someone to build their argument by constantly bashing their opponent. Instead of insurance bashing, that time would be more profitably spent investigating the benefits of an alliance with the insurance industry and then deciding, on an individual basis, whether it is profitable for you to join that

particular insurance company as their provider. No one should feel pressured to enter the insurance arena nor should those who desire to join be hindered or constantly demeaned with material by those who base their arguments on personal preference, fear, ignorance, or arrogance.

At one state meeting a woman stood up and bashed the insurance industry on false information and what she thought the insurance companies would require of massage therapists. She said that the "insurance companies will tell us what we can and cannot do, how we must run our business and how much they will pay us for our services. They should not tell us. We should tell them what we will do and what we expect to be paid". That statement is myopic. Massage therapists, along with other professions (doctors, chiropractors, physical therapist, massage therapists, et.al.) will never be in a position to dictate to the insurance industry. With that type of arrogance the insurance companies just laugh at us.

If we are to be accepted as professionals, we cannot accept that type of argument, or any argument that is based on innuendo and false information. We must do our homework, research the issues, have an open and honest discussion of the issues and then make up our minds according to what is in our best interest. You think the insurance companies will listen to massage therapists or that they will not laugh at us? Think again. My wife is a Registered Nurse with her Bachelor's Degree in Health Care Administration. She has been a nurse for 37 years and for the past 16 years has worked for several insurance companies. She has had to deal with massage therapists. She has talked to massage therapists and called for their complete medical records. She has come home and asked if these massage therapists are for real. They whine, twist the story, submit false statements, want doctors to

fudge their records and come very close to, if not, cross over the line into fraud. That is not the image that massage therapists want to foster.

Insurance companies take fraud very seriously. You do not want their fraud department to look into your background. All that information goes into a national database that all insurance companies have access to. When you apply for insurance, they will research the database to determine if there are any discrepancies or problems in the information you submit.

Landmark Reports

According to the 1998 Landmark Report I on consumer demand for alternative care, 71% indicate a moderate to strong demand for alternative care. According to the 1999 Landmark Report II, 74% indicate a moderate to strong demand for alternative care. 0% believe there will be no demand. That is good news for massage therapy because the demand, in the consumer's view, is increasing. The perceived benefit of massage will encourage more people to try massage therapy as a modality to resolve their problem(s), and they will come back.

Your Decision

Massage therapy, on this issue, is at a crossroads. Are you going to continue to listen to those who prefer to whine and complain or are you going to honestly look into being an insurance provider, do our homework and make an informed decision for yourself? One thing you must remember is that there are no providers (doctors, chiropractors, physical therapist, massage therapists, et.al.) who dictate to the insurance companies what they will pay. Do you dictate the fee and requirements for your massage license? No. What about your driver's license or your National Certification? Of course not. You cannot expect to dictate to insurance companies either. Beyond just the economic benefits, there are many other benefits to being an insurance provider. Be honest with yourself and look at the possibilities carefully. When you take an honest and open look at both sides and make up your own mind, without being pressured or demeaned into making a particular decision, that is when you begin to truly be a professional.

Summary

Whether we like it or not, the general public will eventually demand that their insurers cover massage therapy on some basis and they will seek out those therapists who will take insurance reimbursement or give a reduction in their massage fees. Research shows that this is what has happened to other health care services. Massage therapy has yet to feel this pressure because it is still in its infancy. As time goes on, the general public is becoming more aware of the benefits of massage therapy and are increasingly demanding this service from their health care insurers.

David M. Munsey B.Sc., M.Sc., M.Ed. 

Within Reach

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IMPORTANT DATES

- April 19, 2001
Article Deadline for
May **Within Reach**
Contact: Rick Robinette
- April 30 – May 2, 2001
AMTA Mind, Body, Spirit Retreat
Puerto Vallarta, Mexico
Contact: 847-864-0123, ext. 143
- October 17 – 21, 2001
– Quebec, Canada
AMTA Annual Convention
Contact: 847-864-0123, ext. 143
- October 21 – 27, 2001
National Massage
Therapy Awareness Week
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How Pain Hurts- And Why Massage Helps!

Judith (Walker) DeLany, LMT

Long leg, short leg, rotation, tilt, torsion, loss of range of motion, hypermyotonia, joint dysfunction, misalignment, subluxation. The terms abound throughout health care professions to describe the numerous structural challenges that the human body can experience. Depending upon the school of approach, health care practitioners search through medications, poultices, techniques, supplements, exercises, thought patterns, tests, surgeries, books, articles, and, finally, referral lists, in an attempt to find the answers to cases which elude their solutions. Where pain and dysfunctional biomechanics are concerned, anatomy and physiology remain foundations common to all health care fields. Practitioners can still return to them to understand the problem at hand.

Causes of Pain in Soft Tissues

To get results in the area of

myofascial pain syndromes, a Neuromuscular Therapy practitioner addresses six factors of physiology which cause or intensify pain in the body. If only one or two areas are addressed, the pain may be eliminated, but the results will be inconsistent and arbitrary. Pain may return in a few days or a few weeks because one or two of the underlying causes continue to irritate the nervous system. These six factors are:

1) Ischemia- lack of blood and oxygen caused by muscular hypertonicity (spasm)

2) Trigger Points- areas of increased metabolic waste which excite segments of the spinal cord and cause referred pain or sensations to other parts of the body

3) Nerve Entrapment and/or Compression- pressure on nerves by soft tissue (muscle, tendon, ligament, fascia or skin) or by hard tissue (bone or disk), respectively

4) Postural Distortion - when the body's alignment deviates from anatomically correct position in

coronal, sagittal or horizontal planes

5) Nutrition- the intake of nutrients necessary for cellular metabolism and the exclusion of nutrients irritating and stimulating to the central nervous system

6) Emotional Wellbeing- in a word, stress

These six factors, individually and collectively, each play a role in stimulation of the central nervous system (CNS) and the peripheral tissues. The human body is designed to deal with a certain range of stimulation, efficiently and effectively. When stimulation for the external and internal environment of the body exceeds the CNS's limits, changes begin to occur in the nervous system, including the registration of pain and the occurrence of dysfunction. A look at each of these areas will help the practitioner understand the role of his/her therapy and how to integrate with other health care professions to achieve a long-lasting result.

An understanding of how the central nervous system responds to stimulation will help to clarify how

muscular contraction and spasms occur. In an article in *Massage Therapy Journal* (Summer 1989), Dr. John Upledger explained the facilitated segment in a simple and eloquent manner. Therapists interested in understanding facilitation and the role that muscles play in visceral stimulation will find this to be an engaging and thorough explanation. In Dr. Leon Chaitow's book, *Soft-Tissue Manipulation*, he refers to Michael Patterson's explanation of facilitation as follows:

"The concept of the facilitated segment states that because of abnormal afferent or sensory inputs to a particular area of the spinal cord, that area is kept in a state of constant increased excitation. This facilitation allows normally ineffectual or subliminal stimuli to become effective in producing efferent output from the facilitated segment, causing both skeletal and visceral organs innervated by the affected segment to be maintained in a state of over-activity."

In other words, when abnormal or extensive stimulation comes into the spinal cord, it sets up a cycle of excessive stimulation back out to all muscle (somatic) and organ (visceral) tissues served by that nerve segment. And, in the same respect, when a therapeutic modality interrupts the reflex cycle and removes the source of abnormal stimulation, all tissues affected by that cord segment will have decreased hyperactivity. It is important that each practitioner understand this concept in order to realize how his/her modality of treatment affects the reflex cycle and how it may be further enhanced with other modalities to end the vicious cycle of a physiopathological reflex arc. A look at the reflex arc in normal tissues and in hypertonic tissues will help to clarify how soft tissue therapy influences the tonus system.

The Normal Reflex Arc

In the normal reflex arc, stimulation from peripheral tissues enters the spinal cord at the dorsal (posterior) root. This stimulation may be from the muscles, skeleton, blood vessels or organs. It may register in long nerve fibers leading up to the brain or internuncial neurons to that same side or both sides. These neurons can refer directly back out to the tissues. It may also register in both long nerves fibers and reflex circuits. Efferent impulses will then respond out through the ventral (anterior) root to effect a response. The impulses may be magnified many times greater than the incoming stimuli.

Responses will include the muscles, vascular structures, skin, organs and cellular activity. This is a normal function and is what allows the body to respond to its environment on a second to second basis without conscious brain involvement. When stimulations from the environment occur, such as temperature changes, noise factors, increased muscular activity, etc., the body will reflexively respond to them without the need to consciously be aware of the stimulation or the response. This means that motor activity (including muscular contraction) may not only be influenced directly by the brain, but may also be influenced by the sensory system of that same muscle. In other words, the reflex arc is a nervous system on a smaller scale, by which a muscle can respond to its own world without our

conscious influence.

To further understand acute and chronic pain, let's spend the afternoon with Sam. Sam is 33 years old, is a successful computer wiz and enjoys both his high-stress job and love of sports. As Sam sits at his computer during the morning, he answers the phone on his right side. Because he is typing information from the phone conversation, he holds the phone with his shoulder, effectively shortening the levator scapula, scalenes, trapezius and sternocleidomastoid muscles on that side. His hamstrings are shortened by his constant sitting, as are his hip flexors (iliacus, psoas, and rectus femoris). His back has little support and he often finds himself slumping in the chair after hours of typing. His low backache is fairly constant, as is his neck pain. Both are aggravated by his infrequent tennis, erratic running program and nonexistent stretching. Sam is an accident waiting to happen.

While working at a fast pace and under the pressure of deadlines, Sam drinks coffee in an endless stream and consumes breakfasts and lunches made of non-nutritive and neurostimulating substances, such as sugar coated, white flour pastries, colas, preservative-laced sandwiches (to which he has an unknown allergy) and numerous junk food packets from the machine down the hall. Sam's other mealtimes have become a part of his networking time, where he meets with business associates to complete transactions and sort out problems associated with the highly competitive computer services he offers. Often he leaves the meal with indigestion and stomach upset created by the stressful conditions of doing business over dinner.

Sam has just spent the morning producing a report for one of his biggest clients. Unsatisfied with his final product, but a week past its due date, he delivers the report on his way to a lunchtime tennis match with his formidable opponent, Joe. Since he's running a little late and court time is short, Sam skips his stretching and warm-up strokes and begins to serve the ball. A couple of serves into the game, he feels a sharp pain in the right side of his neck as he tears his pre-shortened levator scapula muscle. After a few more hits, the pain increases to the point where he has to leave the court. Joe, sympathetic to Sam's pain, explains that a hot shower helps his own neck, so Sam heads to the showers. Instead of using ice to vasoconstrict the recent tear, Sam applies hot water, which increases the blood flow to the area. In an attempt to compress itself and reduce bleeding in the torn tissues, the muscle spasms even more and by the time Sam returns to his afternoon of work, his neck is immobile, his pain significant and his reflex arc well established. Sam's ischemic tissues begin to build metabolic waste deposits.

The Physiopathological Reflex Arc

As the reflex arc becomes well established, the metabolic waste deposits begin to increase, including bradykinin, histamine, prostaglandins, acids, acetylcholine, excesses of potassium ions, and proteolytic enzymes. These substances will excite pain nerve endings and could even damage them. Nutrients and oxygen are decreased and neurostimulation to the cord establishes a vicious cycle of spasm and

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inflammation. The pain is now being caused by both mechanical (pressure) and chemical (waste product) stimulation. As muscular metabolism increases, pain increases. As pain increases, chemical substances are released, inducing more muscular spasm. Physiopathology of muscle tissue is created.

As more and more ischemia and its resultant waste products build in the tissues, stimulation into the cord is significantly increased, both by the pressure receptors of the muscle and the electrochemical stimulation of the waste products. Stimulation can then create spreading of internuncial disturbances to other segments of the cord. The impulses will tend to take the path of least resistance, that is, a previously facilitated cord segment. For Sam, within a few weeks after his neck injury, his low backache turned to pain and he had even begun to feel an old running injury in his left hamstring caused by trigger point referrals from the quadratus lumborum. The sacroiliac joint, which had been distorted by the contracted muscle, adds to the problem. If left untreated, the resultant ischemia in his hamstring, and the postural distortions taking place, may develop into knee, ankle, or foot pain and dysfunctional biomechanics of any or all of these joints. When the stimulation in the cord reaches the brain, the reticular activating system (RAS) becomes involved and muscular tonus of the entire body is affected. Sleep patterns may change and activation of other areas of the brain may effect motor activity. Vicious pathological reflexes may refer up or down the spinal cord and then out to peripheral tissues at any nerve root level. They will usually follow the path of least resistance, a previously facilitated pathway.

What we have seen so far are individual reflex circuits, or neural pathways of information flow (stimulation and response). Millions of these are happening simultaneously. In fact, because of its electrochemical nature, one sensory perception can excite many neurons. This chain of events is happening all over the body constantly and pertaining to a variety of information. Added to the physical stimulation may be a variety of emotional, visual, auditory, gustatory (digestive), and respiratory neurostimulating experiences. Disturbances develop in the neural system, creating even more stimulation into the reticular activating system, a portion of the brain stem. The RAS, in turn, creates a general increase of tonus in the entire musculoskeletal system.

How Massage Helps Relieve Pain

There are several ways in which massage will influence pain stimulation and pain perception. One way is through the physical removal of the waste products from the muscle tissue. As the body is kneaded, stroked and heated, blood flow is increased, taking oxygen and nutrients into the area. The waste products are removed, reducing the effects of the pain-inducing chemicals. This removal of the chemical neurostimulators is, perhaps, the most well understood explanation. However, there are other ways in which pain is decreased by massage.

The fascial casing of the muscle and muscle fibers varies from a thin, fluid (sol) state to a thick, solid (gel) state. The consistency of the ground substance can be influenced by

heat. When the muscle becomes warm from the blood flow and from frictional stimulation, the fascia will become more liquid and malleable. The physical pressure on the muscles will be lessened and the muscular contractions reduced. With the fascia in a more liquid state, the muscle may also be more easily lengthened, thereby decreasing intra-joint pressure and further reducing neurostimulating input into the cord.

As the body is touched, the pain control (analgesia) system of the brain and spinal cord may be activated. This system may affect both fast (sharp) pain signals and slow (burning) pain signals, therefore affecting both acute and chronic pain. Inhibition of pain transmission may be evoked by chemicals, such as enkephalin and serotonin. These chemicals are believed to cause presynaptic inhibition of neurostimulation, that is, they stop the transmission before the nerve fires to the next nerve. Other chemicals in the analgesic system, which resemble opiate-like substances, such as endorphin, may also be released.

Inhibition of pain receptor firing may also be caused by the brain itself. In the gate-control theory, it is postulated that a modulating gate mechanism exists within the nervous system. This gate allows the transmission of impulses into the cord. However, these impulses can be overridden by other impulses, sort of like a train track which can be switched. Where the tracks merge, only one train can travel at a time. When the secondary stimulation comes into the cord, it can override the reflex arc, which is transmitting the pain signals. Over-riding stimulants may include heat, cold, acupuncture, pressure, tactile stimulation (massage), electrical stimulation, vibration, and a number of other possibilities,

These theories may be why most forms of therapy work, from hydrotherapy to skin rolling to TENS units. During the time of the secondary stimulation, the reflex arc is interrupted by the inhibitory gate, possibly by chemical inhibition. If the arc re-establishes itself after the new stimulus is removed, it will be lessened and may be completely eliminated.

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Judith (Walker) DeLany LMT has been studying and developing therapeutic applications for soft tissue injury since 1983. She is currently lecturing internationally in Neuromuscular Therapy seminars, conferences and conventions. and is a published author of manuals and articles on pain management, including contributions to Dr. Leon Chaitow's book, Modern Neuromuscular Techniques. Ms. DeLany is an associate editor for Journal of Bodywork and Movement Therapies.

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Golden Triangle Unit Report

Trisha Brooks

Unit Director

In January 2001, a meeting was held to elect a new slate of officers, set 2001 calendar, approve a proposed budget, and initiate plans for MTAW in October 2001. A Golden Triangle Unit newsletter was composed and mailed to unit members. The unit recently provided massage at the American Cancer Society 24-Hour Relay for Life.

Dallas Unit Report

Sue Northcutt

Unit Director

The Dallas Unit's 2001 schedule for meeting dates, location, and topics is as follows-

March 4, 2001

Theme: "Where Massage Can Take You -
Dreams Do Come True!"

*My Journey from Graduation to the Paralympics,
Australia"*

Guest speaker- Carol Preston

Asten Center of Natural Therapeutics

990 N Bowser #860 Richardson, Texas 75081

June 3, 2001

Theme: "The Heritage of the AMTA TX Chapter,
Building the Foundation for RMTs"

Guest speaker- Carolyn Scott Naile

Hands On Therapy

1804 N Galloway, Mesquite, Texas, 75149

September 2, 2001

Theme and guest speaker- TBD

Asten Center of Natural Therapeutics

990 N Bowser #860 Richardson, Texas 75081

December 2, 2001

Theme: 2001 Recap/Holiday Party

Hands On Therapy

1804 N Galloway, Mesquite, Texas, 75149

Are you moving?



Here's what you must do:

1. Write or email the AMTA National office to let them know a.s.a.p.
2. Write the Texas Department of Health to let them know a.s.a.p.

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Massage Therapy versus Recent Television Depiction

Stacey Lemire, RMT

Paula Cable, a brand new massage therapist from Austin, works nights. She tapes shows that she is interested in and watches them at a later date. On December 4th, she taped a show called *Boston Public* on Fox. This show is about a high school in Boston, Massachusetts. When Paula finally watched this episode, she became upset and got even angrier the longer she watched. She brought me the tape to watch for myself. Here is how the show opened:

The male Vice Principal of Boston Public, Scott Goober, is on a blind date set up by his younger brother, a lawyer named George. As the dialogue begins, we learn that Scott is extremely nervous to be on a blind date. The woman, Marcia, says she's used to it. "As a massage therapist, I see tense people all the time." She mentions that on another date once, she and her date were so nervous, that by the middle of the date they were "Mr. & Mrs. Rigamortis." She said she did something she never did before but she didn't want to mention what it was until she knew Scott better. Of course, Scott gets curious and wants to know. The woman is very coy. She says it would be better if she shows him. The look on his face makes Marcia assure him it was nothing vulgar and so Scott agrees to let her show him. "As a massage therapist, you learn certain spots that..., well..., here goes..." She then leans over and licks his ear inside and out for what seems like minutes!

Sit back, dear readers, for it gets worse...The next day, Scott is asked by his boss, the principal, his date went. He is obviously uncomfortable. "It had its moments," he says. The next thing you know, in walks Marcia in a stereotypical outfit: a leather mini-skirt and tight-fitting, breast-exposing knit top. Embarrassed, Scott pulls Marcia into his office where she tells him what a fun time she had the previous night. She wants him to come to her house so she can cook

him dinner. He reluctantly agrees. Then she tells him she'll give him a massage afterward. You can see how uncomfortable Scott is by the gulp he takes, yet again, he reluctantly agrees.

Later in the day Scott sees his brother in court (the school is being sued and George is the lawyer representing the school). George asks Scott how the date went. Scott explains that she was nice, but "a little forward." George says, "She's a massage therapist - they're all a little touchy-feely! She's a wonderful girl. Give her a chance." My hair is beginning to unnaturally curl as I fast forward through the commercials to the next scene.

The scene at her apartment opens with Scott lying supine, his chest exposed and one leg carefully undraped. She is massaging his leg and commenting that he is so tense, he has knots in his thighs. "I've never seen knots in thighs before. But I never met a man I haven't been able to relax so just let yourself go a little bit." She moves his hands from his chest, coyly rubbing from his hands down his legs and goes back to his thigh. Her facial expressions (eyes and mouth) get more and more sensual as the music grows more audible. Then, as you probably guessed by now - her hands slip under the draping! Paul grabs the sheet and jumps off the table. "What are you doing? Is that how you do massages?" Marcia apologizes - she thought he would like that. And then she lets it slip that George had taken care of everything. Aha! As the show continues, we learn the truth. Marcia is a prostitute hired by George as a Christmas gift for his 48-year old, uptight, single brother, the schoolteacher. At the end of the show Scott tells his brother that he never wants to see or speak to him again.

Whew. I get tense myself just thinking about the very idea of the story line!

I have seen the yellow pages under "Massage" in the Boston area. As an unregulated state, it is so amazing what kind of ads you find there - from escort services with pictures of "sex kittens" to people with NCBTMB after

their names.

What can we do as Massage Therapists in Texas?

1) Write letters of protest

The first thing we can do is to write a protest letter to the Fox Network and their sponsors. Paula put together a list of advertisers and I have compiled e-mail addresses/websites and physical addresses where I could find them. I also have a sample letter you can use. Please look on our website www.amtamassage.org to download this information. (If you don't have internet access, you can write me at 6017 Ronchamps Drive, Round Rock, TX 78681)

2) Get others involved

You can also fax and e-mail your fellow RMTs this information and get them actively protesting as well. There is power in numbers. Call your friends, family and co-workers to help us write letters. We work very hard to become good at what we do. We need help to set the public straight about the TRUE benefits of massage.

3) Encourage others to join AMTA

We need greater numbers of therapists speaking out in Texas to make our voice stronger in our organization. We Texans want to be heard! We went to a lot of trouble to have laws in Texas that protect the public from misuse of the title "massage therapist" and professionalize our work. There is a long road ahead in helping our sister Chapters do the same.

The AMTA is about educating the public that therapeutic massage is good for the body, mind and soul. It is a tool in healthcare maintenance and injury recovery. Therapeutic massage is NOT about sex! Being depicted as prostitutes will harm our profession and our personal business and income (as well as our reputations!). We will never get rid of that stigma on our own - that's why we need the AMTA to speak to the nation for us. Let's get involved and make a difference for massage therapists everywhere! 

Complementary and Alternative Medicine Finds Favor in Conventional Health Care Journals

Mary R. Rydesky

AMTA – Texas Chapter First Vice-President/Units

HOSPITALS & HEALTH NETWORKS is a monthly publication for administrators in conventional health care settings. Over the last several years, features on CAM (Complementary and Alternative Medicine) have been published, and the focus has become increasingly positive. The November 2000 edition included an article entitled 'CAM Can Do' by Laurie Larson. Ms. Larson leads with the statement, "If your health system hasn't looked into offering complementary and alternative medicine, here's a hint: it's not a fad." With CAM's economic impact at \$45 billion and growing at 10 - 15% per year, she suggests that hospitals should evaluate how best to integrate CAM services. She quotes Samuel Benjamin, M.D., director of the Center for Complementary and Alternative Medicine at State University of New York at Stony Brook School of Medicine, East Setauket, N.Y., in saying, "It may be a part of your mission [as a hospital] to provide CAM to serve the needs of the community... You will lose income and community influence if you don't get involved at some level." For the full text of this article, as well as links to previous CAM features, go to <http://www.healthforum.com> and enter CAM in the "Search Our Website" box.

Another well-respected publication for administrators in conventional health care settings is MODERN HEALTHCARE. The December 4, 2000 issue included an article called 'Alternative Medicine Cuts Costs as Therapy' by Laura Benko. She reports that, "Under a unique alliance signed with Alternative Medicine last year, HMO Illinois, owned by the state's Blue Cross and Blue Shield licensee, allows its 700,000 members see a chiropractor as their front-line medical practitioner, without paying more than the standard copayment." Patients see their chiropractors to receive a variety of treatments ranging from adjustments to acupuncture, massage therapy, and other services. She notes, "With Americans shelling out \$27 billion per year on nontraditional care, Alternative Medicine isn't alone in embracing a more integrated approach. According to a 1999 study by Landmark Healthcare, two-thirds of HMOs offer members access to at least one form of alternative therapy." Among MNO Alliance patients, use of hospitalization, outpatient services, and prescription drug use during the first 12 months of the program...and the company is profitable. To review this article, go to <http://www.modernhealthcare.com> and enter COMPLEMENTARY ALTERNATIVE. (At the time of this review, the Benko article was #7.)

Scanning publications such as these is beneficial to massage therapists as it allows practitioners to observe trends in conventional health care. These and other resources as listed on the AMTA Texas Chapter website at <http://www.amtatexaschapter.org/> (select the LINKS button.)

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Massage Therapy in Hospitals

More and more health clinics are providing massage therapy for their patients. What would the health impact be if hospitals did the same? Would quality of life improve during a hospital stay? A major university hospital in Denver wanted to find out. 113 hospitalized patients got 1 to 4 massages during their hospital stay. The results were very encouraging: 98% of the patients reported increased relaxation and 88% had positive mood changes. Over two thirds of the patients said they had greater energy, greater ease of movement, and experienced greater participation in their treatment. 35% said that these effects lasted more than one day.

Source:

Benefits of Massage Therapy for Hospitalized Patients: A Descriptive and Qualitative Evaluation. Smith MC, Stallings MA, Mariner S, Burrall M. *Altern Ther Health Med* 1999 Jul;5(4):64-71

<http://www.americanwholehealth.com/weekly/altmed/120699b.htm>

Readers Response Redux

Rick Robinette

AMTA – Third Vice-President/PR

The December 2000 issue of *Within Reach* included articles addressing diminishing attendance at AMTA – Texas Chapter state meetings, as well as local units. This prompted some other members to offer further response, which are printed below. Feedback is a wonderful thing, as it at least allows for some measure of pulse taking. There is definitely life left... but the prognosis is uncertain.

A Response from Melissa Zmerzlikar

I received the latest issue of *Within Reach*. In it you asked what do the Texas Chapter members want? Personally, I'm not a joiner and I have no interest in attending local or national conventions. I want a good reference database to research problems and learn new techniques. The AMTA offers nothing near what I'm looking for. I would like to see every article that was written in *Massage Therapy Journal* plus other contributing editors listed in a searchable database. I would like to know that if I discard a MTJ magazine I could find the article on the AMTA website. The last few times I've been to their site trying to find something related to my client I've left empty handed and wondered why am I a member. Right now I'm trying to find effective massage and stretching techniques for Achilles tendinitis. The books in the AMTA library are related to stress. That doesn't help me a bit. I trust the information coming from the AMTA over the Internet community in general and would prefer to get my information directly from the AMTA.

I am still evaluating my membership. With the AMTA I see more government intervention with little payoff. I don't mind taking regular courses, but 6 hours a year is hard to come by. I see myself spending \$400 a year to take a 20-30 hour class in something that I'm interested in. I haven't seen a 6-hour class offered and I think that 6 hours is not long enough to learn an effective technique. I would prefer the 12 hours every two years. I think the AMTA website is information poor when they in fact publish a magazine that contains articles about massage.

The AMTA has a decent insurance program but so do other groups. So I seem to paying a lot of money for a membership that has very little value to me. All I want is a good insurance program, a few perks like credit card approval over the Internet, and information at my fingertips.

A Response from Michelle Accardo

I just finished reading the December *Within Reach*,

and felt compelled to respond. I just let my AMTA membership lapse and would like to explain why.

I hold a master's degree in physiology, a bachelor's in kinesiology, and am a licensed and certified athletic trainer. I completed my 300-hour massage training from a non-AMTA accredited school and was an associate member for 3 years. In those 3 years, I completed countless hours of continuing education, plus I have completed many courses prior to those three years. When it came time to renew, the AMTA said I would need to attend an accredited 500-hour program, or sit for a \$300 exam. The fact that I am a licensed allied health professional did not matter.

Since massage is only a part of what I do, and since I already have to attend continuing education for my other certifications (most of which won't accept the hours from one group to the other), I couldn't see parting with the time or money. The AMTA dues increase once at the professional level, and then there is the added expense of the CEU's. I already carry liability/malpractice insurance to cover all of my job duties. The extra coverage and expense through AMTA is not necessary. I don't see the AMTA as being essential to employment as a massage therapist. As a licensed and certified athletic trainer, I can see the advantage of being nationally certified. It helps with job security. It holds a certain amount of prestige and warrants a certain amount of respect. I don't feel that delineation exists for massage therapy. I believe a 2-tier system will ultimately have to be enacted in Texas to narrow the gap between skill and education levels among massage therapists. I feel it is difficult to gain respect as a massage therapist because it is still perceived as a spa treatment, something fluffy, or even something with illegal undertones.

In regards to the fall conference, I tend to try to pick my CEU's that will most enhance my practice, and secondly are recognized by multiple organizations. If I want to attend MFR for example, I take it from the source (so far 3 Barnes courses). So a hodge-podge conference doesn't appeal to me. Networking is important, but I perceive massage therapists as self-promoting, not promoting an industry.

Sorry to be so wordy, but I would like to see massage come into a strong allied health provider. I have watched athletic training mature over the last 15 years and it is very rewarding to see the progress made in so many levels. I would like to see massage do the same.

A Response from Mark Piske, RMT

I read with great interest your article in the latest newsletter concerning the cancelled conference. You seem to be soliciting opinions, and since mine is

continued on page 14

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somewhat unusual, I thought I'd give it to you for your edification. I think two of the responses got a good portion of the problem. The "inactive member" described as an "older lady" said of massage therapists: "...these are not go-getter, competitive people who are turned on by something that puts them one-up, or gives them a chance to network...Definitely not hustling yuppies." What this nice lady is kindly trying not to say is that many massage therapists are undisciplined flakes who think their career is a party and don't want to work very hard. Indeed, in trying to organize some small networks myself, this has been my experience. Too many therapists are not the slightest bit education-oriented.

The second comment was from "a former Unit Director": "Most of us old farts ... know that there isn't all that much to learn". Indeed, this is something else I have experienced. In just 14 short months, I have developed a flourishing practice simply by being professional, reliable, and flexible. I simply have little need for any further education, and I'll bet I'm not alone. Now this second observation is worth expounding on, because I think it reveals a basic schism in our industry between (admittedly oversimplifying) the flakes and the ex-pros. The flakes I mentioned above- and you aren't going to get many of them to attend educational conferences. The pros you might. I was an insurance actuary for 10 years and decided to do something a bit more meaningful, and massage is what I found I loved. I enjoy learning, and most of those I've met like me feel the same way. However, aside from not seeing much of a need for further education, at least from a business perspective, I keep running into the problem that many other therapists, and indeed the professional organizations, seem obsessed with issues which are scientifically marginal, if not outright fraudulent, and very poorly defined and discussed.

Let me give you some examples from the 12/2000 newsletter: "...creating a healing space for ourselves so we can be coming from that place of connectedness in order to create a healing space for our clients as well." "When our containers are full of nourishing energy, we have a clearer sense of ourselves and where our boundaries are. Then from that quiet inner place we feel a sense of connection to the world around us." "Using the body's innate wisdom..." "If the sound is in harmony with the structural integrity within a body, it assists with that structure coming into an energy balance." "Of all the fingers, the middle finger is that most healing, as it has the most healing energy."

Now while the flakes may like reading this sort of

thing, to ex-pros and their clients, nothing could be a greater waste of time, because of the lack of scientific testing and precise definitions. For example, what EXACTLY does the term "energy" mean above? I've never met a therapist who talks like this that could tell me. I assure you if I talked like this to my clients, they'd laugh in my face. So you are alienating the only group who WOULD be interested in continuing education, by uncritically focusing on issues they have no interest in, and printing articles filled with meaningless happy-talk phraseology that even the users of the terms don't understand.

So what do I recommend? Well, part of an education is learning what is NOT true, as well as learning what is true, and you guys are falling completely flat on the former issue. Has AMTA EVER printed an article debunking a claim? This too is important. So get more critical, and show us that you have something to teach us, and then maybe your educational conferences will be more successful. Be sure those who speak and write clearly define their terms so everyone understands what they are talking about. Anyone can get up and make claims. Where is the proof? Where is ANY indication that those of you in charge are making sure that these speakers have something to back their views other than idle theory and speculation? Those of us with a critical eye are never going to put forth hard-earned money for a seminar until these sorts of quality standards are in place.

Well, that's my opinion, and while it might be a minority one among therapists in total, I'll bet a dime to a dollar it is more prevalent among successful ones.

A Response from Chris Patrick

First let me thank you and all the volunteers that work so hard to put together the conventions and educational seminars for the Texas AMTA. I know and understand how hard you work and the difficulties you overcome to make one of our statewide meetings come together. I apologize for not making the recent meeting(s). I enjoyed the one I attended in Dallas in the Spring, Kerry D'Ambrosio and Judith Walker speakers.

I believe I was "in the woods" the weekend of the fall convention. Quite literally, I was at a training for Cub Scout leaders so I can offer a better program to my young charges. I had to pick from four weekend activities for that particular weekend. I had to pick one that was "closest to home." That particular workshop got me out of the city, a break I badly needed. In addition, it served to further me in one of my volunteer positions in order for me to serve others better.

With regard to the request from Mary Rydesky about "What do we want" as Texas Massage Therapists.

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I would love to see our organization grow. If we cannot reinstate the membership test, which by the way I came into AMTA, we must seek legislative revision. It is necessary to be on par with the national standard. If we expect any reciprocity with our national and international cousins, we must be educationally accountable. Yea there will be a loud outcry from the grassroots, but it is our responsibility to monitor ourselves and cultivate an interdisciplinary dialog and respect. The current 300 hour minimum program requirement is laughable. With this certificate in your pocket exactly where do you hope to go. If not for the additional classes, workshops, and extensive self-education, I would not be able to credibly interface with the sports medicine community. Please let us discuss this further.

I was amused and resented and in fact resembled some of the broad generalizations about the massage community in the "Wake of a Cancelled Conference" article. While I am at times introverted, I am hardly an introvert! Contemplative, yes. It is true, that I have a hard time getting to even the mail in the "Read when possible" pile. I must have nearly a year's subscription of Massage Magazine still in the plastic. However, my professional bookcase gets quite a workout. All of the pertinent mail gets at least the filtering overlook before it receives the first sorting. Second sorting is during the clean off my desk time allotment twice during the week.

I don't need to be called to be reminded of upcoming dates, my daytimer is brimming. I enjoy attending conferences, learning new ideas, and seeing my friends and compatriots. Similarly, I don't mind calling a few friends in the business and asking of they would like to room for the seminar. The holdback for me is that I am exceedingly busy! I am a Cub Scout leader and leader trainer. I am a pastoral musician at church. I am a Tae Kwon-do student (black belt last august!). I see 20 - 25 clients per week 50 weeks out of the year. I try to take as active a part in my children's lives as possible. With that said, I will be at every meeting I can possibly make!

Washington's Insurance Law Covering Alternative Treatments Upheld

Submitted by Stacey R Lemire

On January 13, 2000, the Washington Supreme Court upheld a state law requiring health insurance companies to cover such alternative medical services as chiropractic care, naturopathy and massage therapy. The court's unanimous decision ended four years of legal challenges and cleared the way for consumers to get comprehensive health care from any licensed provider in Washington. Insurance Commissioner Deborah Senn said, "Choice of provider is the biggest single issue in health care." Health insurers have been fighting the law since its approval in 1996, saying it will only result in higher costs for carriers, and ultimately, consumers. The law requires insurance policies to provide coverage for treatments and services by every category of licensed health care providers in Washington, including acupuncturists, chiropractors and certified dietitians, according to the insurance commissioner's office. The U.S. Supreme Court last year declined to hear an appeal challenging the law.

East Texas Unit Features New Website!

Registered massage therapists and AMTA members in the East Texas area will now be able to keep up with regional massage and Unit information. Be sure to bookmark the website for the latest in any important developments.

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