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Editorial Statement

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Contributors to *Massage Message* are solely responsible for the statements they make in this magazine. Contents of submissions do not reflect the opinion of the FSMTA. Should the *Massage Message* choose to publish a submission, the Editor reserves all rights to edit content and placement.

All submitted articles will be considered but the Editor and FSMTA do not guarantee they will be printed. Articles should be educational in nature, designed to be informative and related to the massage profession.

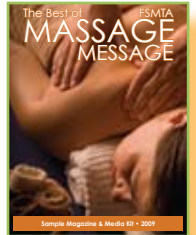
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MASSAGE MESSAGE



THE BEST OF
MASSAGE MESSAGE MAGAZINE

C O N T E N T S

Features

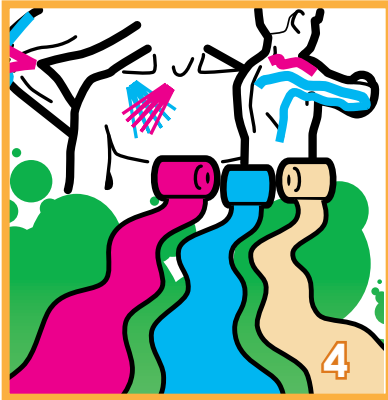
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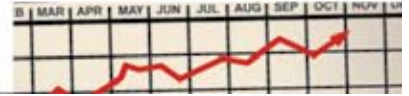
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LMT Marketing for New Clients

by: Linda Walker, LMT



You have the skills, location, equipment and the passion to help others with massage therapy! So why aren't they lined up and ready to beat down the doors? Are you using the Marketing Map effectively? I call it a map because marketing has so many elements that can take you in any number of directions, in hundreds of ways.

Marketing is a large part of success.

It is so much more than putting out a sign or placing an ad in some form of media. It is more than discounting your services or handing out cards. Are you aware of what is missing?

Consider some of the defined elements of marketing.

Direct Marketing, Advertising, Tele-marketing, Public Relations, Brand Recognition, Sales Representatives or Tech Support. All that can be time consuming and costly, and sometimes better left to professionals. You don't need a degree in marketing or advertising. You just need some direction, samples, and ideas. You want to bring in new clients and be successful. So let's talk about the basics: know what you want, what avenues you

might have to get there and how you will measure success.

First, establish a plan.

You cannot ARRIVE, unless you have a DESTINATION. Whether you are a new LMT, been around for a while, working for someone else or your own boss, you must have some understanding of where you want to be in six months, and a year at the very least. I see so many therapists taking a class here and there, depending upon what comes in the mail, or who talks to them. You work wherever you can get a job, even if it doesn't seem to "fit" for you. Allowing circumstances, time, people, etc. to push you around can take you any place. And that works if you don't know where you want to go, because any road will take you there.

Secondly, look at your credentials, skills, contributions, personality and appearance.

They are all part of your public persona. Are you the person you want to get a massage from? What does your work environment look like, feel like, from a client's standpoint? Have you ever received a massage in your personal work-

space? I have changed something in my massage room many times because I experienced it as a client, rather than a therapist.

What about the printed materials you have?

How do you promote yourself? What tools do you use to bring in new clients? There is a war chest full of ideas: press releases, advertising, donations, flyers, special promotions, clubs, bartering, discounts, retail sales, gift certificates, community involvement, etc. How do you decide what avenues are best for you? And then what do you do?

Finally, how do you define success?

Is it how much money you make, how many people you touch, how many people know you, or the amount of time you give to your profession? The list of success definitions goes on. None are right or wrong, but, be honest with yourself and know your personal goals. Only then can you achieve success!

MASSAGE OUT-CALL SAFETY FOR CLIENTS AND THERAPISTS IS THE BOARD OF MASSAGE THERAPY FOCUS DURING MASSAGE THERAPY AWARENESS WEEK

By Pamela King, Executive Director, Florida Board of Massage Therapy

The Florida Board of Massage Therapy, in conjunction with the Florida State Massage Therapy Association, conducted a survey of licensed Florida massage therapists in September 2006. Survey results indicated the most common reasons that people visit a massage therapist is for pain relief, stress reduction and relaxation. In addition, although massage therapists can work in a variety of settings such as a massage clinic, spa/salon or medical facility, a significant percentage of massage therapy is actually performed in people's homes (out-calls). Eighteen percent of massage therapists provide "out-call" services exclusively – with an additional 46% providing in-home massage therapy in addition to providing services in other settings.

Massage Therapy Awareness Week is an opportunity to increase Floridians' awareness of the benefits of massage therapy. This year the Board of Massage Therapy is including consumer safety tips for house calls in the annual press release issued by the Department of Health and the Board of Massage Therapy. The following tips will be included in this year's press release: If a massage therapist comes to your home, please keep the following tips in mind: Make sure the massage therapist is licensed. Ask to see their current license, check online at www.FLHealthSource.com, or look for their license number (MA) in any advertisement for their services (this is required by law).

Licensed massage therapists should always supply safe and sanitary equipment (i.e., clean linens, towels, etc).

Be sure to communicate your needs to the massage therapist before they arrive. Massage therapists are trained in many different treatment techniques (modalities) and may need to adjust the treatment process depending on your needs.

Above all make certain you feel safe and comfortable; if you don't then cancel the session.

There are a few things that a massage therapist can do to protect themselves if they choose to provide "out-call" services.

Keep a copy of your "wallet size" license with you. It is always a good idea to keep a copy of your license with you, so that you can show it to your client if they ask for proof of your credentials. "Knowing that a massage therapist is appropriately credentialed will give them the security they need to relax and appreciate the treatment you are providing," explained Lynda Solien-Wolfe, Vice Chair of the Board of Massage Therapy. Also see the "Out-Call Safety Tips for Therapists" from the FSMTA.

Massage therapists who choose to provide care in an "out-call" setting, typically do so to provide their clients with treatment in a

safe and secure environment. However, the Board wants to make sure that both the client and the therapist are protected. Help protect your license and, more importantly, your personal safety by being aware of your practice setting environment and knowing the laws and rules of Florida.

For more information on massage practice in Florida, please visit the BOMT web site (www.doh.state.fl.us/mqa/massage). Massage therapists and consumers are encouraged to visit this web site to learn more about massage therapy and about Florida's healthcare regulation system.

"OUT-CALL SAFETY TIPS FOR THERAPISTS" FROM THE FSMTA

What is an Out-call? The massage therapist is going to the client, instead of the client coming to the therapist. This service may be provided at a private home, business office, hotel, resort area or some other location.

Most clients will telephone to inquire about service, fees and availability.

Screening is imperative. Creating a phone screening check list will help you screen efficiently.

Begin with basic information, such as name (first and last), address, home and work phone numbers and occupation.

Identify yourself as a Florida Licensed Massage Therapist. Inform them that if you make the appointment and for their safety, you will show picture identification and a copy of the license and you will expect to see their picture ID, such as a driver's license.

Who referred you or where the client heard about you?

Will you be working for the individual client or a business? If a business, who will be responsible for payment?

Why are they calling? Of course for a massage, but why do they want a massage now? Stress? Relaxation? Injury or illness? Gift Certificate? Get specifics and note this on your screening list.

Will anyone else be at the location — a husband/wife/significant other, companion, friend, children, caretaker, pets?

Inquire if they have had previous experience with therapeutic massage? Where? When? How was the experience?

What expectations do they have from the massage? If the answers don't sound legitimate, continue questioning. It is better to be clear with a client than to have miscommunication regarding

the type of service you provide.

Be professional and courteous, but don't be afraid to be blunt.

Telephone the client prior to arriving. This allows you to verify the phone number and name you were given.

When asking for directions, check about parking, admission into gated communities or security buildings, stairs and/or elevators.

If the out-call is to a hotel, get the room number and hotel's front desk phone number, check the number. On arrival, stop by the Front Desk leave your business card, verify the client's registration and let the front desk know what time to expect to finish saying you will stop by on your way out.

When you arrive at your appointment, survey the area. If your intuition says something is wrong, LISTEN. No massage session is worth your safety. Call the client and cancel.

Always make sure someone knows where you are. Name, address, phone number and directions. Contact them before you go and when you're finished.

If possible, let the client hear you finish a call saying you have arrived and will be finished at an estimated time.

Keep your phone and keys within reach.

If, during a massage something does not seem right, end the massage and leave. If the client becomes abusive, do not stop to pack up your equipment, grab your keys and phone, leave and call the police.

Don't allow referrals to lull you into a false sense of safety.

Give yourself permission to turn a client down or to walk away if it just doesn't feel right.

Follow these tips and make the most of your out-call business.

By **JESSIE SHIRES**
KINESIO TAPONG
ASSOCIATION
COORDINATOR



KINESIO TAPING

and Massage Therapy

A quick trip through your local gift shop will tell you that people want to take the benefits of massage with them. Wooden rollers and vibrating gadgets, herbal salves and oils, and beaded seat covers abound, all designed to extend the benefit of bodywork to the home, office, car or plane.

In your practice, you doubtless see clients who could benefit from any technique to extend the benefit of massage over time and distance—clients who aren't able to come in as often as they might like, whether because of financial or insurance restrictions, tight schedules, or long commutes to your office. Wouldn't it be nice to send them home with something extra, something that would continue the healing process begun on your table?

Enter Kinesio Taping. Developed a quarter-century ago by Japanese chiropractor Dr. Kenzo Kase, Kinesio Taping, or "KT," is proving to be an essential tool for massage therapists worldwide. Rooted in the science of Kinesiology and sharing the same trust in the body's ability to heal itself found in many bodywork and somatic modalities, KT is a perfect adjunct to massage. KT works by activating neurological, circulatory, and lymphatic networks to stimulate a return to homeostatic balance, relieving pain and swelling and restoring normal musculoskeletal function.

"KT is essentially a myofascial release, edema reduction, muscle facilitation, and connective tissue softening technique all in one," says Scott Norris, LMT, of the Center for Therapeutic Massage in Gahanna,

OH. "The effects are immediate and long-lasting," he adds, "It will continue to give a soft tissue treatment to a client for the days following a taping application."

What Scott and others have found is that KT, while currently more prevalent among physical and occupational therapists in the United States, is in some ways more suited to the field of massage. While rehab therapists may have to "unlearn" what they know about traditional taping modalities, KT "directly addresses the structures about which we were educated and with which we deal every day," Norris asserts. Massage therapists who balk at the idea of using tape may be interested to hear that "although (traditional) taping is considered a modality, KT is more like a manual technique," according to Drs. Wendy Burke and Cindy Bailey, both physical therapists and Certified Kinesio Taping Instructors.

Since KT is designed with the fluid movement of the fascia in mind and facilitates, rather than restricts, normal biomechanics, many MTs find it to be a very intuitive addition to their repertoire.

The Kinesio Taping Method approaches dysfunction and injury from a holistic perspective, recognizing that healing is a process rather than a single event. Encompassing a wide variety of applications and techniques, KT is easily tailored to each individual client's needs. This is not a one-size-fits-all approach, and one client may require several different types of taping as he or she regains healthy function.

Proper use of KT requires a focused and detailed attention to the nature and cause of each complaint, as each application may integrate musculoskeletal, circulatory, neurological, lymphatic, and other components.

As with Kinesiology, KT starts at the muscles—introductory courses review muscle anatomy and muscle taping applications. Central to the practice of both KT and massage is proper treatment of weak, injured, or hypertonic muscles; all other applications arise from this foundation. The more complex clinical applications build on the knowledge of muscle taping, addressing the surrounding circulatory, neurological, lymphatic, and connective tissues.

These advanced concepts of the Kinesio Taping Method are divided into six categories: mechanical, fascia, space, ligament/tendon, functional, and lymphatic corrections. Each technique involves a different desired effect on the targeted area and, more importantly, a different amount of tension in the tape itself. Kinesio Tex Tape was designed by Dr. Kase specifically to be used with the Kinesio Taping Method. Its structure reflects that of normal human skin: it is thin, lightweight, water resistant, and breathable, and can be stretched longitudinally up to 140% of its length. The amount of stretch used in an application is as important as the placement of the tape itself—as with depth of stroke in massage, the degree of tension applied in the tape will directly impact which tissue structures are affected and how.

A few of these techniques stand out immediately as valuable to the practice of massage. For example, any sort of myofascial release may be sustained and extended by the use of a fascia correction. After treatment, the therapist applies tape with light to moderate tension, aligning tissue in the desired position. In this way, the techniques of manual fascia winding or myofascial release are essentially extended for days beyond the original treatment and taping. The client continues to experience the benefit of the soft tissue manipulation long after the initial visit.

Consider also the client who presents with an acute condition. Before beginning any deep corrective work, the immediate issues of pain, inflammation, and swelling must be addressed. KT has proven to be very effective in dealing with acute conditions, with its demonstrated analgesic effects and its ability to dramatically reduce edema and circulatory congestion. Using a space correction to lift the skin and decrease pressure over the area in question, the therapist is able to achieve a significant reduction in the acute symptoms.

Another valuable application of KT is in lymphedema reduction. One of the most complex applications to learn, lymphatic corrections, have proven invaluable

While rehab therapists may have to “unlearn” what they know about traditional taping modalities, KT “directly addresses the structures about which we were educated and with which we deal every day...”

able for practitioners of lymph drainage and their clients. Joan Manning elaborates: “My lymphedema patients love it as it continues the lymph drainage for days after their sessions with me. Breast cancer patients who used to have to see me every week or two to keep their edema down can now go three to four weeks without needing to be treated because the KT is so effective at continuing the drainage after they leave my office...the effects are phenomenal.”

Kinesio Taping is appropriate for so many applications and is safe to use with almost any client you may see. The tape itself is made from high-grade cotton with a latex-free adhesive. Skin sensitivities are extremely rare, and the tape may be used with pediatric or geriatric clients or others with delicate skin. Many of the basic techniques used with KT will be quite familiar to massage therapists who will surely find dozens of immediate uses for this unique taping method. Additionally, patients can frequently learn simple applications, and so can tape themselves in the days or weeks between bodywork sessions. KT extends your healing work beyond the boundaries of office walls and appointment hours.

As the benefits of massage become ever more widely known, more and more clients will seek out this healing modality. Many will come with conditions that require ongoing treatment, and these clients stand to benefit most from the application of Kinesio Taping. As a complement to massage and bodywork, KT gently yet effectively increases the impact of your treatment. Clients now truly can take the benefits of massage with them.

For more information about Kinesio Taping visit www.kinesiotaping.com, or call The Kinesio Taping Association at 505-797-7818.



Symmetry with **PAIN** & *Beauty*

by: Randall Clark & Paul St.John



In recent years there has been a flood of studies and articles relating beauty to symmetry. By an overwhelming margin, symmetrical men begin sexual activity earlier, have more sexual partners, and are rated better lovers than their less symmetrical counterparts.

In similar studies of other species, symmetrical horses run faster, symmetrical birds are quicker to attract a mate, and the studies go on.

All of this is very interesting. If this is true, and I can tell you from experience with hundreds of patients that it is, balancing the body to attain symmetry may compete with cosmetic surgery and even beauty shops in helping people look and feel more attractive.

Injuries are a source of asymmetry. A person has an accident learns to favor a part of the body. In the process, additional stress is exerted elsewhere. The muscles actually pull parts of the body out of position in an attempt to protect the injured area. Held out of position for an extended period, this becomes the person's new normal – except that the pressures are very un-normal.

Anyone who has ever used an extension ladder can relate to this. A ladder can be stood upright. When it is perfectly straight up – symmetrical – it will stand there by itself. It can be picked up and carried in this position – as long as it is straight up and down. But as the ladder starts to lean, it takes more and more pressure to keep it from falling. Even though you are strong enough to pick the ladder up, you are not strong enough to keep it from falling once it leans over far enough.

The body is just like that, except there are six dimensions to human balance. If any one of these is out of position for an extended period of time, the body complains.

We call that "pain." It is our warning system that something is wrong.

Many people with chronic pain present at our clinic and many other clinics around the area, having tried medication and even exercise with little relief. The first step is always to measure their symmetry.

I often hear from new patients, "But my pain is in this shoulder." As they point to a particular spot. By assessing the balance at several points in the body, we can usually

determine with some certainty that an imbalance elsewhere is causing that muscle to overwork. If all we did was treat the pain, the patient would feel better – for a few hours, or even days – but the pain would come back.

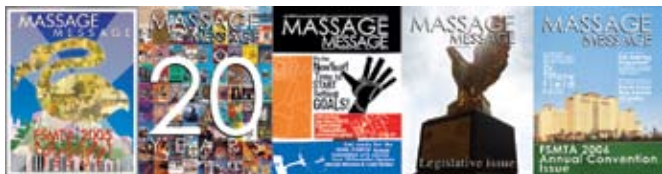
There was a time when we were taught posture. The traditional concept of posture is related to symmetry. But posture tends to be artificial, in that a person forces his body into a particular position. It may hurt and is not permanent. Symmetry is accomplished by helping the muscles

balance so they can hold the body up just like the ladder – effortlessly.

So, what can you do? First, you can encourage your grandchildren to get regular exercise and eat sensibly. Their bodies are more likely to develop symmetry naturally.

Then, when you know someone with chronic pain, you encourage them to get an evaluation from a symmetry professional.

"If all we did was treat the pain, the patient would feel better – for a few hours, or even days – but the pain would come back."



Advertising Rates & Deadlines

Black & White

Size	1x	3x	6x
Full page	\$550	\$525	\$500
1/2 page	\$470	\$445	\$420
1/4 page	\$290	\$280	\$270
1/9 page	\$105	\$100	\$95

Color

Size	1x	3x	6x
Centerfold spread	\$1890	\$1785	\$1680
Full page	\$790	\$760	\$735
1/2 page	\$630	\$605	\$575
1/4 page	\$525	\$500	\$475
1/9 page	\$315	\$290	\$265

Cover Rates Color Only

Placement	1x	3x	6x
Ins. Front Cover	\$945	\$915	\$890
Ins. Back Cover	\$945	\$915	\$890
Back Cover	\$1,100	\$1,050	\$1,000

Classified Ads

\$75 per insertion
(based on 25 words).

All prices quoted are per insertion.

Ad & Article Deadlines

January/February Issue

November 15 - Ad and article deadline
December 30 - Magazine mailed

March/April Issue

January 15 - Ad and article deadline
February 14 - Magazine mailed

May/June Issue

March 15 - Ad and article deadline
April 30 - Magazine mailed

July/August Issue

May 15 - Ad and article deadline
June 29 - Magazine mailed

September/October Issue

July 15 - Ad and article deadline
August 31 - Magazine mailed

November/December Issue

September 15 - Ad and article deadline
October 31 - Magazine mailed

**Artwork is due on day of ad deadline.
First run payment is due with ad.**

Costs effective September 2008

All First Time Advertisers Must Pre-pay Before Deadline

MESSAGE MESSAGE ADVERTISEMENT

INSERTION ORDER/CONTRACT

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Address: _____

City: _____ State: _____ Zip: _____

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- Full Page
- 1/2 Page Horizontal
- 1/2 Page Vertical
- 1/4 Page
- 1/9 Page
- Classified

- 4-Color
- Black and White

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| <input type="checkbox"/> May/June | <input type="checkbox"/> May/June | <input type="checkbox"/> May/June |
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Year of Month for initial run Ad(s): 20____

- Run the same ad for each issue unless notified
- New artwork will be supplied for each issue by the deadlines noted

Advertiser and ad agency agree to release the FSMTA from any and all liability for content including but not limited to text, illustrations, trademarks, representations, sketches, maps, labels of advertisements printed or the unauthorized use of any person's name or representation arising from the FSMTA's reproduction and publishing of such advertisements pursuant to the advertiser's or agency's order. The FSMTA reserves the right to reject, discontinue or omit any advertising or any part thereof. This right shall not be deemed to have been waived by acceptance or actual use of any advertising matter. All verbal agreements must be confirmed in writing by the advertiser prior to the deadline. The FSMTA's liability will be determined on a case by case matter but shall not exceed fifty percent of the charge. If for any reason an advertisement is not published the FSMTA shall not be liable for any cost, loss or damages. The FSMTA is not liable for delays in delivery or non delivery in any event or any condition beyond the control of the FSMTA affecting production or delivery in any manner.

Please send all artwork and articles to magazine@fsmta.org or to
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Advertising

Ad Sizes & Specifications

Software Applications and Accepted Files

- Adobe InDesign
- Adobe PhotoShop
- Adobe Illustrator
- High-Resolution PDF

Basic Output Checklist

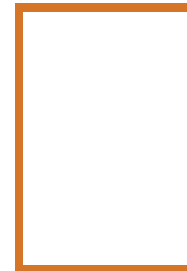
- Color correct printout of ad
- 300 DPI PDF with all fonts embedded

Sending Native Files

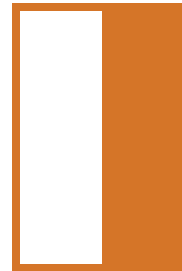
- Include both screen and printer fonts (Use PostScript fonts; avoid TrueType fonts)
- Include composite proofs output at 100%
- All color and images within the document built from CMYK or grayscale; do not use RGB
- Graphics saved as TIFF or EPS, please do not use JPGs
- Included all graphics that are utilized within the document
- Document and all images are 300 DPI

FSMTA can create your ad at a cost of \$75/hour. Please contact FSMTA at 407-628-2772 for details.

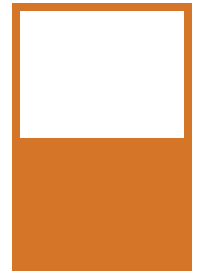
Ad Sizes



Full Page 7 1/2" x 10"



Half Page Vertical
3 5/8" x 10"



Half Page Horizontal
7 1/2" x 4 7/8"



Quarter Page
3 5/8" x 4 7/8"



Ninth Page
3 1/2" x 2"



Centerfold Spread 11" x 17"

ADDED EXPOSURE - MAGAZINE ADVERTISERS RECEIVE HYPERLINK TO YOUR COMPANY'S SITE ON THE FSMTA WEBSITE!



ELECTRONIC ADVERTISING INSERTION ORDER

Organization Information:

Company: _____

Contact Person: _____

Address: _____

City/St/Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Website: _____

Advertising Information:

FSMTA Member E-News: \$200 (includes 1 image, 1 link, max. 100 words) = \$ _____

WWW.FSMTA.ORG

- All website ads are required to run for a **minimum of 3 months**
- Initial payment due prior to posting ad, subsequent payments due on the 1st of each following month the ad runs
- Save 10% if all 3 months are pre-paid
- If the payment deadline is missed, the ad will be deleted immediately and a cancellation fee of 25% of remaining cost applies

Specs/Rates: (300 x 250 pixels) \$250/month x _____ months (min. 3 months) = \$ _____

I am providing my own artwork. I need my ad designed (\$30.00 for static ad; \$40.00 for animated ad) \$ _____

TOTAL ENCLOSED: \$ _____

Payment Method:

- Check enclosed MasterCard VISA American Express

Account #: _____ Exp. Date: _____

3- or 4-digit Security Code (found on front or back of card): _____

Cardholder's Name: _____

Cardholder's Signature: _____

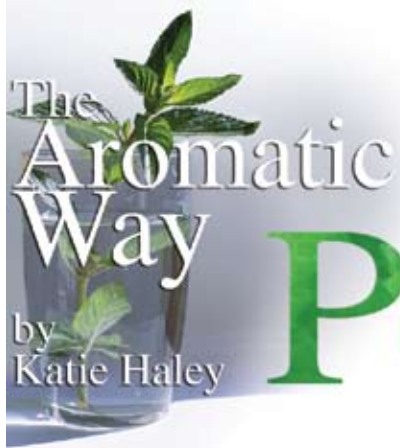
I have reviewed all items above and agree to the conditions of this advertising placement.

Signature: _____

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Pain Relieving Peppermint

I have used peppermint essential oil for years; in fact it was the first oil that I ever took internally. Although I enjoyed the energizing qualities of this oil, I found it rather common. As you know, peppermint can be found in chewing gum, toothpaste, candies, cookies, ice cream, and liquor. So for the practice of aromatherapy, I underestimated its importance.

All of this changed for me when I met Dr. Daniel Penoel, MD, in France. He was one of my teachers for medical aromatherapy last summer in Provence. He started his lecture by listing the top seven oils that everyone should use. Much to my surprise, the first oil on his list was peppermint.

The reason peppermint relieves pain is due to the main chemical constituent which is menthol. Menthol is used in many commercial products, ranging from cigarettes to cough drops. Most menthol is synthetically derived and it is the main ingredient in muscle analgesics such as Icy Hot, Ben Gay, Tiger Balm, etc.

Mentha piperita, the Latin binomial for peppermint contains over 50% menthol. There is no other plant in the whole world that contains as much menthol direct from Mother Nature. Why use synthetic when you can get the real thing? The average price of a 10ml bottle is around \$8-\$10 and will yield over 200 drops. Considering each treatment will require only a few drops, this is a very economical remedy.

Peppermint essential oil can be used safely and effectively in the practice of massage therapy and bodywork by following a few simple guidelines and precautions.

Remember that mints have been cultivated since ancient times. In Egypt evidence of a type of Peppermint has been found in tombs dating

from 1000 BC. Currently this plant is cultivated all over the world. It is non-toxic and safe when used properly and in moderation.

Peppermint Do's & Don'ts

Do's

Use 1 drop of peppermint directly on a trigger point. Let the oil penetrate for 2-3 minutes and go back and work the area. I find it particularly useful on the Q.L. (*Quadratus Lumborum*).

Use 1 drop of peppermint on the temples and occiput for a headache. Be careful to not get too close to the eyes, for sensitive individuals combine with 1 drop of Lavender.

Use 2-3 drops of peppermint combined in unscented cream or lotion for an invigorating foot massage.

Use 1 drop of peppermint in a teaspoon of honey and mix with 1 ounce of warm water. Sip slowly for indigestion, gas, and stomach aches.

Use 1 drop of peppermint on an apple slice and eat it. This will clear the sinuses and help relieve a stuffy nose.

Use 2 drops of peppermint on a cotton ball or tissue and inhale for 2-3 minutes. This will help clear the mind and stimulate alertness.

Use peppermint in massage blends with other compatible oils such as Lavender, Rosemary, Lemon, Eucalyptus, and Spearmint.

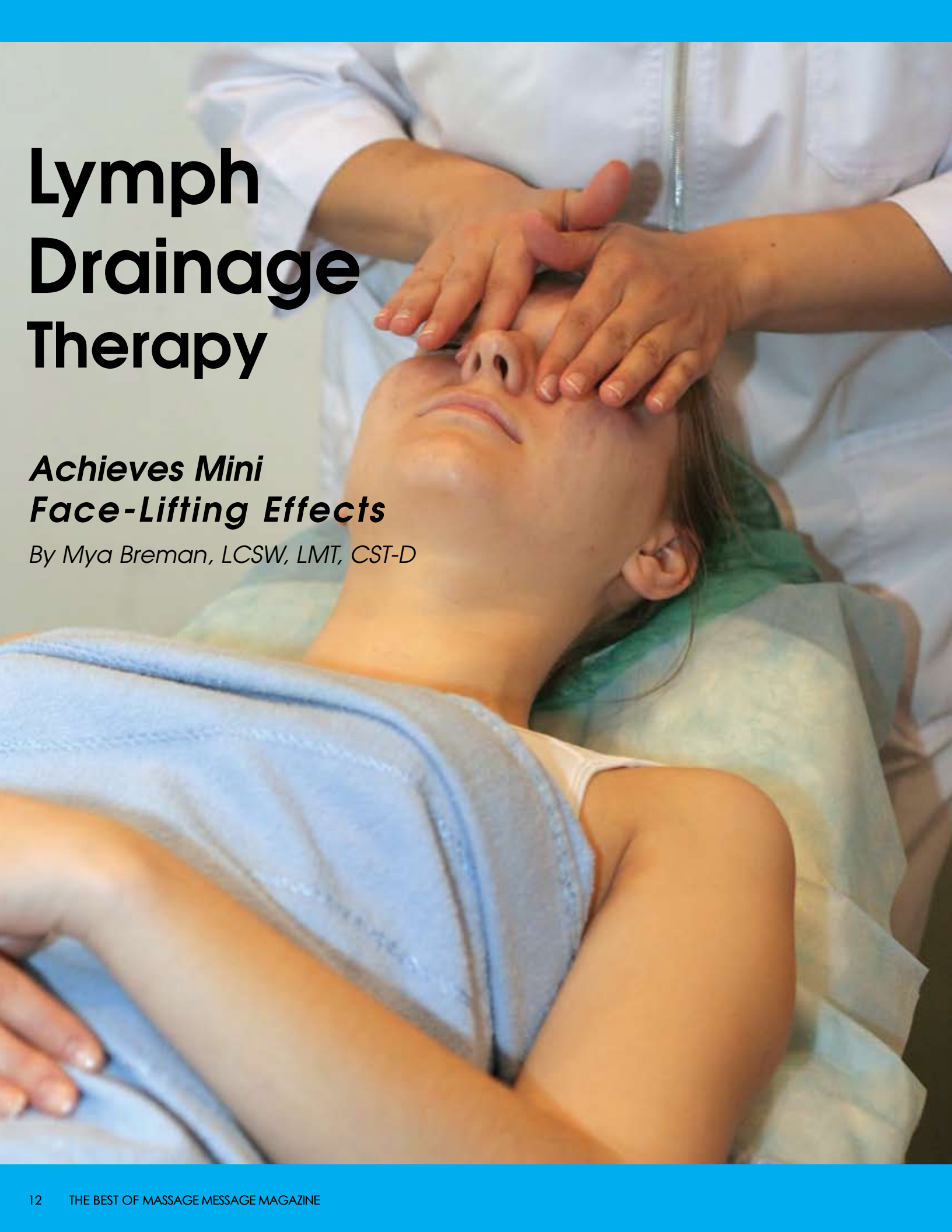
Don'ts

Don't use peppermint in large amounts, especially when it is undiluted.

Don't use peppermint on children under 5 years old.

Don't use peppermint during pregnancy. The tea is okay for nausea but the essential oil is too concentrated.

Don't use peppermint if you are taking Homeopathic remedies. This will interfere with the vibrational elements of the medicine.



Lymph Drainage Therapy

***Achieves Mini
Face-Lifting Effects***

By Mya Breman, LCSW, LMT, CST-D

The application of lymphatic drainage to the face and neck is proven to achieve a number of positive esthetic effects. Incorporated in a massage therapy session, it can provide clients added benefits that include softening of wrinkles and scars, along with enhanced skin quality.

One of the chief ways that lymphatic drainage works to accomplish these results is by improving veno-lymphatic circulation, which aides in the removal of tissue toxins. Lymphatic flow can stagnate for many reasons, such as swelling, lack of physical activity, stress, fatigue, emotional shock, age or food additives. If lymphatic circulation slows down, the regeneration of cells becomes less effective. This condition allows toxins and proteins to accumulate around the cells, causing a decrease in cellular oxygenation and tissue regeneration. Any blockage to the free flow of lymphatic fluid accelerates the aging process and opens the pathway for numerous physical diseases to develop.

By working to remove blockages and promote fluid circulation, lymphatic drainage is an invaluable tool in bolstering the health of the body's tissues, the strength of the immune system, and the general state of a person's well-being. Because the body's peripheral lymphatic vessels can be easily drained, the practice is a standout esthetically for its ability to regenerate skin tissue, improve skin hydration and tone, and relax facial muscles.

Lymph Drainage Therapy (LDT), in particular, is an original method developed by Bruno Chikly, M.D., D.O. (hon.), that enables therapists to achieve these results more efficiently and in a shorter period of time. LDT's unique characteristic is its breakthrough method for detecting and connecting to the specific rhythm, direction, depth and quality of the lymphatic flow. Recent scientific discoveries on the physiology of the lymphatic system verify that these enhancements to the drainage process provide the precise rhythm and

pressure needed to optimally activate lymph flow.

The pressure used with Lymph Drainage Therapy is unusually light—one ounce maximum pressure per square centimeter. The application differs from other drainage practices in that the therapist works with both hands positioned flat on the client. He or she then uses all the fingers to simulate wave-like movements. This action prompts small muscular units located along the walls of the lymphatic channels (referred to as "lymphangions") to activate the flow of lymph. Since the rhythm used emulates alpha-brain waves, clients are brought into a deep state of relaxation in the process.

The response to LDT is often obvious after the first application. The client attains a special glow, indicating global rejuvenation of the skin's ap-

pearance and the alleviation—or at times disappearance—of small wrinkles. Improvement in swelling, particularly of the lower eyelids, may also be noticed.

The application of LDT on swollen lower eyelids—or under-eye bags as they're usually called—can be addressed like any other swelling. This is not merely a wrinkle, but may involve the sagging of tissue (ptosis). When it is too advanced it is almost irreversible, but LDT still can improve it in several ways. By applying LDT to detoxify the tissues, the technique helps them to regenerate. The quality of the skin changes as does the appearance, alleviating the swelling. It should be noted, however, that advanced cases of lower eyelid swelling also can be signs of some general health problems, such as stress, sleeping disorder or poor diet, that should be addressed.

The LDT sequence for the face takes between 15 and 35 minutes to perform. It is important to follow the order as it is taught and to be watchful during the first two or three sessions for a possible detoxification reaction in the client. This protocol can be applied once or twice a day, or one to three times a week for optimum results.

Incorporating Lymph Drainage Therapy in the massage therapy session can add a dynamic new dimension to the therapeutic process—one that offers the client the welcome benefit of mini face-lift effects, and the therapist the advantage of a technique that is both highly effective and less tiring to apply.

Mya Breman, LMT, LCSW, CST-D, is a staff therapist at The Upledger Clinic in Palm Beach Gardens, FL. She also lectures internationally on Lymph Drainage Therapy and CranioSacral Therapy and teaches one-day Share-Care® workshops designed for the public.

For more information on Lymph Drainage Therapy, contact The Upledger Institute at 1-800-233-5880 or www.upledger.com.

By working to remove blockages and promote fluid circulation, lymphatic drainage is an invaluable tool in bolstering the health of the body's tissues, the strength of the immune system, and the general state of a person's well-being.



David Kent
LMT, NCTMB

HEADACHES: How to Quickly Identify Trigger Points



Commonly when trigger points refer into the head the patient describes the phenomena as a "headache." It is difficult to memorize the individual pain patterns for each muscle and doing so can give any therapist a headache. This article will review common myofascial trigger point (TrP) patterns that exist to ensure they are not overlooked, thereby increasing your effectiveness when treating patients with headaches. Trigger point patterns have been extensively studied and the referral patterns are well documented.

To help you work efficiently, educate your patients and impress them with your unlimited knowledge, I have included an additional page (*see facing page*) listing all the muscles you need to check. I also included a few illustrations to simplify the process of identifying trigger points associated with headaches.

Let's look at a few illustrations to better understand the patterns and dysfunction associated with them. The box labeled "Sternocleidomastoid 1" shows the referral pattern for the sternal division of this muscle. This pattern is readily misdiagnosed as a vascular headache or atypical facial neurologia.¹

The box labeled "Sternocleidomastoid 2" shows the referral pattern for the clavicular division of this muscle. Patients with trigger points in this muscle commonly experience frontal headaches and earache. Referred autonomic phenomena are more likely to involve the forehead and ear, including dizziness. This dizziness is usually described as a movement or sensation within the head and less often of vertigo, the sensation of objects spinning around the patient, or of the patient spinning.²

The box labeled "Splenius Cervicis" shows the referral pattern for this muscle. Pain from this muscle is projected upward to the occiput, diffusely through the cranium, and intensely to the back of the orbit often described as an "ache inside the skull." Sometimes, splenius cervicis pain is referred downward to the shoulder girdle and to the angle of the neck. Referred phenomena could include

headache and/or neck pain with unilateral blurring of vision.

Here is an example of how to integrate this information into your practice. A patient enters with primary complaints of severe headaches in the temporal and vertex regions, specifically mentioning pain behind the left eye. Secondary complaints include moderate cervical pain with a slight restriction of cervical range of motion.

Before starting the initial treatment, show your patient the trigger points you must check and treat based on their subjective complaints. You could show them the attached page I made so they understand where and why you will be treating certain muscles that are nowhere close to their headache. Let the patient know that you are designing a specific treatment plan that is tailored to their specific symptoms. You could make a copy of the illustration page and circle the trigger point patterns associated with their pain. Follow the instructions on the bottom of the attached page and check all the muscles that may contain trigger points.

Integrating these simple tools and techniques can increase the financial bottom line of your practice when pain free patients who are impressed with your knowledge and commitment to excellence refer you more clients.

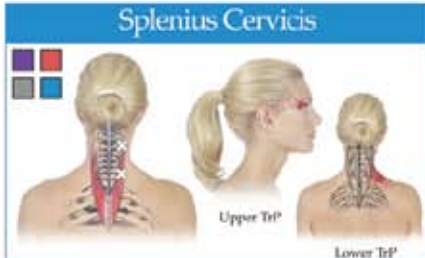
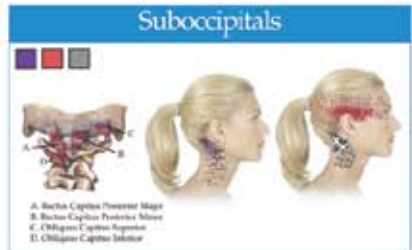
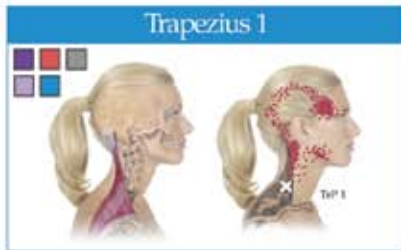
References:

- 1 – Travel J: *Identification of myofascial trigger point syndromes: a case of atypical facial neuralgia.* Arch Phys Med Rehabil 62:100-106, 1981.
- 2 – Weeks VD, Travell J: *Postural vertigo due to trigger areas in the sternocleidomastoid muscle.* J Pediatr 47:315-327, 1955.

Pain Referral Areas



- VERTEX PAIN**
Sternocleidomastoid (sternal), Splenius capitis
- BACK OF HEAD PAIN**
Trapezius (TrP1), Sternocleidomastoid (sternal)
Sternocleidomastoid (clavicular), Semispinalis capitis
Semispinalis cervicis, Splenius cervicis, Suboccipital group,
Occipitalis, Digastric posterior belly, Temporalis (TrP4)
- TEMPORAL HEADACHE**
Trapezius (TrP1), Sternocleidomastoid (sternal)
Temporalis (TrPs 1,2,3), Splenius cervicis, Suboccipital group
Semispinalis capitis
- FRONTAL HEADACHE**
Sternocleidomastoid (clavicular)
Sternocleidomastoid (sternal), Semispinalis capitis
Frontalis, Zygomaticus major
- EAR AND TEMPOROMANDIBULAR JOINT PAIN**
Lateral pterygoid, Masseter (deep)
Sternocleidomastoid (clavicular), Medial pterygoid
Suprahyoid*, Infrahyoid*, Longus capitis*,
Longus Coll*, Palatini*, Palatoglossus*
- EYE AND EYEBROW PAIN**
Sternocleidomastoid (sternal), Temporalis (TrP1)
Splenius cervicis, Masseter (superficial)
Suboccipital group, Occipitalis
Orbicularis oculi, Trapezius (TrP1),
Suprahyoid*, Infrahyoid*, Longus capitis*, Longus colli*
- CHEEK AND JAW PAIN**
Sternocleidomastoid (sternal), Masseter (superficial),
Lateral pterygoid, Trapezius (TrP1)
Masseter (deep), Digastric, Medial pterygoid, Buccinator
Platysma, Orbicularis oculi, Zygomaticus major
- TOOTHACHE**
Temporalis (TrPs 1,2,3), Masseter (superficial)
Digastric (anterior)
- BACK OF NECK AND SHOULDER PAIN**
Trapezius (TrPs 1,2,3) Multifidi, Levator scapulae,
Splenius cervicis, Infraspinatus + Longus capitis*,
Longus colli*, Scalenus
- THROAT AND FRONT-OF-NECK PAIN**
Sternocleidomastoid (sternal), Digastric, Medial pterygoid
Suprahyoid*, Infrahyoid*, Longus capitis*, Longus colli*



Instructions: At the top of the page is a box labeled "Pain Referral Area" within this section locate the colored areas associated with the client's pain and/or discomfort. The muscles listed with each colored area may have trigger points that commonly produce referred phenomena (headache, pain, tingling, burning, numbness, etc.) into the colored area. Each muscle associated with the colored area should be thoroughly treated to determine if trigger points are present. Generally muscles are listed in order of involvement, superficial to deep, and to help the therapist to quickly rule out distant trigger points. The patient's subjective complaint(s), the therapist's objective findings / assessment and how the therapist positions the patient during treatment may alter the order of the treatment.

Each muscle box has colored blocks corresponding to the colored areas in the section labeled "Pain Referral Areas" These colors are a quick reference for the patient and / or therapist to identify the muscles, trigger point locations and specific referral patterns.

"X" indicates the location of common trigger points and red indicated the common referral zones based on the research of Drs. Simons and Travell et al.



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