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Point of View

Irene Smith: A Massage Therapy Hero

BY BOB KING

If we are fortunate in our professional careers, at some time we will encounter those uniquely gifted individuals, often teachers, leaders, or special healers, who have an inspired and profound effect on us. If we are truly blessed, we may encounter a person who is a hero to us—an individual who embodies our highest values and ideals, often in the face of daunting or challenging circumstances. Irene Smith is one of my heroes.

I first met this remarkable woman at a conference about massage therapy for people with HIV/AIDS back in the mid-1980s. She was already well-known for her pioneering work with the HIV/AIDS community at San Francisco General Hospital and for her groundbreaking work in training a whole generation of massage and bodywork professionals to work with the HIV/AIDS population.

A massage therapist since 1974, Irene was led to the work of Dr. Elisabeth Kübler Ross, the foremost authority in the field of death and dying. Kübler Ross advised her to use her massage skills for dying people as part of her quest for personal healing. Irene not only felt safe massaging people in the final stages of life, she sensed that she was also encountering the very best qualities of our humanity; our ability to let go, to be open and to be vulnerable. "I felt safe during this encounter; open, vulnerable, and reflective, and that experience was a luxury for me," Irene explains.

Irene trained a team of massage therapists to work in hospital, hospice, and private settings for people with AIDS. This movement grew into an internationally acclaimed nonprofit organization called Service Through Touch. Irene created videos and manuals in support of her work and served as a major catalyst for compassionate touch, bridging the massage and health care communities.

After 15 years of providing and supporting massage therapy for people with HIV/AIDS and educating others about it, Irene finalized Service Through Touch in 1999 to focus her energies on Everflowing, an educational outreach program she founded in 2001.

Everflowing is her private company, which provides training programs and educational resources for bodyworkers, health care professionals, and hospice volunteers. Through Everflowing, Irene continues to teach, consult, and create educational resources that are used by massage schools and health care organizations worldwide. Information about her workshops, classes, consultations, and resources can be obtained from the Everflowing Web site at www.everflowing.org.


The Everflowing philosophy of touch incorporates a palliative approach of witnessing, validating and honoring the fragile or dying person rather than chasing symptoms or attempting a cure. Irene calls this healing environment a container—a safe place where unfolding and relaxation occur for both client and caregiver alike.

"It is an exciting time to be a ►

◀ massage therapist,” Irene asserts. “Both the hospice and medical communities are now very open to the profound significance of touch.” She suggests that massage schools need to be teaching touching skills and not just generic formulas based on an assortment of techniques. Students need to seek out teachers who have personal experiences with those who are dying or seriously ill. Students will also need emotional support and a safe place to process their experiences. This dimension of massage education is vital and intrinsic to the very nature of massage itself; reaching out, touching, being touched, becoming empty and then being filled.

Oncology, institution-based and end-of-life massage opportunities are everywhere, according to Irene. Practitioners can be creating and developing new protocols and new ways of serving this growing population, a group of people who are often neglected, touched minimally, and living out their final days in isolation, pain, and fear.

I became a braver massage therapist because of Irene Smith. I volunteered to be present and provide bodywork when one of my teaching colleagues and one of my best friends died, the former from AIDS, the latter from cancer. I tried to avoid both of these encounters, not believing I had the gifts or the skills to witness their dying process and become intimately connected to it. But I remembered the fierce passion and dedication that Irene embodied and knew I had to make the right decision. She generated within me the courage to honor the final days of two dear friends, despite a dying process that seemed brutal and horrifying.

My experiences with these two individuals forever changed my outlook on my profession, my sense of service, and my ability to confront my own fears. I began letting go of technique, trusting the power of my touch, and exploring the mystery of healing. That is what I learned from Irene Smith and why she is one of my heroes. 

— **Bob King**
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Photo provided by Irene Smith

For more than 25 years, Irene Smith has provided massage for people in the final stages of life. Because of Irene’s groundbreaking work, a generation of massage and bodywork professionals has learned to work with the HIV/AIDS population.

From the Editor

In this issue, noted educator Whitney Lowe explores the largest, strongest and most commonly injured tendon in the human body. Amanda Respass offers her insights on massage therapy students and issues surrounding pregnancy. Learn how to find the road that’s right for you with Ben Benjamin, and read about one school’s involvement with Gay Games VII. Ethical insights from Dianne Polseno round out our fourth issue.

I am honored to profile one of my massage therapy heroes, Irene Smith, and the profound impact she has made on the massage therapy profession.

Your input, comments and feedback are important to us! We need to hear from you so we can continue to present the most innovative online newsletter in the massage therapy field today.

— **Bob King**
Editor in chief
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Muscle Memories

Achilles Tendon Overuse Disorders

BY WHITNEY LOWE

There are very few tendons in the body that have a name separate from the muscle they are associated with. One such tendon is the Achilles. The Achilles tendon (AT) is the strongest tendon in the body and needs this strength because of the high force loads required during motions such as walking, running, or landing from a jump.

Due to the increasing popularity of massage as a means of addressing overuse injuries, it is likely that massage practitioners will have clients seeking help with this problem. While there are other treatments such as shoe inserts and stretching that are helpful, they may not fully address the present tissue dysfunction. Massage is a highly effective complementary method for addressing AT overuse disorders and the better we understand this problem, the more effective our therapeutic work can be.

The superior end of the AT is broad and flat and serves as the attachment for the two heads of the gastrocnemius muscle (Figure 1). Inferiorly the tendon becomes more rounded as the distal end of the soleus muscle also blends into it. The gastrocnemius and soleus share their attachment tendon and insertion on the calcaneus, so sometimes these muscles are called the triceps surae. Triceps means three heads, indicating the two heads of the gastrocnemius and one from the soleus. The distal fibers of the plantaris muscle also blend in ▶

◀ with the distal AT as it inserts into the calcaneus (Figure 2).

Achilles Tendon Pathology

The AT is surrounded by a thin membrane called the paratenon. The AT derives a great deal of its blood supply from small capillary vessels within the paratenon. There is a zone near the distal end of the tendon where the blood supply is poor, and therefore it is the most common site of degenerative changes and damage to the AT.¹

Achilles tendon disorders are prevalent lower extremity injuries, especially among runners. They occur at any age, but there is an increased frequency in older populations. The term tendinitis is used extensively to describe overuse tendon problems throughout the body. Numerous authors find the term inappropriate because most overuse tendon pathologies do not involve inflammation.^{2, 3} Yet the AT is one tendon that does appear to have inflammatory activity resulting from overuse in the tendon as well as the paratenon. Consequently, the terms ending in -itis appear clinically accurate when referring to the AT.

There are two types of tendinitis affecting the AT: insertional and noninsertional. Both forms arise from similar factors, including overuse, previous corticosteroid treatment, systemic disorders, use of other medications, or lack of proper conditioning. Structural or biomechanical factors such as overpronation, calcaneal varus or valgus, and genu valgum are structural characteristics that can lead to Achilles tendon degeneration.

Insertional tendinitis occurs at the insertion of the AT into the calcaneus. It is prevalent in older individuals and those who engage in activities without proper conditioning. Because the avascular zone of the AT is near the insertion, lack of tendon healing due to ischemia contributes to this disorder. The main complaint from individuals with insertional tendinitis is heel pain.

Noninsertional tendinitis typically affects athletes and those engaged in vigorous physical activity. It involves not only inflammation in the tendon, but also in the paratenon (paratendonitis). There may be diffuse edema around the tendon along with thickening of the tendon. Crepitation, tenderness, and morning pain are common. Pain increases during plantar flexion and dorsiflexion as the tendon slides within the paratenon. Sometimes there are palpable nodules in the tendon.

Tendinosis is degeneration of the collagen matrix within the tendon, which leads to pain and loss of function. The collagen degeneration of tendinosis is the most widespread form of overuse pathology seen in other tendons of the body.^{3, 4} The degenerative changes of tendinosis are caused by age, repetitive microtrauma, or other factors that lead to collagen breakdown.

There is a link between certain medications and the onset of Achilles tendon degeneration and ruptures. Especially implicated are medications in the fluoroquinolone family ▶



Image courtesy of Primal Pictures Ltd.

Figure 1. The image on the left shows the soleus attaching to the calcaneus via the Achilles tendon. On the right, the two heads of the gastrocnemius blend in with soleus near the distal attachment of the AT.



Image courtesy of Primal Pictures Ltd.

Figure 2. The long, thin plantaris tendon is visible attaching to the calcaneus right next to the Achilles tendon.



Photo provided by Whitney Lowe

Figure 3. Compression broadening methods help reduce tension in gastrocnemius and soleus so they pull less on the Achilles tendon.



Photo provided by Whitney Lowe

Figure 4. Deep longitudinal stripping is performed during a passive dorsiflexion for passive engagement and during eccentric contraction of the gastrocnemius and soleus for active engagement.



Photo provided by Whitney Lowe


Figure 5. Deep friction is applied to the tendon to stimulate collagen production. Transverse friction might be more effective, but that hasn't been verified.

of antibiotics, such as ciprofloxacin (brand name Cipro).^{5, 6} These medications appear to produce tendon pathology in large tendons of the body, even in the absence of vigorous repeated activity. In addition, systemic disorders such as hyperthyroidism, renal insufficiency, gout, or rheumatoid arthritis can also contribute to AT disorders.

Treatment Strategies

One of the most important factors in treatment of any Achilles tendon disorder is activity modification. It is crucial to reduce the constant load on the tendon. Massage techniques applied to the triceps surae group help reduce tension and decrease the tensile load on the Achilles tendon. Examples of beneficial approaches include compression broadening techniques (Figure 3) and deep longitudinal stripping methods (Figure 4).

In addition to the broadening and lengthening techniques mentioned, static compression is helpful to address myofascial trigger points in the gastrocnemius or soleus muscles. These trigger points not only perpetuate the hypertonicity in the muscles, but may refer pain distally into the tendon, thereby mimicking tendon pathology when it is really referred trigger point pain.

In addition to the techniques applied to the triceps surae, deep friction massage is applied directly to the affected tendon (Figure 5). Deep friction massage is beneficial to stimulate collagen production in the damaged tendon fibers. It appears that pressure and movement are the most important factors in the application of deep friction massage. Pressure can be applied either transversely or longitudinally. Deep transverse friction may be more effective in helping break down fibrous adhesions between the tendon and the surrounding paratenon, although this has never been verified. 

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Touchpoints

Pregnant Massage Students: One Educator's View

BY AMANDA RESPRESS

In massage therapy training programs across the country there is a recurring debate about the safety of pregnant students' participation in technique classes. What if something goes wrong? What if the student miscarries or has a blood clot? What if another student inadvertently stimulates acupressure points that send the student into labor? The issues arise out of our concern for the safety of our students, but also because we lack good information about pregnancy.

As an educator, childbirth doula and Bodywork for the Childbearing Year certified massage therapist, I have supported women through every stage of pregnancy in a variety of settings—on my massage table, in the hospital, during homebirth, under water, for women with and without medication, and during vaginal and Cesarean births. I have safely provided both Western and Asian forms of bodywork to clients during each trimester of pregnancy and at every stage of labor. The benefits of massage for these women and their infants have been extraordinary.

Massage therapists are trained to explain the positive effects of touch to clients and approach the body with a high level of comfort and familiarity. However, in the classroom we approach pregnant students with a level of fear that we normally reserve for life-threatening pathologies. Female sexual physiology is isolated from the bulk of standard anatomy and physiology courses, except for the most perfunctory retelling of the ovulation/menstruation story we've heard since grade school.

As educated professionals, we should be the first to recognize that the ability to become pregnant and sustain a pregnancy reflects a highly tuned, well-functioning coordination among healthy endocrine, nervous, cardiovascular, and reproductive systems. With this understanding, pregnancy can be viewed as a sign of health. Our decisions about the safety of bodywork for pregnant students or clients should be based on the facts. To be clear, the only systemic contraindications for pregnancy massage are:

- No joint mobilization or facilitated stretches that approach new endpoints
- No deep work to the thighs and lower legs
- No acupoint stimulation to certain points on the feet, legs, head, neck, and back
- No reflexology stimulation to endocrine or reproductive zones
- No abdominal massage in the first trimester (weeks 1-13)

Otherwise positioning is the only consideration for the safety and comfort of the pregnant woman.



Photo provided by Amanda Respress

Amanda Respress massages Teresa Reilly-Yeh during active labor March 20 at Reilly-Yeh's home. Mia Reilly-Yeh was born soon after.


It is important to note that pregnant women are fully able to perform massage at any stage in their pregnancy. Kara Hartnett of Lake Forest, Illinois, gave birth to her son Liam while she was a massage therapy student. Reflecting on her experience, she recalls that massage school helped her through her pregnancy. The nurturing touch and social support bolstered her through a time of intense change, and she states that she was always able to practice hands-on skills. In her third trimester, she completed her last exams a week early to finish before she went into labor. After a two-week quarterly break, she was back at school, fully participating in class and pumping breast milk during each break. "I didn't feel that it took away from my learning. Pregnancy is its own form of homeostasis—your body is doing what's right and massage enriches it," Hartnett asserts.

A concern often raised by educators is that students don't feel comfortable working with pregnant practice partners. In my experience, this occurs when instructors are uncomfortable working with pregnant women. Nia Fields, 23, of Chicago reports that during her pregnancy, both of her instructors were certified in pregnancy massage and provided knowledge and support. "All the other students got a better educational experience because they learned to work with me in side-lying," Fields explains. "Everybody was very receptive and considerate." ►

◀ Massage instructors show students how to modify their work for their partner's special needs; so why not with pregnant students? The American Massage Therapy Association reports that a majority of massage consumers in the U.S. are female. Therefore, graduating students who are ignorant of how to appropriately massage pregnant bodies seems odd.

The intent of massage education is to teach students how to skillfully touch the human body. The human body gets pregnant. I question training programs that exclude the normal female physiology of pregnancy.

The medical model we base our science classes on is struggling to free itself from a historical bias that the male body is normal and the female body is aberrant. Think back to your own anatomy class—do you remember the “pudendal nerve” and “pudendal region” of the body? Pudenda means female genitalia and is Latin for “shameful” or “to be ashamed.”

The only thing we have to be ashamed of is not teaching students how to massage pregnant women. 

— **Amanda Respass, NCTMB**
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What do you think?

We would like to hear from practitioners, students and educators. Do you agree with Amanda Respass' perspective? Why or why not?

Please e-mail your responses by September 1 to **Bob King, editor in chief**, at bking@cortiva.com.

Ethical Dilemmas

This column presents massage and bodywork situations where a clear understanding of ethical principles and boundaries is essential to successful resolutions. Find out which ethical questions were posed in the third issue at cortiva.com/deep.

Prepare for an Ethically Safe Massage Experience

I can't imagine one massage therapist who hasn't dealt with some aspect of the issue of sex and massage at some point in his or her career. We cannot be naïve in our thinking that if we, as therapists, have the correct intentions and act professionally, it will keep the inappropriate expression of sexuality out of our treatment sessions. The ethically safe massage experience does not just happen; it must be created and continually sustained. Both client and therapist must proactively and reactively demonstrate willingness to avoid any connections between sex and massage. The following suggestions can help:

1. Observe and know yourself. Be observant of your own tendencies toward flirtation, and notice if you sexualize an event or conversation. Think about your work environment and your approach with clients. Ask yourself, “Is there anything about me or my workspace, or that I say or do, that could be sexualized?” Take responsibility for how you may be perceived and change your behavior if you may be misunderstood or misinterpreted.


2. Establish ethical safety at the initial contact. Do not wait until the new client arrives for an appointment to discern his or her intentions and goals for the massage. Whatever the first contact is, either by phone or in person, determine that person's language, demeanor, and approach to assess if he or she is seeking sexual massage. Ask questions such as, “Why are you seeking massage at this time?” and “What are your goals for this session?” If the person remains vague and obscure, inform him or her directly that the massage you offer is “therapeutic and nonsexual.”

3. Maintain a professional appearance and demeanor. Appropriate, professional attire is essential. Realize that when and where you represent yourself as a massage therapist, you represent the entire profession.

4. Create a professional, healing space that communicates clear boundaries. Sight, sound, smell, touch, and imagination all have the potential to arouse. Being clear about your role during a massage allows you to secure your professional boundaries, making you less likely to give mixed signals.

5. Allow privacy. Regardless of how well you know the person to be massaged, always give him or her complete privacy while undressing and dressing. If a client begins undressing, ask him or her to wait until you leave the room.

6. Always use proper draping techniques. While the client has a clear choice about many aspects of the massage, such as what to wear under the draping linen, proper draping should not be optional. Modest draping, in which a sheet or large bath towel is used to cover the body areas that are not being massaged, is recommended. Offer to adjust the room temperature, turn on a fan, or uncover a client's feet if it is too warm. When a client keeps underwear on during the massage, recognize it as a boundary and do not move the underwear to apply massage techniques. Effective techniques such as compressions can be applied to clothed or draped areas. Ensure secure draping that does not allow “drafts” or partial exposure of areas intended to be draped.

7. Be mindful of body contact during the massage. Beyond using proper body mechanics, be attentive to how you brace, support, and lean. Be mindful of where your body may contact the client's body during your strokes, stretches, and techniques. 

— **Dianne Polseno**
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Making a Difference

Massage Therapy Volunteers Help Make Gay Games VII a Success

The Cortiva Institute—Chicago School of Massage Therapy community came together from July 15 to 22 to support the athletes and staff at Gay Games VII, a sports and cultural festival in Chicago. More than 200 students, alumni, and faculty volunteered at three venues and gave more than 5,000 massages to people as they registered and competed in various events. Nearly 13,000 athletes from more than 70 countries participated in 30 sports at Gay Games VII, where events were open to people regardless of sexual orientation or athletic skill. Cortiva faculty member Wayne Hussey and alumna Denise Theobald spearheaded the effort to coordinate the massage staff, and twelve faculty members led groups of volunteers at the Chicago Hilton and Towers, Navy Pier and Washington Park. Students in their first quarter worked side by side with other students and alumni to support athletes.

Security was tight at the international event, and volunteers had to spend hours attending orientation, registering, and obtaining photo IDs. Nevertheless, the students and staff from Cortiva enthusiastically rose to the occasion. A wall of sign-up sheets quickly filled up, said Summer Bitton, the school's community outreach coordinator, and students called looking for more opportunities to volunteer after just one experience at the Gay Games.

First-quarter students even attended a special workshop on sports massage to volunteer. Student Timiko Cooper said taking the time to meet the requirements was worth it and that the athletes were grateful for the support. "Everyone was welcome," she recalls. "Interacting with the people was really cool."

Student Pamela Heady, who's preparing to graduate in September, provided massage at the volleyball event at Navy Pier. "The experience was rewarding and a good educational tool—many different needs and issues going on," she recalls. "The fast pace helped me understand the need for good self-care."

Instructor Jillian Kelly agreed that the experience was a positive one. "The volleyball players were serious athletes. Their feedback was so positive and encouraging it reinforced why I became a massage therapist."

The Gay Games has become one of the largest sports events in the world since its inception in the early 1980s and is now held every four years. Nearly 1,350 athletes competed in 27 sports in the first Gay Games in San Francisco in 1982. A program of cultural events was added in 1984, and Masters world records in swimming were broken in 1990. By 1994, the event exceeded the Olympics in



Photo by Jason Schotte

Volunteers from Cortiva Institute—Chicago School of Massage Therapy provide massage during registration for Gay Games VII in Chicago.

numbers of athletic participants, with nearly 11,000 athletes competing in 31 sports. Today, the Gay Games attracts athletes and artists from around the globe who gather to advance the founding tradition of participation, inclusion, and personal best. Sports participants compete at levels ranging from recreational to elite, and bands, musicians, singers, dancers and artists participate in a weeklong arts festival. With the help of Cortiva volunteers, the Gay Games truly became, as the slogan says, "where the world meets." 

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Strategies for Success

Find the Road That's Right for You

BY BEN BENJAMIN

There are many roads to success in our profession. You just need to find the right one for you.

A recently published American Massage Therapy Association poll showed that 47.14 percent of the massage therapists who responded practice in the setting of their home or own office. That's an impressive number of professionals who have chosen to be entrepreneurs, to take full responsibility for developing, maintaining, and managing their own practices. I happen to be a strong proponent of entrepreneurship, and believe every individual who wants to should have the opportunity to develop his or her own business. However, I also recognize that not all therapists who want to be entrepreneurs share the same skills, personality, motivation, and work style. There are several roads along which an entrepreneur can travel. In this article, I will describe two of those roads to success.

The first road toward becoming a successful entrepreneur is often mistakenly considered by our culture to be the best such road. Traveling this road takes a certain kind of risk-taking personality. The people who successfully travel this road are ►

◀ often described as having chutzpah, or guts. Whatever it takes to attain their goal, they just do it.

This type of entrepreneur-in-training is born to be in business for him/herself; it's in the blood. She creates a plan from day one and never strays from it except to improve it. She carries her appointment book wherever she goes and doesn't hesitate to bring it out when she first meets people. She attends functions such as Better Business Bureau meetings, where she networks with like-minded entrepreneurs in other professions. She schedules at least one lunch meeting a week with a local physician, chiropractor, mental health therapist, or other health professional whose patients would benefit from knowing that her services are available. She seeks out opportunities for public speaking in order to get the word out about her knowledge and skills. She works health fairs, sporting events, senior centers, and many other volunteer venues to get her name known. She offers free introductory sessions to people.

All this work—initially for little or no money—usually pays off. This type of entrepreneur knows it's all part of the plan and forges ahead full steam.


If you feel being an entrepreneur is not for you because it is not your style to travel the route described above, allow me to correct your thinking. Plenty of people become successful entrepreneurs by following a different road more suited to their temperament. Along this second road, people take their time to build their skills, knowledge, and competency slowly by first becoming an employee of someone else who knows how to be an entrepreneur. Often these entrepreneurs-in-training don't think of themselves as employees; they consider themselves still to be working for themselves, as apprentices to someone else from whom they can learn.

I remember one student who graduated at the top of her class; she was an excellent practitioner and very intelligent. She wanted to be an entrepreneur and started out along the first road described above; however, she soon found herself having difficulties. She would conscientiously schedule phone calls to

set up networking meetings with doctors and chiropractors, but when she got on the phone to make the call, she would become nauseous and physically ill. She tried for weeks and weeks and just couldn't do it. At that point, she came to me for some coaching with the stated goal of developing her ability to be an entrepreneur. What we discovered through working together was that she was a very self-contained person who needed time to let people know who she was and how good a practitioner she was.

It turned out that when she had a developed or defined relationship with someone, she did great, but creating a relationship from scratch was a skill totally out of her culture. I quickly suggested she fire me as a coach and try the second road to entrepreneurship. She began working in a health clinic under an experienced therapist who provided a model of how to approach people. This therapist referred clients to her, and in that defined setting the therapist did very well at developing the therapist-client relationship.

Over time, she also gained experience in creating relationships with people she did not know and who were not referred directly to her. She interacted with other health care providers and gradually found herself able to initiate such relationships without difficulty. Through her apprenticeship she built a strong following and clientele, and a number of years later made the decision to establish her own practice. This time, she had no trouble whatsoever in getting started and developed a very successful private practice.

I recognize that not all massage therapists want to be entrepreneurs, but for those of you who do, I encourage you not to be misled by what our culture says about how to get there. There are many roads to being successful in your own business, so if that's your goal, find the route that will work best for you. 

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Coming Next Issue, October 1, 2006:

- Join Whitney Lowe in the Muscle Memories column as he explores the often overlooked but clinically important sacrotuberous ligament and its impact for clinical massage therapy.
- Meet Mary Nelson, the innovator behind stone massage and founder of LaStone Therapy.
- Find out what other people think about being pregnant and in massage school.
- Get career advice from Ben Benjamin, learn about industry happenings, and more!

Our next issue promises to be our most intriguing and informative yet. In the meantime, we look forward to your feedback!

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