

# Massage Therapy Today

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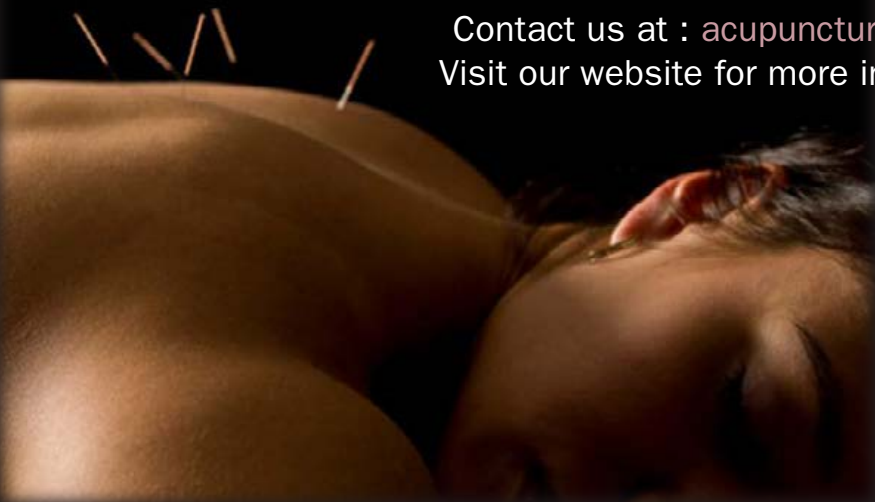
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## Message from the Editor

# Maintaining a Viable Long-term Career Without Burnout

**M**any RMTs have been told that massage therapy is a short-term profession. The myth persists that, after five years, RMTs will leave the profession because of physical injury, insufficient earning power, the emotional toll or lack of interest. But there are many RMTs who buck this trend, and the number of RMTs who have been practicing for more than 20 or even 30 years is rapidly growing. Massage therapy can be a viable long-term career that allows you to help others while earning a living. With that in mind, this issue of *Massage Therapy Today* brings together a group of experienced RMTs and business people to share their insights for establishing a practice that will be both successful and sustainable for years to come.

When the general public considers the difficulties an RMT may face, they often immediately think of the physical challenges. It's true that massage therapy is a physically demanding job—but, as in many other such professions, there are many things you can do to make the physicality easier on yourself. Lee Kalpin, who has been practicing for more than 30 years, provides an overview of the importance of body mechanics for RMTs.

In addition to physical burnout, RMTs are at risk of emotional burnout. Whether from treating patients with cancer or in palliative care, which can be particularly emotionally difficult, or from the repeated stresses faced by anyone in a caring profession, emotional burnout is a common problem. Pamela Fitch outlines her personal experience with emotional burnout, and describes how RMTs might cope and recover. The concept of burnout itself can often be misunderstood as simple tiredness so, in a companion piece, Rowan Terri provides a comprehensive definition of burnout from a physiological perspective.

The business skills needed to maintain a successful massage therapy practice are often overlooked. However, it's often a lack of business-planning, marketing or financial knowledge that can make a massage therapy practice unsustainable. Daniel Ruscigno provides six primarily business-related tips to ensure that your practice is a long-term success. Finally, Donald Quinn Dillon provides insight into the factors to consider when looking to increase your longevity in the massage therapy profession, including pricing, your delivery-of-care model, and methods to conserve energy and preserve your working capacity.

Massage therapy is an extremely rewarding career, and more and more people are beginning to recognize the benefits of massage therapy. For all of us, the goal is to create a financially viable career that is sustainable. Individuals with a passion for the profession, who are willing to expand their knowledge and continuously re-evaluate their practice, can and will be successful RMTs for years to come.

**Laura Fixman,**

Communication and Member Services Coordinator, RMTAO

# 6 Tips for Long-Term Business Success

By Daniel Ruscigno

**N**othing ventured, nothing gained. This famous proverb is one massage therapists have taken to heart, as 70 per cent of RMTs will work for themselves at some point in their career. It is a challenge most are willing to take on in exchange for being their own boss and the opportunity for higher earnings.

As with any industry, starting your own massage therapy business comes with risks. It takes proper planning, exceptional execution and, sometimes, a bit of luck to experience long-term success. If you have started your own business (or are thinking about it), here are six tips to ensure you keep your doors open for years to come.

### 1 Prioritize customer service

Consider doing a regular audit, once or twice a year, of the entire journey a client goes through: From discovering your business to paying after their appointment and your follow-up.

#### *Discovery*

Think of each of the ways that clients find your business, and make sure they are held to the same level of professionalism as your massage therapy practice. For example, once you have been in business for several years, website design trends will have changed. A website that was built in the early 2000s and has not been updated since gives the impression that the business does not care about its image. During your audit, check your website and your online profiles to make sure your business details (e.g., phone number, address, website, hours) are up-to-date.

The offline world is just as important. If your business is in an area with lots of foot

traffic, it is likely many of your customers discover you through just walking by. After several years of being in business, you will find that your signage has faded or looks out-dated. Remember to review the look of your storefront and ensure it remains inviting.

#### *Booking an appointment*

Once a customer has discovered your business, the next step is booking their first appointment. You want to make this process as seamless as possible. The main goal is to get the appointment booked on the client's first attempt. The easiest way to do this is with online appointment scheduling. Just like with restaurant reservations and booking a vacation, people generally like to make appointments themselves at a time that is convenient for them.

When you are doing an audit of your booking process, see if there are any gaps. For example, if the client calls but you are not available, are you giving them a Plan B? Your voicemail message should ideally tell them that they can book online. If you are not using online scheduling, tell the client when they can expect to hear back from you.

#### *Arriving at your office*

In most cases, this will be the client's first face-to-face interaction with you—and you want to make a great first impression. This means having a clean and welcoming office environment. As part of your audit, check to see if you have accumulated clutter, if the paint or furniture needs updating, and if there are any subtle improvements to your space that can be made.



**Daniel Ruscigno** is the co-founder of ClinicSense. ClinicSense offers clinic-management software that helps with scheduling, intake forms, SOAP notes, billing and more. You can find more information at [ClinicSense.com](http://ClinicSense.com)

When a client arrives, greet them by name, with a smile, and offer them a drink. Ideally, you will be on time and they will not have to wait. For the odd time you are running behind, make a sincere apology, let them know how long you will be and make sure they are comfortable in your waiting area.

### **Treatment**

One of the questions that a new customer asks themselves when deciding whether to book another appointment with you is: "Do I feel better than when I arrived?"

There are many factors that will determine the physical feeling a client has when their treatment is over, and it often takes several sessions for a person to reach their goal. So, although you may not be able to control how the client feels in the short-term, you can control how you manage this situation from a customer service perspective.

It is important to take time before the treatment to truly listen to the client and understand their treatment goals. By repeating back to the client what you have understood the issue to be, you will give them confidence that you recognize why they are there. It also sets you up to explain the treatment plan. It is important to set expectations early, and to set them together. By doing this, the client will understand that if they do not feel instantly better after the treatment, this is expected since it is part of a process and overall plan.

### **Payments**

Just as with booking an appointment, payment should be simple and seamless. This can mean accepting multiple forms of payments and offering e-mail receipts. During your audit you may find, for example, that customers would appreciate you having Apple Pay as an accepted payment method.

One out-of-the-box potential idea is upfront payment. Research by behavioural economist Dan Ariely has found that no matter what we are paying for, we experience a small amount of mental pain when paying. This means even though a client may have had an incredible treatment with you and is feeling

good, they will still experience this bit of mental pain during payment. Upfront payment may not be right for your practice, but take time to review various ways to make the payment process as uncomplicated as possible.

### **Follow-up**

During a treatment, you will have outlined a plan with the client. If the client does not book the agreed upon follow-up appointment with you, it is time to get in touch with them. Following up to see how they are feeling and to help them stick to their treatment plan is a truly appreciated level of customer service. From a business standpoint, it is also a great strategy for getting repeat business.

## **2 Invest in yourself**

For long-term success, it is important that you continually invest in yourself. One way to stay up to date on industry trends and new research is to subscribe to a respected industry magazine. Learn new skills and offer fresh types of treatments after attending continuing education classes. Try business courses to discover new marketing strategies and trends. Finally, gather information on innovative products by attending trade shows.

“It is important to take time before the treatment to truly listen to the client and understand their treatment goals.”



“Take proactive steps to prevent burnout. You need to be in touch with your body and know the number of massages you can do in one day without feeling sore the next.”

By attending classes and events, you will also find like-minded massage therapists and small business owners to network with. One option is to attend an RMTAO Community Based Network meeting in your area. Community Based Networks are local groups of RMTs across Ontario who meet for educational, social and networking purposes. You may find a mentor or a local group of RMTs you can rely on for advice. There will be people who have gone through the same challenges as you in the past, and others who are currently going through those challenges. Developing a support system to help get your business to the next level is one of the best ways to invest in yourself.

### 3 Never stop hustling

Never stop trying to attract new customers. Once you have an established business with regular clients, it can be easy to get complacent. However, your clients might move, change to a job that does not cover massage therapy as a benefit or have a change in their disposable income.

Because of this, it is important to continually bring new clients in the door. The longer you are in business, the more you should be experimenting with new marketing and advertising techniques. Over the years, it is likely you will see a shift in your neighbourhood demographics. It is the businesses that pay attention to these changes and continually find new ways to market themselves that survive these changes in the long-run.

### 4 Adapt your business plan

It is not only neighbourhood demographics that change over time and, because of this, you need to be able to adapt. Hopefully, when you first got started, you created a business plan. Following careful consideration of many factors, you successfully launched your business. But five, 10 or 15 years down the road, inevitably things will have changed, and sticking to the original plan may not be working.

During the 2016 Olympic Games, the entire world seemed to learn about cupping



because of Michael Phelps. Occasions such as these are opportunities to provide patients with accurate information about new trends. Consumer preferences can change on a dime, and the best businesses adapt their marketing and presentation to keep current trends in mind. In the cupping example, a therapist who practices cupping might have altered their brochures or advertisements to more prominently place cupping as an available service. This does not mean that an RMT should blindly follow trends. It simply means that you should be aware of trends when it comes to how you communicate and market your practice.

### 5 Practice self-care

Massage therapists are at high risk of professional burnout—the feeling of waking up with fatigue that you cannot overcome. Burnout can be physical or emotional, and it can cause you to lose the joy you once experienced from your job.

Take proactive steps to prevent burnout. You need to be in touch with your body and know the number of massages you can do in one day without feeling sore the next. This includes giving yourself and your hands enough recovery time. You should also be

aware of your body positioning and form, and be conscious of overuse and repetition.

Take care of your body through exercise and diet, and do not forget to book massage therapy treatments for yourself. These provide you with the chance to learn from your peers as well as to reap the benefits of massage therapy yourself. Be sure not to turn off your clinical thinking skills when it comes to thinking about yourself. In addition, take care of your mind with planned relaxation time, perhaps through exploring mindfulness or meditation.

#### 6 Find new revenue streams

Because there is a limit to the number of treatments you can do in one day if you are to prevent burnout, there is also a limit to how much money you can earn by treating clients. Massage therapy businesses that find additional ways to raise revenue set themselves up for long-term success.

Many businesses offer add-ons or upgrades to their services to increase the average sale. Consider what you can incorporate into your practice that will enhance the experience for the client while not taking much more of your time and energy.

For therapists who own or lease their office space, you might want to consider renting the room to another therapist while you are not working. Any time your doors are closed you are not making money—so if you can keep the doors open by offering the space to another therapist, you will be able to increase your annual revenue.

Whether your doors have been open for 10 days or 10 years, consider each of the tips above. To achieve long-term success, it is important to continually find new ways to improve customer service, be flexible in your approach to marketing and advertising, take care of yourself and be creative in finding new ways to generate money. ■

“For therapists who own or lease their office space, you might want to consider renting the room to another therapist while you are not working.”

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# Body Mechanics for Massage Therapists

By Lee Kalpin

A patient once told me she had heard that massage therapy is one of the most physically difficult jobs in the world, and asked how I have managed to survive in the profession for more than three decades. I told her that there are many occupations that are more physically taxing. Another comment that I frequently hear from patients is “Your hands must be so strong.” In fact, I do not have strong hands and use a contraption from the hardware store to open the lids on jars! So how can we use our bodies (and not just our hands) to take advantage of our maximum strength potential, without causing pain for ourselves?

Most RMTs have probably been hearing about good body mechanics since they were students. Although it can be difficult to apply the many available strategies to reduce injury and improve output, a focus on body mechanics is one of the keys to career longevity.

### Table height

I will begin by taking a look at the height of the massage table. It is important that the table is at a height that makes it easy to apply as much force as we wish, with the least amount of effort. It is generally accepted that a massage table should be set so that it reaches the therapist’s mid-thigh. When we stand beside the table and let an arm hang at the side of the body, we want our knuckles to graze the top of the table. This is a good basic guide, but the height may have to be adjusted depending on the relative limb length of the therapist.

We must also consider the size of the patient that is going to be on the table. If the patient is very thick through the torso, we may need to lower the table. With these considerations in mind, an electric or hydraulic table is ideal, since it can be easily raised or lowered for each patient, and the height can even be adjusted during the treatment. Working with a table at an inappropriate height significantly increases the therapist’s risk of developing low back pain, so ensuring your table is properly adjusted can have a major impact on your working capacity.

Often, therapists will fail to adjust the table for a person who is much bigger or smaller and will conduct the whole treatment in an uncomfortable position. For those without an electric table, I advise booking patients further apart and taking a few minutes to adjust the table height based on the size of the patient you will be treating next.

### Base

Although many patients may think that our strength comes from our hands, most of the strength needed to provide massage therapy in fact comes from a strong base—our legs and the core muscles. It is important that our feet and legs are the strong foundation for our work. The feet should be placed just wider than hip-width apart, the knees should be slightly bent and “soft” and the hips should be slightly flexed.

For some techniques we work facing the table, while for others we work from a lunge position, with one foot in front of the



**Lee Kalpin** has been practicing as a registered massage therapist in Ontario since 1984 and operates a small clinic in Holland Landing Ontario. She has also been a peer assessor for the CMTO, taught massage therapy at several schools over the years, and is presently teaching at Protégé School. She conducts continuing education courses in Body Mechanics and Law and Business all over Canada.

other. The front leg should be flexed at the hip and knee and move with every massage manipulation. Many therapists seem to work from a static position, not moving their feet, but that can make each treatment much harder on the body.

Remaining in a static position for too long can increase an RMT's risk of low back pain, and introducing breaks and changes in posture are effective preventative strategies. It is important to think of massage as an activity in which we move constantly, which I believe creates more fluid motion and is much easier on the body of the therapist.

We must also consider the surface we are working on. If you are standing on a hard floor all day, this will impact on your feet and legs. It is good to have a floor surface that has some "give"—but whatever surface we are on, good support for the feet should be a priority. Many therapists like to work barefoot, but being on your feet for hours every day, for years, will strain the structures of the feet and may eventually result in a dropped longitudinal or transverse arch.

## Core

The strength for performing massage also comes largely from the core muscles of the trunk of the body, and it is important to keep these muscles strong. When performing massage, the back should never be bent or hunched forward. There should be a straight line from the "back" leg all the way up the spine. RMTs are at a higher risk of work-related musculoskeletal disorders (WMSDs) of the low back when they treat in bent or twisted postures. Working in the same position for too long, as well as kneeling or squatting, are also considered significant risk factors for WMSDs, which is why it is important for RMTs to keep in mind both their positioning and movement while treating.

## Neck

The therapist's neck should be aligned with the rest of the spine. Some therapists have the habit of flexing their neck and looking down at their hands while massaging. This

is not necessary. We do not have to look at the patient's skin — our hands tell us where we are and, in fact, we can often palpate more accurately if we do not use our eyes but trust in our touch. Rather than helping our technique, looking down at our hands will likely only harm our bodies.

## Shoulders

The shoulders are another common area for injury among RMTs. Many therapists raise their shoulders, putting unnecessary strain on the upper trapezius muscles. If these muscles are tired at the end of your work day, focus on relaxing and dropping the traps. Take a deep breath in, raise the shoulders as high as possible, hold and then let them go. You will find the position where your shoulders are truly relaxed. Working with the shoulders elevated and tensed can, over time, contribute to a hyperkyphotic posture of the thoracic area. Therapists who have broad shoulders may have difficulty with techniques that require both hands to be used together, since this causes them to hunch their shoulders inward. For these individuals, I suggest trying techniques that use each hand separately.

## Arms

The arms should never extend more than 45 degrees from the body. If you have to reach further then move your feet instead. If you feel you have to extend your arms for cross-body work then move around the table and work from the same side instead. Your arms should not reach forward from the shoulders. To avoid repetitive strain injuries of the shoulder, make the movement come completely from the legs. Uncomfortable positions at the shoulder can contribute to repetitive strain syndromes, such as tendinitis of the rotator cuff and other muscles of the shoulder girdle.

## Wrists

Soft tissue work and joint mobilizations are both known to greatly increase the risk of injury to the wrists and hands. Both repetitive motions and sustained periods of time in

“Most of the strength needed to provide massage therapy in fact comes from a strong base—our legs and the core muscles.”

“Thumb pain is more common among those who have been practicing for fewer than six years, which may suggest that more experienced therapists have refined their technique.”



uncomfortable positions have been identified as risk factors for this type of injury. In order to avoid such damage, the wrists should remain in as neutral a position as possible. There will be a slight extension of the wrists in many massage techniques, but they never need to be flexed and ulnar or medial deviation should be avoided. Working with the wrists in either hyperextension or hyperflexion can contribute to tendinitis of the wrist.

### **Hands**

Thumb pain is also particularly common among manual therapists. Interestingly, thumb pain is more common among those who have been practicing for fewer than six years, which may suggest that more experienced therapists have refined their technique and developed a greater understanding of body mechanics. Thumb pain is typically caused by over-extension of the thumbs. To avoid this, the thumbs should be kept relatively close to the hand and not allowed to hyperextend.

### **Using the arms or elbows**

We often use the forearms to apply techniques with a broader surface, and either the forearms or elbows to apply deeper

pressure. This can work well, but we must pay attention our shoulders when we do this. The arm and elbow should remain directly under the shoulder so that maximum pressure can be obtained using body weight only, and not by straining the shoulder.

### **Seated massage positioning**

So far, I have discussed massage that we perform from a standing position, which encompasses many techniques to treat the various areas of the body. For treating the neck, however, we usually work from a seated position. It is important for the therapist to have both feet planted firmly on the floor when treating in this position, with the knees braced against the legs of the table, and the back and neck in a straight line. All movement should come from the core muscles, just like when treating in a standing position. This means that when working from a seated position, movement should come from the sacrum. There should be minimal movement from the shoulders.

### **Scheduling**

It is important to work in a way that maximizes your energy and does not leave you drained at the end of the day. This

does not just have to do with the way you position and move your body. Keep control over your schedule so that you have adequate time to adjust your table, take washroom breaks and eat nutritious meals. Treating too many patients throughout the day, without taking sufficient breaks, is another significant risk factor for developing WMSDs. As a result, ensuring you are taking adequate breaks is one of the best things you can do to prevent injury.

## Conclusion

It should be possible to work for decades without experiencing any injuries from providing massage therapy. We may be tired at the end of a long day, just as we would be tired in any kind of work, but we should not experience repetitive strain injuries if we are using our bodies optimally. For those who are experiencing injuries or pain from performing massage therapy, I suggest reviewing your body mechanics, as outlined in this article, or

even booking an assessment from a therapist experienced in coaching body mechanics. This can be one of the keys to maintaining a long and successful career. ■

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“Treating too many patients throughout the day, without taking sufficient breaks, is another significant risk factor for developing WMSDs.”



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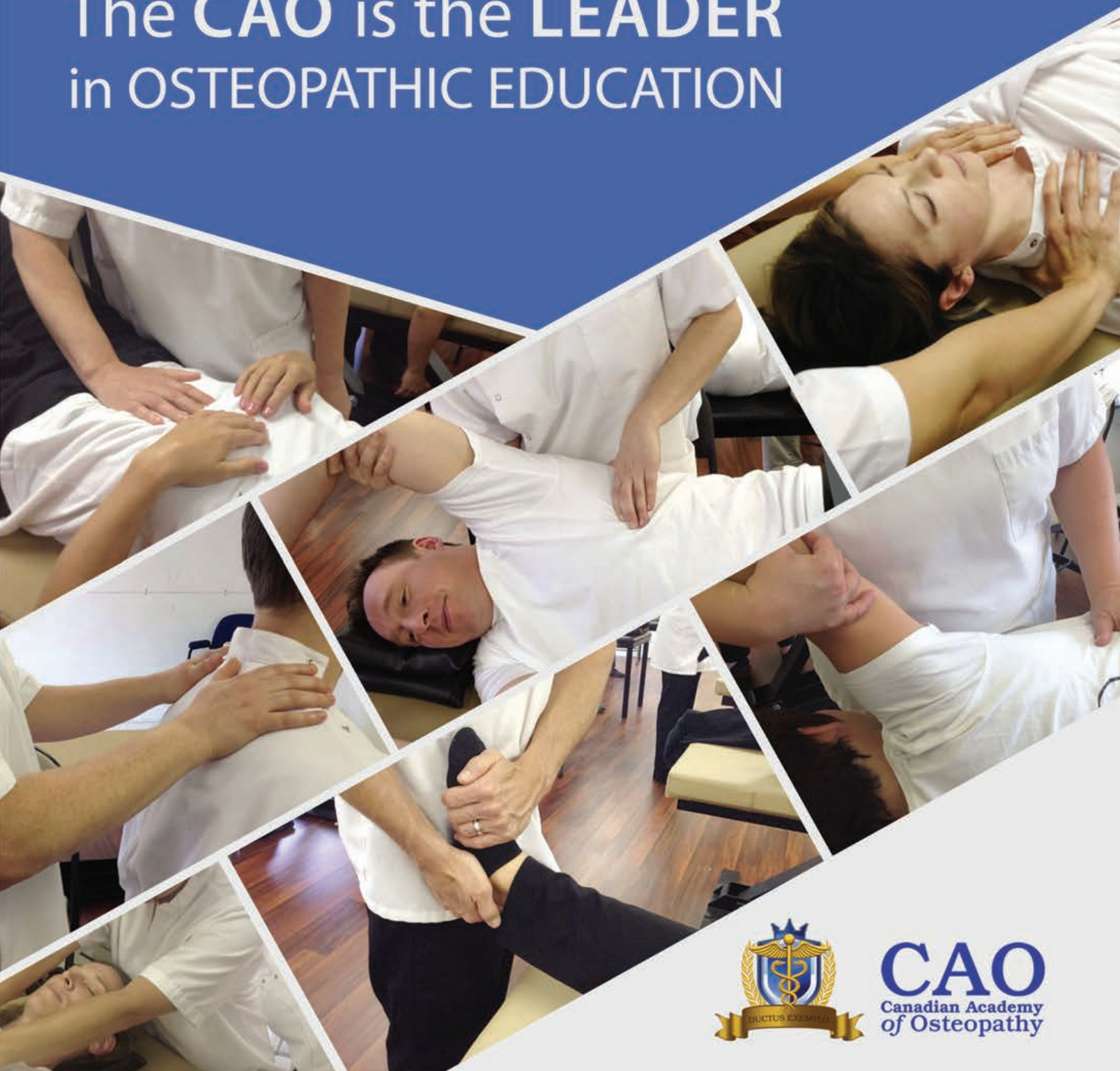
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# Burnout: Defining the Clinical Phenomenon

By Rowan Terri, RMT

**B**urnout" is a word we hear in North American culture to describe a wide range of states ranging from feeling generally tired to completely overwhelmed and unable to manage the demands of everyday life. The idea of burnout as a clinical phenomenon began in the 1970s with the work of Herbert Fredenberger (in New York) and Christina Maslach (in California), who were both observing and interviewing people working in social service careers. They noted emotional exhaustion, decreased motivation and negative opinions toward the people they were tasked with helping. These observations have helped shape burnout as a complex psychological state.



**Terri Rowan** is a Registered Massage Therapist practising in Guelph, ON. She has an interest in helping people understand the how and why of manual therapy. As a recreational runner she also has an academic interest in stress, training and recovery.

## In the beginning

In its infancy, burnout began as a social issue rather than an academic inquiry. This trajectory may be the reason why, for some time, data remained sparse and definitions were difficult to pin down. The study of burnout was concerned with fixing a problem so that employees could be more productive, and not with collecting data. The resulting lack of empirical evidence made it difficult to draw conclusions about burnout as a clinical phenomenon. After about a decade, however, the study of burnout began to move toward the collection of data, and standardized methods of study began to emerge.<sup>1</sup>

The Maslach Burnout Inventory (MBI) was first developed in the 1970s and continued



to be tested and refined into the 1990s. It comprises questions in five areas: Emotional exhaustion, depersonalization, personal accomplishment, cynicism and professional efficacy. Respondents use a seven-point scale to rank the frequency of their symptoms from never to daily.<sup>2</sup> The scoring of the MBI, however, presents some issues, in that it treats the subsections of the test individually as opposed to producing a single score. While this approach has allowed researchers to study the relationships between the subscores, it is easy to see how it might make other research difficult. This may be why research into the physiological changes or biomarkers of burnout have been inconsistent. Without a single score to group participants by, it is difficult to create study and control groups.

While debate continues about whether

burnout is an exhaustion-only syndrome or something more multidimensional, the prevalence of the MBI as the gold standard for assessing burnout suggests that the latter interpretation continues to prevail. It is argued that if the only symptom of burnout were exhaustion then there would be no need for a new label.<sup>3</sup> Although exhaustion may be just one aspect of a multidimensional syndrome, it might be the dimension that offers a glimpse into the physiological changes of burnout because it comes the closest to an already understood variable: Stress.

A stressor is broadly defined as anything that disrupts an organism's state of homeostasis. In psychological terms, it also relates to any outside force that causes emotional distress.<sup>4</sup> Stress may be a continuum, with burnout being the end of the line. One definition of burnout is: "A prolonged response to chronic emotional and interpersonal stressors on the job. It is defined by the three dimensions of exhaustion, cynicism, and inefficacy."<sup>5</sup> While exhaustion may be a normal response to stress, burnout is not only characterized by exhaustion, but also by feelings of alienation, emotional detachment and being ineffective at work.

### **Zebras don't get ulcers**

Neuroendocrinologist Robert Sapolsky has been researching the stress response in primates, including humans, for more than three decades. His book *Why Zebras Don't Get Ulcers* delves into the physiology of stress, and the following discussion is guided by his 2017 Beckman Institute lecture of the same name.<sup>6</sup>

Humans are psychologically complex, thinking animals living in an increasingly complex environment. As our relationship to our environment has changed over time, we have become less concerned with our immediate survival. We have evolved from beings that react to *immediate* threats of harm to ones that react to the *possibility* of being harmed. From a physiological



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“Anxiety about possible trouble sends our bodies the signal that every day is an emergency. Your HPA system does not know the difference between you thinking you may lose your job and losing your job.”

perspective, this distinction is important. If the threat of harm is immediate then our bodies react in an immediate but short-term way to spring us into action until the threat has passed. But reacting to the possibility of harm is a sort of brooding with no end in sight. It is this state of perpetual stress that can culminate in burnout.

The hypothalamic–pituitary–adrenal system (HPA) reacts to stressors by responding to the crisis and then restoring homeostasis once the threat has passed. As its name suggests, the system is comprised of the hypothalamus, the pituitary gland and the adrenal gland. These work together to regulate a host of chemicals—primarily growth hormone, adrenaline and cortisol. Growth hormone stimulates the growth and repair of all the tissues in the body, including the bones; adrenaline raises the heart rate, blood pressure and blood glucose levels; and cortisol plays a similar function, raising blood glucose levels during periods of more prolonged stress.

The stress response is designed to accomplish two tasks: To create and circulate energy, and to shut down unnecessary tasks for the duration of the emergency. During an acute episode of stress, your body will mobilize an increased amount of glucose for energy and then raise your blood pressure, heart rate and respiration to circulate the glucose quickly for rapid use. At the same time, it will shut down unneeded activities such as reproduction, digestion and growth.

If we occasionally flood our bodies with stress hormones for small periods of time during short-lived stressful situations then

our HPA system kicks in, does its job and then retreats, restoring balance in the body until the next moment of terror. However, if we face mounting pressures at work and home and spend a great deal of our free time worrying about things that may never happen, this constant anxiety about possible trouble sends our bodies the signal that every day is an emergency. Your HPA system does not know the difference between you thinking you may lose your job and you actually losing your job—the physiological response is similar regardless.



### **When the stress response is active 24/7**

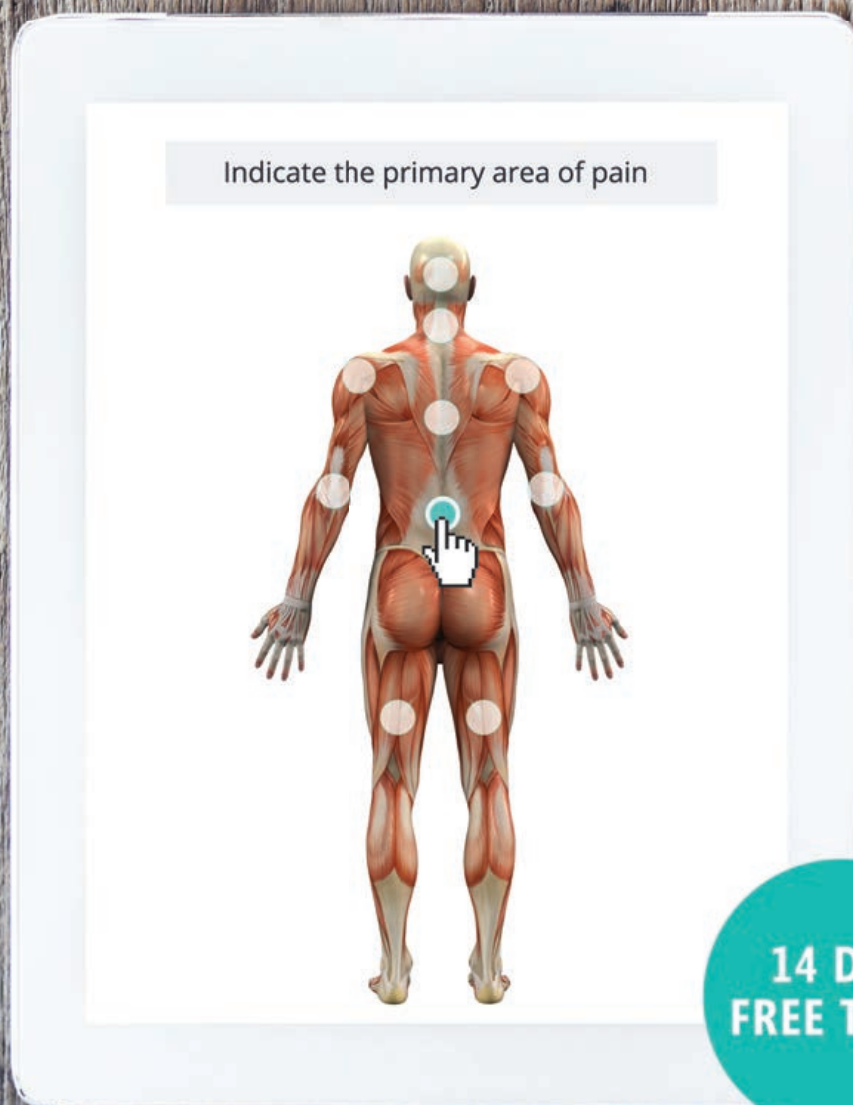
The rise in available glucose due to a chronic stress response affects the metabolic system. It raises the likelihood of insulin resistance, which can increase the risk of type 2 diabetes and lead to weight gain and obesity. The continued demand for energy can also lead to myopathy and muscle atrophy, as the body taps the muscles for additional resources.

The increased heart rate and blood pressure during acute periods of stress become stress-

related hypertension in chronically stressed individuals. Hypertension leads to turbulence in the blood vessels, which in turn damages the walls of the vessels. These damaged areas become collection points for metabolic material (which is already higher in volume, as explained above), creating plaques that eventually block the arteries, leading to heart disease and stroke.

Levels of growth hormone are decreased as growth and repair are put on the back burner. This can lead to impaired tissue repair and, in extreme cases of childhood trauma, stress-induced dwarfism.

# POINT AND CLICK SOAP NOTES



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“Everyday pressures can be modulated by finding an outlet for our stress, predicting stress and developing a sense of control over the stressful situations.”

During periods of stress, our bodies are not focused on digestion as blood and other resources are moved from less essential tasks to muscle tissue required to fight or flee. This decreased digestion coupled with poor tissue repair can result in gastric ulcers. While bacteria have been found to be the culprits in the creation of ulcers, the stomach lining is usually able to repair the damage—but not in individuals with low levels of growth hormone. The body perceives reproduction to be of little concern during an emergency, and chronic stress will often result in reproductive changes in both men and women.

#### Decreased dopamine

In the brain, prolonged exposure to stress decreases the production of dopamine, which can exacerbate symptoms of clinical depression or create a feeling of joylessness. At the same time the amygdala, which is responsible for fear, demonstrates increased activity. So while you feel sad and joyless,

your anxiety levels are also increasing. Individuals with post-traumatic stress disorder and trauma survivors also display damage to the hippocampus, which is related to learning and memory. This damage may explain why these patients are unable to distinguish between past and present memories, and why they respond to places or events that only have an oblique connection to their trauma.

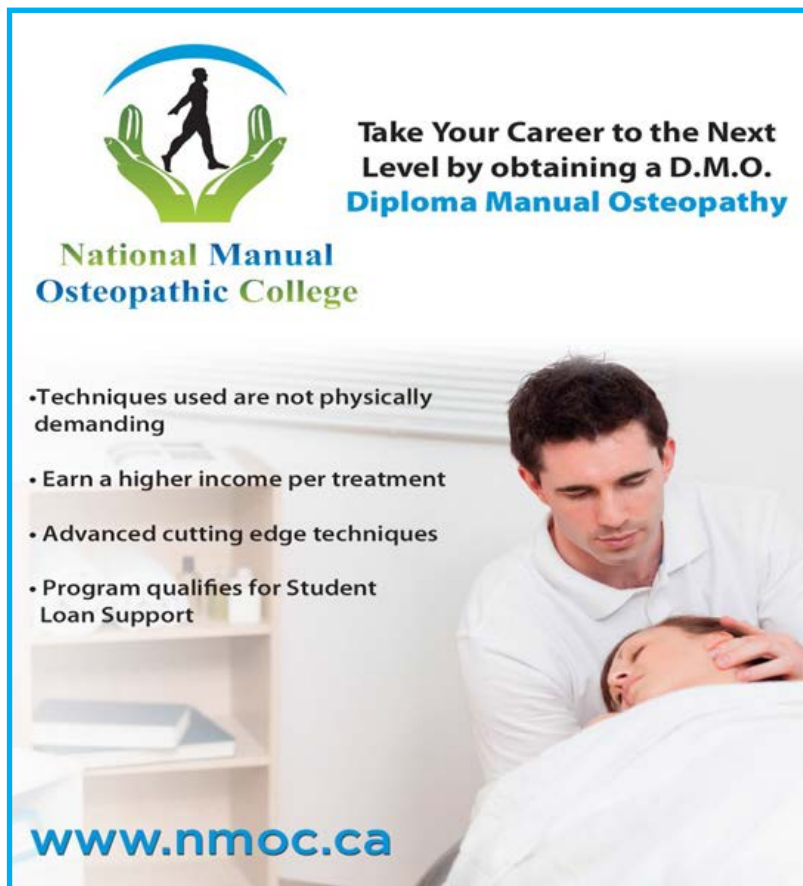
It is possible that these neurological changes may be part of the more complicated puzzle of burnout. The neurochemical changes arising from daily stress may lead to the more psychological symptoms of waning motivation, emotional flatness, loss of empathy and feelings of being ineffective.

#### To finish on positive note:

Many of us cope with various levels of day-to-day stress. Everyday pressures can be modulated by finding an outlet for our stress, leaning on friends and family for support, finding even small ways of predicting stress and developing a sense of control over the stressful situations. Focusing on these elements may help to reduce chronic stress and help you to avoid arriving at the final stage of burnout. ■

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# In for the Long Haul: Designing Longevity into Your RMT Practice

By **Donald Quinn  
Dillon, RMT**

It will be no surprise to any reader of this publication that massage therapy is time and labour intensive, requiring a great deal of strength and stamina. It is particularly demanding on the small joints and muscles of the hands. It also taxes our cognitive and emotional resources, given the complexity of the conditions and populations we serve. Practitioners who do not preserve their work capacity, or design their delivery-of-care model accordingly, will have trouble managing their workload over the long term.

Providing massage therapy is a high-output activity. Other forms of work may ebb and flow, but when providing massage you are “on” 100 per cent of the time. Your income is directly related to your work capacity—how much you can work—and how well you manage your work load. You must therefore design your delivery-of-care model in a way that is sustainable over the long term. In this article, I share mistakes made and observations formed where practitioners, like me, have threatened their professional longevity.



**Donald Quinn Dillon, RMT**, is a practitioner, practice coach and speaker in the field. Read more at [DonDillon-RMT.com](http://DonDillon-RMT.com).

## What leads to vocational brevity?

In an article on “Pricing Your Massage Therapy Services” that I wrote for *Massage Therapy Canada* in fall 2016, I relayed an important principle behind pricing one’s professional services. “Pricing is how the practitioner ‘captures’ the value they offer to the marketplace,” I said, and quoted Ronald J. Baker, author of *Pricing on Purpose: Creating and Capturing Value*: “Price transmits the most important signal to the customer...what the (practitioner) believes the product is worth.” The article goes on

to describe how pricing may be ineffectively set—without consideration of value or the costs incurred to provide care—based on outmoded beliefs and a state of “underearning.”

In social media posts, I have seen how some massage therapists actively look for ways to discount services in the hope of attracting business. Apparently, their fee schedule was set without consideration of value provided or market demand, and they expect lower prices to fill their appointment book. While there are strategic reasons to lower pricing, practitioners who undervalue and underprice their services without consideration of the value they provide should be cautioned that ill-considered pricing may prematurely stunt their career and sabotage their practice.

Another consideration is poor design of your practice. Your delivery-of-care model can be deconstructed and each part examined under the microscope with the intent to improve. Without such examination, a practitioner may work unnecessarily hard, give away too much and fail to demonstrate desirable outcomes or secure a sufficient income after work expenses have been deducted.

In an article titled “Construct Your Delivery of Care Model” for the spring 2017 issue of *Massage Therapy Today*, I reported how the variables of care delivery (attract, intake, assess, conclude, treat, measure outcomes, plan, prescribe) can be cross-referenced against patient/practitioner experience variables (e.g., time, technique/tools, technology, tangible outcomes, team, take-home pay) to find efficiencies and maximize positive effects. For example, a practitioner can use technology

“Another consideration is poor design of your practice. Your delivery-of-care model can be deconstructed and each part examined under the microscope with the intent to improve.”

to streamline the patient intake process or deliver education modules, or they can work with team members and use various tools and techniques to assess, treat and leverage better outcome measures while yielding higher earnings and demonstrating more effective time allocation.

While consulting and training, I have observed hundreds of massage therapists applying technique and checked their body mechanics. Surprisingly, a significant percentage arrive with poor body mechanics—something I had expected to be corrected in their entry-level education and training. These practitioners typically set the table too high, forcing themselves to apply horizontally oriented force and increasing the load on their hands, arms, shoulders and neck. This approach compromises body mechanics, unnecessarily demanding more strength while sapping physical resources. Wherever possible practitioners should use vertical force, exploiting gravity to leverage one's



own bodyweight and achieve faster release in the patient's body. I always suggest that practitioners who struggle with body mechanics study ballroom dance, Tai Chi or another martial art, and learn how to generate force from their centre of gravity at the pelvis. You should also read Lee Kalpin's article in this issue focusing on body mechanics, if you feel you need a refresher.

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### **The key to vocational longevity**

In the 2013 RMTAO earnings survey, respondents reported working hands-on for a mean of 19 hours each week. This is indicative of the physical demands of providing care. In an earlier survey in 2009, respondents reported that they would work more, but feared injury and burnout. Obviously, the more you work, the more you earn. So what if you could increase your capacity to work? To do this, you would need to mitigate physical demands while generating positive outcomes. The following strategies have worked for me.

### ***Incorporate hydro-therapies***

Hot and cold elicit changes in the muscular, vascular, integumentary and nervous systems. Applying heat or cold can quickly soften tense and dense muscles, put the patient at ease and improve the physiologic response to hands-on techniques. Therapies include

hot packs, hot stones, contrast heat and ice, localized moist wraps, thermophores and others. My current favourite technique is to apply a hot towel at the start of the session to warm my subject's body, while warming my own hands for the work to follow. I also use hot stones to improve pliancy in the muscles before I apply my hands.

### Use a hand tool

Practitioners rely heavily on the small joints and muscles of the hands to apply massage. It is no surprise we often suffer sprains and strains to these hard-working digits. However, we can duplicate and even improve on effect of the hands by utilizing hand-held tools, broadly termed instrument-assisted soft-tissue manipulation (IASTM). The Chinese medicine Gua Sha tool, "thumb-savers," hot/cold stones, wooden roller devices and vacu-sage (cupping) are devices to consider.

Tools can provide a firm, broad pressure that feels less concentrated or uncomfortable to the patient because of the larger surface area, while reducing wear and tear on fingers and thumbs. I have found that IASTM and the Gua Sha tool agitate via combing/scraping movements, yielding more pliancy and a better response to the deep-tissue work that follows. In an article on IASTM by Warren I. Hammer (*Fascial Dysfunction: Manual Therapy Approaches*, Handspring Publishing, 2014), Hammer reports: "Perhaps counterintuitively, IASTM actually enhances palpatory skills for detecting major and minor fibrotic and densified tissue." He goes on to say that "a very important benefit...is the reduction of stress on [the therapist's] hands and joints."

Hot stones have a double benefit by using heat to soften the muscles, coupled with the firm stone surface to penetrate more deeply and comfortably than the digits of our hands. Vacu-sage/cupping applications serve to pull the skin and underlying connective tissue up and away from the underlying skeleton (as opposed to massaging/compressing tissues into the underlying bony structures), improving tissue pliancy and preparing the tissue for hands-on techniques.

### Purchase an electric or hydraulic table and use electric therapies


I have owned an electric table for almost my whole career, and it has been a real back saver. I know this for certain because, for a period of time, I oscillated between my primary workspace and a satellite clinic I had set up—the latter using only a stationary table. Without fail, at the end of the day using the stationary table, my back was fatigued. The ability to immediately adjust the height of an electric table allows me to maximize leverage, whatever the application.

Electric therapies such as acoustic wave (ShockWave), TENS, ultrasound, Thumper and other devices can also increase a practitioner's ability to deliver care while reducing the load on their body.

### Get sufficient rest, exercise and fuel

Entry-level training and education frequently concentrates on health science, regulations and hands-on techniques, but rarely mimics

“I always suggest that practitioners who struggle with body mechanics study ballroom dance, Tai Chi or another martial art, and learn how to generate force from their centre of gravity at the pelvis.”



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“Practitioners need to assess their work capacity over time, so I recommend limiting the hours worked per day and building over time.”

day-to-day practice. Practitioners need to assess their work capacity over time, so I recommend limiting the hours worked per day and building over time; ensuring sufficient rest and recovery between, before and after work hours; eating well; and cultivating one's own strength and stamina. This advice, while it sounds like common sense, can easily be ignored as practitioners strive to build a practice and gain financial autonomy. However, early work-related injuries can have long-term consequences, so I recommend a slow and steady build.

#### ***Generate other interests and other streams of income***

Seasoned practitioners typically experience a natural decline in stamina over time, while the physical nature of the work limits work capacity for all. To avoid financial strife, practitioners might consider cultivating additional sources of income. These could include managing a multipractitioner practice,

selling retail products or teaching. Take a look back at my article “12 Ways to Generate Income in Your Massage Practice” in the February 2010 edition of *Massage Today*.

#### ***Find a compelling reason***

I am privileged to know practitioners who continue to work as they age into their 70s and 80s. These practitioners are still curious, still awe-struck by the responsiveness of the body and still enjoy engaging with people at this transformative level, despite their own declines in stamina. Being purposeful will inject meaning into your work, helping you provide care past what you may have expected.

Be wary of unsustainable economics, poor delivery-of-care models and faulty biomechanics. Utilize hydro- and electric therapies and hand tools, conserve and preserve yourself, generate other streams of income, and find a compelling reason to extend your longevity in this noble and worthwhile profession. **MT**



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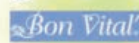
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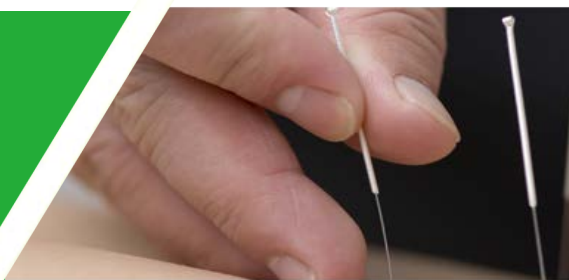
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# Out of Gas: A Personal Account of Burnout

By Pamela Fitch,  
MAd Ed, RMT

**W**hat are the chances of a massage therapist burning out or falling ill with caregiver fatigue? Is this an issue for you? Some folks recognize the signs and make changes in the way that they respond so that they are better able to manage. Others adapt to stressful situations and ignore their effects. When stress levels begin to have a physiological and psychological impact, the stressors are referred to as “allostatic load”<sup>1</sup> and when the allostatic load becomes chronic and overloaded, the psychological and physiological consequences can be significant or even life threatening.

**January 23, 2013**

*So many people and things pulling me in multiple directions. How can I remain open with nothing left? No strength. So tired. No space to rest. Can't do it anymore. Frayed at the edges. Frayed all the way through. I find everything so tiring and yet I'm like a moth to a flame. I keep engaging even though I have nothing left to give. Can't sleep. Can't let anyone down. Have kept my fatigue a secret from me as well as everyone else. Now it confronts me at every turn. Who am I if I am not taking care of someone? Who am I if I don't need to respond or be there for anyone else? Empathy takes energy. I don't have any reserves left. Responding empathically is bankrupting me.*

## Caregiver fatigue

For health care professionals, occupational stress—also called burnout or caregiver fatigue—results from “demanding and

emotionally charged relationships” between caregivers and their recipients. Individuals experiencing burnout describe complete emotional exhaustion, depersonalization or feeling drained and cynical towards those needing care. They often feel low levels of personal accomplishment, and have the sense that they can never get ahead of all the work or demands that they face.

For those who manage commitments well, burnout is hard to imagine. I recall with some chagrin an encounter almost 30 years ago with a client who was recovering from burnout. She described lying on the couch all day, barely able to dress or feed herself or make sure that she had enough groceries. She described explicitly what it feels like to be “out of gas” and suffering from burnout. I thought she must be exaggerating. New to my practice, I asked, somewhat insensitively, how she passed her time. She simply stared at me. I never saw her again after that treatment and I have to assume she was disappointed in my not appreciating her predicament.

Twenty-five years later, I developed my own textbook case of burnout. Now I appreciate her challenges completely. Leading up to 2013, I felt emotionally overwhelmed by all of my commitments and self-imposed responsibilities. I could not seem to perform any tasks well, compromising a deeply engrained sense of personal accomplishment. I resented the people closest to me because they couldn't seem to appreciate how hard I worked or the impact of my stresses. Eventually, I could not function socially and felt physically incapable of responding to anyone. I felt exhausted and depleted during the day and hopped up



**Pamela Fitch, MAd Ed, RMT** graduated from Sutherland-Chan School in 1988. Since then, she has become an advocate for the profession both nationally and internationally. She continues to practice massage therapy while also working as a writer, mentor, consultant, peer supervisor and educator.

on adrenalin at night. I couldn't abide any stimulation and needed complete quiet or else I became nauseous. The only option for me was to rest and recalibrate.

### More at risk

I am intrigued with the question of whether massage therapists are at increased risk of burnout. Massage therapists work in a helping profession. At times, compensation may become challenging for social and economic reasons beyond the control of the therapist. Some clients can be difficult to deal with. Juggling life commitments and managing a busy practice can create significant stress. At the same time, there are many circumstances that may protect therapists from burnout. As a private health care profession, massage therapy is available to clients who can afford it. Therapists are not, for the most part, required to work on the frontlines of health care. Unless therapists are employed by hospitals, community agencies or long-term care facilities, which some therapists are, they are unlikely to regularly encounter clients with acute mental health challenges or those who refuse care of any sort. No doubt every therapist encounters stress to some degree in practice, yet working in a profession that promotes wellness and recovery may facilitate a greater sense of control over one's work environment. While it is possible that some client or clinic manager relationships become demanding and difficult, the work of a massage therapist can often feel stress-relieving. It seems more likely that if massage therapists are vulnerable to burnout, it is because of their levels of commitment, the stresses of their personal lives and the ways in which they react to those stresses.

Some research suggests that personality represents a more significant factor in the development of burnout than the circumstances that create stress. This resonates for me with respect to my burnout. Factors that contributed to my inability to respond included a difficult and long-standing commitment to parental caregiving that coincided with the production of a textbook, while also teaching full time and maintaining a small private prac-

tice. I believe that Brian Little's description of how personality traits may function in the face of significant stress<sup>2</sup> illustrates a larger truth: How we respond to allostatic load seems traceable to our personalities and our own sense of control over our lives, more than to the specific circumstances that create the stress.

### The "big five"

Five stable and enduring character traits have been identified and studied independently by at least four sets of researchers over the past 50 years, and evaluated on a continuum. The traits remain consistent regardless of culture, sex or generation. They are conscientiousness, agreeableness, neuroticism, openness and extraversion. According to one study, there is a high correlation between three of the "big five" personality traits and burnout, particularly the trait of neuroticism (see Table on page 28).


Little qualifies his comments about the "big five" personality traits by saying that while these stable characteristics of personality provide indicators for understanding one's responses to life, they are not prescriptive.<sup>2</sup> It is likely that individuals can choose to act differently to what their inborn stable traits would imply, at least up to a point. The amount of control one experiences, as well as the degree of social influence or comfort with risk-taking,<sup>2</sup> also impacts how successfully one can manage allostatic load.

### Emerging from burnout

Recovering from burnout needs a lifelong commitment to wellness. The suggestions for healing from burnout parallels those for recovering from a concussion: Rest, short screen time, frequent naps, and limited social contact or driving in traffic. Pacing yourself, taking slow, short walks in nature and focusing on breathing can help you stay in the present. Journaling is a great way to reflect on the circumstances that led to burnout. Receiving gentle massage therapy or engaging in yoga or swimming can help to restore balance. Using sleep aids can assist with insomnia. Above all, one must learn to refuse requests and become comfortable with saying no.

“Working in a profession that promotes wellness and recovery may facilitate a greater sense of control over one's work environment.”

“Taking slow, short walks in nature and focusing on breathing can help you stay in the present. Journaling is a way to reflect on the circumstances that led to burnout.”

Eventually, I mustered enough energy to figure out how to re-enter my life. By reordering my priorities and strategically making better choices for work–life balance, I eventually talked myself down from a terrible precipice of exhaustion and over-commitment. Some of the stressors have simply gone, and that reduces the pressure. I still struggle to say “no,” but I have become a little better at it. I pay close attention to my fatigue levels and make sure that I get enough sleep. I believe that, on one hand, my training in massage therapy challenges my capacity to focus on my own needs. On the other, it reminds me about the principles of wellness and the power of our work to soothe and calm. 

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Table 1

## How the “big five” personality types correlate with principle symptoms of burnout.

“Big five” personality type	Emotional exhaustion	Depersonalization	Reduced personal accomplishment
<b>Conscientiousness:</b> Predictable, well-ordered environment or expectations	Highly predictive of burnout when faced with chaotic or unpredictable environment or expectations	When expectations require a high degree of adaptability and flexibility	Highly predictive of burnout when commitments or expectations exceed capacity or a choice of outcomes is taken away
<b>Agreeableness:</b> Pleasant, cooperative, friendly and empathic; strong social networks; relates to caregiving and acceptance; not a strongly correlated with burnout	If agreeing at the expense of personal integrity	When expected to be positive and accepting, even in the face of bullying or abusive circumstances	When efforts are thwarted or manipulated
<b>Neuroticism:</b> Sensitivity to negative cues and the presence of threat; tendency to experience fearfulness, irritability, low self-esteem, social anxiety, poor inhibition or helplessness	Highly predictive of burnout due to greater tendency for sleep disorders; prone to anxiety, depression, self-consciousness and emotional vulnerability	Highly predictive of burnout due to social sensitivity and anxiety, fearfulness, irritability; daily tasks more difficult; cynicism or frustration with others emerges	Highly predictive of burnout if correlated with conscientiousness due to self-criticism and low self-esteem
<b>Openness:</b> Creative and receptive to new ideas; likely to experience positive emotions, delight, and joy; not strongly correlated with burnout	Protective against burnout	May be protective against burnout, except when required to follow highly prescriptive rules with no opportunities to affect outcomes	May be protective against burnout, unless encountering repeated or unrelenting criticism
<b>Extraversion:</b> Perform better when engaged with others or receiving stimulus from environment; generally more optimistic	Generally protective against emotional exhaustion, unless there is no social support	Due to the positive and optimistic nature of extraverts, this trait is protective against burnout	High degree of burnout when social contacts and connections are reduced and correlated with conscientiousness

# Reflections on long successful careers

There's a myth that still persists that massage therapy is a short-term career, and RMTs will likely leave the profession after just a few years due to physical and emotional burnout, or other factors. While it's true that some RMTs do leave the profession each year for a variety of reasons, there are many more RMTs who practice successfully for 10, 20, even 50 years. According to the CMTO nearly 40% of RMTs have been in practice more than 10 years, and that number is rapidly rising. The RMTAO recently approached three veteran RMTs for their take on how they've managed to be successful over so many decades, and their thoughts and advice on how other RMTs can achieve similar career longevity.



**Janice Case** (1985 grad of Sutherland-Chan, 1984 member of RMTAO), RMT IMTC MMT

**Sandra McCarthy** (1995 grad of Sutherland-Chan, 1995 member of RMTAO), BKIN RMT NISA IMTP MMT

**Mary-Jane Porter** (1986 grad of Sutherland-Chan, 1986 member of RMTAO), RMT CST IMTC MMT

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### What brought you to massage therapy as a career choice?

**Janice:** I was injured in a car accident when I was 17 years old. I developed chronic headaches and hated taking medication daily. Massage therapy beckoned. I held a belief that if there was a trauma pathway into the tissues there had to be a gentle way to access it.

**Sandra:** I feel the path was laid out for me having lived with years of unresolved back pain from a teenage accident where I fractured my coccyx and later discovered two fractured lumbar vertebrae that were contributing to my chronic pain. The experience of receiving a massage for my back pain intuitively resonated with me on so many levels as the doorway in to recovery.

**Mary-Jane:** I wasn't aware of massage therapy as a career option, until the age of 28 when I was invited to witness a therapy session with a soulful and accomplished therapist. He was able to engage his patient and their body

with such respect and knowledge. His approach connected with depth and presence. I instinctively knew this was my path and started my studies two weeks later!

### What difficulties have you faced in your practice? How did you overcome them?

**Janice:** In the beginning I felt as if I held my breath everyday. Establishing a practice, I committed to work every opportunity: evenings, weekends and holidays. I volunteered and spoke at service clubs.

I have always had a home office and found I missed community. I found taking classes a great way to forge friendships that endured. I have also met regularly, over the past 30 years, with a mixed group of psychotherapists, psychologists and massage therapists.

**Sandra:** Early in my practice, my difficulties included earning a living as a massage therapist, developing my communication skills and educating the general public. I overcame these challenges simply

by immersing myself into my work, learning on the job and being flexible in my approach to care. Public speaking, marketing my skills and networking all contributed to developing the business acumen needed.

**Mary-Jane:** Later within my career, I created a new practice, within a new location without a network of referring practitioners or patients. After a few months, I recognized my own fears and resistances were placing limitations on my joy, expansion and creativity while developing the practice. This became my own teachable moment to look inside for the barriers to why I was having difficulties, rather than looking outside.

So I made new choices. I networked with like-minded multidisciplinary practitioners (naturopaths, movement therapists, physiotherapists, psychotherapists). I created mini educational seminars for patients and therapists. I offered sessions for practitioners to discover and experience the work I do. I was back in my joy and business flourished.

### What advice would you give to other RMTs?

**Janice:** I often found it was seeking solutions for complex patients that fuelled my ongoing commitment to learning. A simple belief that the more I learned the more I could offer patients.

I frequently repeated classes wanting to get more clarity and this also drove me to do more self-directed learning. I would encourage you to experience the work from a skilled therapist before signing up for classes in a particular modality. Not all treatments fit everyone. Learn a more integrative approach.

**Sandra:** Great practitioners have the ability to hold or see the larger picture regarding causal or contributing factors and have a deep, broad palate of information to be able to perceive and deduce from essential.

Sometimes specializing in one technical approach can limit our understanding of how various structures/systems communicate with each other and how we can re-establish the effective communication on multiple levels to assist the body to self-correct.

**Mary-Jane:** Practice ... before you give up on a new learning, practice and practice some more. Meet with other practitioners, exchange and teach each other the material you've just learned. Get treated by those with more advanced knowledge to recognize the potential of that work. Find what resonates with you.

### Have you experienced a mentor relationship? How have you found mentorship valuable?

**All:** We have all had positive mentoring experiences and in turn continue to offer this opportunity to empower

other therapists. The mentoring experience should be a safe platform to ask questions, be vulnerable and gain your own insights to define for yourself how you wish to practice. Reach out to someone you respect and trust for mentorship opportunities. Listen, put into practice, listen again.

**Janice:** Mentoring can enrich your therapeutic potentials. I have been deeply grateful for insights shared and often in practice felt that I could hear their words whispering in my ears. With deep resources and multiple modalities, I love fostering development and growth in therapists who are looking for something more.

**Sandra:** Mentorship is valuable because it helps you to connect with colleagues that support your growth, inspire and aspire you to look beyond this current moment. Find a mentor who supports/encourages you to identify your growing edges and move beyond them.

**Mary-Jane:** I've recognized how fortunate I was to study, learn and be mentored by pioneers in the field of manual therapy. Their guidance was invaluable and allowed me to reach beyond the original foundations of what had been taught. It not only reinforced the underlying science and critical thinking, but nurtured my own development with the art of manual therapy.

Our collective advice is to seek out a mentor, but not just one person! As you develop and evolve, so too should your own mentoring experience. Work with those who continually explore new understandings, ideas, modalities that allow for a deepening practice and expanded awareness for their patients, and themselves.

How did they develop themselves? What pitfalls can they share to avoid? Seek suggestions for successful marketing, client retention and client compliance so you can become the best business professional with financial rewards as well.

### What advice would you give to your younger self?

**Janice:** Learn yoga immediately. It calms, rebalances and draws subtle energy through your long bones that enhances wellbeing and grounds you. It will keep your back and joints healthy. It is something you can practice for your entire life. It will keep you healthier, feeling younger and more nimble.

**Sandra:** Have a business plan with identified goals, both short, mid-range and long term. Your body will physically age, so make the changes to adjust to this inevitability. Learn skills that are less physically demanding and deeply effective. Bring joy, honesty and integrity.

**Mary-Jane:** Find your own unique voice within. Explore possibilities. Work from your heart. In all business relationships, do your due diligence, as you both reflect each other's values and mission.

### Anything to add?

**All:** We hold a vision for the evolution of massage therapy: one that includes deepening the understanding of the mind-body relationship, supporting multidisciplinary integrative settings, manual therapies based on current scientific understandings and those which offer further insight into self-regulation, resiliency and the importance of connection.

We wish you many joys, discoveries and growth as you create and pursue your own vision. ■



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