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Ontario Massage Therapist Association
2943B Bloor Street West
Etobicoke, ON, M8X 1B3
Tel: 416.979.2010
Toll Free: 1.800.668.2022
Fax: 416.979.1144
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Publication Management

BCS Group, 255 Duncan Mill Road,
Suite 803, Toronto, ON, M3B 3H9
Tel: 416.421.7997; Fax: 416.421.8418
www.bcsgroup.com

Publication Manager

Mario Crespi

Managing Editor

Caroline Tapp-McDougall

Assistant Editor

Sarah Plummer

Art Director

Joseph Finbow

Production Manager

Ken Eperon

Advertising

Michael Murton
Tel: 416.323.9991; Fax: 416.323.9998
E-mail:
michael.murton@bcsgroup.com

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Message from the Executive Director

The Role of Massage in the Treatment of Addiction

Many of us have dealt with addiction in our lifetime, either through personal experience or with someone we know. Whether it is drugs, alcohol, or smoking, an addiction can be all encompassing and recovery is often a long process that may involve a variety of methods. Massage therapy is often used in conjunction with other therapies to facilitate recovery. Research has shown that many addicts relapse because they can't deal with the pain—not only the emotional pain of recovery, but also the withdrawal symptoms that come with it. Much of this stems from cravings, physical pain, and a weakened immune system.

With the Canadian Centre on Substance Abuse estimating the 2006 cost of drug and alcohol use in Canada to be \$39.8 billion dollars, massage therapy proves an integral part of the recovery process. With regular treatments, individuals suffering from addiction can benefit from the pain and stress relief possible from massage. Having regular sessions with a registered massage therapist can also aid an addict in developing a routine, a constant that can also help with recovery.

By exploring the root of addiction and the needs of a recovering addict, massage can be an important complement to any treatment plan. This issue explores the topic of addiction and how massage therapy can play a substantial role in the process of recovery. ■



Andrew Parr

Executive Director & CEO

Finding New Paths: Using Complementary Therapies to Combat Addiction

*This article first appeared in *Massage & Bodywork* magazine, December/January 2003, published by Associated Bodywork and Massage Professionals. ©2003. All rights reserved.*

By **Karrie Osborn**

Addictions come in all shapes and sizes. From the obvious struggles with drugs and alcohol, to the less recognized but often just as destructive bouts with gambling and shopping binges, addictions can hit anyone, from any walk of life.

And it is a sad fact that addictions are becoming more prevalent in our society. In the USA, an estimated 16.6 million people (age 12 or older) were classified with dependence on, or abuse of, either alcohol or illicit drugs in 2001.¹ That is a frightening 7.3% of the population. Of these, 3.2 million abused illicit drugs, 11 million abused alcohol and 2.4 million were considered abusers of both alcohol and illicit drugs.¹

Are these numbers growing exponentially because of the world we live in today, or is there something inherently moving us toward excess and destruction? Is it a matter of today's talk-show environment and greater confessional format in which addicts can profess their illness that pushes the numbers upward? Or is it really a combined result of heightened societal pressures, a decrease in the one-on-one support we often find from family and friends, and lifestyles built around factors of incredible stress?

Whatever the answer, we know there are people out there hurting. Some of them know their limits and have confessed their addictions, many more have yet to face the brutal realities. But there are answers, and not all of them come out of a methadone clinic or a traditional 12-step program. Natural programs to combat addictions are being devised every day—some offering proof as to their effectiveness in treating addictions, others having only anecdotal evidence of success. Still, it is an interesting mix of new options for a growing problem.

What can bodywork do?

According to Tiffany Field and the University of Miami's Touch Research Institute, massage therapy has its place in dealing with addictions, especially as they relate to nicotine. In 1999, researchers set out to discover if self-massage to the ears and hands could reduce the craving for a cigarette. The pilot study followed 10 males and 10 females from ages 18 to 45, each randomly assigned to either a self-massage or control group. Over the four-week study, the massage group clearly fared better, showing lower scores on anxiety, depression, and craving intensity.²

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Karrie Osborn is the former editor and current contributing editor to *Massage & Bodywork* magazine.

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“For once, they realize there are other ways of feeling good apart from taking drugs. By relaxing and experiencing a new form of pleasure, drug addicts are able to remember their pre-drug days, and regain respect for their bodies.”

The conclusion? Researchers said the findings suggest “self-massage may be a convenient and cost-effective adjunct therapy for reducing smoking-related anxiety.” The study’s authors admit the underlying mechanisms for the effects of self-massage are not clear, but there is certainly something effectively at work here.²

Brigitte Mars, author of *Addiction-Free Naturally*, writes that massage and bodywork “are tremendously helpful for those struggling to give up addictions.” She recommends cranial-sacral therapy and the Alexander technique, in addition to Swedish massage as means toward recovery. How can they help? Improved circulation, combined with the relaxation and re-energizing effects offered by massage, assist in fighting off the depression, low self-esteem and lethargy that are often intrinsic factors of addiction.

Mars also gives credence to Ayurvedic medicine for visualization exercises, journalling to express the emotions, yoga and exercise for the physical body, homeopathy to help the mind say “no” to the cravings, acupuncture and acupressure to invigorate the body’s own healing processes and flower essences to bring the addict’s unresolved emotions and issues to the surface.

According to experts at Geocities.com, “Anyone who is trying to come off drugs will benefit from a regular massage.” With all the self-imposed shame and guilt addicts often suffer, massage shows them they are worthy of self-care and attention.³

For heroin addicts, massage helps them relax after they have given up the drug. One ex-addict said “I felt terrible when I was withdrawing and didn’t think anything apart from heroin would help. I was delighted to find after having a full body massage I felt totally at ease. The shivering stopped, and I felt warmer. My muscles stopped cramping, and my nerves weren’t jumping around so much. I also felt much less depressed and, for a few minutes, the world didn’t seem so awful.”³

There is no doubt massage and bodywork can help people through the grip of addiction—just look what it does for already-healthy people. The power of therapeutic touch can help feed a hungry soul. ■

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The ABCs of Addiction

By Ashley Hain,
HBA, RMT

Have you ever had people show up at your clinic and tell you they have come because they are recovering from an addiction? Most of you would likely say “no.” Yet, during the health intake, a client may reveal that he or she has just quit smoking, which is in essence the same thing. I have had this experience on a couple of occasions—and I did not even realize it at the time.

Whether we know it or not, clients who come to us may be in recovery. And, whether we recognize it or not, massage therapists can lend a helping hand. As health care professionals, it is important for us to have a fundamental understanding of addiction and recognize the benefits our services can have for people in this domain. Among other holistic therapies, massage therapy can be a valuable adjunct to conventional approaches to treatment.

The alchemy of addiction

What exactly causes an addiction? There is no one answer. Addictions are complex, and the complexity lies in the blend of biological, psychological, and sociological forces. Specifically, four components contribute to the creation of an addiction in a person: (1) painful childhood experience(s); (2) modelling and the environment; (3) genetics and biochemistry; and (4) a sensitive personality. With this combination of factors, an individual is highly prone to developing an addiction at some point in life (Dr. F. Foley, MD, unpublished correspondence, 2008).

From a holistic perspective, all addictions, regardless of the form, are born from the same basic philosophy: people develop addictions to correct an “imbalance” within them. This imbalance causes them to become stuck, unaware, and incapable of dealing with their thoughts, feelings, and actions. They may smoke, drink, take drugs, or eat to excess to disassociate from their deficiency. Hence, an addiction is born.¹

Words of wisdom

A solid support system is essential for people who are healing from an addiction. This network can include any or all of the following: support groups, individual counselling, nutrition education, physical exercise, and—our scope of practice—bodywork.

Susan Aaron, certified psychodramatist and registered massage therapist, with extensive training in body psychotherapy states “The more support an addict can have the better.” Regarding bodywork, she adds, “There is something important about the constant nature of massage sessions. You become a touchstone for them on their journey to recovery and, in a sense, you are providing them with an oasis of care” (S. Aaron, BA, RMT, unpublished correspondence, 2009).

In my interview with Susan, she discussed the importance of safe and nurturing human touch for people rehabilitating from an addiction. “Only in recovery do

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Ashley Hain, HBA, RMT, is a Registered Massage Therapist, and is currently practicing at Chester Avenue Massage Therapy in Toronto, Ontario. She welcomes any opportunities to discuss the relationship between massage therapy and addiction. E-mail relax@ashleyhain.com.

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“Only in recovery do people develop an acute awareness of the physical and emotional pain stored in the body. If you give up the addiction you have to address the emotions the addiction was repressing.”

people develop an acute awareness of the physical and emotional pain stored in the body. If you give up the addiction you have to address the emotions the addiction was repressing.” In her view, bodywork can be used as an aid in opening up the emotional centres, thereby allowing the underpinning of the addiction to surface. She also affirmed that caring touch can help to balance negative memories from childhood trauma.

From Susan’s experience in working with people affected by addiction, she has concluded that, in many cases, different addictions tend to be associated with different emotional issues. Specifically, unexpressed anger is often related to the liver and gall bladder meridians, and is linked to alcohol-related addiction.

Unexpressed sadness is often related to the lungs, and is tied to a smoking addiction. In my view, this information is powerful in terms of the potential for holistic therapies, such as shiatsu, acupuncture, and visceral massage therapy, to aid in the healing of organs that have been damaged by an addiction.

Psychosomatic significance

Although, as massage therapists, we work on the physical body, through our touch we are also accessing the mind and emotions. The skin, spinal cord, and organs are all nodal points of entry into the psychosomatic network. As such, massage therapy and other forms of body work that use movement or touch can help to heal not only physical, but also emotional imbalances.²

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Furthermore, the chemical effects of massage therapy, naturally elevating serotonin levels in the brain, can assist in fighting off the depression, low self-esteem, and lethargy that are often closely tied to addiction.³


As for the physique

Massage therapy can be useful in the detoxification process, specifically for substance abuse. By moving blood and lymph through the body, we assist the body's natural cleansing process. Additionally, with consistent sessions, the circulatory system can be greatly enhanced, helping the body to heal itself over time, and perhaps in less time than without body therapy.¹ Depending on the length of the addiction, it can take years for the body to regain optimal physical functioning. A smoker of 23 years, smoking one to three packs a day, says, "I quit five years ago. I am just now getting my wind and stamina back."⁴

Coming to a close

For people recovering from addiction, developing an intimate and honest relationship with one's body, mind, and spirit is fundamental. This process can be demanding and can

take years to construct. Ultimately, it is up to each individual to choose his or her path to recovery, and what that path looks like will differ for each person.

Given the complex nature of addiction, a person in recovery will seek out a variety of resources for aid. As massage therapists, it is important for us to have a basic understanding of the inner workings of addiction and to acknowledge our services as valuable in this realm. Only with understanding and acknowledgement will we be able to have sympathy and compassion for our clients on their road to recovery. 

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Compiled by Stacey Shipwright, BA (Hons), RMT. Stacey has a degree in philosophy with an emphasis on applied ethics from Trent University. She graduated from the massage therapy program at Centennial College in 2008, and currently works as a research assistant in the Applied Research and Innovation Centre at Centennial College. Stacey also maintains a small practice in Durham Region.

Review of Evidence

The Centre for Addiction and Mental Health reports that one in 10 Canadians over the age of 15 years describes symptoms consistent with some sort of alcohol or illicit drug dependence. Along with illicit drug and alcohol use, other addictions such as nicotine, gambling, sex, and internet use can produce crippling levels of anxiety, depression, and altered mood. The studies listed in this quick review suggest that massage therapy may have a place in addiction recovery programs as an adjunct therapy to reduce anxiety, depression, and other withdrawal symptoms. Further massage-specific addiction studies are required to examine efficacy, dosage, and safety.

Complementary treatments for tobacco cessation: a survey

Sood A, Ebbert J, Sood R, Stevens S. Nicotine Tob Res 2006;8(6):767-771

This cross-sectional survey assessed patient use of complementary and alternative medicine (CAM) treatments for tobacco cessation across five different domains: (1) basic demographic information; (2) current and previous tobacco use; (3) tobacco cessation efforts and conventional treatments tried for tobacco cessation, including their perceived efficacy; (4) complementary treatments tried for tobacco cessation, including their perceived efficacy; and (5) interest in future use of complementary treatments for tobacco cessation and the reason for the interest. The survey was distributed at the Mayo Clinic's Nicotine Dependence Center and completed by 1,175 participants. Survey results indicated that 27% of patients had used CAM treatments for tobacco cessation. The interventions most commonly perceived to be helpful were yoga, relaxation, meditation, and massage therapy. Among respondents, 29% were interested in the future use of massage therapy as part of their treatment plan. Respondents were interested

in using CAM interventions as a supplement to nicotine replacement therapies. The authors of the study indicated that future studies need to evaluate CAM treatments for tobacco cessation, given that current pharmacological therapies may not be meeting patient needs.

Massage therapy improves the management of alcohol withdrawal syndrome

Reader M, Young R, Connor JP. J Altern Complement Med 2005;11(2):311-313

This randomized controlled trial examined the effect of massage therapy on the management of alcohol withdrawal syndrome. Fifty participants were recruited into the study (25 experimental, 25 control) at an alcohol and drug detoxification unit. Over four consecutive days, the experimental group received a 15-minute seated back, shoulder, neck, and head massage, while the control group rested at the bedside for 15 minutes. Participants completed the alcohol withdrawal scale (AWS), had their pulse and respiration rates recorded, completed an alcohol dependence survey, and responded to a questionnaire designed to assess the advantages

and disadvantages of the experience. The data collected showed that those receiving massage therapy had reduced AWS scores in the early stages of detoxification, reduced pulse rates on three of the four days of treatment, and decreased respiratory rates toward the end of the study. Participants in the massage group also felt more engaged in the treatment and expressed feelings of support and safety. The researchers recommended that further studies are needed to confirm their findings, and suggested that massage therapy could have a place in the alcohol detoxification process (For more information about this study, please see the article on page 16).

Use and assessment of complementary and alternative therapies by intravenous drug users

Manheimer E, Anderson B, Stein M. Am J Drug Alcohol Abuse 2003;29(2):401-413

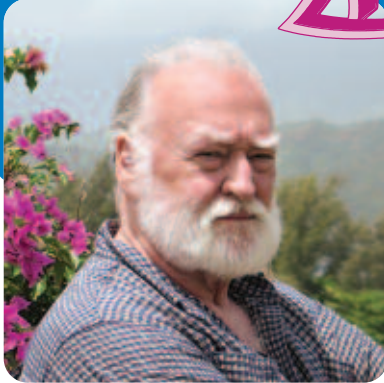
The purpose of this study was to examine the prevalence and predictors of CAM use among those with a history of intravenous drug use. A total of 548 participants were asked to complete a questionnaire,

continued on page 14

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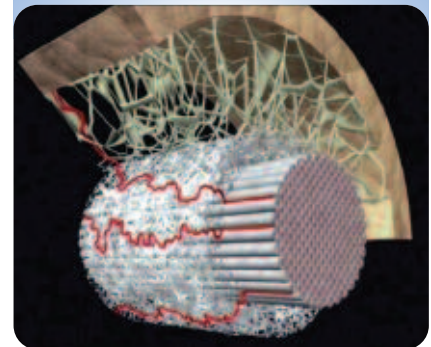
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with an experienced interviewer, which covered demographics, illicit drug use, HIV status, health-related quality of life, access to conventional health services, as well as complementary and alternative medicine use. Of those interviewed, 45% reported using at least one CAM therapy in the past six months. Mind-body techniques such as religious healing, relaxation techniques, and meditation were most commonly used, followed by teas, acupuncture, and massage. The data suggested that there was a high level of self-perceived effectiveness of CAM therapies, with users looking to adjunct therapies to help relieve pain, stop using drugs, and relieve withdrawal symptoms.

Use of low-energy laser as adjunct treatment of alcohol addiction

Zalewska-Kaszubska J, Obzejta D.

Lasers Med Sci 2004;19(2):100-104

The aim of this study was to examine the use of two types of laser stimulation as adjunct therapy in the treatment of alcohol dependence syndrome. Fifty-three participants were recruited into the study, each receiving two types of laser stimulation over four sessions: (1) argon laser stimulation of auricular acupuncture points specific for the treatment of substance abuse; and (2) helium-neon laser for the biostimulation of regions in the neck for the improvement of mood. Participants had to remain sober for the duration of the study and

were excluded if alcohol use was detected. Participants were asked to complete a depression inventory before treatment and at the end of the second session. Researchers measured depression scores as well as blood levels of β -endorphin (alcohol raises β -endorphin to higher than normal levels while discontinuation of alcohol intake reduces levels, resulting in withdrawal symptoms). Of the 53 participants who were recruited, only 15 completed the study. The results indicated that laser stimulation significantly increased β -endorphin levels (by 121% in women and 111% in men) in comparison with baseline measures. Improvements in depression were also recorded. Participants



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indicated that the laser therapy helped them to maintain sobriety and reduced alcohol cravings.

Smoking cravings are reduced by self-massage

Hernandez-Reif M, Field T, Hart S. Prev Med 1999;28(1):28-32

This randomized controlled trial recruited 20 subjects to assess whether massage therapy could reduce the anxiety, depressed mood, and cigarette cravings that are often associated with withdrawal symptoms. The participants were randomly assigned to either an intervention group or a control group. Those in the intervention group were taught a five-minute self-massage routine for the hand or ear that they could

perform in public or in private. Those in the control group were asked to continue with their typical behaviours (e.g., chewing gum). Both groups were asked to employ their methods when they felt a craving. Participants were asked to complete the state anxiety inventory, profile of mood states, withdrawal symptoms visual analog scale, and a smoking profile questionnaire. The data collected suggested that the massage group saw a reduction in anxiety and depressed mood, and had fewer cravings after the first day. This trend continued to the end of the study. Those in the control group reported reduced craving intensity; however, this was not supported by a decrease in the number of cigarettes smoked. ¹⁰

“Participants indicated that the laser therapy helped them to maintain sobriety and reduced alcohol cravings.”

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Massage Eases **Alcohol Withdrawal Syndrome**

In subjects undergoing alcohol detoxification, massage therapy decreased the symptoms of alcohol withdrawal, reduced pulse rate, and encouraged greater engagement in the treatment process, according to recent research.

“Massage Therapy Improves the Management of Alcohol Withdrawal Syndrome” was conducted by staff of Royal Brisbane Hospital Alcohol and Drug Services, Queensland University of Technology School of Psychology and Counseling, and the University of Queensland, Australia.

Twenty-five subjects were assigned to the massage group, and 25 were assigned to a control group. All 50 participants had been admitted to an alcohol and drug

detoxification unit. Forty-one were males and nine were females, with an average age of 43.8 years.

Subjects in the massage group received a 15-minute, bedside back, shoulder, neck, and head massage, fully clothed, once a day for four days. Subjects in the control group rested for 15 minutes per day for four days. Patients were discharged at the end of the fourth day or on the fifth day, after detoxification.

Outcome measures were pulse rate, respiration rate, alcohol withdrawal scale scores, and subjects’ responses to a questionnaire assessing the treatment process.

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“The subjective experience of patients reflected those receiving massage therapy feeling more engaged in the treatment process.”

Results of the study showed that, as the treatment ensued, both groups had reduced scores on the alcohol withdrawal scale. However, the reduction of scores in the massage group was significantly greater than those of the control group.

Pulse rate was significantly reduced in the massage group as compared to that of the control group, and respiratory function was greater in the massage group at the end of the four-day intervention.

“On a day-to-day basis, the strongest impact of massage on [alcohol withdrawal scale] scores and pulse rate was postmassage day 1,” state the study’s authors. “The initial period of detoxification is physically

demanding and increasing patient comfort at this time is important.”

The study also showed that people in the massage group responded to the questionnaire at a significantly higher rate than those in the control group. Eighty-six percent of subjects who reported that their meals were enjoyable were in the massage group, and 100 percent of those who reported feeling safe were in the massage group.

“The subjective experience of patients reflected those receiving massage therapy feeling more engaged in the treatment process,” state the study’s authors. “The qualitative data indicate that most of the

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individuals who reported feeling supported, safe and having an improved appetite were in the massage group.

“In conclusion, this study suggests that there may be a place for massage therapy in the alcohol detoxification process.” 

Source

Royal Brisbane Hospital Alcohol and Drug Services, Brisbane, Queensland, Australia; Queensland University of Technology School of Psychology and Counseling, Carseldine, Queensland, Australia; and University of Queensland Department of Psychiatry, Southern Clinical Division, School of Medicine, Princess Alexandra Hospital, Woolloongabba, Queensland, Australia.

Authors

Margaret Reader, RN; Ross Young, PhD; and Jason P. Connor, PhD. Originally published in *The Journal of Alternative and Complementary Medicine*, 2005;11(2):311–313.

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Don Dillon, RMT, is the author of *Better Business Agreements* and the self-study workbook *Charting Skills for Massage Therapists*. Over 60 of his articles have been published in industry publications, including *Massage Therapy Canada*, *Massage Therapy Today*, *AMTA Journal*, *Massage Magazine* (on-line), *AMTWP Connections*, and various massage school and professional association newsletters. Don's website, www.MTCoach.com, provides a variety of resources for massage therapists.

Business Review: Why So Many Massage Therapy Business Agreements Go Sour

It is an ideal situation: a practitioner benefits from an existing business's established location, reputation, and overflow traffic, and saves thousands of dollars in start-up costs. The clinic owner/manager uses the contracting practitioner to off-set expenses and offer variable hours and services. This practitioner may even become a potential buyer of the practice when the owner retires. With such a wonderful symbiotic relationship, why do so many clinic owner/contracting practitioner agreements go sour? In presenting the principles of Better Business Agreements throughout Canada, I have found six common beliefs that contribute to doomed massage therapy business relationships.

Belief #1: "I'm paying too much rent"

You might think I would hear more stories about practitioners contracting in oppressive, draconian clinics that charge them far too much rent. However, I am approached far more often by clinic owners who lament digging a pit of debt for themselves, paying more to work from their own business than their associates are. Many clinic owners, it seems, inadequately assess the value of their business and believe "If I charge practitioners more they'll pack up and leave!" The result of this belief: the clinic owner undercharges and does not cover operating expenses.

What are the costs of running a business? Lease, office improvements, furniture, computer, printer, massage tables, linen and lubricants, signage, marketing materials, office staff, insurance, facility maintenance, and, of course, taxes. Most owners and contracting practitioners do not know the true costs of running a business. I often ask clinic owners how they determine their financial terms. They usually respond "The number felt right." Intuition, although essential in providing good care, is not a substitute for doing the math. It cost me \$2,500/month to run my business with two part-time associates. Larger clinics cost much more, hiring admin-

istrative staff, maintenance staff, lawyers, and bookkeepers or accountants. These costs are borne before the owner takes anything home to live off!

Intangible assets such as location and reputation are highly undervalued. Clinic owners may cry "If I charge what I should charge for rent, my contracting practitioners will leave!" However, if a massage practitioner opened up next door to the established clinic, she/he would not earn the same day-to-day cash flow. The established practice earns far more because of its developed location and reputation. What value are you putting on location and reputation in your agreement?

Belief #2: "The owner/clinic shouldn't profit from my practice"

Perhaps due to the altruistic nature of our work, we have created a belief that a contracting practitioner should be able



to work from a clinic at cost. This kind of relationship is unhealthy and eventually engenders resentment and high associate turnover. The clinic owner feels unappreciated and abused for fronting the costs and risks associated with the practitioner's start-up. The practitioner often undervalues the opportunity and, eventually, believes better opportunities are elsewhere. Imagine if your brother-in-law moved into your home, commandeered your food and extra bedroom, and paid you a rent far below what it cost you to have him live there. How long would you tolerate that?

The business MUST make a profit. The business builds capital for contingency (e.g., illness, business interruption), expansion, and savings toward the owner's retirement or other goals. Why would someone go into business, shouldering the risk of liability and lost resources, if they are not going to be paid for it? If you cannot make a profit and you are not willing to correct the situation, consider closing shop and working for someone else. Operating

a business without profit is just not worth the risk or the accumulated debt down the line.

Belief #3: "Straight percentage terms are best"

For short-term locums or in situations with a limited relationship, straight percentage agreements can work well. For long-term relationships built on rapport, trust, and respect, they are problematic. The rent paid by the contracting practitioner is variable—this means it may cover operating expenses in some months, but not others. During the practitioner's first year the clinic owner often carries much of the contractor's costs and risk as an investment in the future relationship. To be worthwhile for the owner, the relationship must last to see a return on investment.

If operating expenses per treatment room are \$1,000/month and the contracting practitioner pays variably \$400–\$1,000/month, whose pocket does the shortfall come from? Some practitioners argue they should only pay for expenses incurred when they

work. But consider this analogy—would your bank defer two weeks of mortgage payments while you are on vacation in Florida, not using your house? The business incurs expenses constantly, whether you are busy or not!

Percentage-only agreements are not good for contracting practitioners either. When starting out, giving only a portion seems reasonable. When the practitioner gets a steady stream of business, however, the rent can seem onerous and disproportionate...especially with no cap. Straight percentage agreements over the long term encourage turnover and an "us versus them" mentality. For long-term relationships, you need shared accountability and increased opportunity for financial reward on both sides.

Belief #4: "Contracting practitioners have little leverage in agreements"

As a practitioner, you may feel there is little you can do to influence the terms of an agreement. However,
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if you can bring value to the table, your leverage in determining the financial terms goes up substantially. You can bring value by: (1) increasing business revenues; and (2) decreasing operating costs or improving efficiencies.

You contribute to greater revenues by retaining your patients or clients, selling retail products, improving your marketable hands-on skills, and serving new markets (e.g., corporate wellness, orthopaedic or obstetric, lymphedema). You can lower costs by providing excellent care and retention (thus limiting marketing costs to get you busy), identifying wasteful and inefficient practices, and working weekends to broaden clinic costs over six or seven days instead of five. When your contract comes up for negotiation,

the clinic owner would be foolish not to be reasonable with you—it is costly to lose a good associate.

Belief #5: “Contractor status is less hassle than having/being an employee”

Many clinic owners are unfamiliar with and therefore fearful of pension plan and employment insurance deductions. Practitioners fear they will lose tax deductions or not make as much money as an employee. These fears are unfounded and obscure the real benefits of an employer/employee relationship.


Clinic owners can mandate training and skill-building (boosting practitioner value), control resources used, schedule work hours, and avoid the conflict of promotion (i.e., practitioners being self-

serving with promotion rather than benefitting the business as a whole). Good employees can receive pension and unemployment benefits and performance bonuses, and qualify for workplace benefits plans. If the massage industry adopted this model we might see far less turnover and improved longer-term relationships between owners and contracting practitioners.

Belief #6: “It’s a contractor relationship because I’ve classified it as such.”

Imagine this nightmare...the Canada Revenue Agency (CRA) assesses your work situation as an employer/employee relationship and forces you to back-pay Canada pension and employment insurance premiums. This is happening! Many owners and practitioners think their agreement is a client/contractor relationship, but in fact the CRA is finding that many of these relationships—measured against their criteria—resemble employer/employee relationships.

The CRA makes the consequences of improperly defining an employer/employee relationship as a client/contractor relationship very clear. You can find further details on the CRA website.

I have argued that faulty beliefs are real agreement killers, leaving a wake of broken relationships and financial distress. I encourage you to leave these beliefs at the door and engage in the process in a lucid, well-informed state of mind. Good agreements (and working relationships) can and should last for a long, long time! 

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