PRACTICE POINTS

Tools, team, technology

Incorporating variables that can transform your practice

BY DON QUINN DILLON

A number of years ago I conducted my practice out of a fitness club. In the busy lobby it was common that, while awaiting my next appointment, an existing patron would approach me.

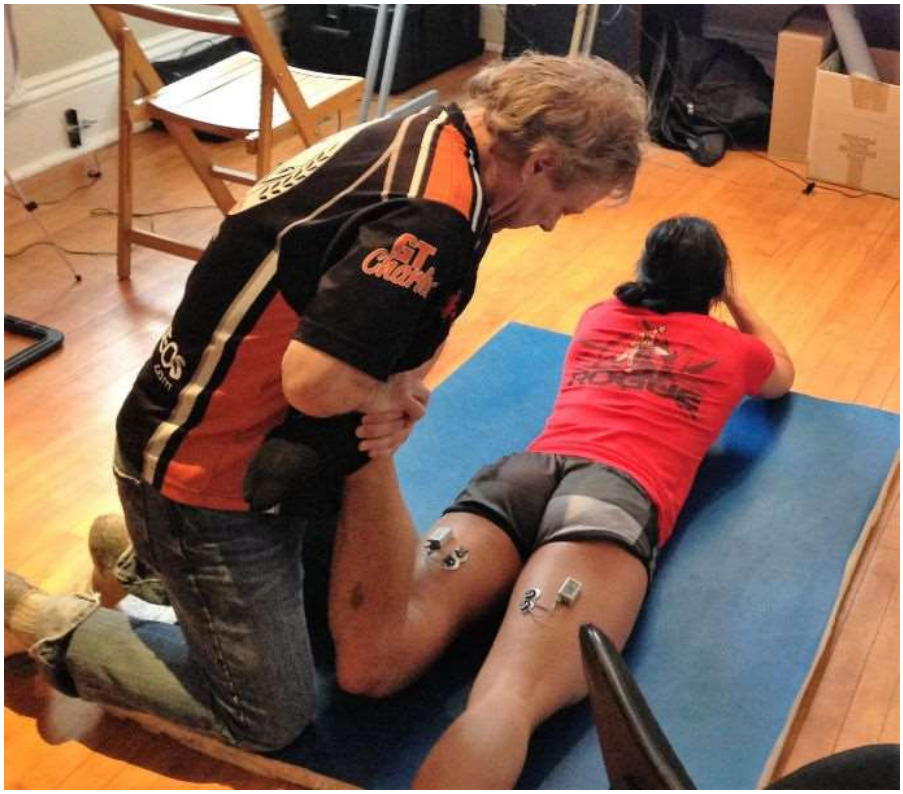
"Don, my hip is sore and it's affecting my workout today… can you help?" I would explain I only had five to six minutes before my next appointment, but ask them to come in to the therapy area and I will see what I can do.

In the short time-span available to me, I was confined to focus my assessment and intervention. I only did what was necessary to return the affected joint's mobility and reduce the pain. The person would often report complete relief from symptoms and return to their workout, despite only a five-minute intervention. I wondered to myself, "Why did I believe I needed at least an hour to be efficacious?"

Have you ever critically examined your delivery of care model? Is it the same one you adopted from your original training? The standard model can be time and labour intensive and subject the practitioner to strain and fatigue – limiting work capacity and, therefore, income capacity. Pricing of the services may not reflect true market value, and the persons who can benefit from these services may be generically marketed to, missing your offer entirely.

What if you were to unpack all the components involved in your delivery of care model, and cross-reference them with the patient/practitioner experience?

Take a piece of blank paper and try this exercise. Along the side column, write the variables in your delivery of care model. These may include attract attention (marketing), intake/case history and assessment, providing your professional opinion, treatment intervention, measure outcomes, prescribe self-care, and follow up.



Scott Grisewood, RMT, applies surface EMG to a patient to demonstrate changes in muscle recruitment patterns.

At the top of the page, list the variables included in the patient (client) or practitioner experience you'd like to scrutinize. Examples include time, technique/tools, technology, tangible outcomes, team and take-home pay.

Cross-reference the delivery of care variables with the patient/practitioner variables. What would happen, for example, if you injected technology into your intake and assessment component? What if you incorporated a hand tool into treatment intervention? Could you, as in the example I narrated above, provide effective relief of symptoms in a shorter time-frame? Could you prescribe self-care via technology (i.e. videos) to educate your patients, or incorporate technology (i.e. social media, website, direct email marketing) to promote your practice?

Can you incorporate practice management software technology into your marketing, intake, invoicing and electronic payment, or to record your treatment notes, measure outcomes across your practice and follow up consistently with your existing patients? Can you increase your take-home pay by reconfiguring something

DON QUINN DILLON, *RMT, is a practitioner, writer and lecturer. Find him at MassageTherapistPractice.com*

in your delivery of care variables? Of course you can.

Scott Grisewood, a RMT from Barrie, Ont., uses shockwave therapy – a modality that uses acoustic sound waves to treat tendonitis and various musculoskeletal injuries. Grisewood works with many high-level athletes and combines this treatment with the use of quantitative measuring devices, such as surface EMG, to demonstrate changes in muscle recruitment patterns, force plates to measure balance and gyrometers to measure range of motion. He describes it as a "data driven" approach to assessment and treatment.

By infusing technology and tools while providing tangible outcomes, Grisewood affects his delivery of care model and earns a six-figure income. Grisewood advocates for RMTs to push themselves to higher levels of recognition and status in delivering rehabilitative services, and he demonstrates this by going outside the conventional delivery of care model most massage therapists adhere to.

RMT Donnie Smith, of Dundas, Ont., was told during his massage therapy training not to expect much in terms of compensation. He was told by his well-meaning instructors that RMTs, if they worked hard, could gross $50,000 to $60,000 a year. Male RMTs typically earn less. Donnie was a competitive mountain bicycle racer, knew his target market, and decided during his training to invest in learning a technique popular with athletes: active release technique, or ART.

Smith incorporated several variables to his practice:

Technology – videotaping athletes running before and after treatment

Team – hiring McMaster medical students to assist him with the active movements required of the patient

Technique/tool – using ART, which is popular with athletes and celebrities

Time – treatments were 15 minutes in length

By thinking differently about his delivery of care model, Smith would gross $150,000 a year, three or four times the average massage therapy income at the time. You can review Donnie's story in the Autumn 2004 edition of *Massage Therapy Canada* magazine online.

So what patient/practitioner variables can you change to improve your outcomes, your delivery of care and your income? You may experiment with one or two variables at a time, or decide on a massive shift away from convention.

Whatever you do, post your trials and results on the *Massage Therapy Canada* website. We can all learn from your example.

Check out more articles from Don Dillon online at www.massagetherapycanada.com.

BUSINESS OF BABY BOOMERS
CONTINUED FROM PAGE 8

care they are motivated and understand that their input and actions greatly influence their rehabilitation process. It's not just our assessment of their condition but the way we involve and educated them on their condition. They become excited and an active participant in their own care.

When it comes to the assessment and treatment aspect, RMTs have to be knowledgeable in so many areas – anatomy, physiology and pathology, joint mechanics, ligaments, tendons, muscles, strong and weak, short and long structures, the list goes on. With the senior population, a RMT's selection of manual muscle tests, special orthopaedic, and neurological tests needs to be even broader because at times there are limitations in the application of some tests.

Once assessment results are established, the selection of massage therapy techniques needs to be very specific.

My focus for the elderly patient is fascia – the system that is the most adaptational in the body, a system that has a memory for habitual patterns, and responds primarily to repetitive stress and strain. The word tensegrity is the best way to describe the nature and behaviour of fascia.

When your patient understands how fascia conforms, adapts and moulds to habitual patterns, they tend to be more aware of themselves and how they behave in everyday life. With elderly patients their patterns are more obvious, and when you bring it to their attention they see it clearly.

You can go one step further and draw their posture on an anatomical posture chart and explain what your assessment findings revealed. They clearly see their deviations from the norm. It's great to do this because you can explain exactly where you will be treating and why.

Sometimes, patients don't like what they hear or see with regards to their assesment. It's a reality check. RMTs have a responsibility to educate and inform, but it needs to be done in a tactful, kind and sensitive manner. We are all habitual beings and everybody has deviations from the norm. That is why setting realistic goals will motivate the patient and they won't feel so bad about themselves.

As RMTs we have to ask ourselves: "What are the realistic goals for this client?" Take into consideration the health and the condition of the tissues and what this client can realistically achieve. Is the body capable of withstanding change at this age, in this condition? Is the tissue able to undergo a transformation or is this a case where the patient needs to seek a referral? The therapist needs to understand levels of tissue hydration, nutrition, neurological innervation, and chemical influence such as hormone levels. Also, consider the patient's willingness to change.

How the patient responds to your approach of care and treatment planning is an integral part of their outcomes. Let us teach people about their bodies, let us show the beautiful relationship we have with ourselves.

For more articles on the benefits of massage therapy for the aging population, visit www.massagetherapycanada.com.