

# INVITATION *Boutique*

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YARMOUTH CROSSING at 2935 South Fish Hatchery Road & Highway PD  
Madison, Wisconsin 53711

## FAX CORRESPONDENCE COVER SHEET

To CLIFFORD OTTE - Assembly Consumer Affairs Comm. Rep  
Rm. 109 WEST

Day WEDNESDAY Date OCTOBER 22 Time 5:15 p.m.

Tel# \_\_\_\_\_ Fax # 266-7038

Acct# \_\_\_\_\_

From \_\_\_\_\_

Attn: ASSEMBLY BILL AB 461 - HERRING Rm. 424 NE

# of pages to follow 0

Dear Mr. Otte,

I am sending you this fax in support of Assembly Bill 461. I had excellent results from Neuromuscular Therapy when no other treatments did any good for me at all. I had terrible whiplash from an auto accident. I tried doctors, chiropractors, pain killers, you name it. None worked except for Hanna Franke and Neuromuscular Therapy. The worse part was her treatments were not covered by insurance but the other treatments were!! I was able to return to work at UPS after only 3-4 treatments. It was a fantastic treatment.

Sincerely, DANIEL T. DOYLE



# THE CULTURE

By LINDA FALKENSTEIN



## The ARTS of SEX

Annie Sprinkle's performances demystify the female body.

It may be anticlimactic to profile someone who's already made a film called *Deep Inside Annie Sprinkle*—someone who has in many senses revealed far more about herself than words can ever portray. This is, after all, a woman who has inserted a speculation on stage and invited the audience to come take a closer look at her cervix. Annie Sprinkle's evolution from a worker in the sex industry (masseuse, prostitute) to porn movie actress to director to performance artist makes a good story, and it's already out there; it's the primary subject of Sprinkle's work in the theater. On Friday and Saturday, Oct. 3 and 4, she'll bring one of those works to Madison: *Annie Sprinkle's Herstory of Porn—From Reel to Real*, which runs at the UW's Mitchell Theatre at 8 p.m.

After making hundreds of porn movies in the 1970s, Sprinkle began playing with the conventions of burlesque and striptease, creating performance pieces that she eventually gathered together for her first full-length show, *Post Porn Modernist*. Since that time, she has developed and performed other shows, including *Post-Post Porn Modernist*, *Metamorphosex* and *Hardcore from the Heart*; held many teaching workshops concerning sexuality; and produced two books of sex-positive postcards as well as "Annie Sprinkle's Post-Modern Pinups: Pleasure Activist Playing Cards." She sells cards, books, fine art erotic photographs and prints. *Post Porn Modernist*, the workshops, and the deck of cards have also been the subject of three segments of HBO's *Real Sex* series. She's been at the center of one of those National Endowment for the Arts funding controversies, even though she herself has never received any money from the NEA. (At least one theater where she performed *Post Porn Modernist* had received NEA support money.)

On film, she appears sparkly and soothing and maternal, yet down-to-earth, matter-of-factly sexual. In her *Sluts and Goddesses Video Workshop*, she appears as our reassuring June Cleaver-type guide in a conservative black dress and pearls, and as the Hindu goddess Kali, clutching in the hand of each of her eight arms a different type of sex toy.

Though Sprinkle's own sexual history forms the basis for her work, she moves beyond a narrow personal focus. She points out that theater's origins as a religious and sexual ritual have been forgotten, and much of her work, especially her multi-part *Metamorphosex* theater/workshop, returns to that goal of a communal ecstasy. Sprinkle thinks that theater "is an amazing place to learn about life," and she emphasizes discovery, both her own and her audience's.

The most startling aspect of talking to

Sprinkle is how every topic eventually leads back to sex. She thinks that society is responsible for improving its attitude toward sex; her work also implies that sex can ultimately be responsible for improving society.

Sprinkle is preparing her new show, *Annie Sprinkle's Herstory of Porn—From Reel to Real*, for its world premiere in Madison. In between a visit from her sister and a trip to Vermont to finish the script for the show, she's been conferring with her director, Emilio Cubiero, who also directed Sprinkle's *Post Porn Modernist*. It was Cubiero, Sprinkle says, who really taught her about theater. "He was my theater pimp," she laughs.

Sprinkle calls the new show "a film diary about my sexual evolution through the sexual revolution."

Although *Herstory of Porn* was still in process when we spoke, the basics of the show are set: "It takes place in seven different movie theaters, starting out at the Pink Pussycat Theater and ending up at the Whitney Museum." Sprinkle plans to include film clips from her early days as an actress in male-produced hardcore porn films, as well as her more recent work. All footage will be from films that Sprinkle either acted in or directed.

"The show starts out with the old-fashioned, misogynist, hippie, '70s porn and goes into the '80s and talks about AIDS," Sprinkle says. "Then I go through my spiritual phase and start making tantric-style films, and then I make a feminist sex film, *Sluts and Goddesses*. Then it'll have the most recent film I made, called *Masturbation Memoirs*."

"Everything changes all the time, and I think that's the point this show is going to make. I'm developing this concept of metamorphosexuality, which acknowledges change—that we all have different needs and desires and that they change for most of us, from year to year, decade to decade, month to month...sometimes hour to hour or minute to minute. There's a time you might need to be celibate, a time you might need to be promiscuous, a time you might want a monogamous relationship."

Part of the reason Sprinkle is creating a new show is that she and her partner Kim Silver (who worked with her on *Hardcore From the Heart*) have recently split up. Overall, it seemed time for a change, for reconsideration. "I went through 20 years of really relating heavily with men, and then it was time for a change," Sprinkle says. "Then I went through five years of women, very intensely, and now I think I'm going more into the bi phase."

CONTINUED ON NEXT PAGE

Mark Leyner writes the great American tetherball novel / Page 17  
Jumpin' Jack flashback: Tom Laskin on the Stones / Page 21

# Massage Practice Laws Information Guide

The information below is meant to serve as a helpful guide. Certain portions may be subject to change. For the latest, most accurate information, be sure to contact the administering board directly (see directory on page 10.)

Board	Education Requirements	Fee/Reciprocity	Continuing Education Requirements	Exam
<b>ALABAMA</b> enacted 1996	500 hours: 325 hours basic massage therapy and clinical practice; 125 hours anatomy, pathology and physiology; 50 hours related coursework	TBD	TBD	TBD
<b>ARKANSAS</b> enacted 1951	500 hours from accredited massage therapy school or a like institution	<ul style="list-style-type: none"> <li>• Registration \$75.00</li> <li>• Exam \$25.00</li> </ul> Reciprocity	3 hours approved by Board—Once a year	Own exam—written and practical
<b>CONNECTICUT</b> enacted 1993	500 hours from school accredited by an accrediting agency and curriculum approved by AMTA or COMTAA	<ul style="list-style-type: none"> <li>• Application \$300.00</li> </ul> No Reciprocity	None	NCETMB <sup>1</sup>
<b>DELAWARE</b> enacted 1993	Two Tiers: 100 hrs- certified massage technician 500 hrs- licensed massage therapist  500 hours supervised study: 100 hours anatomy and physiology; 300 hours technique and theory; 100 hours electives; CPR required	<ul style="list-style-type: none"> <li>• Application \$25.00</li> <li>• Licensing and Certification \$222.00</li> </ul> Reciprocity	12 hours—Every 2 years	NCETMB <sup>1</sup> (tentative)
<b>DISTRICT OF COLUMBIA</b> enacted 1994	Minimum 500 hours	N/A	N/A	NCETMB <sup>1</sup>
<b>FLORIDA</b> enacted 1943	500 hours from State Board approved school	<ul style="list-style-type: none"> <li>• Application and Exam \$330.00</li> </ul> No Reciprocity	Half hour per month	NCETMB <sup>1</sup>
<b>HAWAII</b> enacted 1947	570 hours: 50 hours anatomy, physiology, kinesiology; 100 hours theory and demonstration; 420 hours practical training; spend a minimum of six months as an apprentice or student in a COMTAA or Rolf Institute school	<ul style="list-style-type: none"> <li>• Application \$50.00</li> <li>• Exam \$70.00</li> </ul> No Reciprocity	Every even numbered year	Own exam Written
<b>IOWA</b> enacted 1992	500 hours from a state licensed or accredited school approved by department: 100 hours anatomy and physiology; 400 hours other subjects including first aid and CPR	<ul style="list-style-type: none"> <li>• Application \$100.00</li> </ul> Reciprocity	12 hours September 30 of the odd-numbered years	NCETMB <sup>1</sup> or final exam from school approved by department

<sup>1</sup>NCETMB - National Certification Examination for Therapeutic Massage and Bodywork

Board	Education Requirements	Fee/Reciprocity	Continuing Education Requirements	Exam
<b>LOUISIANA</b> enacted 1992	500 hours: 325 hours massage therapy techniques; 125 hours anatomy and physiology; 50 hours related course work	<ul style="list-style-type: none"> <li>• Exam \$75.00</li> <li>• Renewal \$50.00</li> </ul> Reciprocity	12 hours	NCETMB <sup>1</sup> or own exam plus an oral exam
<b>MAINE</b> enacted 1991	Exam or diploma from a massage training program accredited or approved by AMTA/COMTAA	<ul style="list-style-type: none"> <li>• One Time Application \$25.00</li> <li>• Yearly Registration \$100.00</li> </ul> Reciprocity	None	NCETMB <sup>1</sup> or diploma from a COMTAA training program
<b>MARYLAND</b> enacted 1996	500 hours that include: anatomy and physiology, massage therapy techniques, and practice contraindications for massage therapy	<ul style="list-style-type: none"> <li>• Fee: TBD</li> </ul> Reciprocity	None	TBD
<b>NEBRASKA</b> enacted 1958	1000 hours: 100 hours physiology; 100 hours anatomy; 100 hours massage; 100 hours pathology; 100 hours hydrotherapy; 100 hours hygiene/practical demonstration; 100 hours health service management; 300 hours clinical practice of massage therapy	<ul style="list-style-type: none"> <li>• Application \$301.00</li> </ul> Reciprocity	18 hours approved by the Board—Every 2 years	NCETMB <sup>1</sup>
<b>NEW HAMPSHIRE</b> enacted 1980	High school diploma or GED; graduation from school of massage - 750 hours: 150 hours A & P; 50 hours massage; 50 hours hydrotherapy; 175 hours Swedish and related modalities; 10 hours rules/ethics; 50 hours allied massage techniques; 50 hours hygiene; 25 hours health services management; 125 hours practical massage; 65 hours electives; CPR required	<ul style="list-style-type: none"> <li>• License \$50.00 every two years</li> </ul> Reciprocity	12 hours—Every 2 years	NCETMB <sup>1</sup> and New Hampshire practical exam
<b>NEW MEXICO</b> enacted 1991	650 hours: 300 hours supervised in-class massage therapy instruction; 100 hours anatomy and physiology; 50 hours supervised massage, hydrotherapy, first aid, CPR, business and professional ethics  Alternative qualifications: experience and/or credentials (350 hours)	<ul style="list-style-type: none"> <li>• Initial application \$50.00</li> <li>• Initial licensing \$75.00</li> <li>• Jurisprudence exam \$10.00</li> </ul> No Reciprocity	16 hours approved by Board—Every 2 years	NCETMB <sup>1</sup> and take-home jurisprudence exam

<sup>1</sup>NCETMB - National Certification Examination for Therapeutic Massage and Bodywork

Board	Education Requirements	Fee/Reciprocity	Continuing Education Requirements	Exam
<b>NEW YORK</b> enacted 1967	A graduate of a N.Y. school program or of a substantial equivalent. 600 hours: 500 hours must be classroom instruction.	<ul style="list-style-type: none"> <li>• Initial application \$100 for first 3 years;</li> <li>• Registration \$50 + 9% surcharge every 3 years</li> <li>• Exam \$125.00</li> </ul> No Reciprocity	None	Own exam
<b>NORTH DAKOTA</b> enacted 1959	N/A	No more than \$50.00 Reciprocity	N/A	Own exam
<b>OHIO</b> enacted 1916	Certification of high school graduation; 600 hours over 12 months from an approved school	<ul style="list-style-type: none"> <li>• Exam \$100</li> </ul> No Reciprocity	N/A	Own exam
<b>OREGON</b> enacted 1971	330 hours	<ul style="list-style-type: none"> <li>• Application \$100.00</li> <li>• Exam \$80.00</li> </ul> Reciprocity	12 hours every 2 years	Own exam—practical and oral
<b>RHODE ISLAND</b> enacted 1979	Graduate of an AMTA/COMTAA accredited or approved training program of at least 500 hours: 100 hours Anatomy and Physiology; 300 hours theory and practice of massage; 100 hours electives	<ul style="list-style-type: none"> <li>• Licensing \$25.00</li> </ul> No Reciprocity	Every year	NCETMB <sup>1</sup>
<b>SOUTH CAROLINA</b> enacted 1996	500 hours through accredited school	TBD	TBD	NCETMB <sup>1</sup>
<b>TENNESSEE</b> enacted 1995	500 hours from a State approved school	Reciprocity: states with substantially similar rules/laws	TBD	NCETMB <sup>1</sup>
<b>TEXAS</b> enacted 1985	300 hours: 125 hours Swedish Massage Therapy techniques; 50 hours anatomy; 25 hours physiology; 15 hours hydrotherapy; 15 hours business practice of professional ethics; 20 hours health and hygiene; 50 hours internship	<ul style="list-style-type: none"> <li>• Application \$53.00</li> <li>• Exam \$110.00</li> </ul> No Reciprocity	N/A	Own exam—written and practical
<b>UTAH</b> enacted 1981	Graduate from an apprenticeship program or an IMF or AMTA/COMTAA accredited or approved training program or NCBTMB Certification	<ul style="list-style-type: none"> <li>• Application \$75.00</li> <li>• Utah Theory Exam \$65.00</li> <li>• Utah Law &amp; Rule Exam \$55.00</li> </ul> No Reciprocity	N/A	NCETMB <sup>1</sup> and Utah Theory Exam and Utah Law & Rule Exam
<b>VIRGINIA</b> enacted 1996	TBD - Regulations are being developed	TBD	TBD	NCETMB <sup>1</sup>
<b>WASHINGTON</b> enacted 1976	Board approved program - 500 hours: 130 hours anatomy, physiology, kinesiology; 50 hours pathology; 265 hours theory and practice of massage; 55 hours of clinic/business practices	<ul style="list-style-type: none"> <li>• License \$55.00</li> <li>• Exam \$150.00</li> </ul> Reciprocity: States with equivalent jurisdiction	16 hours every 2 years plus CPR yearly	NCETMB <sup>1</sup>

<sup>1</sup> NCETMB - National Certification Examination for Therapeutic Massage and Bodywork

**WISCONSIN COALITION OF MASSAGE THERAPISTS AND BODYWORKERS**  
c/o Vlad Thomas  
910 W. Walworth Avenue, Whitewater, WI 53190  
Phone (414)473-1083 Fax (414)473-1027

**To:** Representative Clifford Otte, Chair  
Consumer Affairs Committee

**From:** Vlad Thomas, CoChair, Wisconsin Coalition  
of Massage Therapists and Bodyworkers

**Date:** October 23, 1997

**Re:** AB-461/SB-262: Coalition Discussion  
Items with Physical Therapists

**WISCONSIN COALITION OF MASSAGE THERAPISTS AND BODYWORKERS**  
c/o Vlad Thomas  
910 W. Walworth Avenue, Whitewater, WI 53190  
Phone (414)473-1083 Fax (414)473-1027

October 23, 1997

**AB-461/SB-262: Coalition Discussion  
Items with Physical Therapists**

- 1. Definition of Massage Therapy**
  - a. The definition of massage therapy precisely describes the specific activities common to all modalities in the field.
  - b. While the practices of massage therapy and physical therapy overlap in a number of respects, it is important to note that physical therapists are expressly exempt from licensing as massage therapists.
- 2. Educational Standards**
  - a. The support of the Wisconsin Educational Approval Board (EAB) for the massage therapy legislation confirms the propriety of the education standards and course approval process contained in the bill.
- 3. Examining Board**
  - a. The Wisconsin Coalition of Massage Therapists and Bodyworkers is receptive to the suggestion of others that the board be an affiliated credentialing board under the Medical Examining Board. We recognize this is the structure now in place for physical therapists.
- 4. Licensure vs. Registration or Certification**
  - a. We note that physical therapists are licensed rather than registered or certified.
  - b. So long as the scope of practice and title identification are adequately addressed, we can be flexible regarding use of the term "licensed."



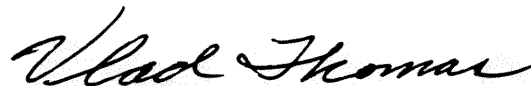
**5. Continuing Education**

- a. If legislators favor the position of the physical therapists, the continuing education provision of the bill could be made mandatory, with a specified number of hours stated.

**6. Use of the Term "Bodyworker"**

- a. Within the practice of massage therapy, the term "bodyworker" is used interchangeably with "massage therapist."
- b. Both terms designate persons who manipulate the soft tissues of the human body.
- c. In other states and nationally, a common knowledge base exists for massage therapists and bodyworkers.

**Conclusion:** As the massage therapy legislation advances in the Wisconsin legislature, the Wisconsin Coalition of Massage therapists and Bodyworkers is amenable to continuing discussions with the Wisconsin Physical Therapy Association.



Vlad Thomas  
for the Wisconsin Coalition  
of Massage Therapists and  
Bodyworkers

**WISCONSIN COALITION OF MASSAGE THERAPISTS AND BODYWORKERS**  
**c/o Vlad Thomas**  
**910 W. Walworth Avenue, Whitewater, WI 53190**  
**Phone (414) 473-1083**  
**Fax (414) 473-1027**

**AB-461/SB-262 - Massage Therapist Licensing Bill:**  
**The Case for State Licensing - Not Voluntary Registration or Certification**

1. **AB-461/SB-262 is not a "fence me in, fence you out" bill.**
  - a. State licensed healthcare practitioners with massage in their scope of practice may continue their work as long as they do not imply that they are massage therapists. [460.03(1)]
  - b. Massage therapists are grandfathered in if they apply during the 6 month window and if they have 100 classroom hours of training or two years of experience working for compensation within the five year period prior to the enactment of the bill. [Section 21(2)(a)(b)]
2. **AB-461/SB-262 promotes small businesses and the public interest.**
  - a. The local regulation provision prohibits municipalities from regulating state licensed massage therapists under restrictive ordinances designed to control prostitution. [460.15(1)]
  - b. Among the new opportunities available to massage therapists in many communities will be the freedom to make outcalls that serve persons in nursing homes, hospices, or at home recovering from illnesses and accidents.
  - c. Massage therapy businesses provide employment opportunities for additional massage therapists and support personnel.
3. **AB-461/SB-262 facilitates local law enforcement of anti-prostitution ordinances.**
  - a. Mandatory licensing and title protection draws a bright line between state licensed healthcare practitioners and persons engaged in illicit sex by prohibiting unlicensed individuals from using any of the various labels and titles that imply manipulation of the soft tissues of the human body. [460.02]
  - b. Voluntary title protection limited to the label "massage therapist" is totally inadequate. To name but a few of alternative labels that would not be regulated, there is "muscle therapist," "bodyworkers," "myofacial therapist," "massage practitioner," and "massage technician."

4. **AB-461/SB-262 supports the responsibility of the Wisconsin Educational Approval Board to provide protection to students as consumers attending massage schools.**

- a. The duties of the Board of Massage Therapy and Bodywork include establishing standards for the curriculum and teachers of massage therapy. [460.01(b)(c)]
- b. Board standards would strengthen training in massage schools, establish a 500 classroom hour minimum for all schools, and eliminate the confusing claims of private certifications.
- c. The public does not understand that "certified" can mean anything from one weekend of training to 1,000 classroom hours.

5. **AB-461/SB-262 protects the public health by establishing massage therapists as healthcare providers. [Section 5]**

- a. Massage therapy or bodywork is "...the science and healing art that uses manual actions to palpate and manipulate the soft tissue of the human body...to improve circulation, reduce tension, relieve soft tissue pain, or increase flexibility...." [460.01(5)(a)]
- b. AB-461/SB-262 is supported by many state licensed healthcare providers, such as doctors and chiropractors, because the bill establishes standards of competency worthy of professional referrals.

**Summary: Unlike voluntary registration or certification, mandatory licensing in AB-461/SB-262 solves many problems affecting the public, law enforcement, and professional massage therapy businesses.**

~~October 23, 1997~~

To: Representative Clifford Otte  
Chair of the Consumer Affairs Committee  
Room 424 Northeast

From: Hanna Franke, Certified Neuromuscular Therapist  
Co-Chair of Wisconsin Coalition of Massage Therapists and Bodyworkers

Re: Public Hearings  
on State Licensing for Massage Therapy and Bodywork  
Assembly Bill AB 461

**I speak in favor of AB 461 - Licensure of Massage Therapy and Bodywork**

I am a Certified Neuromuscular Therapist and Massage Therapist since 1983. I am also the Co-Chair of the Wisc. Coalition of Massage Therapists and Bodyworkers and have helped to realize this legislative initiative since 1993.

Neuromuscular Therapy is a soft tissue manipulation applied primarily for the relief of chronic pain and the rehabilitation of soft tissue injuries. Most of our clients/patients are referred from other healthcare providers. I have a clinical office in Middleton on University Avenue and am employing 3 other therapists.

I would like to address the issue of "**A JUSTIFIED NEED FOR LICENSURE**"

1. We are an **EMERGING PROFESSION**.

We need to get organized, need to establish rules and set standards in education and practice. We are growing fast.

2. We are **THE FASTEST GROWING PROFESSION** in the health field. Many other professions are looking at us, other professions are trying to regulate us and other professions are even trying to outlaw us.

3. Unfortunately this society does not fully understand the **powerful impact of therapeutic touch and soft tissue manipulation** on the human body and the healing process.

4. We perform miracles - constantly.

5. Research by Dr. John Bonita of the Washington Pain clinic showed that **80% of pain complaints** people go to doctors for are **soft tissue in nature**.

6. People in chronic pain do poorly on drug treatments and Physical Therapy only. **Soft Tissue manipulation can get people out of pain and disability and back to work, when nothing else works. We have done it many times.**

*IT'S AN INCOMPLETE  
APPROACH.*

7. **The financial implications on saving insurance payments are gigantic.**  
Any insurance company ought to be interested in including Massage Therapy in their coverage.
8. In order to offer these modalities to the public as an option in the health care system, other professionals have to **accept Massage Therapy as an established and credentialed health care option**, so that meaningful referral networks can be established.
9. Health care professionals such as Doctors, Chiropractors, Dentists, Psychologists, Counselors, Psychiatrists, Surgeons, Rehab Nurses and Physical Therapists need to be able to **rely on credentials of the person they wish to refer to.**
10. **THIS IS WHY THERE IS A JUSTIFIED NEED FOR LICENSURE OF THE MESSAGE THERAPY PROFESSION.**
11. I collected letters of support (a total of 17 are attached) from **health care practitioners** with an active practice in this area **who are referring to Massage Therapists and Neuromuscular Therapists.**
12. Here are some of the comments by a few of these professionals:  
Dr. Mark Timmerman, Family Practice and Sports Medicine, Dean Care  
Dr. Steven Toutant, Neurosurgery, Dean Care  
Dr. John Whiffen, Surgeon, Physicians Plus  
Dr. Christopher Stevens, Dentist, specializing in TMJ Dysfunction  
Dr. Marilyn Chohaney, Family Practice
13. I would like to end with Dr. Chohaney's statement:  
**... what is lacking in our region is the certitude which physicians need that a patient referred to a Massage Therapist will get the professional services required.**

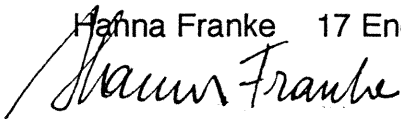
and I would like to add:

**The consumer needs to be able to choose this modality as an option in the healthcare field.**

**If we do not opt to regulate this profession and raise the standards of practice we are depriving many people of a powerful healing option.**

Sincerely,

Hanna Franke 17 Enclosures



December 3, 1996

Ms. Hanna Franke & Assoc.  
St. John Neuromuscular Therapy  
7818 Big Sky Dr Ste 119  
Madison, WI 53719

*Marilyn J. Chohaney, M.D.*  
Family Practice

*Claire M. Gervais, M.D.*  
Family Practice

*Susan M. Torhorst, M.D.*  
Family Practice

*Victoria A. Vollrath, M.D.*  
Family Practice

Dear Ms. Franke:

As a family physician with an active practice in Dane County, I would like to express my support for legislation in Wisconsin to license and regulate professional massage therapists. The patients whom I have referred to you have received many benefits from your neuromuscular therapy for the treatment of chronic conditions, benefits which cannot be obtained using any other therapy modality. What is lacking in our region is the certitude which physicians need that a patient referred to a massage therapist will get the professional services required. There is no state certification to inform me about the qualifications of massage therapists. I have had to rely on personal communications about references.

Health care consumers and physicians need to be assured that massage therapy is provided by a person with appropriate education and training. While the voluntary certification process now available through massage therapy associations is helpful, the typical consumer cannot understand the difference between the various certifications.

State licensing would perform the valuable function for us all of informing consumers about certification and providing security that massage therapists are indeed qualified. I recommend that massage therapists meet standards for qualifications and licensing as set forward by the Wisconsin legislature, and implemented by the Department of Regulation & Licensing.

Thank you for this opportunity to express my support for upcoming legislation to regulate and license massage therapists in the State of Wisconsin.

Sincerely yours,



Marilyn J. Chohaney, MD  
Family Practice

MC:rf

DR: 12/03/96

DT: 12/04/96

Dean Clinic



1313 Fish Hatchery Road  
Madison, WI 53715  
(608) 252-8000

December 10, 1996

Hanna Franke  
Certified Neuromuscular Therapist  
St. John Neuromuscular Therapy  
Hanna Franke and Associates  
7818 Big Sky Drive, Suite 119  
Madison, WI 53719

Dear Ms. Franke:

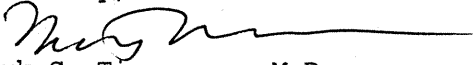
As a physician with an active practice in our area, I write to express my support for legislation in Wisconsin to license and regulate professional massage therapists.

Health care consumers need to be assured that massage therapy is provided by a person with appropriate education and training; but while the voluntary certification now available through massage therapy associations is helpful, the typical consumer does not understand the difference between various certifications.

Statewide licensing would perform the valuable function of informing consumers that individuals who refer to themselves as "massage therapists" meet standards for qualification and licensing as set by the Wisconsin Legislature and implemented by the Department of Regulation and Licensing.

Thank you for this opportunity to express my support for upcoming legislation to regulate and license massage therapists in the State of Wisconsin.

Sincerely,

  
Mark G. Timmerman, M.D.  
Family Practice and Sports Medicine  
Dean Medical Center  
MGT/11a

DCM982474P

Dean Clinic

DEPARTMENT OF NEUROSCIENCES



1313 Fish Hatchery Road  
Madison, WI 53715  
(608) 252-8000

**Neurosurgery**  
Wojciech M. Bogdanowicz, M.D.  
John E. Woodford, M.D.  
Steven M. Toutant, M.D.  
Randall C. Florell, M.D.

**Neurology-EEG-EMG**  
Robert W. Graebner, M.D.  
Charles E. Miley, M.D.  
Basil B. Holoyda, M.D.  
Stan W. Boyer, M.D.

**Neuropsychology**  
Peter A. Williamson, Ph.D.

**Neuroradiology Consultant**  
Madison Radiologists, S.C.

**Pediatric Neurosurgery**  
John E. Woodford, M.D.

**Pediatric Neurology-EEG**  
Mary K. Dominski, M.D.

**Neurology/Neuro-ophthalmology**  
Cheryl L. Ray, D.O.

December 3, 1996

Ms. Hanna Franke  
Certified Neuromuscular Therapist  
7818 Big Sky Dr Ste 119  
Madison WI 53719

Dear Ms. Franke:

Thank you for your recent letter seeking support for licensing and regulation of massage therapy. I do feel that massage is a beneficial therapeutic modality for people with neuromuscular disorders and feel that further regulation and licensing on a statewide basis is important. I think this would ensure that standards are met, thereby protecting consumers and ensuring appropriate delivery of care.

I congratulate you on your efforts in this regard. I hope that you are successful.

Sincerely,

Steven M. Toutant, M.D.  
Neurosurgery  
Dean Medical Center

SMT/ljd  
DC M03154M.ljd  
DR: 12-04-96/1



December 2, 1996

Hanna Franke  
St. John Neuromuscular Therapy  
7818 Big Sky Drive  
Suite 119  
Madison, WI 53719

Dear Ms. Franke:

As an orthopaedic surgeon who has referred to you frequently I wish to express my support for legislation in Wisconsin to license and regulate professional massage therapists.

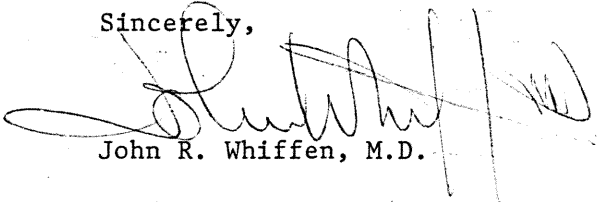
I have sent you a number of patients who have musculoskeletal complaints and you have clearly benefited them with your treatment. Many of my patients have very tight muscles that frequently isolate to just one or two muscle groups and I have seen substantial improvement with your work.

The main benefit from my perspective for licensing massage therapists is to provide a group of therapists that physicians and surgeons can refer to with the full knowledge that appropriate care can be given. As it stands at present, while there is voluntary certification, it is unclear when you get a letter from someone saying they are massage therapists whether or not they are in fact appropriately certified. Obviously, a secondary benefit would be that individual patients would also know who is and who is not qualified for this treatment.

I, therefore, support licensing massage therapists within the State of Wisconsin so that we know that those who call themselves massage therapists, in fact, meet the proper standards for qualification and licensing. I am hopeful that this set of standards will incorporate the national standards that have already been established by groups of massage therapists.

Thank you for allowing me to express my support of this legislation.

Sincerely,

  
John R. Whiffen, M.D.

JRW/cg

---



## SUN PRAIRIE DENTAL CENTER

Christopher J. Stevens, D.D.S.

(608) 837-4880

425 WEST MAIN STREET

SUN PRAIRIE, WISCONSIN 53590

December 5, 1996

Hanna Franke and Associates  
7818 Big Sky Drive  
Suite 119  
Madison, WI 53719

Re: Licensing of massage therapy

Dear Hanna:

As a dentist with special interest in treating patient with acute and chronic head and neck pain, I am writing to express my support for legislation in Wisconsin to license and regulate professional massage therapists.

As you know soft tissue therapy is an integral part of treating patients with pain. Many cannot find solutions to their pain in areas such as medication and counseling, which as you know are so often recommended by pain practitioners. Soft tissue therapy has been and needs to be an integral part of patient care.

Health care consumers need to be assured that massage therapy is provided by a person with appropriate education and training. But while the voluntary certification now available through massage therapy associations is helpful, the typical consumer does not understand the difference between various certifications.

Statewide licensing would perform the valuable function of informing consumers that individuals who refer to themselves as massage therapists meet standards for qualification and licensing as set by the Wisconsin Legislature and implemented by the Department of Regulation and Licensing.

Thank you for this opportunity to express my support for the upcoming legislation to regulate and license massage therapy in Wisconsin.

Sincerely,

Christopher J. Stevens, D.D.S., D.A.A.P.M., F.I.C.C.M.O.



Denis O. Carey, D.D.S.  
Thomas W. Choate, D.D.S.  
David S. Ducommun, D.D.S.

Michael I. Kokott, D.D.S.  
Frederick C. Weigt, D.D.S.  
John H. Duffy, D.D.S., Periodontist

---

*Personalized & Comfortable*

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Dear Hanna Franke,

As a dentist with an active practice in our area, I write to express my support for legislation in Wisconsin to license and regulate professional massage therapists.

You have treated many of our patients with your neuromuscular massage techniques. Our patients have experienced much relief in symptoms subsequent to your therapy!

As in any industry it would be best for consumers if the requirements for providers of this therapy were standardized. Statewide licensing would perform the valuable function of informing consumers that individuals who refer to themselves as "massage therapists" meet standards for qualification and licensing as set by the Wisconsin Legislature and implemented by the Department of Regulation & Licensing.

Thank you for this opportunity to express my support for upcoming legislation to regulate and license massage therapists in the State of Wisconsin.

Sincerely,

David S. Ducommun, D.D.S.

DR. PETER J. KISH, D.C.  
CHIROPRACTIC HEALTH CARE

320 West Main Street  
Mount Horeb, Wisconsin 53572  
(608) 437-3600

December 2, 1996

Hanna Franke  
Certified Neuromuscular Therapist  
7818 Big Sky Drive Suite 119  
Madison, WI 53719

Dear Hanna Franke,

As a chiropractor with an active practice in our area, I write to express my support for legislation in Wisconsin to license and regulate professional massage therapists.

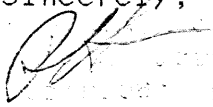
Because the neuromusculoskeletal systems are intimately integrated treatment of soft tissues, i.e. neuromuscular therapy, massage therapy, are a necessary component in treating patients with neuromusculoskeletal problems.

Health care consumers need to be assured that massage therapy is provided by a person with appropriate education and training. But while the voluntary certification now available through massager therapy associations is helpful, the typical consumer does not understand the difference between various certifications.

Statewide licensing would perform the valuable function of informing consumers that individuals who refer to themselves as "massage therapists" meet standards for qualification and licensing as set by the Wisconsin Legislature and implemented by the Department of Regulation and Licensing.

Thank you for this opportunity to express my support for upcoming legislation to regulate and license massage therapist in the State of Wisconsin.

Sincerely,

  
Peter J. Kish, D.C.

University of Wisconsin Hospital and Clinics

University of Wisconsin-Madison  
600 Highland Avenue  
Madison, WI 53792



December 4, 1996

Hanna Franke  
Certified Neuromuscular Therapist  
St. John Neuromuscular Therapy  
7818 Big Sky Drive Ste 119  
Madison WI 53719

Dear Ms. Franke:

As a physician with an active practice in our area, I write to express my support for legislation in Wisconsin to license and regulate professional massage therapists.

Health care consumers need to be assured that massage therapy is provided by a person with appropriate education and training. But while the voluntary certification now available through massager therapy associations is helpful, the typical consumer does not understand the difference between various certifications.

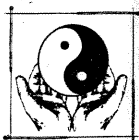
Statewide licensing would perform the valuable function of informing consumers that individuals who refer to themselves as "massage therapists" meet standards for qualification and licensing as set by the Wisconsin Legislature and implemented by the Department of Regulation and Licensing.

Thank you for this opportunity to express my support for upcoming legislation to regulate and license massage therapist in the State of Wisconsin.

Sincerely,

A handwritten signature in cursive script that reads "Daniel G. Malone".

Daniel G. Malone, M.D.  
Associate Professor of Medicine, Rheumatology  
University of Wisconsin  
Hospital and Clinics



David Dow  
Chiropractic &  
Healing Arts

327 Island Drive  
Madison, WI 53705  
608.233.3588  
(by appointment)

Dear Hanna Franke,

I would like to express my support to you in your endeavour to obtain licensure for massage therapists in Wisconsin. I am a Wisconsin licensed chiropractor and recognize the value that licensure brings.

I have experienced remarkable physical relief from massage. Occasionally, I come across a massage therapist such as you who can provide dramatic improvement in musculoskeletal conditions. I have experienced massage therapists who could provide a gentle touch and nurturing environment in order to facilitate a somatoemotional release in their clients, encouraging the healing of emotional scars.

It is important that the public be assured that they always receive a quality massage from an adept individual. A standard for massage therapists would provide that assurance. Licensure is important.

State mandatory licensing would require massage therapists to meet a reasonable standard of practice and those who did not would have to answer to a governing body.

There are many excellent massage therapists at present in Wisconsin who did not receive training for their work. I feel it is important that these people be "grandparented in" and that regulation be imposed only on future Wisconsin massage therapy candidates. I feel that six months to two years of practice is reasonable.

Sincerely,

David M. Dow, D.C.  
327 Island Drive  
Madison, WI 53705

10  
**Family  
Health Center**

---

Dr. Paula Rae Lee

"Health thru Chiropractic"



November 27, 1996

St. John Neuromuscular Therapy  
ATTN: Hanna Franke  
7818 Big Sky Drive  
Suite 119  
Madison, WI 53719

Dear Ms. Franke:

I would like to express my support for legislation in Wisconsin to license and regulate professional massage therapists.

Statewide licensing would perform the valuable function of informing consumers that individuals who refer to themselves as "massage therapists" meet standards for qualification and licensing as set by the Wisconsin Legislature and implemented by the Department of Regulation and Licensing.

Thank you for this opportunity to express my support for upcoming legislation to regulate and license massage therapists in the State of Wisconsin.

Sincerely:

A handwritten signature in cursive script, appearing to read "P. R. Lee".

P. R. Lee, D.C.

PRL/ald

115 Enterprise Drive  
Verona, Wisconsin 53593



(608) 845-8860  
FAX (608) 845-7770

**Steven P. Reinen, D.C.**

December 3, 1996


Hanna Franke  
7818 Big Sky Dr., Suite 119  
Madison, WI 53719

Dear Ms. Franke,

It is my understanding that qualified massage therapists such as yourself have begun efforts to enact legislation which would require licensing throughout the state of Wisconsin. As a health care practitioner who recognizes the benefits of massage therapy I would like you to know you have my full support in your endeavor to improve the standards under which all massage therapists will be held accountable. Certainly, the true beneficiaries of your inclusion in the Department of Regulation and Licensing will be the general public, as it is and has been for many years with other professions in Wisconsin.

I believe you and I are both represented in Madison by Rick Skinrud. I happen to know Rick and members of his staff and I will make it a point to discuss the importance of this legislation with them.

Sincerely yours,

  
Steven P. Reinen, D.C.

SPR:jes



Robert E. Cape, M.D.  
Family Practice

Susan J. Carson, M.D.  
Family Practice

July 8, 1996

RE: Hanna Franke

TO WHOM IT MAY CONCERN:

This is a general letter in support of licensure for massage therapist. As a practicing family doctor I have seen many instances in which massage therapy has been very helpful for people with a variety of musculoskeletal complaints including back pain, sore extremities, shoulders, neck and I feel that this sentiment is shared by many primary care doctors. Unfortunately, the massage profession has been severely stigmatized by the use of massage parlors as a front for prostitution and this has greatly inhibited their ability to bring relief to patients through misunderstanding and embarrassment of having to go to a massage establishment.

I feel that licensure for massage therapist would legitimize their profession and help make it much more sensible to the public in general.

If you have further concerns please let us know.

Sincerely,



Robert E. Cape, MD

RC:cr

DR: 07/08/96

DT: 07/08/96

COPY

*this letter also sent to  
Senator Resser*

13

Representative Spencer Black  
Rm. 219 N. P.O. Box 8952  
State Capitol  
Madison, WI. 53708

Donna McLeod  
3525 Tallyho La.  
Madison, WI. 53705

December 15, 1996

Dear Spencer:

I am writing in support of proposed legislation to license and regulate Massage Therapy and Bodywork.

My interest in this legislation is both personal and professional:

A. I have been, at several times in the past four years, a patient at Hanna Franke's neuromuscular therapy clinic in Madison which was supplemented in one instance at a similar clinic in another state. I have also received massage therapy for specific conditions on a number of occasions over my lifetime.

My first contact with neuromuscular therapy occurred after a car accident in which I received serious bruising and muscle and connective tissue damage to my chest. My personal doctor was not able to suggest any treatment for severe muscle spasms which began a day or two after the injury. I was referred to Hanna Franke by an instructor in my exercise class at UW Sports Medicine. Muscle spasms were permanently relieved in a single treatment; deeper injury to tissue within my rib cage required further treatment. I have received successful treatment for a subsequent injury to my shoulder (classified as rotator cuff injury) which was painful and incapacitating, and which involved specific identification of several injured tendons and ligaments. It is my understanding that this kind of injury is often treated with surgery, not always successfully. My own experience was that the pain and immobility were both completely cured by neuromuscular therapy. I now have greater mobility in that shoulder than I did prior to the injury.

Two other conditions have been successfully treated: Early stage TMJ, which was causing pain at night and when eating, and restricted jaw movement, was completely cured in a few sessions, and I was shown ways of helping this and preventing it from re-occurring. My personal dentist expressed considerable interest in learning where I had gotten this treatment in order to refer other patients. Lastly, muscle spasms in one hip, which have occurred periodically over a number of years are being eliminated through neuromuscular therapy combined with orthotics to correct a postural imbalance.

I have informed my personal physician of all of these situations and he has approved my using Hanna Franke's neuromuscular treatment as an adjunct to the care he provides in circumstances when it is appropriate.

B. Professionally, I hold two separate State of Wisconsin certifications as a mental health practitioner. My job is at Briarpatch, and I am sometimes in contact with parents, whose ability to both sustain a positive marital relationship and to parent effectively is affected by chronic pain which doctors have not been able to cure. Often they have used up a lot of time and money as well as insurance consulting doctors and attempting treatment which has not been effective. While this is not my area of professional expertise, it is frustrating to know that many of these people could be helped if this profession were licensed and more doctors were aware of the potential benefits of some of this treatment.

Following are several reasons why I support this licensure:

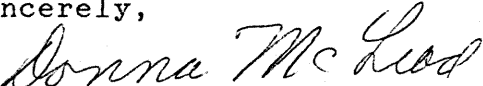
1. The field of massage therapy is clouded by persons who are selling sex as well as those with little or no training in body mechanics and proven techniques for reducing stress and promoting healing. This fact discourages many people from even looking in this direction for help. For those that are seeking this kind of help, how can they be assured that persons who offer services have legitimate health related aims and are competent?

2. The more advanced forms of massage therapy, such as the neuromuscular treatment which the St. John's group offers, are little known to most persons. Only a few physicians have had experience with their work, or generally refer patients for treatment which is not covered by third party payments.

3. Licensure encourages professionalization. It would entail:  
a) development of uniform standards of practice; b) incentives for individuals to improve skills to meet those standards; c) encouragement for research related to this type of therapy; d) establishment of regulatory boards which bring input from different perspectives; e) interest in interdisciplinary dialogue; f) pressure on practitioners to demonstrate that the treatment is effective, not already provided by another group and cost efficient; g) referrals to and from other health professionals to insure that the patient is getting whatever treatment is needed and most effective.

I am taking the time to support this proposed legislation because I strongly believe that this group of therapists can help a great number of people by relieving pain, improving functioning and preventing future incapacity. I would expect that Massage Therapy and Body Work licensed professionals could eventually replace less effective and more costly treatments that are now widely used for conditions involving chronic pain, and provide treatment for many persons for whom treatment has been given up.

Sincerely,

  
Donna McLeod. CICSW, CMFT



Dean Clinic

1313 Fish Hatchery Road  
Madison, WI 53715  
(608) 252-8000

February 4, 1995

WPS Pre-Authorization  
P. O. Box 8783  
Madison, WI 53708

Re: John Mitchell DMC# 45/0191013.2  
WPS Subscriber# 26106940  
Diagnosis Code 729.1 Myofascial pain  
Procedure Code 972.50 Myofascial release

To Whom It May Concern:

I am recommending that WPS consider limited treatment trial of myofascial release and trigger point manipulation by a therapist named Hanna Franke. Mr. Mitchell has undergone an exhaustive array of medical investigation and therapies for chronic leg pain. At this point we have ruled out significant lumbar spine disease and have identified the tight and tender muscles of his left leg, especially the hamstring, iliotibial and gastrocnemius muscles, and he has only had modest resolution of symptoms with therapy to date. He continues to be compliant with the daily home exercise program but has still reached a plateau, leaving him fairly disabled regarding the use of his left leg.

While our therapists have worked diligently at soft tissue mobilization of these areas, this is Hanna Franke's area of particular expertise, and I am hopeful that we will make even further gains with the use of her services. While I understand this is not normally a covered benefit, I feel that we have exhausted current physical therapy capabilities and I feel that Hanna Franke's neuromuscular therapy may benefit Mr. Mitchell significantly.

At this point, I would like to propose a limited number of visits, such as five treatments, to see if she can help to decrease Mr. Mitchell's pain and allow him to regain normal function in his leg.

Many thanks for your consideration regarding Mr. Mitchell; I look forward to hearing from you regarding this proposal.

Sincerely yours,

Mark G. Timmerman, M.D.  
Family Practice and Sports Medicine  
Dean Medical Center Physician ID-Wisconsin state license 31402  
DEA BT2328379  
MGT/ch  
B043381L  
DR:2-6//24

cc: John Mitchell  
cc: Hanna Franke, CNMT

September 10, 1993

To Whom It May Concern

RE: Daniel Doyle

Dear Sirs:

Daniel Doyle has had a diagnosis of severe strain in his neck for approximately a year and one-half.

He has been off work for many months also. Three weeks ago, he started going to a new therapist named Hannah Franke, who does what she calls neuromuscular therapy. Since that time, he has had complete resolution of his symptoms, which is something that has not been able to be accomplished through physical therapy, chiropractic or medical therapy.

He has had three sessions so far. Although I did not refer him for these treatments, I am referring him for maintenance therapy. I would urge that the Workman's Compensation cover the visits that he has had so far as they are the only thing that have really produced any improvement of his condition.

Thank you very much for your consideration.

Sincerely,



Robert E. Cape, M.D.

REC/pao  
OM/T2bs166p/11



ST. JOHN  
Neuromuscular  
Therapy

HANNA FRANKE AND ASSOCIATES

February 9, 1993

Jean Nothnagel  
Director of Physical Therapy  
Dean Clinic  
1313 Fish Hatchery Rd.  
Madison, WI 53715

Dear Ms. Nothnagel,

I enjoyed our visit last week and I trust you will see the need for a precise soft tissue therapy such as Neuromuscular Therapy within the Physical Therapy Department of Dean Care.

St. John Neuromuscular Therapy is a comprehensive approach to the rehabilitation of soft tissue injury and dysfunction and its effectiveness in pain relief is outstanding.

Within the team approach to neuromuscular injury, the precise manipulation of the soft tissue for the removal of hyper-constriction and ischemia is the first and most important step in the stages of rehabilitation, and is often overlooked by the other team members. This is the main reason why re-injury or setbacks are so common and treatment is often protracted or unsuccessful.

A Neuromuscular Therapist can make a valuable contribution to successful rehabilitation. The Physical Therapy Department at Dean Care would be pioneering in their approach and could effectively cut costs by dramatically shortening the length of treatment.

Thank you for giving me a chance to demonstrate the work. I look forward to meeting with you on February 18th at 12 noon at Dean Care on Gammon Road.

Enclosed is a brochure on the St. John Neuromuscular Therapy Pain Relief Seminars.

Sincerely,

Hanna Franke

encl.



March 16, 1993

Jean Nothnagel  
Director of Physical Therapy  
Dean Clinic  
1313 Fish Hatchery Rd.  
Madison, WI 53715

Dear Ms. Nothnagel,

Greetings! My name is Erma Pacheco, and I own and operate Colorado Center for Physical Therapy in Littleton Colorado. I am writing to you in support of a therapeutic treatment method called the St. John Method of Neuromuscular Therapy. My husband and I are currently completing three years of teaching this method of therapy internationally. We are a part of a large team of instructors who teach the St. John Method of Neuromuscular Therapy in thirty-two cities in the United States as well as Canada, Germany, Japan, and Australia. The reason that I chose to follow the path of instructing was simple, as I learned the method and applied it clinically, my results showed dramatic improvement. I have been in practice close to eleven years, and of the multitude of continuing education classes I have experienced, these skills made the most difference in the way I practice physical therapy. Therefore, mastering the techniques became very important to me.

These techniques were originally developed in the early 60's by a chiropractor named Dr. Nimmo, then refined and further developed by Paul St. John. They have been continually refined and updated for the last fifteen years by Paul as well as his associates.

The students being trained in this method are from various backgrounds. We have trained several medical doctors, chiropractors, nurses, occupational therapists, dentists as well as physical therapists and massage therapists. What they all have in common is the open-minded pursuit of quality and excellence in the treatment of pain. I find that no matter what the background of the individual person, if the intention is to practice and master the techniques, these people become some of the highest qualified therapists in the country. I have experience working with massage therapists who have greater evaluative and treatment skills in the area of pain reduction and initial rehabilitation than many physical therapists. There are definitely good and bad therapists in all professions, and we must judge them based on results, in my opinion, as well as training, background and professionalism.

Given my personal experience then, you can probably understand my concern when I heard one of our St. John staff members report on a somewhat cool reception after attempting to initiate contact and possibilities of a business relationship with your clinic. I can definitely understand your thoroughness in interviewing and



experiencing the work, as that indicates your openness and availability for new ideas. I would encourage you to attend one of the Friday night lectures and also to attend one of the courses to see for yourself the value of the work.

One of my purposes as I have traveled the country teaching has been to advocate teamwork among massage therapists, physical therapists, occupational therapists and speech therapists. I find many of the clients who are "failures" with traditional physical therapy, occupational therapy chiropractic care and other health care, rests with the failure of the therapist to truly be able to evaluate and treat the soft tissue structures for their role in a person's pain. I find many of these people respond very positively to the thoroughness of the St. John Method. In our clinic we have no "P.T. Aides", however we employ physical therapists and several massage therapists who are certified on the St. John Method of Neuromuscular Therapy. We find the combination to be invaluable in terms of long term results and client satisfaction.

Thank you very much for your time and attention. Please feel free to call with any questions.

Sincerely,

*Erma Pacheco, P.T.*

Erma Pacheco, P.T.



**Wisconsin Coalition of Massage Therapists and Bodyworkers**

c/o Vlad Thomas

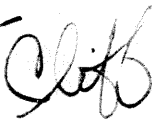
910 W. Walworth Avenue Whitewater, WI 53190

Phone (414) 473-1083 Fax (414) 473-1027

August 19, 1997

Rep. Clifford Otte  
State Capitol, Room 109-W  
P.O. Box 8953  
Madison, WI 53708

Dear Representative Otte:



The Massage Therapists Licensing bill (AB 461) currently is in the Consumer Affairs Committee which you chair.

We thought the enclosed article from the August, 1997 issue of LIFE magazine will give you a fuller understanding of the impact and growing importance of massage therapy and bodywork in the health care field.

Please call either of us if you have any questions or would like additional information.

Sincerely,

*Vlad Thomas*

Vlad Thomas, Co-Chair  
Wisconsin Coalition  
of Massage Therapists  
and Bodyworkers  
Phone (414) 473-1083



George Brown, Lobbyist  
Wisconsin Coalition  
of Massage Therapists  
and Bodyworkers  
Phone (608) 283-2623

THE DAY ELVIS DIED

REMEMBERING JIMMY STEWART



LIFE

MASSAGE  
FEELS GOOD

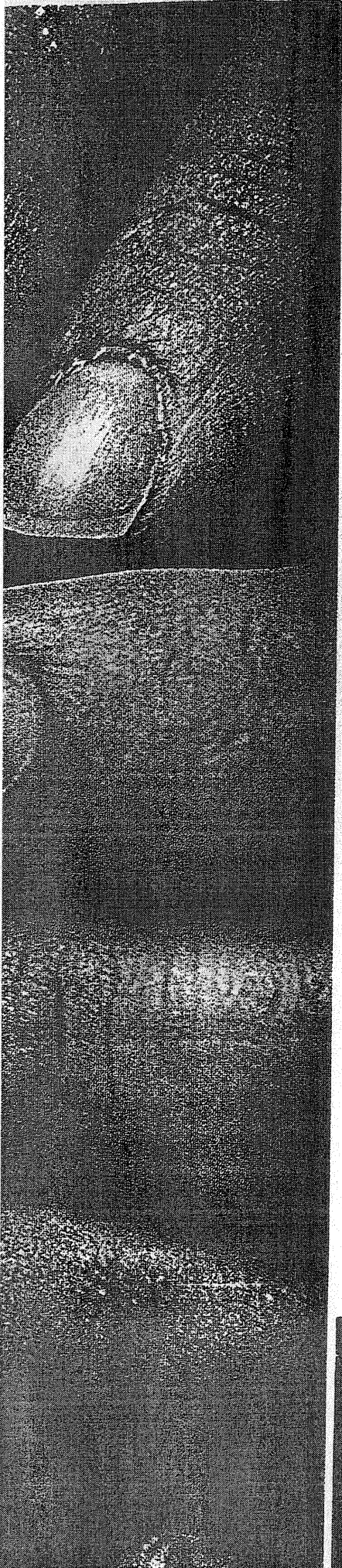
IT ALSO  
REDUCES stress,  
EASES back pain,  
FIGHTS anorexia,  
LIFTS depression  
...and saves lives

*The* Healing  
Power of  
Touch

ST 1997/\$3.95



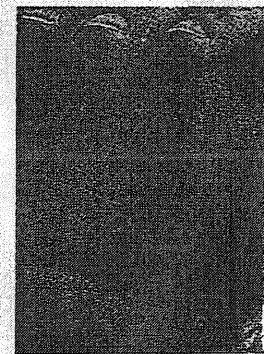
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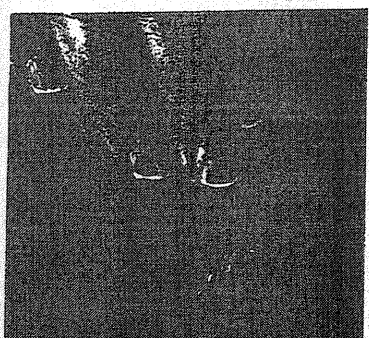
# The MAGIC of TOUCH

Massage's healing  
powers make it  
serious medicine.

**N**EWBORNS are meant to be touched, but at the age of 11 days everything about Brandan Owens says *hands off*. Huddled in his clear Plexiglas incubator in the Newborn Intermediate Care Unit at Jackson Memorial Hospital in Miami, Brandan seems as inaccessible as Snow White in her glass coffin. Born eight weeks premature, weighing four pounds, he is dwarfed by the small blue teddy bear at his feet. Large fire-engine-red letters on the incubator spell out WARNING. A thicket of electrodes taped to his ankle leads to a monitor whose neon-green lines zigzag madly. Every time his heart rate dips below 80 or rises above 120, the monitor beeps. Brandan must live in this artificially warmed environment because his own underdeveloped system cannot



SKIN IS THE  
HUMAN BODY'S  
LARGEST ORGAN.  
IT ACCOUNTS  
FOR 18 PERCENT  
OF OUR BODY  
WEIGHT AND  
COVERS ABOUT  
19 SQUARE FEET.



By **George Howe Colt**  
Photography by  
**Howard Schatz**  
Reporting by  
**Anne Hollister**

yet regulate his body temperature. He has had several spells of apnea (a brief cessation of breathing), a risk factor for sudden infant death syndrome, the fatal, inexplicable malady that causes sleeping children to stop breathing. Sealed in his Isolette—the very name of the incubator he lies in is forbidding—Brandan seems so remote that when he opens his tiny mouth to cry, the sound appears to come from a great distance.

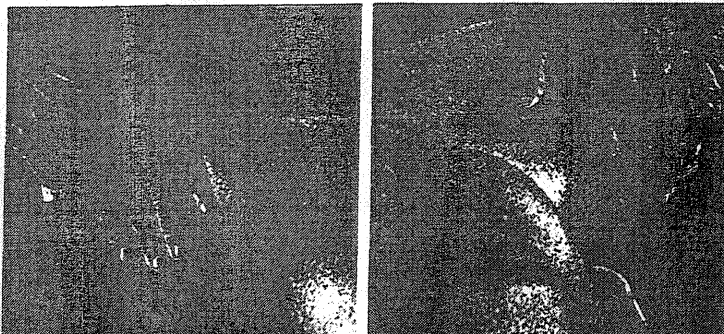
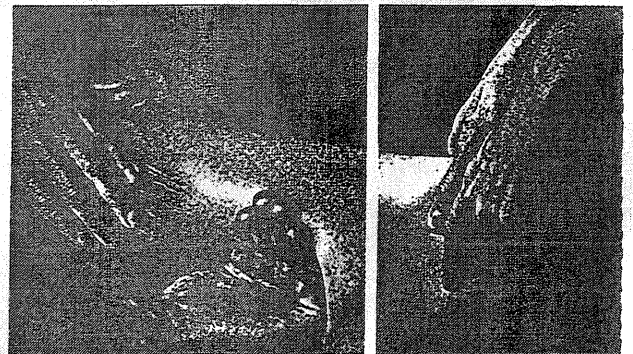
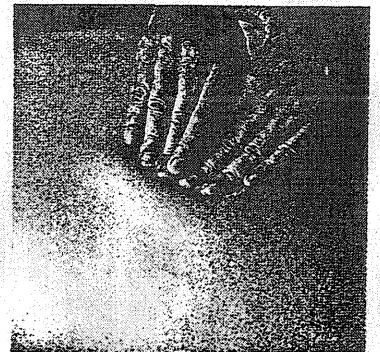
Brandan's mother, a high school senior, gives a nervous start as Maria Hernandez-Reif of the Touch Research Institute (TRI) reaches through the Isolette's portholes and begins to massage the baby. Her hand is larger than Brandan's entire back; as her fingers move in firm downward strokes, the baby's translucent skin looks as if it might tear as easily as tissue paper. Now Hernandez-Reif's fingers stroke an arm as fragile as a twig. (And she is not just touching but applying gentle pressure—too light and it tickles, too strong and it hurts.) The uninitiated onlooker might wonder if he is witnessing a form of torture.

Far from injuring the infant, the massage may be saving his life. In fact, if Brandan is like most of the premature babies studied at TRI, he will reap benefits nothing short of astonishing. With three massages a day for 10 days, he will be more alert, active and responsive than nonmassaged infants of his size and condition. He will be more able to tolerate noise and to calm himself. He will sleep more deeply. He will have fewer episodes of apnea. He will gain weight 47 percent faster. He will get out of the hospital six days sooner. And though at first Brandan screws up his face in distaste as Hernandez-Reif's hands move over his shriveled body, he gradually relaxes, purses his lips thoughtfully and extends his legs, froglike, seemingly in pleasure. By the end of the 15-minute massage, Brandan is peaceful but alert, his blueberry-size eyes moving about, taking in all they can. If he could purr in contentment, he would.

Brandan is reaping the benefit of investigations dating back to the 13th century, when the German emperor Frederick II, curious to know what language children would speak if they were raised without hearing any words at all, decided to conduct a little empirical research. Seizing a number of newborns from their parents, he gave them to nurses who fed the infants but were forbidden to cuddle or talk to them. The babies never learned a language. They all died before they could talk. Frederick's linguistic experiment was a flop, yet he had unwittingly made an important discovery: Tactile stimulation can be a matter of life and death. As the historian Salimbene wrote of Frederick's research subjects in 1248, "They could not live without petting." Unfortunately, Frederick's finding has inadvertently been confirmed many times since then, most recently in Romania during the early 1990s, when thousands of infants warehoused in orphanages—some of them virtually left alone in their cribs for two years—were found to be severely impaired.

Such tragedies affirm what we instinctively

SINCE MASSAGE,  
LIKE COCAINE,  
STIMULATES THE  
PRODUCTION  
OF ENDORPHINS,  
LACK OF TOUCH  
MAY LEAD  
TO ADDICTIVE  
BEHAVIORS.



**ANOREXIA:** Massage improves body image in people suffering from eating disorders. As one recovering anorexic says, "I told myself, 'If this person thinks my body is O.K. enough to touch me, maybe my body is O.K.'"

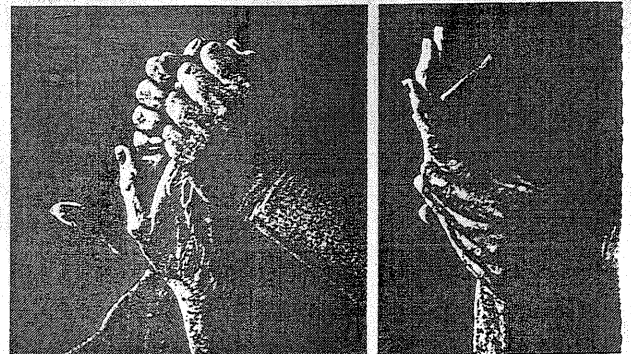
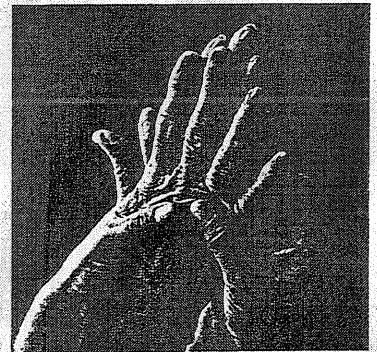
know—that touch is a primal need, as necessary for growth as food, clothing or shelter. Michelangelo knew this: When he painted God extending a hand toward Adam on the ceiling of the Sistine Chapel, he chose touch to depict the gift of life. From the nuzzles and caresses between mother and infant that form the foundation of the self, to the holding of hands between a son and his dying father that allows a final letting go, touch is our most intimate and powerful form of communication. It can be aggressive—the finger jabbed into the chest, the slap in the face. It can be tender—the hug that comforts a crying child, the hand on the shoulder that steadies a restless teenager. The effect of even the most casual touch has been seen in numerous studies. (Waitresses who touched their customers on the hand or shoulder as they returned change, for example, received larger tips than those who didn't.) Small wonder that politicians believe wading into crowds to “press the flesh” will pay off on election day.

The idea that touch can heal is an old one. The first written records of massage—the word comes from an Arabic word meaning *stroke*—date back 3,000 years to China. A bas-relief on the tomb of Ankh-mahor, a c. 2200 B.C. Egyptian priest, depicts a seated man receiving a vigorous foot rub. Hippocrates, the Greek physician known as the father of modern medicine, was a 4th century B.C. proselytizer for massage. “The physician must be experienced in many things, but most assuredly in rubbing,” he wrote. In the Middle Ages, the Church saw manipulation of the body as the work of the devil; many protomasseuses may have been burned at the stake as witches. In the 20th century also, massage has often been assumed to be a front—not for the devil but for prostitution.

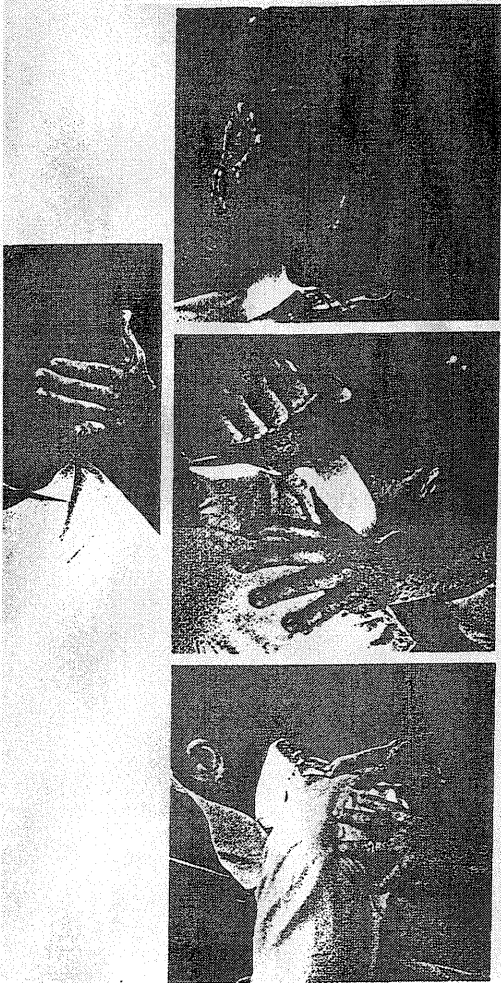
Massage has regained respectability in recent years and now enjoys unprecedented popularity. Some 25 million Americans make 60 million visits to 85,000 practitioners each year. Those numbers don't include employees of the growing number of institutions—including the U.S. Department of Justice—that offer massage in the workplace. Or the children of the 10,000 parents who learn baby massage each year. Massage is being used to boost athletic performance, reduce agitation in Alzheimer's patients and relieve stress at disaster sites. After the Oklahoma City bombing, volunteer therapists gave massages to exhausted rescue workers, numbed survivors and overworked pathologists. The state medical examiner observed that the massage therapists were accomplishing more in 15 minutes than psychologists could in an hour or two.

And now science is confirming what we knew in our hearts: that, as psychiatrist James Gordon puts it, “massage is medicine.” Much of this science is generated in the immaculate offices of Miami's Touch Research Institute, the world's only scientific center devoted to exploring the effects of touch on health. Here, psychologist Tiffany Field directs a staff of 28 students, volunteers and massage therapists, and collaborates with researchers at the University of Miami, Duke and Harvard. More than 50 TRI ➤

NURSING-HOME  
PATIENTS  
WHO RECEIVED  
FREQUENT  
MASSAGES  
SHOWED FEWER  
SIGNS OF  
SENILITY.



**ARTHRITIS:** By stimulating the circulation and lowering stress hormones, massage eases stiffness and pain in arthritis sufferers. Some older people, self-conscious about full-body treatment, prefer hand and foot massage.



**STRESS:** Far from being soporific, a 15-minute massage increases alertness and performance. No wonder Roman gladiators were massaged before entering the arena and 18th century Swedish cavalrymen were rubbed down between skirmishes.



studies have shown massage to have positive effects on conditions from colic to hyperactivity to diabetes to migraines—in fact, on every malady TRI has studied thus far. Massage, it seems, helps asthmatics breathe easier, boosts immune function in HIV-positive patients, improves autistic children's ability to concentrate, lowers anxiety in depressed adolescents and reduces apprehension in burn victims about to undergo debridement, the painful procedure in which contaminated skin is removed. "I started out thinking it was a bunch of hooey, but I've become a believer," says C. Gillon Ward, medical director of Jackson Memorial's Burn Center. "I guess there are just some things you can't explain yet."

Actually, we're beginning to explain them. When we say that somebody touches us emotionally, it means he or she has gone to the core of our being. Physical touch, too, is more than skin-deep. There are as many as five million touch receptors in our skin—3,000 in a single fingertip—that send messages along the spinal cord to the brain. A simple touch—a hand on a shoulder, an arm around a waist—can reduce the heart rate and lower blood pressure. (Even people in deep comas may show improved heart rates when their hands are held.) Touch also stimulates the brain to produce endorphins, the body's natural pain suppressors, which is why a mother's hug of a child who has skinned his knee can literally "make it better."

It isn't only the mother who makes it better—it's also the pressure. Duke professor Saul Schanberg found that rat pups separated from their mothers for 45 minutes underwent major internal changes, including a dramatic drop in growth hormones. Their systems began to shut down, just like the Romanian orphans'. Injections of growth hormones didn't help. But when a graduate student stroked the rat pups with a moist paintbrush—mimicking their mothers' tongues—the hormone levels went back up.

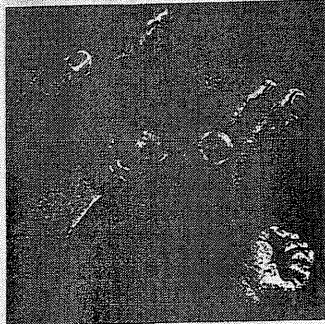
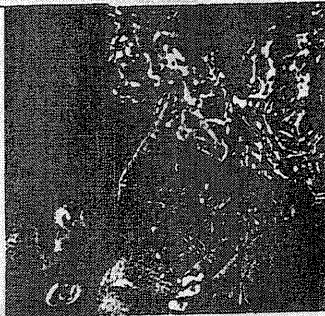
Stronger, sustained touch can have even greater effect. Massage may increase the lymph flow rate. It enhances immune function and lowers levels of the stress hormones cortisol and norepinephrine. Massage also stimulates the vagus, one of 12 cranial nerves that influence various bodily functions. One branch of the vagus travels to the gastrointestinal tract, where it facilitates the release of food-absorption hormones like insulin and glucose. That's one reason the massaged preemies in TRI studies gain weight faster. "They aren't eating any more formula than nonmassaged babies," says Field, "but their food absorption is more efficient."

In Field's studies, massaged preemies were discharged from the hospital six days sooner—at a savings of \$10,000 each. With 430,000 premature births in America each year, and a potential \$4 billion in annual savings, one might think hospital nurseries would be falling all over themselves to establish massage programs. Yet only a handful of hospitals have them. Even Jackson Memorial, where Field's first preemie studies were done more than a dozen years ago, has no regular program of massage for preemies. Nurses have too much to do already, says a hospital spokesperson, and funding isn't available to bring in more therapists. The number of insurance companies covering massage for certain conditions is increasing but remains small.

There may be a deeper reason for the resistance. America is what anthropologists call a "nontactile" society. Compared with most cultures, we are—so to speak—touchy about touch. When psychologist Sidney Jourard observed rates of casual touch among couples in cafés around the world, he reported the highest rate in Puerto Rico (180 times per hour). One of the lowest rates was in the U.S. (two times per hour). Field has discovered that French parents and children touch each other three times more frequently than their American counterparts, a pattern that continues with age. At McDonald's restaurants in Paris and Miami, Field found ➤➤

AFTER MASSAGE,  
OFFICE WORKERS  
COMPLETED A  
MATH TEST MORE  
QUICKLY AND WITH  
FEWER ERRORS.

**DEPRESSION:** Giving a massage to babies lowers anxiety in depressed older people even more than getting one themselves.



PET SCANS OF SEVERELY TOUCH-DEPRIVED INFANTS SHOW THAT CRITICAL SECTIONS OF THEIR BRAINS ARE BARELY ACTIVE, STALLING ENTIRE AREAS OF DEVELOPMENT.

that French adolescents demonstrate significantly more casual touching—leaning on a friend, putting an arm around another's shoulder. American teenagers were more likely to fiddle with their rings, crack their knuckles and engage in other forms of self-stimulation. "French parents and teachers alike are more physically affectionate and the kids are less aggressive," says Field. (Cultures that show more physical affection toward infants and children tend to have lower rates of adult violence.)

Field worries that Americans aren't getting enough touch, especially with growing concerns about sexual harassment and abuse in schools and workplaces. Even in preschools, touch has become taboo. (The National Education Association, which represents two million teachers, sums the matter up in a slogan: Teach, don't touch.) "The implications for children involve significant effects on their growth, development and emotional well-being," observes Field. She is not suggesting that Americans follow the example of the Andaman Islanders, who on meeting a friend they haven't seen in weeks sit down in the other's lap, throw their arms around each other's necks and weep till they're exhausted. But she believes touch is an essential part of daily life. "America is suffering from an epidemic of skin hunger," says Field, who talks of a "dose of touch" as if it were a vitamin. She envisions a kinder, touchier America in which teachers can hug students without fear of a lawsuit, in which parents massage their children at bedtime as naturally as they tuck them in.

One American school not suffering from skin hunger can be found six floors below Field's office. At the TRI preschool, teachers encourage "positive touch." They dole out unlimited hugs, backrubs and shoulder pats. Massages are as much a part of the curriculum as story time. Most of the 40 children, from six months to five years in age, get a daily 15-minute rubdown, which leaves them, according to TRI research, more alert, more responsive, able to sleep more deeply. It is the sensory antithesis of a Romanian orphanage. In one corner, a teacher holds an 18-month-old on her lap; in another, two toddlers snuggle playfully. And, lying on a water bed, seven-month-old John gets his daily massage from 80-year-old Madeline Chance.

Touch is the first sense to develop in humans. It may be the last to fade. If, as Frederick II found, babies wither and die without touch, would older people do the same? (As the speaker in a Tennyson poem mourns, "But O for the touch of a vanished hand.") TRI set up a study in which volunteers over age 60 were given three weeks of massage and then were trained to massage toddlers at the preschool. Giving massages proved even more beneficial than getting them. The elders exhibited less depression, lower stress hormones and less loneliness. They had fewer doctor visits, drank less coffee and made more social phone calls.

"Mothers always want to give," Madeline Chance likes to say. But after her husband died and her children grew up and moved away, she had no one to give to. "The best thing you can do when you're old is be busy," she says, "so I tried to volunteer everywhere." But she still felt lonely. She grew depressed. When she heard about the study of massage and the elderly, she signed up. She had never had a massage before but found it soothing. Like most of the volunteers, she liked giving massages even more. "You miss all that—the touching," she says quietly. It saddens her that things were so different when her children were young. "With my kids, I was told that you don't touch them or you'll spoil them," she says. "Every four hours you fed them, and if they cried, you let them. That's the way mothers were taught back then." When the research program ended, Chance continued to come in to help massage the toddlers.

"Baby, would you like a massage?" she asks John, a chubby seven-month-old. John gurgles up at her. ("You always ask if they want a massage," Chance explains, "and if the baby doesn't like it at any time, you stop.") She bends low over the child, her fingers gently stroking his back, as she demonstrates the various techniques: the Indian milking stroke, the feathering stroke, the effleurage. Her tanned, wrinkled hands, with their abstract map of veins and tendons, envelop the lush smoothness of the baby's skin. John, who had been fussy, gradually relaxes, gives himself up. Chance, too, had been tense. Now she begins to lose herself in her work. The baby grins a toothless smile and holds up his arms as if in ecstasy. Chance looks down at him and beams. Clearly, they are touching each other. □

Linda Dow  
In Favor of AB461

I am Linda Dow and I am a healer. I am here to represent the public, the consumer. I am testifying in favor of the Massage Therapists and Bodyworkers' Assembly Bill 461.

The reason I am testifying in favor of this bill is because of my own personal experience as a consumer. In September of 1992, I developed two frozen shoulders. I could not reach up to wash my own hair without intense pain, nor could I reach down to wipe myself or reach in back of me to fasten or unfasten my bra. My doctor gave me a prescription for physical therapy. Approximately ten months and \$8,000 in insurance payments later, I was still in extreme pain, was still taking Voltaren and eight Tylenol daily, still getting muscle spasms and still having great difficulty lifting my arms up, back or down. I finally, out of desperation, went to a massage therapist, Hanna Franke, who specialized in neuro-muscular therapy. She told me right out that she hadn't had much luck with frozen shoulders. Ten treatments and \$500 later, I had full range of motion. I was off all pain medication in less than a week of seeing her. I feel strongly that had I not had this opportunity, my arms would not be free to move as they are now. I know there were many times that the physical therapists who worked on me didn't really know what to do with me anymore, because it just wasn't working, yet they didn't know what else to do but keeping doing the same things over and over that didn't help. Hanna immediately knew that the contracted tissue, causing the spasms, had to be opened up first before healing and strengthening could occur. She was right. The massage of soft tissue was what turned the healing around on me. I believe that there are "different strokes for different folks". Sometimes a person will be healed with physical therapy, but not always. The public should at least get the chance to know that there are other options out there that can help us, as I was helped.

I believe the public would benefit from a bill like this for several reasons:

- 1) The public would be better informed on other alternatives to their healing process and more would be helped, as I was.
- 2) The public would feel more trusting of massage and bodywork if it was more promoted and supported by the medical community as a result of the licensing and regulation requirements.
- 3) The public would benefit from more stringent requirements for massage therapists and bodyworkers, so someone taking a weekend workshop on massage wouldn't be considered a massage therapist or bodyworker.

The ramifications of this bill not passing would be that injuries like mine would go either untreated or not treated successfully, and the great benefits from massage therapy and bodywork will not be promoted by the health care professionals and the health care system. Personal referrals will be the only way of getting the word out, which is not supporting the consumer.

Therefore, I feel that this work **must** be included in our health care system, and I support licensing for massage therapists and bodyworkers in AB461.

Thank you for your careful time and attention to this important matter.



FAX TRANSMISSION COVER LETTER

NUMBER OF PAGES (INCLUDING COVER PAGE) 2

TO: Representative / Assemblyman OHe

FROM: Sally Hacking Leg. Consultant

RE: Correspondence attached

Note: If you do not receive all pages or of any portion of this transmission is illegible, please notify me.

813-447-8722

This facsimile transmission (and/or the documents accompanying it) may contain confidential information belonging to the sender which is protected by law. The information is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this information is strictly prohibited by law. If you have received this transmission in error, please immediately notify me by telephone to arrange for return of the documents.

Please alert Assemblyman OHe to attached letter

Stay warm in WI.

When I last visited your state it was so very white and cold!!! -- here in Florida we are just not used to this -- So sorry that I am unable to personally attend scheduled hearing for AB 461

Sally Hacking

Fax Tony - Dreison.

4-14-271-3552.

Ph

3-2519

Oc

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De.

support  
of AB 461 to regulate massage therapy and bodywork in the state of Wisconsin.

For the past seven years I have been actively involved in legislative initiatives for massage therapy and bodywork in many states.

The current trend has been to regulate this profession to provide the needed public consumer protection of citizens seeking this recognized beneficial alternative health option.

26 states and the District of Columbia now regulate massage therapists and bodyworkers, many adopting a national certification examination approved by the National Commission of Accrediting Agencies as a credentialing requirement, or examination of equivalent standard.

Currently there is legislative activity on-going in 13 states, breakdown as follows: 7 states with first-time initiatives, 6 states amending old statutes to reflect growing trends within the profession.

I regret that due to schedule conflicts, it was not possible for me to personally request your support of AB 461.

I urge your support for the Wisconsin initiative AB 461.

Yours truly,

Sally Hacking

Sally Hacking

Government Relations Consultant

## **OBJECTIONS TO AB 461, THE MASSAGE-LICENSING BILL**

**(also SB 262)**

**A synopsis of objections from a variety of massage therapists in Wisconsin\***

**A QUESTIONABLE NEED FOR THIS BILL:** Most professional licensing regulations come about because of a claimed need to "protect the consumer." We know of no lawsuits in Wisconsin claiming "malpractice" by massage therapists. We have heard of no rash of complaints about consumers being "injured" by massage therapists. Are the only people really being protected by this bill the established massage therapists who want to reduce competition or to force all massage therapists to conform to their training?

**ENDING DISCRIMINATORY CITY ORDINANCES?** One impetus for this bill was a need to find a vehicle that could end discriminatory city ordinances that put restrictions on massage therapists that are not put on other health-care professionals. Even the bill's lobbyist admits that it won't change most municipal and county zoning laws that restrict the practice of massage therapy. The question is: Will this bill change other municipal ordinances that require, for example, finger printing or "health" testing of massage therapists but not of physical therapists, chiropractors, physicians, etc. Or will it just add state regulations and fees and bureaucracy on top of local regulations and fees and bureaucracy?

**INAPPROPRIATE FINES:** The fines for violating provisions of this bill range from \$500 to \$1,000 a day. Most massage therapists "in violation" would be put out of business in a few days, as they are working part time or not making enough to pay such fines. This creates a situation ripe for harassment of massage therapists by municipal officials. Also, a massage therapist eager to eliminate competition could accuse a colleague of violating the provision.

✓ **UNDUE HARDSHIP TO STUDENTS & SCHOOLS:** Section 460.03, (2) of the bill allows students to practice massage without a license -- but only under the supervision of an instructor and only on the premises of a massage school. Karen Lewis of Fredonia, Wis., owner of the largest massage school in Wisconsin, Blue Sky Educational Foundation in Grafton, says students (who are all in a 700-hour program) are required to perform 200 practice hours of massage, most of which are conducted outside of the school, at professional clinics, chiropractor's offices, sporting events, nursing homes, community health fairs and sometimes in students' homes on family and friends. She has 108 students enrolled. Multiply that enrollment times 200 hours per student, and that's 216,000 hours a year that the school would have to be available for practice hours of massage -- to say nothing of the instructor cost of supervising all those hours. This would be absolutely prohibitive.

**BROAD POWERS OF AN EXAMINING BOARD:** The Associated Bodywork & Massage Professionals (ABMP), a national group with a Wisconsin chapter, is concerned about the broad discretionary powers given in the proposed bill to a Massage Examining Board. An ABMP Legislative Notice sent out July 24, 1997, said that the educational requirements for licensure of massage therapists were too vague and "not consistent with the vast majority of massage therapy regulations set in statute in the 25 states where it is regulated. All other states specifically state the number of hours required to practice." In addition, the notice continued, "A massage regulatory board usually serves an oversight and disciplinary function. The Wisconsin bill unnecessarily gives considerable power to the board."

-MORE-

## **OBJECTIONS TO AB 461/SB 262 MASSAGE-LICENSING BILL (pg. 2)**

**UNNECESSARY ADVERTISING REQUIREMENT:** Section 460.14 requires massage therapists to include in all advertisements “his or her license number and a statement that the massage therapist or bodyworker is a ‘licensed therapist and bodyworker’ ” or a variation of that. Since this likely would apply to even one-line advertisements in the telephone Yellow Pages, it could double or triple the cost of such ads (which many massage therapists can’t afford now). Why do massage therapists need to advertise a license number when plumbers, physicians and many other professionals don’t?

**CURBING INNOVATIONS & PROGRESS IN A RAPIDLY GROWING FIELD:** Section 460.16, (2) (h) prohibits massage therapists from performing a technique “which evidences a lack of knowledge of, inability to apply or the negligent application of, principles or skills of massage therapy or bodywork.” **The problem:** principles and skills of massage therapists will be decided by an examining board of political appointees who may or may not be knowledgeable about the breaking trends in the massage field. And even if they are knowledgeable, they may disagree with new techniques. We already have examples of leading massage therapists across the country having to argue with state bureaucracies about the value of therapies and techniques that are on the cutting edge of the field but have documented results. And we all know that most innovations meet resistance at first. Are we now going to create a board that will set in stone “established” techniques at the expense of innovation, that will hold back a field that is changing every year?

**ANOTHER WAY TO HARASS?** Section 460.11, (1) requires massage therapists to get “informed consent” from a client and to tell the client that she/he can withdraw the consent at any time. This agreement is an implied contract in most service professions. Does a doctor need to inform a patient that she/he can withdraw consent at any time? Does a hairdresser? Can’t we let consumers take some responsibility for their own care? This provision seems to open the way for harassment. If massage therapists don’t inform each client at each session that he/she can end the session at any time, will big fines be looming?

**THE MASSAGE POLICE:** Section 460.12, (1) requires massage therapists to act like police officers and report on colleagues whom they “think” may have had sexual contact with a client. Are we really ready for New Age witch hunts? And can’t true sexual abuse or harassment be prosecuted under existing laws?

**DUPLICATING CODES OF ETHICS:** Section 460.16, (2) (g) requires the Massage Examining Board to come up with a code of ethics. Most professional massage and bodywork associations already have codes of ethics. We doubt that a new state-enforced code drawn up by a board of political appointees will be fairer than these professional association codes.

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*\*Prepared by Paula Brookmire, a Milwaukee massage therapist and editor of the state newsletter of the Wisconsin Association of Myomassology, a professional association of about 200 massage therapists who affiliate with the International Myomassethics Federation. The association has not taken an official position on this bill. Ms. Brookmire speaks for herself and for several massage therapists and massage-school owners who have various objections to the bill. For more information, contact Paula Brookmire, (414) 444-3206, 4823 W. Townsend St., Milwaukee, WI 53216.*

Rev. Bradley Enerson  
252 Bonnie Road  
Cottage Grove, WI 53527

Speaking in favor of Assembly Bill 461 and Senate Bill 262

In 1990 I completed my Doctor of Ministry thesis on "Massage as a Tool of Ministry within the Context of the Church. In 1993 I became a member of the American Massage Therapy Association after completing a 500 hour course in massage work. In 1994 after completing a written exam I became Nationally Certified in Therapeutic Massage and Bodywork.

I am presently working at the Prince Health Club which is the largest fitness center in Wisconsin. Ted Gerry, the manager of the club, wants the therapist to be licensed. If he were seeking any health care provider it would be important to him to know that provider is qualified and licensed. He sees the massage therapist as provider of health care and therefore needs to be licensed. The fitness trainers at Princeton Health Club would feel more secure in recommending massage knowing that the therapist was licensed.

I also work in the Center for Health Promotion at Meriter Hospital. Duane Darling, a physical therapist, at the hospital supports this legislation because massage therapy properly done has "many benefits including improved lymphatic drainage, decreased pain, improved flexibility and relaxation of painful muscles and joints. Statewide licensing would help maintain high standards and would inform consumers that individuals who refer to themselves as massage therapist meet these standards." I have massaged a number of doctors who do not want to be worked on by an untrained therapist. But what is a trained therapist? I know a person who after a 14 hour course rented space and set up a practice.

The longer I am in massage work I am becoming more aware of the potential for massage as being a helpful modality to relieve pain and stress. I feel sorry for those consumers who come for relief and get an inadequate massage, because the therapist has not had the training.

The field of massage is being researched by the University of Miami School of Medicine in its Touch Research Institute under the direction of Tiffany Field, Ph.D. The Touch Research Institute's distinguished team of researchers, representing Duke, Harvard, Princeton and other universities, strives to better define how touch promotes health and contributes to the treatment of disease. The research so far has shown specifically that massage can induce weight gain in premature infants thereby allowing them to leave the hospital six days early at a cost savings of \$10,000 per infant. There are 470,000 preemies born each year. This could be a savings of 4.7 billion dollars. It can alleviate depressive symptoms allowing patients to, reduces stress hormones, alleviates pain and positively alters the immune system in children and adults with various medical conditions. We need massage therapists who are well trained in anatomy, physiology and massage techniques to bring the results of this research to the public through appropriate body work.

The public relies on government to set minimum standards of practice and to ensure public safety through the regulation of health care professionals. Regulation of the massage therapy profession will guarantee adherence to specific standards of practice, code of ethics and will ensure protection of patient confidentiality. By enacting legislation, the State will be able to assure the public that practicing therapists have met the appropriate educational standards as measured by the National Certification Board for Therapeutic Massage and Bodywork. By having continuation classes to retain one's license it elevates the standards. The public is benefited by the therapist who keeps abreast with the research.

October 23, 1997

My name is Lisa Lawrence and I am a consumer.

My position is in favor of ASSEMBLY BILL AB 461.

When I came to Hanna Franke for Neuromuscular therapy sessions it was only after I had exhausted the avenues ordinarily pursued by people seeking relief for their undiagnosed pain. I worked with Hanna and several of her associates for months to get to the source of my health problems and, finally, to solve them. This was in complete contrast to the experience I had had with medical doctors and physical therapists who seemed highly agitated after none of their pills or exercises worked for me.

There are thousands of people who suffer needlessly every day because of the ignorance of an uneducated public and the stubbornness of the medical establishment to recognize any alternative methods of healing. I'm originally from Louisiana and I remember distinctly how many fine chiropractors were hounded out of the state before everyone realized the relief they could bring to suffering clients. I hope that will not be the case here in Wisconsin, as regards the wonderful work that our massage therapists are doing.

Thank you.

Lisa Lawrence

A handwritten signature in cursive script that reads "Lisa Lawrence". The signature is written in dark ink and is positioned below the typed name.

Barbara J. Miller  
3409 Cross St.  
Madison, WI 53711  
(608)231-1848  
October 23, 1997

Representative Clifford Otte, Chair  
Assembly Consumer Affairs Committee  
P.O. Box 8953  
Madison, WI 53708

Dear Representative Otte and Committee Members,

I write in support of AB-461, the bill to license massage therapists in Wisconsin.

I experienced chronic back pain for over 12 years as a result of a car accident and subsequent skiing fall. During this time, I was on daily prescription pain medication and was repeatedly referred to physical therapists for treatment.

In January of 1996, I tried massage therapy for the first time as a neuromuscular therapy patient of Hanna Franke. After a series of weekly treatments over several months I was able to drastically reduce my need for prescription medications while increasing my activity level. Today I seldom experience back pain and I enjoy an improved quality of life. Had I tried massage therapy earlier, I feel I might have spared myself much pain and saved my insurance company lots of money.

I urge the Assembly Consumer Affairs Committee to recognize Wisconsin massage therapists as healthcare professionals and to approve licensing for the profession. Chronic pain patients often go to massage therapists when traditional medicine has not provided relief from pain. We pay out-of-pocket for massage therapy, which is not covered by insurance, and we deserve to know that a person offering this service is a properly educated, ethical healthcare provider.

Thank you for your consideration.

Sincerely,

*Barbara J. Miller*

# The State of Wisconsin



## OFFICE OF THE GOVERNOR

### A PROCLAMATION

WHEREAS, physicians are prescribing therapeutic massage to complement traditional medical treatment for illness, injury and pain, and massage therapy has become an important part of work-related stress relief and recovery from sports-related injuries; and

WHEREAS, consumers are spending an estimated \$2 to \$4 billion annually on massage therapy and insurance companies are increasingly covering it; and

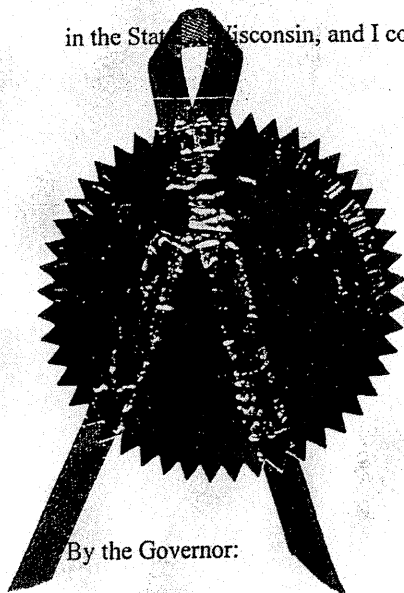
WHEREAS, research has proved massage is helpful in controlling pain, relieving stress and reducing heart rate and blood pressure. Its benefits have also been studied on people with lower back pain, migraines and on AIDS and cancer patients, among others; and

WHEREAS, the American Massage Therapy Association (AMTA), an international 28,000-member professional association for massage therapists, provides consumer and professional education information on massage and helps consumers and health professionals locate qualified massage therapists in their area;

NOW, THEREFORE, I, TOMMY G. THOMPSON, Governor of the State of Wisconsin do hereby proclaim the week of October 19, 1997

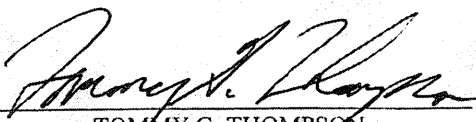
### WISCONSIN MASSAGE THERAPY AWARENESS WEEK

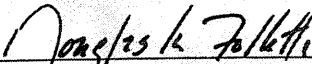
in the State of Wisconsin, and I commend this observance to all citizens.



By the Governor:

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Wisconsin to be affixed. Done at the Capitol in the City of Madison this tenth day of October in the year one thousand nine hundred ninety-seven.

  
TOMMY G. THOMPSON

  
DOUGLAS LA FOLLETTE  
Secretary of State



# ABOUT LIFE

April 4, 1997

ISTHMUS / 33

## A healing touch

Massage therapy is finding some recognition for its uses in treating medical ailments.

By KATHERINE ESPOSITO

It wasn't so long ago that Hanna Franke, despite grave doubts, pressed her finger into an ink pad and left her prints with Chicago authorities. A neuromuscular massage therapist, Franke was required to register her prints in order to treat athletes' injuries in the Windy City—a vestige of the days when massage was considered a front for prostitution.

While most people have stopped associating massage exclusively with sex, it is still appreciated mainly for its soothing effects. But Franke, who now prac-

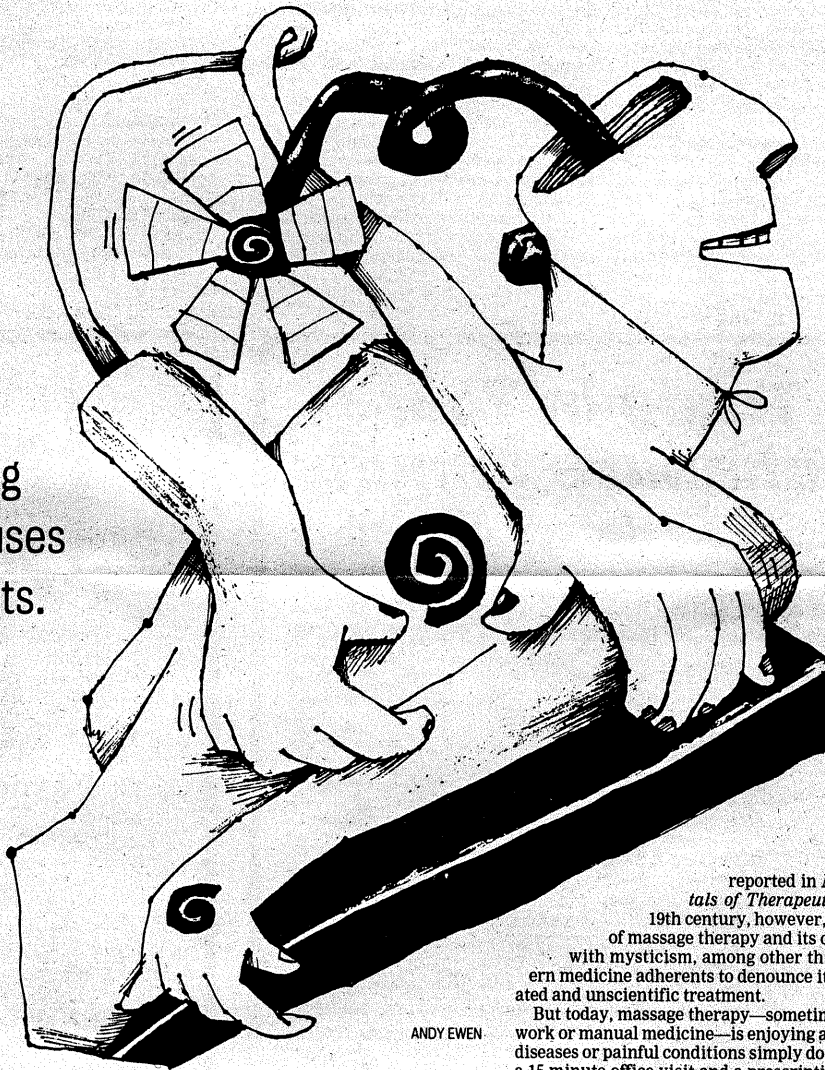
### HEALTH

tices in Madison (and who would have to leave her fingerprints with the police department if the city enforced its own massage ordinance), has been rubbing her clients' muscles, joints and nerves for years in a deliberate attempt to reduce their pain. And that kind of massage, known as neuromuscular therapy, is decidedly not intended to relax.

"There's a great value to massage techniques done for relaxation," says Franke, who speaks with a thick Austrian accent. But it is much more than that, she argues: "It's part of healing, [and] it produces results in medical conditions that for whatever reason cannot be helped" with standard medical treatments.

Neuromuscular therapists examine tight muscles and posture. If a person doesn't stand straight, the thinking goes, muscles work too hard to keep that person upright. That can cause muscle tightness, poor blood circulation and pain.

Franke suggests that patients try massage before opting for surgery to avoid the expense, physical trauma and occa-



ANDY EWEN

sional complications that follow failed operations. Such operations can cost between \$10,000 and \$15,000—covered, usually, by insurance—while 10 sessions with Franke come to \$700. Unfortunately, massage is often not covered by insurance. Nevertheless, says Franke, many of her patients have paid for massage out-of-pocket to avoid surgery.

The kneading, pressing and even licking of injuries has long been used instinctively by humans and other animals to relieve pain. Ancient Japanese, Egyptian and Persian texts contain numerous references to healing massage, as

reported in *Mosby's Fundamentals of Therapeutic Massage*. In the 19th century, however, the uneven quality of massage therapy and its occasional blending with mysticism, among other things, led new Western medicine adherents to denounce it as an unsubstantiated and unscientific treatment.

But today, massage therapy—sometimes known as bodywork or manual medicine—is enjoying a renaissance. Some diseases or painful conditions simply do not respond well to a 15-minute office visit and a prescription, and consumers are deliberately seeking therapies that don't involve drugs or surgery. Even conditions that are attended closely by sincere medical doctors and surgeons—severe back pain, for instance—may benefit further from bodywork.

What, exactly, does massage offer that seems to work so well?

There are many therapies that use the hands and that, unlike chiropractic—which concentrates on joints—focus on muscles, tendons, ligaments and fatty areas underneath our skin. What links these massage techniques is their use of touch and their acceptance of the connections between our physical bodies and our brains through nerve pathways. Nerve impulses travel from the brain to every point in the

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# Health

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body, and when we receive a massage, several things happen, according to current theories of neurological research.

First, "pain messages" can actually be blocked from traveling along nerve pathways from painful "trigger points" to our brains. Second, stimulating nerves through massage releases endorphins, natural painkillers with morphine-like effects.

Other effects of massage include increased circulation of blood, which nourishes tissues throughout the body. Some studies have also shown that edema—the abnormal buildup of fluid around body tissues—can be reduced by the heightened lymph flow generated by massage.

Where the physical effects of massage stop and the mental ones begin is not known and for many people does not matter. Shiatsu acupressure therapy, with its concept of ki, or life energy, for instance, accepts the interrelation of the mind and the body as its fundamental premise.

More scientific proof of massage's benefits might be forthcoming. At the National

Institutes of Health's Office of Alternative Medicine, six grants averaging \$29,000 were awarded a few years ago to researchers to study a variety of uses of "manual healing."

At the Touch Research Institute at the University of Miami, Tiffany Field and others have reported using massage to help reduce the anxieties of children who witnessed Hurricane Andrew. Field has also received an NIH grant to study the effects of massage on HIV-exposed infants.

**A** good massage therapist should be aware, however, of contraindications to therapy—the times when a massage would be improper. Fatigue can be a sign of a serious disease, such as cancer, and sharper pains require medical attention. And certain places, such as the area directly over the kidneys, should not be pressed too deeply, as few muscles offer protection there.

Generally speaking, one month's worth of massages should at least begin to alleviate a client's problems. If they do not, the patient should trust that a second opinion is needed.

Combining massage with Western medicine is often a good approach. But going to a medical doctor exclusively can put the ki-

bosh on any form of manual medicine, as doctors still tend to view massage as an unsubstantiated form of treatment, and their influence over patients is strong. When it comes to treating back pain, most doctors still prescribe painkillers and patience.

"We do a terrible job" with musculoskeletal problems, says Dr. Andrew Moore, a family practitioner with Physicians Plus. "When things are in the gray zone, we're not so great, to be honest."

Dawn Boski, a certified massage therapist with St. Marys Health Works whose clients are sometimes referred by doctors, agrees with Moore. "I've always felt from [doctors] that they don't know what else to do with this patient. That's really a sad situation." Especially, she adds, because massage frequently helps.

If insurance would pay, Moore would frequently order massages for patients with ailments ranging from backaches and headaches to tension, chronic pain of different types, anxiety, even depression. "Something might get unearthed that makes it more clear what's happening" in the patient's life, he says.

Swedish massage, with its gentle kneading of muscles with oil, is the classic healer

in this regard. Devony Smith, a local Swedish massage therapist, has had clients weep in response to stresses—some familiar, some long-forgotten—being rubbed out of their bodies.

With shiatsu massage, the therapist applies pressure to certain places on the client's body to evoke a response from the nervous system, relaxing the body and lessening pain. No oil is used, and the client's clothes are not removed.

"What shiatsu is after [is] to really affect the subconscious brain, the part of the brain where we really don't dwell that often," says Deborah Bachmann, a local shiatsu therapist.

"The Western approach is if you have stiff shoulders, you go right to the shoulders and massage them. In shiatsu, we may still massage the shoulders, but then go to specific points that will release more of that tension."

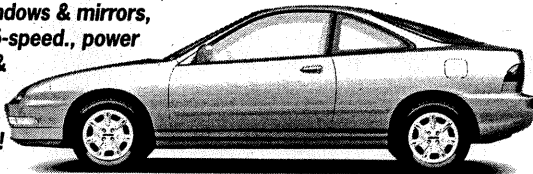
Susan Cook, 41, was massaged by Bachmann during a later-in-life pregnancy that was causing such pain in her hips that her ability to continue to teach was in doubt. After one session, she could walk again.

"My husband couldn't believe the look on my face," says Cook. "It was nothing short of miraculous." ■

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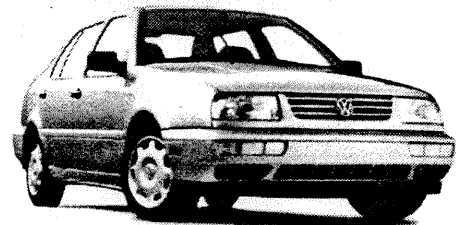
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