The Research Report

The WRITE WAY

Sample Business-Style Report

Using APA Documentation
This document is a sample report commonly found in the business/technical workplace today. As a result, it is also commonly assigned in classes such as Written Communications and Technical Reporting.

This report was written by an FVTC student for an FVTC class. As such, feel free to use this sample report to help you write and format your own. Throughout the sample, you will find side-notes and explanations of some of the standard style and format expectations. As always, be sure to check with your instructor for any specific assignment requirements that may differ from this sample.

Unlike other research papers assigned in some college classes, the business style research report does NOT deviate from a standard format regardless of whether you use MLA or APA for your documentation/citations.

NOTES:
A title page generally contains these items:

- Title of report
- Name of report recipient
- Name of report writer
- Date of report
Memorandum

Date: December 9, 2104
To: John Franklin, Instructor
From: Joan Johnson
Subject: Report on the Inclusion of Massage Therapy Education in the Occupational Therapy Curriculum

Enclosed is the report you requested on September 2, 2014 for Written Communications. This report covers the increased demand in the combined use of massage therapy and occupational therapy, the parallels in conditions treated by both, evidence-based case studies, and reasons why the knowledge of massage is needed for ethical patient treatment in various conditions including in the scope of practice in occupational therapy. It does not provide details of patient treatment plans, protocols for care, or a complete review of educational requirements of coursework for either field of care.

This report highlights the benefits provided to both the occupational therapy provider and their patients through increased educational awareness and understanding of the benefits and risks associated with massage therapy for use in interventions. This includes providing additional therapeutic options with proven beneficial results, providing greater holistic patient care and streamlining treatment, providing the knowledge required to meet ethical standards for the application of this additional tool for treatment, and offering greater marketability to the graduating student.

I am grateful to Margie Brando, for offering her time and expertise for application of her knowledge and experience in this report, in both occupational therapy and massage therapy professions.

After reviewing this report, if you have any further questions, please contact me jjohnson1986@fvtc.edu. It would be my pleasure to discuss any additional information you may need.

The memo of transmittal is generally 3-4 paragraphs long and states the purpose, scope, and major recommendations of the report. An optional paragraph acknowledges help of others in writing of the report.

Note the Roman numerals for page numbering before the introduction.
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Executive Summary

Purposes of the Report

The purpose of this recommendation report is to determine if Massage Therapy education should be included in the curriculum for students acquiring a degree in Occupational Therapy. Topics that are examined to determine the appropriateness of this course of action include the parallels in conditions treated in these two fields, the underutilized benefits of massage techniques available to practitioners of Occupational Therapy, and the growing demand from patients. The increased utilization of massage techniques alongside and within this field are considered, with examples of case studies reviewing the efficacy in the use of massage in Occupational Therapy practice. The importance of proper education in regards to precautions for certain conditions are also offered.

The Use of Massage Therapy in Occupational Therapy: A Call for Educational Amendments

This research determined the inclusion of massage therapy education would render the graduating student of Occupational Therapy more marketable in their bourgeoning career. It would offer greater resources to utilize in interventions of Occupational Therapy, to improve the holistic model of care and streamline the treatment of patients by providing this additional therapy under the umbrella of Occupational Therapy services, and would fulfill the ethical requirements called for in the skilled treatment of patients.

Recommendations

The recommendations of this report include providing Massage Therapy education in the curriculum of Occupational Therapy students, including an additional course in massage techniques and integration into current courses on appropriate and ethical applications of its use. These amendments should be made with careful considerations provided by current Occupational Therapy professionals and professional associations related to licensing requirements and ethical standards to establish effective educational criteria and to determine appropriate materials and techniques to cover.

An executive summary should be written so that it can be read independently of the report. It presents a brief overview of the problem and the conclusions and recommendations.
Introduction

Background

The field of Occupational Therapy (OT) is in a constant state of evolution to meet the demands of countless areas of dysfunction that result from injury, disease, or illness resulting from a host of conditions that fall within the scope of practice in OT. These include psychosocial conditions, geriatric care, rehabilitation, or developmental disabilities, to name a few. A badge of pride within the field, OT boasts itself as a holistic form of care treating the entire individual and applying dysfunctions experienced to real life implications, finding unique solutions and treatment for every situation encountered.

Massage Therapy (MT) takes a similar view of the individual treated, looking at how the entire person is affected by the malady they seek treatment for and promoting healthy lifestyle options for a greater sense of well-being in their lives. Similarly, MT carries within its scope of practice a wide range of knowledge to treat not only physical pain and dysfunction, but also wellness in mental health and development.

In clinical practice, OT practitioners utilize a vast array of tools at their disposal to optimize or restore ability in their client’s life. Though a majority of OT professionals may not be aware of the benefits MT can offer in their practice, a growing number are now including this tool in referrals and even practicing these techniques in their treatments. But, MT protocols are not currently taught in the curriculum of OT education. It may be true some of the more simple MT techniques are learned through training on the job, or in courses OTs may seek for continuing education credits to keep up their credentials. But the reality of the ramifications of applying MT to such a wide range of medical and psychosocial conditions raises concerns of under-education for the proper applications and precautions of the safe and ethical use of MT techniques.

Purpose of the Report

The following recommendation report addresses the benefits of both OT and MT. Similarities between these two disciplines are examined, along with the concerns regarding the use of MT in conjunction with, and within, the field of OT. Specifically, it addresses the question if MT protocols should be incorporated into the curriculum of OT.

Scope

This report includes information on the overlap of conditions treated by OT and MT, looking at the commonality between scopes of practice and the holistic view of treatment of the individual in both disciplines, providing examples to demonstrate the usefulness of MT in the practice of OT, and the need for increased awareness of this available resource.

Examples of the growing utilization of MT within OT by Occupational Therapists (OTs) and Occupational Therapy Assistants (OTAs) are offered to demonstrate effective applications in the merger of the two modalities.
Surveys are presented listing reasons why MT is being sought as treatment amongst patients who have been met with frustrations in traditional medical settings.

Case studies are offered, providing evidence based research in the increased efficacy of OT treatments for a variety of conditions with the inclusion of MT.

The importance of knowledgeable applications of MT are demonstrated with examples of possible negative implications that can result from massage, revealing how MT may not always be an appropriate form of therapeutic treatment and could actually lead to more harm.

This report does not provide a comprehensive list of conditions treated in OT or MT, any information regarding detailed treatment plans or protocols for care, nor does it provide a complete review of the educational requirements of either field.

**Sources**

The sources used for research in this report include a variety of evidence based peer reviewed journal articles regarding research in the fields of Occupational Therapy, Massage Therapy, Complementary and Alternative Medicine, Reconstructive Surgery, Neurorehabilitation, and Colorectal Disease. Also cited were textbooks used in the educational curriculum for Massage Therapists and Occupational Therapy Assistants, and an in-person interview with an individual currently practicing as both a Certified Occupational Therapy Assistant in rehabilitation and Licensed Massage Therapist in the geriatric population.
The Neglected Healing Powers of Massage

While reflecting on the diverse “tool belt” of the Occupational Therapy (OT) practitioner, one may pause to consider the often unexplored benefits of certain massage modalities at the disposal of the OT practitioner in the treatment of numerous conditions addressed in OT. An example of these two modalities potentially working well together to result in greater holistic care would be in the common respiratory system complication known as asthma. OT typically approaches this condition through education, such as teaching the person how to avoid exposure to factors that may exacerbate the symptoms through exploring new leisure activities and modifying their environment (Reed, 2014). However, MT can be used to treat the tight muscles associated with difficulties in breathing by loosening the tissues in the torso and promoting relaxation to counteract the feeling of anxiety often associated with frequent breathing disruptions (Werner, 2005). These two modalities used together can result in greater holistic treatment of this condition for the patient and provide the OT practitioner with more effective results in their practice.

Some circulatory system conditions such as essential hypertension can benefit from interventions such as exercise and dietary education provided in OT, combined with pharmaceutical requirements (Reed, 2014). But MT also offers proven results of lowering general blood pressure and stress that contribute to such conditions, providing additional, effective options for the OT to integrate into their treatment plan (Werner, 2005).

Dysfunctions in the musculoskeletal system that may also glean beneficial results from MT includes fibromyalgia. One of the hallmark symptoms of this condition is varying levels of constant pain caused from a decreased number of neurotransmitters that block pain reception, combined with increased amounts of neurotransmitters that increase pain sensation, overwhelming the individual’s tissues (Werner, 2005). OT typically focuses on pain and fatigue management, nutrition, modifications and adaptations to leisure and work pursuits, along with relaxation techniques (Reed, 2014). Knowledge of gentle massage techniques appropriate for this condition would be an excellent form of relaxation for the client as it has been shown to reduce patient reported levels of pain, along with anxiety and depression. These effects can help the person cope with incapacitating influences of the condition, promoting a sense of ability to take some control of their own healing, even if for a short period of time. MT can also increase relaxation and provide aid in flushing the toxic chemicals from the body (Werner, 2005).

Werner discusses the benefit of MT in mental health care for the treatment of individuals with depression, a common psychosocial condition addressed in OT. She states that MT provides a healthier response to stress through improved efficiency between the pituitary and adrenal connection. Massage alters one’s response from sympathetic nervous system to the parasympathetic nervous system. This provides physiological alterations through an upsurge of the hormone serotonin, which increases natural relaxation and elevates mood. Simultaneously, it also reduces the release of the hormone cortisol that is associated with the anxiety and hyper-responsiveness linked to the “fight or flight” response. She also explains the transference in activity in the brain during massage from the right frontal lobe related to “the sad effect” to the left frontal lobe linked to “the happy effect” (2005, p. 229).

See The WRITE WAY’s APA Guide for additional examples and variations of in-text citations.
MT in OT: A Budding Field

The benefits of MT have not gone unnoticed by a growing portion of OT professionals, though their greater understanding of how this modality actually works may not be fully understood. Often referred to under the umbrella of Complementary and Alternative Medicine (CAM) in the field of OT, this form of therapeutic treatment that has been traditionally been thought of as ‘alternative,’ is now growing to be more routine in conventional medical practice and therapeutic rehabilitation. Figure 1 indicates the total number of respondents in a survey of Canadian OTs regarding whether they have referred and/or used CAM in their treatments. As demonstrated in the numbers provided, over one-third of these individuals have referred their patients to another provider for CAM therapy to augment their OT practice (Knupp, Esmail, & Warren, 2008).

<table>
<thead>
<tr>
<th>Categorization of individual respondents</th>
<th>n</th>
<th>% Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use ONLY</td>
<td>18</td>
<td>9.0</td>
</tr>
<tr>
<td>Special category: indicated ‘Use ONLY’ on self (TT/Reiki)</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td>Refer ONLY</td>
<td>75</td>
<td>37.7</td>
</tr>
<tr>
<td>Use and refer two separate forms</td>
<td>6</td>
<td>3.0</td>
</tr>
<tr>
<td>Use and refer the same form</td>
<td>37</td>
<td>18.6</td>
</tr>
<tr>
<td>NO use and NO referral – all forms</td>
<td>52</td>
<td>26.1</td>
</tr>
<tr>
<td>Special category ii: Early drop-out/No to use and referral – all forms</td>
<td>10</td>
<td>5.0</td>
</tr>
<tr>
<td>Total</td>
<td>199</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Figure 1 (Knupp, Esmail, & Warren, 2008)

Figure 2 designates the different forms of CAM the respondents reported using in their OT practice, with MT and Reflexology ranking the highest in the various forms utilized (Knupp, Esmail, & Warren, 2008).

<table>
<thead>
<tr>
<th>Types of CAM Utilized in OT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response Option</td>
</tr>
<tr>
<td>-----------------------------</td>
</tr>
<tr>
<td>n</td>
</tr>
<tr>
<td>YES</td>
</tr>
<tr>
<td>NO</td>
</tr>
<tr>
<td>Choose not to respond</td>
</tr>
<tr>
<td>Total responses (n =)</td>
</tr>
</tbody>
</table>

Figure 2 (Knupp, Esmail, & Warren, 2008)
In this study, the authors cited data supporting growth in OT’s use of CAM, stating, “As early as 1994, 15% of Canadians reportedly used a form of CAM, and in 2002, this rate has increased to 70%” (Knupp, Esmail, & Warren, 2008, p. 7).

In an interview with Margie Brando, a practicing Certified Occupational Therapy Assistant (COTA) in medical rehabilitation and a Licensed Massage Therapist (LMT) working with the elderly population, the advantages of the union of these two modalities was brought to light. Brando started her career in OT and had stumbled across the beneficial results of treating patients in rehabilitation from injury and surgery using massage modalities in a continuing education course she sought out to keep current on her certification in OT (personal communication, October 22, 2014).

She began applying basic MT techniques in her OT work to help her patients to develop healthy scar tissue formation to reduce restrictions and adhesions that can limit ROM and function permanently after the healing process is complete. She was so impressed by the results of this application she sought out further education in MT and eventually became a LMT. She now has decades of experience wearing both of these hats and boasts of the advantages MT has brought to her career in OT. Currently practicing MT as a side job, she also utilizes a host of the skills she has learned in her MT education in her career as a COTA, including myofascial release, relaxation techniques, and circulatory massage, to name a few. She feels this knowledge has not only greatly expanded her options of treatment modalities as a COTA, but more importantly, has provided greater results in improved function for the patients she treats (M. Brando, personal communication, October 22, 2014).

**Reasons Why CAM’s Popularity Is on the Rise**

Unfortunately, the use of CAM in the United States (US) is not currently viewed as a component of conventional medical care, which excludes its more commonplace use in OT interventions in our country. Questionnaires given to Canadian OTs cite the reasons for underutilizing CAM, including an absence of training in the modality, lack of interest, and lack of access to supportive evidence. Nevertheless, thoughts of integrating CAM into OT as a part of a client-centered, holistic style of treatment outranked concerns of legal and employer-related liability in this survey. Though these considerations were extracted from a sample of Canadian OTs, the same international and universal reasons apply for its absence in OT practice in the US as well: a justifiable fear of the unknown (Knupp, Esmail, & Warren, 2008).

In a survey of individuals from the US that have been seeking treatment for Multiple Sclerosis (MS), over half of the participants reported pursuing CAM due to the lack of cure for MS offered by conventional medicine. One of the greatest reasons for expanding their search in the treatment of their condition included anecdotal evidence offered by others who have experienced successful outcomes in the treatment of their MS with CAM. The holistic quality of CAM also ranked high for reasons to employ its use in the respondent’s treatment. Over half of the participants felt their experience with conventional medicine had not proven effective, and many sought to have greater control over their personal healthcare provisions (Olsen, 2009).
A qualitative study of US veterans that reported being users of CAM indicated this population also sought a more holistic style of care than was offered in conventional medical settings. Some of the frustrations that fueled their pursuit for CAM include the lack of information provided in traditional medical settings regarding diet, exercise, and the importance of involving a spiritual aspect in their care. The dependence on the use of prescription drugs to treat maladies was also cited in their quest for more holistic measures of care (Olsen, 2009).

**Case Studies**

Autism spectrum disorders (ASDs) are associated with a wide variety of severity and symptoms and are increasingly becoming a part of the OT practitioner’s field as the diagnosis of individuals within the spectrum has been steadily rising. As demonstrated in the graph below, the rate of growth has increased six fold in the numbers of diagnosed cases of ASDs since 1990 (See Figure 3). Despite debates over why the diagnosis of this condition is rising so drastically, the role of OT in the treatment of ASDs is in a constant state of evolution and growing exponentially (Autism Speaks, 2010).

![Growth Rate of ASD Diagnosis](Autism Speaks, 2010)

In a study examining the effects of Thai Traditional Massage (TTM) on the behavioral aspects in the treatment of autism, evidence concluded this form of intervention to be an effective
complimentary therapy for children. The list of benefits in this population from MT include a reduction in touch aversion, increased lucidity in verbalizations, increased relaxation accompanied by increased alertness, and improvement in social relation ability (Piravej, Tangtrongchitr, Chandarasiri, Paonthong, & Sukprasong, 2009). Infant Massage USA offered further benefits of MT from research on infants with autism spectrum disorders including, “increased eye contact, less stereotypic behavior, more on task behavior, increased social relatedness and improved sleep,” (Gengler Fuhr, Kalina Hattori, & Sheppard, 2014).

Another example of the effectiveness of these two modalities combined is offered in a study of the treatment of veterans with Traumatic Brain Injuries (TBI), Post-Traumatic Stress Disorder (PTSD), and depression. This analysis demonstrates enhanced improvements in the rehabilitation of these veterans through the use of “enriched environment” therapies, including MT techniques, in conjunction with OT, addressing a variety of issues such as stress reduction, learning coping skills, greater mind-body connection, and improving function in activities of daily living. These therapies combined worked to help heal the “invisible wounds” associated with the war experience and resulted in greater improvements in quality of life (Hoffman, Shesko, & Harrison, 2010, p. 257).

OT also treats digestive system and elimination dysfunctions, like incontinence and constipation. Silva and Motta studied the effects of abdominal massage in combination with muscular training and diaphragmatic breathing to treat chronic functional constipation in children ranging in age of 4-18 years. Here, a physiotherapist used a tennis ball to apply pressure in a systematic, circular clockwise fashion to encourage motility in the colon to guide intestinal function and defecation. The study found this rather simple technique, combined with the aforementioned muscular training and breathing, provided increased frequency of bowel movements, offering relief and increasing function in the children involved in the study group (2013).

**Contraindications: To Massage or Not To Massage?**

Contraindications are serious concerns in the provision of MT. While many conditions may be easy to surmise that manipulation of the tissue may be the worst form of treatment, such as treating a freshly fractured limb, others may not be so obvious. This is where a comprehensive education in both the indications and contraindications for massage would be of great benefit for the field of OT and the care of the individuals seeking it. A mix of both great benefit and great risk could be related to a study involving myofascial release massage for treatment of breast cancer survivors. Cantarero-Villanueva et. al. reported on a study that found massage combined with core stability exercises increased vigor and decreased lethargy and anxiety typically associated with depression (2012).

Werner, on the other hand, balances her promotion of the positive effects of massage in the treatment of individuals who have been diagnosed with breast cancer with cautions of contraindications. She explains how massage can be an effective supportive treatment modality, but also offers warnings of the possibility of increasing the chance of tumor metastasization through the increased circulation of the blood and lymph fluids associated with modalities such as Swedish massage. She also addresses the risks associated with the compromised immune
systems of patients undergoing chemotherapy, blood clots, and the changes that take place in the tissue of people going through radiation therapy, all serious contraindications to MT (2005). Fractures in the upper extremities, such as in the wrists, hands, and arms, are commonly treated in OT to promote proper healing and restore function, especially in relation to the demands of occupations of the patient’s life. Oedema frequently accompanies the healing process of such fractures and can limit a patient’s ability to heal properly, restricting movement due to swelling and preventing the person to perform the needed exercises required during the healing process. One of the modalities OT uses in helping to mitigate oedema is retrograde massage to circulate the lymphatic fluid and reduce pooling in the affected limb (Haren, Backman, & Wiberg, 2000).

The concern of OTs and OTAs using massage to help treat oedema for fractures comes into focus when considering the contraindications of drainage treatments taught to massage practitioners involving heart and kidney functions. Conditions such as heart or renal failure, liver congestion, infection, or lymphatic tissue damage resulting from cancer treatments can lead to serious complications of further organ damage, and possibly even death. These complications can result from over burdening the compromised organ through tissue manipulation. Though anatomy, physiology, and pathology are all a large part of OT education, the range of specific concerns regarding various conditions in relation to practicing massage cannot possibly be covered in the current curriculum that does not teach massage technique. But, during training for MT, contraindications regarding the specialized use of massage are a large part of the focus of care (Werner, 2005).

The treatment of the varied effects brought on by cerebral vascular accidents (CVA) is growing along with the increasing elderly population in OT (Padilla, Byers-Connon, & Lohman, 2012). Hemiplegia is a common dysfunctional issue for this population, along with proprioception dysfunction that may cause the affected limbs to misread the amount of ROM limitations tolerated. These dysfunctions lead to excessive deterioration of muscular tissue function. MT can provide improvement in the circulation of these tissues and provide needed stretching actions to increase mobility and to decelerate this process. However, caution must be taken with both the neurological and cardiovascular risks associated with stroke patients. Lack of sensation may lead to overtreatment in ROM and pressure, presenting risk of damage to muscular and connective tissues. Also, the range of circulatory issues often accompanying stroke can leave the patient vulnerable to the effects of increased circulatory treatments, including promotion of embolism dislodgement which could result in additional CVAs (Werner, 2005).
Conclusion(s)

These two emerging fields of holistic patient care are great compliments to one another when offered by professionals with a comprehensive education of their intervention’s effects on the patient. Presently, it can be observed that an overlap in conditions treated in both OT and MT exists, though mostly in a concurrent fashion. The use of CAM therapies currently sought out by individuals is on the rise, along with emergent interventions combining the two modalities. This demonstrates the growing demand for utilization of MT in OT and suggests concrete benefits from greater knowledge regarding MT for the OT student preparing to market themselves as they launch their new career.

In addition, contraindications for the use of MT on various conditions underscore the importance of a comprehensive education for its ethical use in treatment provided by the OT practitioner. These are linked to the reasons presented why OTs and OTAs often avoid its use, with concerns regarding lack of knowledge and evidence based proof. Increased education could provide confidence and pertinent knowledge as to appropriate use of this modality while offering a wider range of resources for the treatment of many of the conditions treated within the scope of Occupational Therapy.

While OT and MT may continue to exist primarily in a parallel fashion, the details provided suggest benefit to both the practitioner and the patient of OT in streamlining these treatments to provide greater holistic care through a singular provider. Offered solely by the trained expert, the benefits and risks of both disciplines are well understood. But as OT practitioners continually expand their breadth of treatments of dysfunctions and intervention means and modalities, the educational demands required in ethical and knowledgeable treatment of their patients grows as well.

These reasons demonstrate why the unknown benefits and risks of how to effectively apply MT in OT present significant disadvantage to the therapist seeking proficiencies in greater holistic care and optimal treatment for their patient.

The conclusion(s) explains what all your research means. It ties everything together for the reader, especially in relation to solving the original problem.
Recommendations

The inclusion of a comprehensive education in Massage Therapy for use in Occupational Therapy interventions offer numerous benefits to both the field of Occupational Therapy and the patients utilizing their services that discernably outweigh the additional educational costs. For these reasons, the following recommendations are advised:

- Provide a one semester course in Massage Therapy techniques in the curriculum of Occupational Therapy/Occupational Therapy Assistant courses.
- Include education of appropriate applications and precautions specifically addressing the use of Massage Therapy for conditions treated in Occupational Therapy in the existing Medical and Psychosocial Conditions of Occupational Therapy course.
- Include the use of Massage Therapy modalities in fieldwork assignments for Occupational Therapy student coursework.

These recommendations should be accomplished through careful deliberations from current Occupational Therapy providers in clinical settings and with educational professionals in this field to determine the appropriate materials and techniques to cover. Professional associations related to licensing requirements and ethical standards should also be consulted to establish effective educational criteria.

With these reasonably modest additional educational requirements supplementing current Occupational Therapy courses, students in this field will garner a host of additional resources to apply to their future careers. This will promote the expansion of treatment options for the practitioner and the patient, providing a greater ability to obtain holistic treatment for a range of dysfunctions under the care of a single healthcare provider.
References


Reed, K. L. (2014). *Quick Reference to Occupational Therapy* (3rd ed.). Austin, TX: PRO-ED.


Note: If you have a glossary of terms or any type of appendix, check with your instructor to determine whether they should go before or after the references section.

**ALWAYS remember to check with your instructor for the specific requirements of the formatting for the References page!**