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Therapeutic Massage

Significant Advancements in the Field

Jane Hart, MD

Innovative health care professionals, consumer interest, and proven clinical benefit have led to significant advancements in the field of therapeutic massage, and, as a result, massage therapy services are increasingly integrated into hospitals' patient services. Such advancements not only increase patient access to massage therapy but also challenge institutions and practitioners to integrate cutting-edge research findings into practice and to collaborate and communicate with other health care professionals for the best outcomes. In this article, experts share their experience about recent advancements in the field and what the future might hold for practitioners, patients, and the health care community.

Collaboration, Education, and Communication are Key

For centuries, people have turned to massage for relaxation, but increasingly, people today seek massage therapy not only to calm their nerves but to help prevent and heal specific medical conditions. A recent survey, released by the Samueli Institute, Alexandria, Virginia, and Health Forum (a subsidiary of the American Hospital Association), revealed that more than 42% of 714 responding hospitals now offer one or more integrative therapies.¹ Specifically, results from that survey showed that massage therapy was one of the top two integrative services provided in both inpatient and outpatient settings.

Cynthia Ribeiro, NMT, NCB, president-elect of the American Massage Therapy Association (AMTA), and founder/developer of the Advanced Neuromuscular Therapy program at the National Holistic Institute (NHI), says that these and other studies reveal that the massage therapy profession has come a long way toward advancing and integrating the profession within the greater medical community. As a result of these advancements, Ribeiro emphasizes the need for a collaborative effort. "When a person is referred to a massage therapist it should be a collaborative effort—a patient-centered and team effort," Ribeiro says and adds: "All of the treating parties should be talking with and learning from each other, and we should be able to work together

and respect one another, and each practitioner must understand his or her limitations."

Ribeiro comments that ongoing collaboration between massage therapists and physicians and other health care professionals is critical and adds, "as massage therapy practitioners, we need to be focused on the satisfaction of the consumer and be able to speak with the client in layman's terms and speak with the physician in medical terminology." Ribeiro states that the AMTA is involved in ongoing efforts to encourage collaborative communication and is a member of the Academic Consortium for Complementary and Alternative Health Care to widen the organization's professional network.

In addition to collaboration and communication, Ribeiro emphasizes the importance of improving evidence-based education for both training and practicing massage therapists throughout the United States. Originally from Brazil, Ribeiro earned an undergraduate degree in physical education and studied surgical nursing there and, after coming to the United States, she graduated from two massage-school programs and first studied with Janet G. Travell, MD, one of the authors of *Myofascial Pain and Dysfunction: The Trigger Point Manual*.²

"When I first came to the States I learned a lot about myofascial pain and neuromuscular therapy and found that patients' complaints had a lot to do with this," Ribeiro says. She adds:

Travell was a teacher by nature, and she always used to say "the lightest touch creates the greatest response." We studied each muscle of the body and how each muscle could mimic a condition in the body. For instance, a patient may come in complaining of a sinus headache, but in fact the symptoms may actually be originating from sternocleidomastoid muscle dysfunction. We also learned about angles of entrance and how I can touch a patient's arm going one direction and the patient relaxes, and I can go another direction and it can hurt.

In terms of moving the field forward with regard to education, Ribeiro states: "We need to create more specific classes in myofascial pain and dysfunction and neuromuscular therapy." She explains: "Many massage schools do not teach this but

Websites for More Information

American Massage Therapy Association
www.amtamassage.org

National Holistic Institute
www.nhi.edu

rather focus only on relaxing and spa work, which is very therapeutic. But, for pain management, as just one example, massage therapists have to understand about these other areas for safety and effectiveness, and also need excellent history-taking capabilities—not to diagnose—but to better understand how to practice safely and to know when to collaborate.”

Ribeiro is an honorary volunteer clinical professor at the University of California–Irvine Medical School, in Irvine, California, and teaches first- and second-year medical students in the cadaver laboratory, not about massage therapy specifically, but rather about myofascial pain and dysfunction and its role in symptoms that patients may present with. “I ask the students questions such as ‘do you know that muscles have both action and function?’” Ribeiro says and adds: “I explain to the students that some of the medical conditions they see may be originating from muscular dysfunction. I also teach them about the importance of collaboration and share how massage therapy is helping their patients.”

In the Field

Hospital administrators and health care professionals are gaining awareness of the benefits of therapeutic massage and increasingly, collaborate with massage therapists to integrate such care into patient services. Julie M. Porter, RNC, CMT, has been a practicing nurse for 20 years and, 7 years ago, became a massage therapist with the intent of using massage therapeutically in clinical settings rather than merely for relaxation for well people.

In 2006, Porter completed 720 hours in massage therapy at the NHI, received her diploma for massage therapy and health educator in 2007 and, since 2010, has been teaching the 400-hour Advanced Neuromuscular Program at the NHI based on the work of Dr. Travell. Two years ago, Porter was asked to come to the Palo Alto Medical Foundation (PAMF), a large medical group in the Bay Area in California, to work in the Foundation’s Infusion Center where people receive chemotherapy and blood and other types of transfusions. “The physicians wanted to bring in a massage therapist to see if it was beneficial for patients to receive massage while receiving chemotherapy and other infusions,” Porter recalls.

Porter says the upfront work to set up the program was intense and comments: “We needed to get the approval of the physicians and also blanket consent from the physicians for me to see their patients, so that we didn’t have to check with them every time a patient was interested in massage. We spent a lot

of upfront time talking about the intent of the program and what it would look like and about 15 months later we actually got going.”

Porter now works 3 days a week for 9 hours a week in the Infusion Center and reports: “The patients are thrilled, and the physicians and nurses see how beneficial massage is for their patients.” As a massage therapist in the Infusion Center, Porter says she is not there to “fix” anything specifically but rather to aid in people’s relaxation during a difficult experience. She describes the process of working with patients:

At the patients’ first treatment the nurses go through the patients’ information and get the I.V. started, and I may do gentle massage while the I.V. is being put in. The majority of the patients have premedication started, and once they are settled in, I come in and talk with them about what I can provide them and ask if they are interested in massage. If they are interested, then I do about 15–20 minutes of bodywork, which is very gentle work with no deep-tissue work—mainly reflexology and hand, neck, shoulder, and scalp work. I can also do energetic work or acupressure points. It’s not about trying to find knots and adhesions but rather to create a parasympathetic response to ease feelings of anxiety, depression, and stress.

Porter says the infusion experience can be stressful for patients, and massage offers a noninvasive, nurturing experience to counter the invasive things that are occurring and stressful. She comments that many of the patients are sitting for 4–6 hours per infusion so that 20 minutes goes a long way in easing their experience. In fact, Porter reports that many of the patients say that the massage is the highlight of their day. Specifically, patients report that massage helps the time go by more quickly and reduces stress and anxiety. Porter says that some patients have even reported improvements in neuropathy of their feet and hands.

“The patients often talk quite a bit and open up and unload, although I don’t present myself as a nurse or therapist, but someone listening for that 15 or 20 minutes helps,” Porter says and adds: “I have also never had any physicians say they don’t want me to interact with their patients, and these doctors get positive feedback from their patients, which I hear about.”

Porter says she sees massage being integrated more and more in medical settings, and reports that the combination of positive feedback from patients and health care professionals and research findings showing benefit leads the medical community to take a vested interest in providing massage therapy services. “PAMF is now talking about hiring more massage therapists and perhaps even starting a massage therapy department,” Porter says and continues: “It is encouraging to see grassroots efforts leading to the next step. Funding can be an issue as can issues of reimbursement, but if there is obvious success we are more willing to take a look at it and see that this is making a difference.”

Although the patients at the PAMF Infusion Center do not pay for their massage sessions with Porter, the Samuelli

survey found that the majority of patients at surveyed hospitals still pay for complementary services out of pocket.¹ The good news is that 44% of hospitals did not charge patients for complementary services that were covered by philanthropy or included as part of patients' overall care.

The Importance of High-Quality Research

Today, there is a growing body of research supporting the use of massage for a wide range of conditions. Research articles on the effects of massage increasingly appear in major medical journals such as *The Journal of the American Medical Association* and the *Annals of Internal Medicine*. Initially, studies focused mainly on whether or not massage may have clinical benefit for various conditions, but increasingly, studies are expanding and focusing on comparisons among various types of massage and between massage and other complementary treatments.

For instance, a recent study in the *Annals of Internal Medicine* randomly assigned 401 people with nonspecific chronic low-back pain to relaxation massage or structural massage for 1 hour per week for 10 weeks or to usual care.³ Results showed that, at 10 weeks, all groups had improved function and a decrease in symptoms, but improvement was greater in the massage groups. People who received either type of massage were able to conduct their daily activities better at 26 weeks, compared with patients who received usual care only.

Brent A. Bauer, MD, FACP, director of the Complementary and Integrative Medicine Program at the Mayo Clinic, in Rochester, Minnesota, comments that one of the critical steps in advancing the field of therapeutic massage has been the increasing amount and quality of massage therapy research. "At the Mayo Clinic, we have seen firsthand the power of well-done research," Bauer says. He adds:

One small trial of massage therapy in the postoperative period for patients who had undergone open heart surgery yielded surprising powerful effects on pain and stress—enough so to spawn a number of larger trials in not only cardiovascular surgery patients, but in a number of other surgical patient groups as well. The culmination of this rigorous research is the fact that massage therapy has been incorporated into the routine care of postoperative patients.

Bauer points to the powerful effects of massage on stress and says: "Stress reduction is obviously a huge part of the beneficial effect of massage, and I think the growing recognition of the negative health consequences of stress (for example, suppressed immune function, slower wound healing, greater susceptibility

to infections, increased blood pressure, etc.) means that there is a growing recognition of the importance of any therapy that can mitigate the effects of stress."

Conclusion

In the Samuelli survey, increased patient demand and clinical effectiveness were cited as the top two reasons why hospitals offer complementary services.¹ Bauer comments: "I think anyone—whether a medical patient or just someone trying to stay healthy—can find benefits from massage therapy. Of course, beyond those general effects, certain populations (for example, postoperative patients, patients preparing to undergo invasive procedures, patients with fibromyalgia, etc.) may receive additional specific beneficial effects as well."

In terms of encouraging other physicians to become more comfortable in finding credible massage therapists to whom patients can be referred and then actively making those referrals, Bauer—who recently was part of a panel at the national AMTA convention discussing massage therapy in hospital settings—had this to say: "Resources such as AMTA's website can be a place to start, but at the end of the day, nothing works better than finding out about massage therapists in your community and meeting with them. Find out what their philosophy is regarding the role of massage and whether they are ready to work collaboratively for the care of mutual patients." ■

References

1. Ananth S. 2010 Complementary and Alternative Medicine Survey of Hospitals: The Samuelli Institute and Health Forum (American Hospital Association Company). Online document at: <http://siib.org/news/2468SIIB/version/default/part/AttachmentData/data/CAM%20Survey%20FINAL.pdf> Accessed October 3, 2011.
2. Travell JG, Simons DG, Simons LS; Cummings BD, illus. Travell & Simons Myofascial Pain and Dysfunction: The Trigger Point Manual, 2-vols; 2nd ed. Philadelphia: Lippincott Williams & Wilkins, 1999.
3. Cherkin DC, Sherman KJ, Kahn J, et al. A comparison of the effects of 2 types of massage and usual care on chronic low back pain: A randomized, controlled trial. *Ann Intern Med* 2011;155:1–9.

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