

AMTA Position Statement Proposal Form

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BACKGROUND INFORMATION:

Health is not just the result of medical care – it is also the result of how we take care of our bodies and minds, as well as the effects of the environment. A dictionary definition of health care is: 'the prevention, treatment and management of illness and the preservation of mental and physical well being through the services offered by the medical and allied health professions'¹.

The Touch Research Institute, established in 1992 by Director Tiffany Field, Ph.D. at the University of Miami School of Medicine has shown that massage therapy has numerous beneficial effects on health and well-being². The December, 2007 issue of the American Medical Association *Archives of Surgery* concludes that massage is an effective and safe adjunct treatment to relieve acute postoperative pain in patients who had major surgery³.

Almost a quarter of all adult Americans (24 percent) had a massage at least once in the last 12 months, and more than a third (34 percent) have received a massage in the last five years, according to a survey sponsored by the American Massage Therapy Association. More and more, people recognize massage as an important element of their overall health and wellness. People know about the role massage therapy plays in maintaining health and wellness: 87 percent agree that massage can be effective in reducing pain, 85 percent agree that massage can be beneficial to health and wellness, and 59 percent would like to see their insurance plans cover massage therapy. Nearly one in five people said they had discussed massage therapy with their doctors or healthcare providers, and among those who had, more than half (58 percent) said their doctors had either "strongly recommended" or "encouraged" the use of massage. A scholarly review of scientific studies published in the July 2007 issue of Evidence Based Complementary Medicine has shown that professional massage therapy can be more effective than some other therapies in managing certain types of pain, particularly lower back pain, shoulder complaints, and headaches⁴.

RATIONALE:

It is evident that massage is part of services recommended in many medical settings and is increasingly chosen by individuals for their own health care. Massage therapists understand that their services are part of personal and medical decisions regarding health and wellness. The fact that more and more massage therapists are achieving advanced training and certification in clinical and medical specialties such as lymph drainage, orthopedic techniques, sports rehabilitation, craniosacral therapy and myofascial techniques further increases the value of massage as integral to healthcare. This position supports the following AMTA core values:

- We embrace excellence in education, service, and leadership.
- We endorse professional standards and support fair regulation of massage therapy.
- We believe that massage benefits all.

This position also incorporates the 2006 AMTA Position Statement that “massage can reduce stress” and it addresses the future vision in the AMTA 10-30 Year Vivid Descriptions:

- The public will view professional massage as an important contribution toward wellness, and will receive massage on a regular basis.
- People recognize the power of touch to affect the mind/body/spirit continuum.
- AMTA will be a trusted resource for information about massage therapy and current research.
- There will be significant information in scientific literature on the use, safety and effects of therapeutic massage.
- The role of massage therapy will be expanded in all practice settings.
- All states will have regulation and scope of practice; there is licensure in all 50 states and portability of the credential across state lines.
- There will be international recognition for the value of massage. All societies will be educated and accept massage therapy and AMTA will be a global networking resource for massage therapy and therapists.
- AMTA supports certification that will reflect demonstration of professional competency.
- Being an AMTA member reflects the highest standard of ethical behavior and the public sees the value and benefit of AMTA. Members are seen as trusted professionals at the forefront of a changing and complex world. Membership in the AMTA is seen as critical to employers and clients as an indicator of commitment to values.

POSITION: It is the position of the American Massage Therapy Association that massage therapy can be an integral part of health care.

REFERENCES:

1. American Heritage Dictionary of the American Language, Fourth Ed, 2000, Houghton Mifflin, updated 2003
2. Touch Research Institute has conducted over 100 studies on the positive effects of massage therapy on many functions and medical conditions. Among the significant research findings are enhanced growth (for example, in preterm infants), diminished pain (for example, in treating fibromyalgia), decreased autoimmune problems (for example, increased pulmonary function in asthma and decreased glucose levels in diabetes), enhanced immune function (for example, increased natural killer cells in HIV and cancer), and enhanced

alertness and performance (for example, EEG pattern of alertness and better performance on math computations). Seven selected research Abstracts appear in Appendices 1 to 7.

3. American Medical Association, **Archives of Surgery**, Dec 2007 142: 1158 – 1167. A randomized, controlled trial involving 605 abdominal surgery patients concluded that massage therapy is an effective, feasible and safe adjunct therapy to reduce acute postoperative pain after major surgery. See Appendix 8.
4. The annual consumer survey was conducted by CARAVAN® Opinion Research Corporation International during July 2007, among a national probability sample of 1,008 adults (502 men and 506 women) ages 18 and older, living in private households in the continental United States. The survey has a confidence level of plus or minus three percent. Commissioned by AMTA, this is the eleventh annual massage therapy survey of American consumers.

Appendix: Abstracts

Appendix one:

Field, T., Diego, M., Cullen, C., Hernandez-Reif, M., & Sunshine, W. (2002). Fibromyalgia pain and substance P decreases and sleep improves following massage therapy. *Journal of Clinical Rheumatology*.

Method: to determine the effects of massage therapy versus relaxation therapy on sleep, substance P and pain in fibromyalgia patients, twenty four adult fibromyalgia patients were randomly assigned to a massage therapy or relaxation therapy group. They received 30-minute treatments twice a week for five weeks.

Results: Both groups showed a decrease in anxiety and depressed mood immediately after the first and last therapy sessions. However, across the course of the study only the massage therapy group reported an increase in the number of sleep hours and a decrease in their sleep movements. In addition, substance P levels decreased and the patients' physicians assigned lower disease and pain ratings and rated fewer tender points in the massage therapy group.

Appendix two:

Sunshine, W., Field, T., Schanberg, S., Quintino, O., Kilmer, T., Fierro, K., Burman, I., Hashimoto, M., McBride, C., & Henteleff, T. (1996). Massage therapy and transcutaneous electrical stimulation effects on fibromyalgia. *Journal of Clinical Rheumatology*, 2, 18-22

Method: Thirty adult fibromyalgia syndrome subjects were randomly assigned to a massage therapy, a transcutaneous electrical stimulation (TENS), or a transcutaneous electrical stimulation no-current group (Sham TENS) for 30-minute treatment sessions two times per week for 5 weeks.

Results: The massage therapy subjects reported lower anxiety and depression, and their cortisol levels were lower immediately after the therapy sessions on the first and last days of the study. The TENS group showed similar changes, but only after therapy on the last day of the study. The massage therapy group improved on the dolorimeter measure of pain. They also reported less pain the last week, less stiffness and fatigue, and fewer nights of difficult sleeping. Thus, massage therapy was the most effective therapy with these fibromyalgia patients.

Appendix three:

Cherkin, D.C. etc. Cherkin, D.C., Eisenberg, D., Sherman, K.J., Barlow, W., Kaptchuk, T.J., Street, J. & Deyo, R.A. (2001). Randomized trial comparing traditional Chinese medical acupuncture, therapeutic massage, and self-care education for chronic low back pain. *Archives of Internal Medicine*, 161, 1081-8.

Method: 262 patients who had persistent back pain received Traditional Chinese Medical acupuncture, therapeutic massage, or self-care educational materials for up to 10 massage or acupuncture visits over 10 weeks.

Results: At 10 weeks, massage was superior to self-care on the symptom scale and the disability scale. Massage was also superior to acupuncture on the disability scale. The massage group used the least medications and had the lowest costs of subsequent care.

Appendix four:

Preyde, M. (2000). Effectiveness of massage therapy for subacute low-back pain: a randomized controlled trial. *CMAJ*, 162, 1815-20.

Method: This randomized controlled trial compared comprehensive massage therapy (soft-tissue manipulation, remedial exercise and posture education) with two components of massage therapy and placebo in the treatment of subacute (between 1 week and 8 months) low-back pain. Subjects with subacute low-back pain were randomly assigned to 1 of 4 groups: comprehensive massage therapy, soft tissue manipulation only, remedial exercise with posture education only or a placebo of sham laser therapy. Each subject received 6 treatments within approximately 1 month. Outcome measures obtained at baseline, after treatment and at 1-month follow-up consisted of the Roland Disability Questionnaire (RDQ), the McGill Pain Questionnaire (PPI and PRI), the State Anxiety Index and the Modified Schober test (lumbar range of motion).

Results: The comprehensive massage therapy group had improved function, less intense pain and a decrease in the quality of pain compared with the other 3 groups. At 1-month follow-up 63% of subjects in the comprehensive massage therapy group reported no pain as compared with 27% of the soft-tissue manipulation group, 14% of the remedial exercise group and 0% of the sham laser therapy group.

Appendix five:

Hernandez-Reif, M., Field, T., Krasnegor, J., & Theakston, H. (2001). Lower back pain is reduced and range of motion increased after massage therapy. *International Journal of Neuroscience*, 106, 131-145

Method: A randomized between-groups design evaluated massage therapy versus relaxation for chronic low back pain. Treatment effects were evaluated for reducing pain, depression, anxiety and stress hormones, and sleeplessness and for improving trunk range of motion associated with chronic low back pain.

Results: By the end of the study, the massage therapy group, as compared to the relaxation group, reported experiencing less pain, depression, anxiety and improved sleep. They also showed improved trunk and pain flexion performance, and their serotonin and dopamine levels were higher.

Appendix six:

Kubsch, S.M., etc. Kubsch, S.M., Neveau, T., & Vandertie, K. (2000). Effect of cutaneous stimulation on pain reduction in emergency department patients. *Complementary Therapies in Nursing & Midwifery*, 6, 25-32.

Method: Tactile stimulation was used with 50 emergency department patients to relieve pain. Another objective was to determine the effect of tactile stimulation on blood pressure and heart rate.

Results: Following stimulation, subjects reported significantly reduced pain, and demonstrated reduced heart rate and blood pressure readings.

Appendix seven:

Mok, E., & Woo, C.P. (2004). The effects of slow-stroke back massage on anxiety and shoulder pain in elderly stroke patients. *Complementary Therapies in Nursing and Midwifery*, 10, 209-16

Method: This study explored the effect of slow-stroke back massages (SSBM) on anxiety and shoulder pain in hospitalized elderly patients with stroke. The scores were compared for self-reported pain, anxiety, blood pressure, heart rate and pain of two groups of patients before and immediately after, and three days after the intervention. The intervention consisted of ten minutes of SSBM for seven consecutive evenings. One hundred and two patients participated in the entire study and were randomly assigned to a massage group or a control group.

Results: The results revealed that the massage intervention significantly reduced the patients' levels of pain perception and anxiety. In addition to the subjective measure, all physiological measures (systolic and diastolic blood pressure and heart rate) changed positively, indicating relaxation. The prolonged effect of SSBM was also evident, as reflected by the maintenance of the psycho-physiological parameters three days after the massage. The patients' perceptions of SSBM, determined from a questionnaire, revealed positive support for SSBM for elderly stroke patients.

Appendix eight:

Allison R. Mitchinson, MPH, NCTMBA; Hyungjin Myra Kim, ScD; Jack M. Rosenberg, MD; Michael Geisser, PhD; Marvin Kirsh, MD; Delores Cikrit, MD; Daniel B. Hinshaw, MD. Acute Postoperative Pain Management Using Massage as an Adjuvant Therapy - A Randomized Trial. Archives of Surgery, 2007; 142(12): 1158 – 1167.

Aim: To provide a statistically powerful trial to investigate the efficacy of massage therapy as an adjunct to pharmacologic interventions after major surgery.

Background: Although small trials and case reports have addressed the potential benefits of massage on pain, none have yet adequately examined the short-term effect on pain, anxiety and functional recovery. A further encouragement is the recent focus on effective pain management by the Joint Commission for Accreditation of Healthcare Organizations, which recommends that pain be the fifth vital sign.

Design: A randomized controlled trial in which 605 VA patients having major thoracic or abdominal surgery received 1) routine care; 2) individualized attention from a massage therapist for 20 minutes but no massage; or 3) a 20-minute effleurage back massage each evening by a massage therapist. All patients received the usual access to pharmacological therapies.

Methods: Patients were recruited at Department of Veteran's Affairs medical centers in Michigan and Indiana from February, 2003 through January 31, 2005. Median age was 64, overwhelmingly male. Patients completed Visual Analog Scales assessing pain intensity, pain unpleasantness, and anxiety every postoperative day; they also completed the State-Trait Anxiety Inventory and additional assessments of lung function, use of opiates, and confusion.

Results: The massage group had significantly greater improvements in all 3 variables (pain intensity, pain unpleasantness, and anxiety measurements) $P =$ or $<.001$, averaged across the 5 postoperative days. The massage patients' response to the question of "Whether massage helped their pain relief" was 'quite' or 'very helpful', a satisfaction scale of 8 out of 10.

Conclusions: Massage affects a patients' perception of pain as well as anxiety and therefore may be a safer and potent pain reliever for some patients. "Historically, massage was a common experience for postsurgical patients. As health care systems have become more complex and administrative demands on nursing time have increased, the tradition of nurse-administered massage has been largely lost. With the recent emphasis on assessing pain as the fifth vital sign tempered by renewed concerns for patient safety, it is time to reintegrate the use of effective and less dangerous approaches to relieve patient distress." (p. 1167).