

AMTA Position Statement Proposal Form

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BACKGROUND INFORMATION:

Over the last five to ten years, the American public has become aware of the importance of health improvement and disease prevention. The concept of this trend has been coined as "wellness". Wellness includes the elements of enhanced quality of life, and improved physical, mental, emotional, and spiritual well-being. A wellness program is a multidisciplinary approach to life.

There is much research that validates that massage therapy is an important component of a wellness program.

- Massage has been shown to increase range of motion and flexibility as well as **to** improve measures of anxiety, depression, vitality, and perceived stress (1).
- It can also increase feelings of wellness, calm, relaxation, and a sense of belonging (2).
- In a study of the effect of massage therapy on patients receiving Bone Marrow Transplants (BMT) it was concluded that those who received massage therapy had a better quality of life. These patients rested more easily, had less depression and anxiety and were more able to communicate with loved ones during this crucial treatment. (3)
- Massage helps overcome the feelings of fatigue (4)
- Massage has **positive side-effects in addition to those that affect the musculoskeletal system.** (5)



- Massage coupled with aromatherapy and music significantly reduced emergency room nurses' anxiety levels (6)
- Adolescents had an increased sense of well-being after receiving massage (7)
- Massage increases a sense of well-being and decreases stress in older adults (8)
- Massage reduces nausea in chemotherapy patients (9)
- Care[giver]s reported an improvement in physical and emotional states after chair massage (10)
- Massage in combination of mental training (in a stress management program) has a positive effect on women's health. (11)

Finally, according to the American Psychological Association:

- Forty-three percent of all adults suffer adverse health effects from stress. (12)
- 75 to 90 percent of all physician office visits are for stress-related ailments and complaints. (12)
- Stress is linked to the six leading causes of death--heart disease, cancer, lung ailments, accidents, cirrhosis of the liver, and suicide. (12)
- The Occupational Safety and Health Administration has declared stress a hazard of the workplace. (12)

It is therefore logical to believe that if stress is decreased, then wellness will increase. Massage has been shown to decrease stress (13); therefore massage will increase wellness and should be included in everyone's health management plan.

RATIONALE:

Research has demonstrated that massage therapy contributes to an individual's sense of well-being. Massage therapy as a valuable component of a wellness program **confirms** the following core values of our Association:

- We believe that massage benefits all
- We are a diverse and nurturing community working with integrity, honesty and dignity.
- We embrace excellence in education, service and leadership.

The position also supports the following AMTA goals:

- AMTA members are the choice for massage as a routine part of society's health and well-being.
- People recognize the power of touch to affect the mind/body/spirit continuum.
- The role of massage therapy will be expanded in all practice settings
- 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.



POSITION STATEMENT:

It is the position of The American Massage Therapy Association (AMTA) that massage therapy can be a valuable component of a wellness program.

REFERENCES:

1. Sharpe PA, Williams H., Effects of Massage on Range of Motion and Flexibility among Older Adults. Massage Therapy Journal, 2002, Fall 86-97.

his research examines the effects of massage on anxiety, depression, quality of life, sleep, perceived stress, range of motion, flexibility, and balance among older adults, ages 60 and older. The massage intervention combines techniques from classic Swedish massage, Neuromuscular therapy, and myofascial techniques. The attention-control group receives a guided relaxation session. Subjects were randomly assigned to a treatment group that receives four weeks of twice-weekly massage sessions (n = 25) or a control group that receives guided relaxation (n = 24). Data were collected before and after the four-week study period.

INTERPRETING THE RESULTS: The larger improvements seen in the massage group for anxiety, depression, positive well-being, vitality, and general health are particularly noteworthy because, as with the functional measures, the participants did not have especially poor scores at the beginning of the study. What these results suggest is that massage therapy contributes to positive mental well-being, even among older adults who are not experiencing severe anxiety or depression, and is therefore a valuable part of a wellness orientation for seniors.

2. Seniors in Touch at Weaver's Tale Retreat Center:

A Two-Year AMTA Foundation-Funded Project presented at the 2002 AMTA National Convention

People entering their senior years face major life changes, including retirement, decreased community involvement and decreased parenting/family roles. These changes, naturally perceived as losses, are often accompanied by declining physical and mental health, as well as grief associated with the death of a spouse and close friends. Social isolation and depression are frequent outcomes. Research and life experiences indicate that the best treatment for depression is social, physical and mental stimulation through meaningful activities. It is the rare occasion when a resident has the opportunity to spend time outdoors communing with nature or the world outside his or her residence. This lack of stimulation often leads to sleep disorders; anxiety; decreased appetite; and a general decrease in physical and mental stamina.

Weaver's Tale Retreat Center (WTRC) is a 501(c)(3) organization that offers daylong nature retreats for elders who primarily reside in nursing homes, assisted living facilities, and retirement and foster homes in the Portland metropolitan area. WTRC's mission is for elders and all people to connect to each other and nature. Using the natural resources Oregon has to offer, participants share in physically and mentally stimulating activities that improve their physical, mental, psychosocial and spiritual well-being. Program activities include Nature Group Experience: an outdoor walk on wheelchair-accessible trails, plant identification and a nature craft; Self-Renewal: a quiet, nurturing massage by licensed massage therapists (LMT), and self-massage instruction; and Circle of Friends: a music circle that encourages reminiscing and socialization. WTRC provides a high quality program at minimal expense that enables most elders to attend. WTRC has grown dramatically from 50 seniors in 1997 to over 1,000 in 2002.

THE PROJECT



To study the effects of massage and self-massage instruction to seniors and caregivers in the Portland metropolitan area. The massage group activity provided a sensory and self-awareness aspect of the WTRC program. Massage offers not only tactile stimulation, but it evokes memories as a person moves into a relaxed state of awareness. Touch offers people an opportunity to be more aware of their bodies, note pain and stress points and experience a release and deeper sense of relation. Through self-massage instruction, WTRC empowers an individual to have more control of his or her health. General objectives of the massage group project were:

- Capacity-building - to increase number of senior participants and number of LMTs;
- Education - of caregiver, massage therapist, staff of residential facilities;
- Empower - seniors and caregivers in their health care;
- Promote - mental and physical health of seniors.

DATA GATHERING

Objectives were measured through the pre- and post-tests completed by senior participants, caregivers, activity directors from the senior residences, and massage therapists. Data were collected by observation, as well as through a verbal questionnaire that LMTs administered to their massage clients before and after massage. A follow-up survey was sent to the activities directors three weeks after attending the program. The pre- and post-tests included measurements using a pain scale; emotional stress scale; flexibility; general effect; and comments made by the massage clients that related to body awareness and control regarding health care. The massage therapy coordinator surveyed the massage therapists regarding prior gerontological massage experiences and new insights regarding the senior population. Likewise, a survey for caregivers and staff regarding new insights and previous massage experience for seniors was administered by the massage therapy coordinator.

RESULTS

Senior participants and caregivers pre- and post-tests: Surveys showed a decreased breathing rate in 50% of participants. Other results showed intensified feelings of wellness; calm; relaxation; happiness; and a sense of belonging. Physically, the LMTs' measures of range of motion (ROM); body posture; skin color and tone; and body awareness all improved.

Massage therapists pre- and post-tests: The LMT [reported] perceptions of how seniors benefit from massage did not vary significantly from pre-to post-tests. The LMT [reported] benefits of giving seniors massage were a sense of calm; satisfaction; helpfulness; gratitude; the importance of listening; interconnectedness; sharing; fun/laughter; appreciation; and "compassion keeps growing." LMTs were surprised by how open the seniors were to share, explore and express feelings. One hundred percent of the massage therapists stated that they plan to include geriatric massage in their practices.

Facilities staff pre- and post-tests: 100% of the staff thought seniors benefit from massage because of improved circulation; relaxation; emotional well-being; decreased pain and stress; and a sense of connectedness. The post-test also revealed that the seniors experienced a new and pleasant experience; helped them forget about their problems; helped them be in the moment; and gave them a sense of peace.

Surveys three weeks post-program: As of this paper, 91.7% of the facilities initiated a massage therapy program as a result of attending WTRC. The physical and occupational departments at one nursing home



have contracted with a massage therapist to do a massage clinic every Friday. Another senior developmentally disabled group does massage and has it documented as part of the patient care plan. One activity director of a nursing home leads a group two to three times a week that she calls the "Scented Hand Massage" group; it provides sensory stimulation and relaxation, and, because it meets right before lunch, promotes good hygiene. Another activity director of a nursing home has a massage-relaxation group weekly. And the assisted living facility that was interviewed stated they have LMTs regularly - usually weekly - with residents paying for their private massages. These all are a result of the WTRC experience. Facilities who reported that they had not initiated massage stated they have been unable to find resources and/or the cost has been prohibitive. They both requested a list of resources and suggestions to create massage programs that work for them. WTRC compiled and sent a list of resources and creative solutions.

SUMMARY

All of the objectives of this project were met. The number of massage therapists actually decreased, but the results were an improvement (i.e., a consistent core massage therapy staff developed as a result of available salaries.). WTRC anticipated there would be an increased awareness of the benefits of massage for the senior population among massage therapists, caregivers, activity directors and senior groups. With increased awareness, we anticipated and experienced an increased number of participants and a more consistent staff of massage therapists at our programs, as well as an increased number of senior massages in the community-at-large. Results of our study demonstrated that seniors and caregivers have an increased sense of control and responsibility regarding their health care. The study also demonstrated that massage significantly promotes mental and physical health among seniors.

WTRC is designed to offer seniors the opportunity to spend time outdoors breathing fresh air and experiencing the sights and sounds of nature. Massage therapy at our retreat is intended to promote the health and well-being of seniors. After attending our day program, caregivers and staff report that seniors show an improvement in affect, an increased sense of well-being and increased involvement in their "home" environments. Staff and caregivers who come with their seniors for the day receive nurturing massages and leave the retreat with an added awareness of the importance of human touch. Staff often report that for the first time they are able to experience their seniors as people with distinct personalities and pasts, rather than as patients with physical or mental health needs.

3. Marlaine Smith, R.N., Ph.D.; Francelyn Reeder, R.N., Ph.D.; Linda Daniel, R.N., Ph.D.; Julaluk Baramée, R.N., Ph.D.; and Jan Hagman, R.N. *Alternative Therapies in Health and Medicine*, January/February 2003, Vol. 9, No. 1, pp. 40-49.

Participants were patients 18-70 years old who received either an autologous or allogeneic bone marrow transplant (BMT), mostly for breast cancer or lymphoma, but also for leukemias. An autologous BMT involves the collection of the patient's own bone marrow, which is frozen and reinfused; an allogeneic BMT is the transplantation of another person's marrow.

The sample population of 61 patients was stratified and randomly assigned to one of three treatments: massage therapy, Therapeutic Touch, or a control group called the friendly visit.

Subjects in the massage-therapy group received a 30-minute, standardized Swedish massage. Those in the Therapeutic Touch group received a half-hour, standard session, which consisted of conscious energy exchange using the hands as a focus for facilitating healing. Subjects in the friendly visit group spent 30 minutes engaged in social conversation.



Three outcome variables were measured to assess the effects of touch therapies on people who undergo BMTs: time for engraftment, which occurs when newly infused blood-forming cells begin producing blood; complications during treatment, which involved the measurement of 11 specific functions such as food intake, central nervous system/neurological, cardiac and circulation; and patients' perception of the benefit of therapy, which involved a survey asking subjects to rate the degree of feelings such as support, comfort, well-being, pain and anxiety.

In the assessment of complications, researchers found that subjects in the massage-therapy group had significantly lower scores for central nervous system or neurological complications, such as disorientation, agitation, anxiety, numbness, headache and insomnia.

"This diminishing effect on neurological complications is important in enhancing the quality of life during BMT," state the study's authors. "Massage-therapy patients may be able to rest more easily, communicate with their family members, and feel less depressed and anxious during this critical time."

No statistical differences were found among the three groups for time for engraftment. Participants in the massage-therapy group perceived that they received significantly greater benefits from the therapy than those in the friendly visit group. Subjects in both the massage-therapy and the Therapeutic Touch group had comfort scores significantly higher than subjects in the friendly visit group.

4. Tim Hideaki Tanaka, Gerry Leisman, Hidetoshi Mori and Kazushi Nishijo. *Complementary and Alternative Medicine*, 2002, Vol. 2, No. 9.

Twenty-nine subjects without back pain, ages 18-30, participated in the study. The study tested the hypothesis that massage on the low back affects the degree of low-back muscle fatigue caused by muscle contraction.

"Localized muscle fatigue can be induced by sustained muscular contractions and is associated with such external manifestations as inability to maintain a desired force output, muscular tremor and localized pain," state the study's authors.

Each subject participated in two sessions, one rest and one massage, on two separate days. Each participant was asked to lie prone on the table with his hands crossed behind his head and slowly extend his trunk until the inferior portion of his rib cage no longer rested on the table. This position was held for 90 seconds.

Depending on which treatment session the participant was involved in that day, he or she then received either massage on the lumbar region for five minutes or rested for five minutes. Subjects were then asked to repeat the 90-second extension.

Immediately after each muscle contraction, participants were asked to rate their level of fatigue on the visual analogue scale for fatigue. Electrodes were attached to the subjects throughout the session to get electromyographic (EMG) readings, which were used to measure muscle fatigue.

According to the EMG readings, massage had no significant effect on muscle fatigue. However, a paired t-test indicated that there was a significant increase in fatigue on the visual analogue scale for those participants who simply rested between back extensions.



"Massage application on the lumbar region provides significant difference in the fatigue scale as compared to rest, suggesting that massage application helped the subjects overcome the subjective feeling of fatigue," state the study's authors.

5. Cambron JA, Dexheimer J, Coe P, Swenson R. Side-effects of massage therapy: a cross-sectional study of 100 clients. *J Altern Complement Med.* 2007 Oct;13(8):793-6

OBJECTIVE: The purpose of this study was to determine the amount and type of negative side-effects and positive (unexpected) effects experienced after a massage session.

STUDY DESIGN: Cross-sectional. **SETTING:** Massage clinic at a health sciences university.

SUBJECTS: Of the 100 new and returning massage therapy clients who agreed to participate, 91 completed all survey questions. Outcome measures: Telephone survey and medical chart review 2-7 days postmassage.

RESULTS: Overall, 10% of the massage clients experienced some minor discomfort after the massage session; however, 23% experienced unexpected, nonmusculoskeletal positive side-effects. The majority of negative symptoms started less than 12 hours after the massage and lasted for 36 hours or less. The majority of positive benefits began immediately after massage and lasted more than 48 hours. No major side-effects occurred during this study.

CONCLUSIONS: This is the first known study to define the rate of side-effects after massage therapy treatment. These data are important for risk-benefit analyses of massage care. Larger studies are needed to verify these data and to assess effects of different massage types and durations.

6. Cooke M, Holzhauser K, Jones M, Davis C, Finucane J. The effect of aromatherapy massage with music on the stress and anxiety levels of emergency nurses: comparison between summer and winter. *J Clin Nurs.* 2007 Sep;16(9):1695-703.

AIMS AND OBJECTIVES: This research aimed to evaluate the use of aromatherapy massage and music as an intervention to cope with the occupational stress and anxiety that emergency department staff experience. The study also aimed to compare any differences in results between a summer and winter 12-week massage plan.

BACKGROUND: Emergency nurses are subjected to significant stressors during their work and it is known that workloads and patient demands influence the role stress has on nurses. The perception that winter months are busier for emergency departments has long been held and there is some evidence that people with cardiac and respiratory dysfunction do present more frequently in the winter months. Massage has been found to decrease staff anxiety.

DESIGN: The study used a one-group pre-test, post-test quasi-experimental design with random assignment.

METHOD: Staff occupational stress was assessed pre- and post- 12 weeks of aromatherapy massage with music and anxiety was measured pre and post each massage session. Sick leave was also measured. Comparisons of summer and winter data were undertaken.



RESULTS: A total of 365 massages were given over two 12-week periods, one during summer and the other during winter. Analysis identified that aromatherapy massage with music significantly reduced anxiety for both seasonal periods. Premassage anxiety was significantly higher in winter than summer. No differences in sick leave and workload were found. There was no difference in the occupational stress levels of nurses following the two 12-week periods of massage.

CONCLUSION: Emergency nurses were significantly more anxious in winter than summer but this cannot be attributed to increased sick leave or workloads. Aromatherapy massage with music significantly reduced emergency nurses' anxiety.

RELEVANCE TO CLINICAL PRACTICE: High levels of anxiety and stress can be detrimental to the physical and emotional health of emergency nurses and the provision of a support mechanism such as on-site massage as an effective strategy should be considered.

7. Haraldsson KS, Lindgren EC, Fridlund BG, Baigi AM, Lydell MC, Marklund BR. Evaluation of a school-based health promotion programme for adolescents aged 12-15 years with focus on well-being related to stress. Public Health. 2008 Jan;122(1):25-33. Epub 2007 Aug 24.

OBJECTIVE: The aim of this study was to evaluate a school-based adolescent health promotion programme with focus on well-being related to stress.

STUDY DESIGN: Interventional and evaluative with tests before and after the intervention. The study was performed in two secondary schools in a town on the west coast of Sweden.

METHODS: A health promotion programme comprising massage and mental training was implemented for a single academic year in one school (intervention school, 153 participants) in order to strengthen and maintain well-being. No intervention was implemented in the other school (non-intervention school, 287 participants). A questionnaire was developed and tested, resulting in 23 items distributed across the following six areas: self-reliance; leisure time; being an outsider; general and home satisfaction; school satisfaction; and school environment.

RESULTS: A pre- and postintervention comparison of the six areas was made within each school. In the intervention school, the boys maintained a very good or good sense of well-being related to stress in all six areas, while the girls' sense of well-being was maintained in five areas and deteriorated in one area. In the non-intervention school, the boys maintained a very good or good sense of well-being related to stress in four areas and deteriorated in two areas, while the girls' sense of well-being was maintained in two areas and deteriorated in four areas.

CONCLUSION: Massage and mental training helped to maintain adolescents' very good or good sense of well-being related to stress. A questionnaire with acceptable validity and reliability was developed and tested in order to evaluate the health promotional approach. However, there is a need for further study to develop both the intervention and the questionnaire for young people.

8. Sharpe PA, Williams HG, Granner ML, Hussey JR. A randomised study of the effects of massage therapy compared to guided relaxation on well-being and stress perception among older adults. Complement Ther Med. 2007 Sep;15(3):157-63. Epub 2007 Feb 20

OBJECTIVE: The objective was to assess the effects of massage compared to guided relaxation on stress perception and well-being among older adults.



DESIGN: A randomised pilot study enrolled adults ages 60 and older to receive 50 min, twice weekly massage therapy or guided relaxation sessions. Questionnaires were administered at pre-test (1 week before the first session) and post-test (after the last session).

SETTING: Participants came to the University of South Carolina campus for sessions. Adults aged 60 and older were recruited from community venues and were briefly screened by telephone for contraindications.

INTERVENTION: Participants (n=54) received 50 min massage or guided relaxation sessions twice weekly for 4 weeks. The massage included Swedish, neuromuscular, and myofascial techniques. For the relaxation group, an appropriately trained assistant read a script to guide the participant in using visualization and muscle relaxation.

MAIN OUTCOME MEASURES: The General Well-being Schedule is an 18-item scale with subscales measuring anxiety, depression, positive well-being, self-control, vitality, and general health. The Perceived Stress Scale is a 14-item scale assessing the degree to which situations in one's life are appraised as stressful during the past month.

RESULTS: Significant improvements were found for the anxiety, depression, vitality, general health, and positive well-being subscales of the General Well-being Schedule and for Perceived Stress among the massage participants compared to guided relaxation.

CONCLUSIONS: Findings indicate that massage therapy enhances positive well-being and reduces stress perception among community-dwelling older adults.

9. [Billhult A, Bergbom I, Stener-Victorin E.](#) Massage relieves nausea in women with breast cancer who are undergoing chemotherapy. *J Altern Complement Med.* 2007 Jan-Feb;13(1):53-7.

OBJECTIVES: The aim of the present study was to examine the effect of massage on nausea, anxiety, and depression in patients with breast cancer undergoing chemotherapy.

DESIGN: This work was a single-center, prospective, randomized, controlled trial.

SETTINGS/LOCATION: This study was conducted in an oncology clinic, in a hospital in southwestern Sweden.

SUBJECTS: Thirty-nine (39) women (mean age = 51.8) with breast cancer undergoing chemotherapy were enrolled.

INTERVENTIONS: The patients were randomly assigned to a massage therapy group (20 minutes of massage on five occasions) or a control group (five 20-minute visits)

OUTCOME MEASURES: All patients recorded nausea and anxiety on the Visual Analogue Scale before and after each intervention. They also completed the Hospital Anxiety and Depression Scale.

RESULTS: Massage treatment significantly reduced nausea compared with control treatment ($p = 0.025$) when improvement was measured as a percentage of the five treatment periods. Differences in anxiety and depression between the two treatment regimes could not be statistically demonstrated.

CONCLUSIONS: This study complements previous studies on the effect of massage and supports the conclusion that massage reduces nausea in these patients.



10. Mackereth P, Sylt P, Weinberg A, Campbell G. Chair massage for carers in an acute cancer hospital, Eur J Oncol Nurs. 2005 Jun;9(2):167-79.

The Chair Massage service considered in this evaluation study was provided to carers, visiting in-patients at a major cancer hospital in the UK. The two-stage evaluation comprised: firstly, a retrospective review of treatment records for the previous 12 months (n=182), and secondly, a prospective study, gathering data by interview and a 'next-day' questionnaire from carers (n=34), during 1 week of service delivery. The study at both stages sought to identify who used the service, post-treatment comments and changes in scores using a Feeling Good Thermometer (Field, T., 2000. Touch Therapy. Churchill Livingstone, London). During the second stage the carers were also asked about their concerns and worries, and to report changes in physical and emotional states using visual scales. Findings included significant improvements in physical and psychological scores; these were retained through to the next day. The next-day questionnaire also reported improved sleep for the majority of carers. A number of concerns and worries were raised at interview, notably anxieties about the patient and uncertainty about the future, family and financial worries. Overall, the service was well evaluated with parents and in particular female carers appearing to gain the most from the intervention.

11. Haraldsson K, Fridlund B, Baigi A, Marklund B. The self-reported health condition of women after their participation in a stress management programme: a pilot study. Health Soc Care Community. 2005 May;13(3):224-30.

From a public health perspective, it is important to develop effective measures to deal with stress which are based on the individual's participation, such as stress management provided in group sessions. Therefore, the aim of the present study was to compare and evaluate the self-reported health condition of women in terms of their general symptoms, stress and sense of coherence (SOC) after participation in a stress management programme. The intervention, which had a modified crossover design and involved 40 women divided into two groups (G1 and G2), comprised eight meetings, the content of which was both theoretical and practical, and included information about stress, stress management, massage and mental training. A questionnaire was filled in on three occasions: before and after the intervention (8 weeks later), and after another 8 weeks (16 weeks later). The questionnaire contained 60 items comprising background factors, general symptoms, stress and SOC. No significant differences existed between the groups at baseline. In favour of the intervention, significant differences were found between the groups with regard to fewer general symptoms ($P = 0.035$) as well as a tendency to stress reduction ($P = 0.060$). A comparison within groups showed that both groups had a significant reduction in symptoms after the intervention (G1, $P = 0.002$; and G2, $P = 0.003$) and in reduced stress (both $P = 0.001$). After a further 8 weeks, both groups still showed significantly fewer general symptoms and reduced stress, as well as significant improvements with regard to SOC (G1, $P = 0.012$; and G2, $P = 0.026$). These findings indicate that the combination of mental training and massage in this stress management programme had a positive influence on the women's health condition. The pilot study design could be used in a full-scale study with randomised groups.

12. American Psychological Association. "How does stress affect us?" 2006. APA web site, www.apahelpcenter.org.
13. AMTA Position Statement Adopted 2006. "It is the position of the American Massage Therapy Association (AMTA) that Massage Therapy can be effective for stress relief."

