



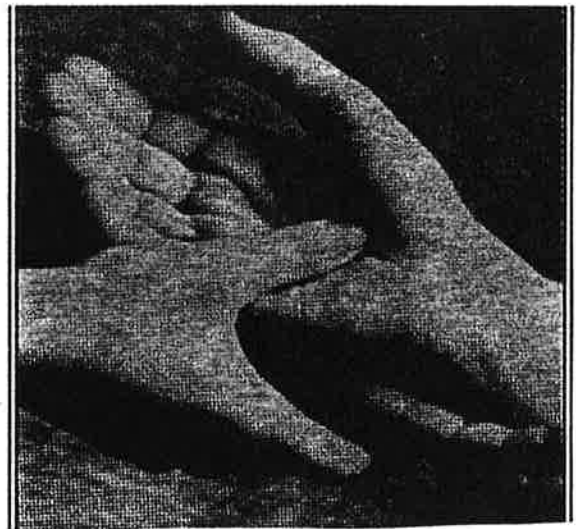
## **CELEBRATING OVER 50 YEARS OF MASSAGE THERAPY IN BRITISH COLUMBIA**

This year the Massage Therapy profession is entering its golden years. Since 1946, the practice of Massage Therapy has been legislated and regulated by the provincial government. Today, Registered Massage Therapists (RMTs) have the highest increased demand for their services of any health care profession in B.C. There are approximately 1000 RMTs in B.C. and their numbers continue to grow. The length of education has also continued to grow with an increase to 3000 hours from the national standard of 2200 hours.

Massage Therapy consists of "hands on" soft tissue manipulation, and other active and passive techniques which are based on the science of anatomy, physiology and pathology. One of the reasons for the profession's success is an increase in public interest in alternatives to the drugs, surgery, and electrical modalities for the treatment of common musculoskeletal disorders and pain. Increasingly, scientific research is supporting the use of Massage Therapy as an effective approach in stress and injury management. RMTs successfully treat patients with a wide range of conditions including neck and back pain, headaches, arthritis, or work, sports, and motor vehicle injuries.

Patients are often referred by their Medical Doctors and services may then be covered by the Medical Services Plan, Insurance Corporation of B.C., Workers' Compensation Board, Department of Veteran Affairs, or the Royal Canadian Mounted Police. Many people are also paying for services personally and then being compensated by their private health plan. Massage Therapy is both accessible and cost effective. Come discover Massage Therapy for yourself and experience quality care.

# **MASSAGE THERAPY**



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# INTRODUCTION

## MASSAGE THERAPY:

- ◆ consists of "hands-on" soft tissue manipulation
- ◆ consists of a active and passive treatment techniques
- ◆ has been legislated in B.C. for over 50 years
- ◆ has the highest increasing public demand for service of any health care profession in B.C.
- ◆ is based on the sciences of anatomy, physiology and pathology
- ◆ increases circulation which promotes healing
- ◆ increases oxygen flow to the cells
- ◆ increases lymphatic function
- ◆ decreases muscle tension or spasm
- ◆ increases flexibility and pain-free movement
- ◆ promotes improved posture

## MASSAGE THERAPY PATIENTS ARE:

- ◆ often referred by their Medical Doctors or Dentists
- ◆ commonly treated for conditions including neck and back pain, headaches, arthritis, or work, sports and motor vehicle injuries
- ◆ also treated for a wide range of other conditions including stress
- ◆ of all ages and types

## MASSAGE THERAPY IS DISTINGUISHED BY:

- ◆ hands-on treatment
- ◆ a wide range of active and passive techniques
- ◆ being an effective and inexpensive therapy
- ◆ being a drugless and non-surgical modality
- ◆ the teaching and education of remedial exercises and preventative practices
- ◆ therapists spending substantial amounts of time with a patient

## MASSAGE THERAPISTS ARE:

- ◆ well trained (over 3000 hour program with internship)
- ◆ predominantly women - 73% of RMTs
- ◆ people of all ages with diverse backgrounds
- ◆ easily accessible
- ◆ located in
  - private clinics including home practices
  - interdisciplinary clinics, ie. with physiotherapists or chiropractors
  - Wellness Centres & resort centres/hotels
- ◆ providing home visits and/or institutional visits or corporate buildings

(1)

## HISTORY

Massage Therapy, Hydrotherapy and Joint Manipulation have been practiced all over the world throughout recorded history. Hippocrates, the founder of modern medicine felt that these three modalities were vital to the practice of medicine and to the treatment of pain and dysfunction. With the improvements of drug therapy, surgical methods and therapeutic electrical modalities, massage therapy and hydrotherapy had become less commonly used. In North America these two modalities came to be viewed as old fashioned and insufficiently technical. For years these skills were largely left in the hands of a small group of "masseurs" and "masseuses". Although massage and hydrotherapy continued to be part of accepted medical treatments in many parts of Europe, in North America they came to be ignored by the medical establishment.

However, of late there has been a resurgence of massage therapy. This has been partly due to higher educational standards, studies proving the efficacy of massage therapy and also due to an increase in public interest in alternatives to the use of drugs, surgery and electrical modalities for the treatment of pain and musculoskeletal conditions. According to the Quebec Task Force Study (QTF) on Spinal Disorders, "massage is the most frequently used therapy for musculoskeletal problems, and is particularly useful in controlling pain." \* Whereas muscle relaxants, anti-depressants, sedating drugs and many electromodalities such as TENS, electrical stimulation and ultrasound, were not shown beneficial." \*\* British Columbians are becoming very aware of the positive effects of massage therapy which has long been recognized in B.C. In 1946 Massage and Physiotherapy were legislated under the Physiotherapists' Act, and regulated by the Association of Physiotherapists and Massage Practitioners. This legislation provided for the highest standards of massage therapy in North America.

\* QTF on Spinal Disorders, "Scientific Approach in the Assessment and Management of Activity Related Spinal Disorders. A monograph for Clinicians. Report of the QTF on Spinal Disorders." Spine 12, no 7, Suppl: (Sep. 1987): s1-59.

\*\* Spitzer WO, Skovron ML, Salmi LR, Cassidy JD, Duranceau J, Suissa S, Zeiss E. Scientific Monograph of the Quebec task Force on Whiplash-Associated Disorders: Redefining "Whiplash" and its Management. SPINE 1995 Suppl: 20(8S):2S-73S

(3)

Over the last 50 years, registered massage therapy services have been receiving greater recognition, from MDs, other healthcare professionals and the public, for improving the health of British Columbians. A recent B.C.M.A. survey shows that 2 out of 3 MDs refer their patients to an RMT. Also, this survey shows that 3 out of 4 MDs who have recently graduated refer their patients to an RMT. Since an MD referral is necessary for MSP coverage, the increases in the utilization of RMT services is directly proportional to the number of referrals.

In light of the increasing number of referrals and the number of patients requesting massage therapy, the increased utilization on supplementary benefit services and no assistance through federal transfer funds, in April of 1987, the BC government introduced the \$5 patient visit charge (PVC). Legislation was also amended to allow extended health care plans to cover the PVC. ~~With utilization still growing,~~ on April 1, 1994, the PVC was increased to \$7.50. *ADD II*

B.C. leads with providing the broadest coverage of supplementary benefit services across Canada. Registered Massage Therapists' (RMTs) fees are covered by the Medical Services Plan (MSP), Insurance Corporation of B.C. (ICBC), Workers' Compensation Board (WCB), Department of Veterans' Affairs (DVA), Royal Canadian Mounted Police (RCMP) and many extended health care plans.

Massage Therapy is most accessible in B.C. due to its representation in every health region of B.C. and due to its coverage under MSP, ICBC, DVA, RCMP & WCB with a MD referral. However, many people are choosing to pay privately for such services for a variety of health related reasons. Its popularity has continued to grow, for example, in 1994/95 RMT services with MD referrals were used between 20-25% more than the previous year. This translates into over 100,000 referrals and 1.5 million medically necessary services rendered in the same time period.

## **SUMMARY OF MANUAL TECHNIQUES USED BY REGISTERED MASSAGE THERAPISTS**

The techniques used by massage therapists can be divided into the following broad categories;

- i) Soft tissue manipulation - manual manipulation of the patient's soft tissues
- ii) Passive movement - the therapist moves the patient with no assistance from the patient
- iii) Active movement - the patient performs an action by him/herself.
- iv) Hydrotherapy - the therapeutic use of water at different temperatures
- v) Actinotherapy - the therapeutic use of light (full spectrum or portions therein)

The following summary will deal specifically with massage therapy techniques and the categories are given in brackets.

### **1) TRADITIONAL MASSAGE (soft tissue manipulations)**

These are the principal massage techniques and they form the basis of the student's training. The purpose of all these applications is to increase blood and lymph circulation and rehabilitate the tissues. All the soft tissue manipulation approaches use some variation of the following techniques:

**A) Effleurage** - a manipulation applied from the periphery of the body part, in the direction of venous flow, directing blood and lymph toward the heart, using the entire surface of one or both hands while maintaining contact between maneuvers.

**B) Petrissage** - manipulations applied using alternative pressure and release of soft tissues by lifting soft tissue up from underlying structures or by compressing down toward underlying structures. There are five classifications: kneading, compressions, wringing, picking up, and rolling.

**C) Stroking** - light or deep pressure applied in one direction at a time

**D) Frictions** - a very specific, circular or transverse manipulation that involves moving a segment of tissue against the underlying structure applied by fingertip pressure with or across the fibres of a tendon, muscle, scar or other soft tissue.

**E) Tapotement** - a percussive manipulation consisting of a series of movements administered over a body part. It is a powerful means of stimulating muscles, nerves. Has a great influence in dislodging mucous from lungs.

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**8) JOINT AND SOFT TISSUE MOBILIZATION (active & passive movement)**

Slow, controlled, sustained and/or oscillatory movement of one articular surface in relation to another, as performed by a therapist (direct mobilization), or by contraction of a patient's muscles (indirect mobilization).

**9) LIGHT THERAPY - ACTINOTHERAPY**

The use of light in the treatment of disease or trauma.

**10) LYMPH DRAINAGE, MANUAL (soft tissue manipulation)**

This consists of light rhythmical, circular massage strokes resulting in the improvement of lymphatic circulation (lymph is the waste removal system of the soft tissues).

**11) MUSCLE ENERGY TECHNIQUE (active & passive movement)**

This is the application of contract/relax technique to the muscles that move individual bones. (See 2) Contract Relax Technique).

**12) ORIGIN AND INSERTION TECHNIQUE (soft tissue manipulation)**

This is the use of various massage maneuvers along the entire length and breadth of an individual muscle from its attachment to a bone at one end and to its attachment to a bone at the other end, in order to most effectively release tight muscle fibres.

**13) POSTURAL TRAINING (active movement)**

The therapist teaches the patient how to improve posture in order to prevent strain on the soft tissues and joints.

**14) PROPRIOCEPTIVE NEUROMUSCULAR FACILITATION (active & passive movement)**

This is the use of active and passive movement and contract/relax technique to retrain the body's ability to move correctly and also to increase muscle strength in injured tissues. (See 2) Contract/Relax Technique).

**15) REMEDIAL EXERCISES (active movement)**

The therapist instructs the patient in stretching or strengthening exercises determined by assessment of the patient's condition. This is often done in a clinic setting but occasionally RMTs instruct their patients at outside facilities.

## WHAT MASSAGE THERAPY TREATS

### CLINICAL TREATMENTS AND ON-SITE TREATMENTS

Specific applications of techniques and modalities are used for the following soft tissue pathologies and miscellaneous systemic pathologies with a soft tissue component.

asthma	headaches
athletic injuries	hemiplegia
arthritic groups (OA, RA, AS, Gout)	iliotibial band contracture
bronchitis	impingement syndrome
Buerger's disease	insomnia
bursitis	IVD prolapsed herniation
carpal tunnel syndrome	low back pain
cerebral palsy	multiple sclerosis
chronic fatigue syndrome	muscle tension/spasm
" gastritis	muscular dystrophy
" nasal catarrh	neuralgia/neuritis
" pain	osteoporosis
constipation	paralysis - ulnar, radial, median, erbs', klumpkes', Bells'
contractures	Parkinsons' disease
contusions	patellar tracking dysfunction
cramps	pes planus
degenerative disc disease	plantar fasciitis
dislocations	poliomyelitis & post polio syndrome
Dupuytren's contracture	postural deformities (hypo/hyper lordosis, kyphosis, scoliosis, torticollis)
dysfunctions related to stress	
dysmenorrhea	Raynauds' disease
edema	scars
emphysema	sciatica
entrapments & compression syndromes	spastic paralysis
facet lock	sprains
fibromyalgia	strains
fibrositis	synovitis
fractures	systemic Lupus Erythematosus
frozen shoulder	thoracic outlet syndrome
gout	tendonitis
special conditions & considerations;	tenosynovitis
i) children	TMJ dysfunction
ii) geriatric patients	varicose veins
iii) pregnant women	whiplash



### **3) FIBROSIS AND CONTRACTURE**

The prevention and treatment of fibrosis (abnormal formation of collagen tissue) is a primary treatment goal following tissue damage, inflammation or immobilization. Transverse friction, for example, of a torn ligament prevents abnormal adhesion formation to surrounding connective tissue, bones and tendons.

Treatment application for deep friction includes tendonitis, muscular and ligamentous lesions for both recent injury and still present scar tissue formation from past injury. Other conditions commonly treated for fibrosis and contracture include torticollis, contusions (post-acute), adhesive capsulitis, osteoarthritis and most musculoskeletal lesions with acute inflammation present. Rheumatoid arthritis, degenerative disc disease, multiple sclerosis and cerebral palsy are still others indicating a need for treatment.

### **4) CONTROL OF PAIN**

The effectiveness of massage in pain control is widely recognized (Yates 1989). It can directly act on the pain receptors stimulation, either at a peripheral or central nervous system level. Studies have shown that ice massage, for example, shares the same neural mechanism involving the gating of pain within the spinal cord as transcutaneous electrical nerve stimulation (TENS) and acupuncture do.

The therapeutic effects of soft tissue massage are concerned with breaking the pain-contraction cycle, and affecting the source of pain. Pain relief can also be obtained by the increase of circulation (decrease of congestion), increase of range of motion (ROM), and releasing myofascial trigger points. Pain management by massage therapy may be indicated for post-trauma, post-surgical and palliative care (e.g. terminal illness) as well as muscular lesions, arthritis, neuritis and inflammatory conditions.

### **5) RESPIRATORY FUNCTION**

Massage therapy has been commonly used for respiratory diseases as part of their treatment. Patients with chronic obstructive pulmonary diseases (COPD) ; emphysema, bronchitis, asthma - where necessary breathing muscles are taxed and rib cage mobility is decreased, have benefited from massage treatment to where there is improved forced vital capacity, respiratory rate and chest expansion. Techniques used for COPD include postural drainage, manipulation of respiratory muscles combined with chest percussion and exercises for breathing and trunk mobilization.

## RECENT RESEARCH ON MASSAGE THERAPY

" As with the medical profession itself, the treatment principles of Massage Therapy are undergoing a shift from being largely empirically based to being scientifically based. A growth in scientific evidence supports and explains the beneficial effects of Massage Therapy." 6 Years of research in Europe attest to the effectiveness of massage therapy, but little of this research is available in English. Since the use of massage therapy and hydrotherapy began to decline in North America, little research has been done on these therapies on this continent. Because of the current revival of massage therapy, useful North American research has now begun.

Other **Research Studies in Massage Therapy** that are currently being undertaken are

### 1) QUEBEC TASK FORCE STUDY

QTF on Spinal Disorders, "Scientific Approach in the Assessment and Management of Activity Related Spinal Disorders. A monograph for Clinicians. Report of the QTF on Spinal Disorders." Spine 12, no 7, Suppl: (Sep. 1987): s1-59. According to the Quebec Task Force Study (QTF) on Spinal Disorders, "massage is the most frequently used therapy for musculoskeletal problems, and is particularly useful in controlling pain."

### 2) MOH/MTA JOINT RESEARCH STUDY

In October 1994 the MOH has agreed to fund a research study on Massage Therapy which will include a worldwide scientific literature review, a survey of massage patients, and a series of focus groups to elaborate on the results of the study. This study will commence in 1997.

### 3) UNIVERSITY OF MARYLAND MEDICAL CENTRE - BALTIMORE

Dr. Walker Robinson - Neurosurgeon (Kelowna Daily Courier-Feb.16, 1995)  
"Tension headache? It may all be in your tissues, researchers say. A University of Maryland Neurosurgeon and two dentists have discovered new tissues that link the brain to upper neck muscles and could affect how tension headaches are treated. If they are right, a prescription to relax could affect the headache remedy market. Instead of popping pain relievers, chronic sufferers could cure themselves by relaxing their neck muscles. 'This may help get at the problem either with different pharmaceutical treatment, **massage**, relaxation therapy, or an ice pack' Dr. Walker Robinson, a Neurosurgeon at the University of Maryland Medical Centre, said Wednesday. 'The tissue was previously undocumented', said Dr. Keith Campbell, a neurologist at the Mayo Clinic in Rochester, Minn. Pain relievers are the best selling over-the-counter drug. In most cases, drugs such as ASA, Ibuprofen & Acetaminophen just make it easier to ignore."

**7) PAUL ST. JOHN - NEUROMUSCULAR THERAPY**

TMJ studies and Cranial studies have been conducted in Germany by dentists and these studies were published in the papers. Further information to be sent.

**8) UPLEDGER INSTITUTE - FLORIDA  
CRANIAL SACRAL THERAPY**

This institute is attempting at this time to gain national insurance coverage and thus is very involved in on-going research, as well as over 80 articles on this therapy published thus far. Further information to be sent.

**9) ONTARIO MASSAGE THERAPIST ASSOCIATION**

A multi-disciplinary study is currently being considered by Dr. Imrie, a back care specialist and author of "Back Power", which would involve long-standing chronic cases such as MVA injuries, industrial injuries, migraines etc.. This study would look at symptoms, lifestyle, occupation etc... to determine which patients are suited for which method of treatment. RMTs will definitely be involved when the study commences.

**10) SASKATCHEWAN GOVERNMENT INSURANCE (SGI)**

On Dec. 17, 1996, the Saskatchewan Government, under Section 185 of the Automobile Insurance Act, lists uniform guidelines for medical treatment stating that massage therapy is proven effective for Whiplash Associated Disorders (WAD) for Grade II and Grade III. This SGI Early Intervention Program was based on the Quebec Task Force on WAD, and on the Clinic Practice Guidelines formulated by a multi-disciplinary task force assembled by the Agency for Healthcare Policy & Research. (part of the U.S.A. Department of Health and Human Services).

**11) ONTARIO INSURANCE COMMISSION**

On Oct. 28, 1996, the Ontario Insurance Commission developed guidelines on the management of claims involving whiplash associated disorders. The Commissioner's guideline # 5/96, page B9-5, states that mobilization and exercise are two of the massage therapy techniques which improve the health outcomes of whiplash associated disorders, and page B9-6 supports professionally administered passive massage therapy techniques for Grades II & III WAD.

