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Changing Focus

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One problem with "sickness-care," as practiced today by the allopathic community, is the overall focus on the good of the professions, rather than the good of the patient. The public has embraced alternative providers for their health and wellness, as opposed to sickness-care.

Alternative providers focus on the good of the patient in one-on-one relationships, but that seems to be changing.

Success brings with it greed and power struggles. The alternative professions are losing their patient focus and becoming more self-indulgent. The allopathic system loves this, as it slowly brings its competition under their control. One obvious sign of this degeneration is the lust for access to and acceptance by the allopathic insurance industry. For money and perceived status, alternative practitioners are willing to give up their independence as first-door providers, as well as their patients' rights and privacy, which, incidentally, will be much harder to get back than it was to give up.

"Turf wars," or battles for exclusive scope-of-practice regulations, are classic examples of self-focused, professional greed. Why should it matter if a patient finds relief from a trigger-point-induced headache from a PT, DC, LMT, MD, or an XYZ? Shouldn't the point be that the patient found relief? Should it matter who deactivated the trigger point? Wouldn't it be better for the public if more practitioners could deactivate trigger points or practice any technique of manual therapy? Of course it would; unfortunately, these days, it seems we dare not have the wrong people doing too much good.

Because the licensing scam invented by the allopathic physicians gives them unrestricted scopes of practice (they got there first), other providers have had to join the licensing game to legally define a scope of practice they can work in. Without being legally defined and allowed, any health provider other than an MD is technically "practicing medicine without a license" and in danger of prosecution at the whim of the medical

board. Each profession attempts to carve out its niche - hopefully, as large a niche as possible - allowing it to do as much good for the public as possible. However, it must be realized that the professions are going to have overlapping or shared techniques that they all can and, arguably, must do. Touching the patient is one of these. When licensing efforts are used to restrict the use of common hands-on techniques like joint mobilization, range of motion and various alignment techniques that have been utilized by hands-on (manual) therapists for centuries, it is not for the good of the public: It is done out of greed.

Currently, DCs are trying to pass legislation aimed at PTs that will severely restrict the massage therapist's scope of practice. I detailed part of this unethical power grab by DCs in the October 2002 issue (www.massagetoday.com/archives/2002/10/13.html). I commend Cliff Korn for his excellent editorial on this subject in the May 2003 issue (www.massagetoday.com/archives/2003/05/10.html).

It is time for the health-care system to focus on the good of the patient, not the good of the professions. Patients deserve better than to be "practiced on" as their health is managed into the grave. The focus on the good of the industry at the expense of the patient is the reason so many people are seeking alternative providers. They are searching for health care and for caring. They want an alternative to the allopathic system. It is disgusting to see alternative providers carrying on like a bunch of allopaths, fighting over who can push on tissue in a certain way. The irony of chiropractors trying to "pull the ladder" up behind themselves would be laughable if they weren't so serious about it. Here is a profession that ripped off most of its foundational techniques from other professions and is now demanding they be the only ones allowed to use them! This is a classic example of how the health-insurance industry corrupts a health-care profession.

The arguments between PTs and DCs are not really over the welfare of the patient, although that is always the excuse used in public; rather, the arguments are over who gets to bill what to insurance. In the process, the massage therapist's scope of practice may well be curtailed to pushing oil around - lightly. Massage therapists need to become involved in this dispute, both as individuals and through our associations, to prevent this power grab by the chiropractors from becoming law anywhere. DCs plan to go state-by-state with it, so watch for it coming to your legislature soon. Shame on the DCs who support this. Bad DC - no donut!

Unfinished Business

I promised I would not mention Texas in this column again until I had positive progress to report. It didn't take long. A dedicated group of professional massage therapists assembled at a beautiful retreat center an hour north of Houston on May 16-17, 2003. The results of this meeting will, I believe, bring significant, positive changes to the massage profession in Texas. It may even set an example for other states to follow. The AMTA Texas Chapter has a new Board of Directors and new committee chairs planning meetings, surveys and events. This revitalized professional organization is going to be well worth getting involved in if you practice in Texas, if not as a member, then as a guest: The new leadership will welcome you. When the seeds planted at the May meeting bear fruit, the image of massage, the safety of the public and the safety of massage therapists will significantly improve. Watch this column for more positive news from Texas.

Hope you are having a great summer. Best wishes for a safe and happy Fourth of July!

Click [here](#) for more information about Ralph Stephens, BS, LMT, NCTMB.



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