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Defining Medical Massage

By James Waslaski

I disagree with the segment recently shown on national television claiming that massage can cause more harm than good ("Setting the Records Straight: Massage Gets a Bad Rap in National Report," www.massagetoday.com/archives/2004/06/02.html).

Statements like these are usually based on turf wars in the health care profession. If there were substantial truth to these accusations, I would not be traveling 40 weekends a year teaching orthopedic massage!

My first article, "Medical Massage vs. Orthopedic Massage" (Feb. 2004, www.massagetoday.com/archives/2004/02/03.html), was intended to bring leaders of advanced massage disciplines together to create a unified definition of "medical" massage; now, it has become a mission to set a unified standard for medical massage "certification."

The best short definition I gathered from medical massage therapists is: "Medical massage is performed with the intent of improving conditions or pathologies that have been diagnosed by a physician; a wide variety of modalities or procedures are utilized to focus the treatment based on the diagnosed condition." I was determined to prove that advanced disciplines, such as neuromuscular therapy, CranioSacral Therapy (CST), myofascial release, lymphatic drainage, massage for cancer patients, orthopedic massage, etc., fall under medical massage disciplines, and certification in many of these disciplines usually requires a minimum of 100 hours of training.

Interestingly, when I teach orthopedic massage, it is a blend of many of these disciplines, and I believe that orthopedic massage is an advanced discipline of medical massage. It involves therapeutic assessment, manipulation, and movement of the locomotor soft tissues to reduce or eliminate pain or dysfunction. A unique multidisciplinary approach is utilized to restore structural balance throughout the body, which allows focus on prevention and rehabilitation of musculoskeletal dysfunctions, chronic pain and sports injuries.

Primary modalities include functional assessment, myofascial release, neuromuscular therapy, scar tissue mobilization techniques, neuromuscular re-education, PNF stretching, strengthening, and specific client home-care protocols.

I encourage participants to be cross-trained in as many advanced disciplines as possible, and constantly research which discipline works best in each particular situation. I firmly believe that disciplines such as lymphatic drainage, CST, myoskeletal alignment, energy work, etc., may be better modalities than orthopedic massage for a percentage of patients; therefore, they are a critical part of the toolbox for elite-level medical massage practitioners.

Still, I question whether fewer than 100 hours of medical massage training without an internship and written and practical exam, can properly prepare therapists for the vast array of medical complications that could be made worse by improperly applied massage. For example, one massage instructor recently challenged my February article claiming that a patient with an aneurysm (like that of my mother) would be pale and too weak to get onto the massage table. My mother's aneurysm was leaking and ready to burst, but she did not have pale skin, diaphoresis or weakness. Other than slight kidney pain (often diagnosed as back pain) and small traces of blood in her urine, she had no other symptoms. Some therapists do not complete a thorough medical history, which is why an internship and direct medical training with a doctor is beneficial. In Canada, for example, many therapists spend two years in a hospital setting, following 2,000 hours of initial massage training to intern in neurology, cardiac physiology, etc.

I am blessed to be able to teach with some of the leading educators in the industry. Most recently, I taught with Dr. Erik Dalton (the founder of Myoskeletal Alignment Techniques) in Costa Rica, and was impressed with the emphasis he placed on assessing the cervical spine prior to beginning any treatments. He is highly concerned about the possibility of compromising the vertebral arteries during therapy and about pressing into the soft spot at the base of the skull when treating the suboccipital muscles. In another seminar, Dr. Dalton and I taught together with David Kent, a specialist in neuromuscular therapy and practice-building. He also emphasized the same precautions, as well as the importance of conducting a thorough assessment prior to treatment. He also stressed the need to refer some patients out to avoid complications from certain treatment protocols.

I am determined to point out those educators that mislead students into taking their courses, stating they will "certify" therapists in medical massage in as few as three days. One Texas chiropractor claims to grant a

"certification" in medical massage if you take his six-hour continuing education course. Is it ethical to give a certification without a unified examination? Many of the therapists entering these courses have as few as 300 hours of massage training, with no medical background; most have only 500 hours of massage training. I think the word "certification" is misleading. I do not think a massage therapist with little medical background and training should be certified in medical massage without an intense clinical internship, or at least proof that the therapist can competently perform the skills he or she has learned.

I do not certify anyone in orthopedic massage for this exact reason; in fact, I am waiting for the National Certification Board for Therapeutic Massage and Bodywork (NCBTMB) to create "advanced certification" in massage before I set the standards to certify people in orthopedic massage. Then I will require a written and practical exam, and at least one year of experience in treating orthopedic conditions, prior to granting orthopedic massage certification.

Sure, I could probably sell more courses if I told people they would be "certified" after two weekends and a five-day intensive course. But we need to attest to the competency of the learned skills of our students to avoid complications when new therapists apply advanced skills. There are so many incredible advanced disciplines that we see as specialties of medical massage. I know many of those specialties usually require a minimum of 100 hours to be recognized as practitioners of that work. People excel much faster in seminars if they are already certified in other disciplines. But only a small percentage of our students come into the advanced courses with adequate prior training.

I look back on my many years in a hospital setting as a gift to what I now bring to orthopedic massage. It is also the reason I reference medical massage, but do not generically call my work "medical massage". Little did I know how valuable that type of hands-on learning would be in professional debates within the industry.

My intense medical background tells me we may be in a danger zone, unless we come together as a profession, clearly define medical massage and determine how it relates to the many advanced disciplines in our rapidly advancing profession. This will lead to a unified standard in our industry, and consistency among the true experts in the various advanced disciplines of massage. Then we can finally have a true certification in medical massage, and it will attest to the competency of those well-deserved advanced therapists.

Author and lecturer James Waslaski is the past chair of the AMTA National Sports Massage Education Council. He currently teaches orthopedic massage nationally and internationally, and has produced a videotape series on orthopedic conditions and sports injuries. James is the recipient of the 1999 International Achievement Award for educating medical practitioners worldwide on integrated pain-free healing.



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