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"Medical Massage" Survey and Results

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In February 2006, a group called the National Training Institute, led by Damien Berg and Shannon Ring, invited a group of prominent people in the massage industry to join its online Yahoo Chat Group to participate in a "Medical Massage Summit" discussion.

The purpose of this two-hour session was to try and obtain opinions, feelings, attitudes and suggestions about training, education, licensing, credentialing and philosophy statements on "medical massage."

Since that discussion, many of the correspondences I have received seem to revolve around medical massage terminology, including the need or lack thereof for a definition and other requirements related to this issue. So, I decided to include a mini-survey in my "Massage Insurance Updates, Tips & News" e-mail campaign and report on the results in *Massage Today*. Although this is not along the lines of my usual column topic, insurance issues, I'm sure you will find the survey results quite interesting, particularly considering the ongoing debate within the massage profession concerning medical massage.

My e-list has been compiled from those who purchased manuals, home study courses, attended my seminars, or contacted me for questions and problem-solving issues regarding insurance billing over the years. From the survey on medical massage, I have received 159 responses. I reviewed each at least two or three times and compiled the following summary. I also began a survey last year of faxed responses. Only comments from one of those faxes are included in these results.

Respondents were so interested in this subject that most did not answer only with a simple yes or no, but conveyed added emotions, opinions and suggestions. Below are the response totals for each question. Because many respondents did not answer with a definite yes or no, when possible, I have placed their response in the appropriate yes or no category, based on their comments.

Example: Question 1 may have had many "yes" answers, but many of the respondents' explanations actually meant "no." These people mostly responded that they didn't think any massage modality or procedure needed to be defined as "medical massage," because "all massage is medical, beneficial, creates healing, etc., whether covered by insurance and whether prescribed for a particular diagnosis by a physician."

Questions and Answers

Question 1:

Should any massage therapy be officially defined as "medical massage?"

Response

Yes: 21; No: 129; Comments without a definite Y or N: 9.

Question 2:

If yes (to Question 1), please give your best or favorite definition and reason for wanting it defined.

For those who did answer yes to Question 1, their responses to Question 2 did not indicate the need for particular designation or requirements of "medical massage." They felt medical massage was already defined in one way or another. What follows is a summary of some of the comments regarding medical massage and how it should be "defined."

Summary of Responses to Question 2

- You do not see "medical physical therapists" or "medical occupational therapists" or "medical social workers" or "medical speech therapists."
- Massage is therapy, and therapy is already defined as medical by its definition;
- Medical massage is already defined by prescription of treating physician.
- Medical massage is clinical massage.
- It is a variety of soft-tissue and manual therapy techniques for medical conditions as prescribed or from self-referrals, as is allowed by some state laws such as Washington in some instances.
- Therapy is already a medical term.
- Nearly every client has some medically related complaints when they come for therapy, prescribed or not.

- Medical massage may be a subspecialty of massage, as is NMT, CST, Rolfing etc.
- Doctors are doctors even though they have subspecialties, such as family practitioner, surgeon, etc.
- This is already defined in our state licensing laws.
- Massage is medical in nature, as it helps physically, spiritually, mentally and emotionally according to client's/patient's needs.
- Each therapist should be allowed to brand themselves, based on their training, additional certification, etc.
- Medical massage is manual therapy, manual manipulation of soft tissue!

Question 3:

Do you think a massage therapist should have to be officially certified or titled "medical massage therapist" for physicians to refer their patients or to be reimbursed by insurance?

Response

Yes: 10; No: 128; Comments or No answer: 21.

The No responses to Question 3 were adamant and included, "No," "Not Ever," "No!," "Hell no," "Absolutely not," "Absolutely no" and "Not now."

Question 4:

If yes to Question 3, how/by whom should this certification be provided (state boards, state associations, NCBTMB, other)?

If other, please name/explain.

Summary of Responses to Question 4

- state boards (this was the majority of responses as to how medical massage should be regulated, if necessary);
- NCBTMB;
- national certification board or other similar national standards, so we are all alike nationwide;
- college degree or diploma required, with state boards issuing the licensing or other similar organization;

- continuing education on their own;
- initial massage school training;
- massage educators or other health care providers;
- nonpartisan group; those with patients' interest as top priority;
- increased school hours, upwards of 1,000 hours with emphasis on medically necessary conditions for those who want to go this route with testing and passing;
- only when medical massage training is incorporated and regulated by massage therapy educational institutions, and then through state associations/state boards and NCBTMB
- more intense training in schools, focusing on medical issues, charting, HIPAA, billing etc;
- Quite a few also expressed that a push for every state being licensed would be helpful, especially as a first step to change in our industry.

Question 5:

May I use your answers in my survey results?

Response:

One hundred percent said "Yes," although many asked that I not use their names. No names were used unless specifically requested or suggested, and even then, only some initials were used in my final summary on file.

No e-mail addresses were used.

All responses are saved for further proof if necessary.

I do appreciate all of those who took the time and effort to read and respond to my e-mail survey. For any of you who did not receive my e-mail survey and would like to contribute, you may e-mail me at: vivianmadison@aol.com and submit answers to the five questions listed above.

Click [here](#) for more information about Vivian Madison-Mahoney, LMT.



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