



*Massage Today*

January, 2005, Vol. 05, Issue 01

## **Medical Massage and More, Part II**

By Ralph Stephens, BS, LMT, NCTMB

In November, I shared my definition of medical massage, why I like the term "medical massage," and the importance of maintaining our status as first door providers

([www.massagetoday.com/archives/2004/11/11.html](http://www.massagetoday.com/archives/2004/11/11.html)).

This generated some interesting responses. I want to share two of them. A physical therapist turned massage therapist wrote:

"I laugh when I hear about MTs trying to break into the insurance market. I have seen a steady decline in reimbursement in health care over the past 10 years. In PT, there is no direct access beyond the MD or insurance leash. MTs have a great advantage of direct access plus out-of-pocket reimbursement (Not to mention minimal paperwork!) I now enjoy my time with my clients, actually having the time to spend working with them directly rather than constantly looking over my shoulder for my authorization and productivity!"

I find it amusing that as other health care professional like chiropractors, dentists, physical therapists, and even some MDs are fighting to get out of the insurance/government-controlled system and get back to cash practices, the massage profession is fighting to get in. Hoping for status, I guess, or recognition by the "gods of allopathy," or maybe ego gratification. I hope not just lust for money. There is no higher status than a first-door provider. Why not try learning our stuff - and maybe professionalism? A massage therapist, quite concerned about the egotism in medical massage, wrote:

"I see massage therapists insisting that medical massage is the only 'real,' 'legitimate,' 'worthwhile' or valuable massage, and treating anyone who does relaxation, Swedish, spa or 'fluff' massage as an embarrassment to the profession. Education expectations are now leaning toward a degree program that looks like a physical therapy degree or premed degree. We seem to be aspiring to the medical model

that your 'My View' [column] makes clear has led to death by medicine and needs revision. So, enhanced training is certainly valuable, but overall I am dismayed that the medical model in massage is aspiring to legitimize the industry by following the medical model of Western medicine, and is doing so, in part, by belittling members of the profession who don't fit the Western medical model."

I am one medical massage advocate that does not look down on relaxation therapists as a class and hope we never fit the Western medical model. It is just as much an art and skill to provide a high quality relaxation massage on the entire body, as it is to provide a high quality medical massage on the rotator cuff. The key words being "high quality." It is the individual's choice which area they want to specialize in. I do make a clear distinction between the two. If you look at them objectively, they share the same foundational techniques (strokes); however, they have very different intents.

Relaxation massage should intend to elicit the general parasympathetic response. It should soothe, nurture, promote and maintain wellness. If we had a health care system (we do not, we have a sickness care system), relaxation massage would be one of the premier modalities of wellness care. Relaxation massage therapists should be respected and well-paid primary providers of wellness health care; however, because I hold relaxation massage in high esteem, I believe relaxation therapists should know their anatomy, strokes, contraindications, and be very well trained, in general. It's not "just a massage"; it is wellness health care, and it should not be practiced by people with only a few weeks of training.

Medical massage exists because accidents and injuries do happen. Since wellness is not practiced in general, sickness occurs on many levels, including at the musculoskeletal level. Medical massage requires additional training, beyond the level of how to give a good full body massage. One must be able to address pain, injuries, dysfunctions, postural distortions, etc. Having knowledge about medical procedures and protocols is essential when working in a hospital, clinic, or other medical facility. So medical massage differs from relaxation massage in intent, direction (focus), scope, and quantity of training. Medical massage builds upon the foundation of relaxation massage.

However, the medical massage therapist should never lose sight of the wellness paradigm and always treat the whole person, not just the symptom. They should address the cause of carpal tunnel syndrome (in the neck and shoulder, for example) not just the symptom at the wrist. Of course, the first few appointments might focus on symptomatic relief for patient comfort, but the goal is to eliminate the cause. In the case of carpal tunnel syndrome, treatment should not be restricted to only the forearm by the prescription of a

physician.

While medical massage therapists can work well with allopathic sickness providers, they should be there to provide an alternative, when appropriate, to more invasive procedures like surgery and drugs. Medical massage should also help with rehabilitation and recovery from surgeries and other injuries. If medical massage becomes controlled by the allopaths and insurance companies, it will most likely only be used like drugs to treat symptoms and not allowed to treat causes. Treating causes cures conditions, which allopaths hate because there is not as much money to be made in curing people as there is made treating symptoms.

Once they control massage, it will soon be eliminated from allopathic protocols, again. Drugs and technology phased out massage, or "manual medicine," during the 1950s. Massage has come back and now competes with their cash flow. The pharmaceutical cartel always tries to get control of a competitive procedure or discipline and co-op it. This is why I reject the Western medical model (sickness care) and hope we never get sold out to it. If we do, history shows it will be by the leadership of the profession. More on scope of practice in March.

**Try this:** When treating tennis elbow (lateral epicondylitis) and golfer's elbow (medial epicondylitis), remember that the involved muscles run all the way down to the hand and fingers. By examining and treating the entire muscle, you will get much better and faster results than just treating the injured tendons at the elbow where the symptoms manifest. Adding active movement of the muscles (flexion - extension of the hand) as you massage them will increase your therapeutic impact. Stretching both flexors and extensors of the forearm, for either condition, using Active Isolated Stretching - Mattes Method© should be done before and after massage. And don't forget to address the superficial fascia, preferably first.

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



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