

Searching for Medical Massage

By Keith Eric Grant, PhD, NCTMB

I suppose I share a personality trait with a notable orange cat that once graced my life. Upon hearing a fence-top "discussion" among others of his kind, he would head toward the fray, rather than away from it. Only this trait can explain my entering into the current fray on the definition of medical massage.

If we are to call an area of massage "medical," then it seems it should have connection to those who practice medicine and the treatments they provide. To be both relevant and comprehensive, medical massage should both fall within medical interest in massage and be broad enough to span the scope of such interest. Because medicine directs its efforts toward the treatment of dysfunction, medical massage also would be expected to produce measurable outcomes within the context of such treatment. Where integrated with medical efforts aimed at preventative intervention, preventative use of massage also would be medical massage. Outcomes might be directly observable based on patient reports, or on third-party diagnostics such as laboratory blood analysis.

These thoughts gave me a sufficient focus to search the PubMed database (January 1997 through August 2005) for indexed articles with massage in the title and without the terms cardiac or carotid as a keyword; using the latter terms often retrieved massage in a medical context outside of our interest.⁴ Prior to 1997, the number of articles with online abstracts dropped off sharply, motivating the limit on how far back to search. What I retrieved for my efforts was 463 articles, from which I was able to visually select 172 as addressing the use of massage in the context of specific medical treatment. Of the initial 463, I first eliminated those not identifiable as relevant to massage as we mean the term. I next excluded articles simply introducing massage to another professional audience or describing the setup of a massage or CAM program. I also eliminated papers on sports recovery facilitation apart from injury treatment.

For each of the remaining articles, I attempted to identify the patient population that was targeted and the goals of the treatment. In Table 1, I've presented a summary of the populations served and in Table 2, the goals of the treatments provided. For several of the articles, either the population, treatment or both fell into multiple categories, such as children who are burn patients being treated for pain and discomfort as well as stress, anxiety and depression. Thus, my totals for treatment populations and treatment goals are both greater than 172.

Table 1:	
Patient populations served in medical articles on massage treatment.	
Treatment Population	Number
Adolescents	3
Adult mental health	1
Bedridden	3
Burn patients	3
Cancer patients	16
Caregivers	4
Cerebral palsy and cystic fibrosis	2
Children	11
Chronic pain	4
Constipation	5
Geriatric	12
Gynecology and urology	5
Headaches	2
HIV	5
Hospice	5
Hospital	17
Infants, including premature and drug endangered	23
Lymphadema	5
Orthopedic	19
Palliative/ adjunct care	7
Pregnancy and labor	24
Substance abuse	2

Treatment Goal	Number
Improved psychological well-being and quality of life	58
Pain and distress management	32
Infant growth and well-being	23
Specific tissues, orthopedic	23
Specific tissues, non-orthopedic	17
Cancer treatment symptom management	13
Improved mood and behavior	10
Stress and anxiety management	8
Immune/neuroendocrine system enhancement	7
Lymphadema, reduction of pain and dysfunction	5
Reduction of constipation	5
Improved respiration	3
Pressure ulcer prevention	3
Headaches, reduction of severity and frequency	2
Improved body image	2
Substance withdrawal symptom management	2

While this survey of PubMed articles is far from being a complete and rigorous characterization, it clearly indicates the medical application of massage extends over a range of treatment needs and uses techniques from simple touch to highly clinical. The goals involve changes that are physical, neurochemical, emotional and behavioral. For me, a picture emerges from which I draw several conclusions.

First, the con-siderations of whether massage is medical and whether it is clinical-orthopedic are separate. Medically oriented massage draws on a diversity of skills and techniques. Similarly, orthopedic techniques can be used in a medical context or in, for example, the context of sports facilitation and maintenance. That a technique is not tissue-specific does not imply the absence of assessable outcomes. The only conclusion we can draw as to technique is that the practitioner should be working within his or her training.

A second conclusion is that those practicing medical massage will need to communicate and integrate within the medical environment, including having knowledge of terminology, privacy requirements, record-keeping and facility protocols. Dunn and Williams note, for example, changed expectations for physical privacy, uninterrupted time and presence of monitoring equipment and wires while working in hospitals compared to individual practice.² This area of communication and protocols for medical

integrations defines the single core area of training and knowledge pervasive to the medical use of massage.

Finally, a practitioner working in a medical context will need to know the needs of the specific population served on physical, emotional and social fronts. Renee Geccedi points out, for example, the need for specific knowledge in working with cancer patients.³ "LMT's need information about a patient's cancer diagnosis, comorbidities, type of treatment and response to treatment to safely provide massage therapy. Nurses play an important role in conveying this information and [other] information LMT's [require] about any special considerations, such as the presence of neutropenia or thrombocytopenia. Safe and effective massage therapy to patients with cancer only is achieved when the patient, healthcare providers and LMT collaborate effectively."

Applications in gynecology and urology, while outside the current scope of practice in many states, were within the discussion of practice submitted for consideration to the British Columbia Health Professions Council in a relatively recent comprehensive review of health professions. In its reply, the HPC noted that norms on and availability of training are, as yet, inadequately developed.¹ Lacking clearly identified areas of application and norms for the corresponding knowledge and skill requirements, likely are the greatest deficit we encounter toward medically-orient massage. We still need to work with other health care provides to create norms and guidelines for most applications.

To the extent medical massage is definable separately from massage in general, it is defined by its integration into a medical context and by its focus on treatment outcomes. We have a great diversity of opportunities for practice, and equally great opportunities to benefit our fellow inhabitants on this blue-green planet by realizing the full potential of massaging "medically."

References

1. British Columbia Health Professions Council, 2001: *Post-Hearing Update of Preliminary Report: Massage Therapists*.
2. Dunn, Tedi and Marian Williams, 2001: *Massage Therapy Guidelines for Hospital & Home Care*, 4th ed. Information for People, Olympia, WA.
3. Geccedi, RA, 2002: *Massage therapy for patients with cancer*. *Clinical Journal of Oncology Nursing*, Jan-Feb;6(1):52-54.
4. *PubMed*. www.ncbi.nlm.nih.gov/entrez/query.fcgi. The search I did was on "massage and not (carotid or cardiac)," with the dates limited as described above.

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