



Massage Today

August, 2005, Vol. 05, Issue 08

Should Massage Therapists Use the Term "Medical" Massage?

By Boris Prilutsky, MA

I have been practicing medical massage for more than three decades and have had the pleasure of practicing in the U.S. for the last 10 years. In my early days in the U.S., many of my colleagues, including those within our professional massage associations, did not like that I was calling the method I practiced and taught "medical massage." They were unhappy with the term because they did not want to draw disapproval or anger from the medical community.

To this day, even though many massage therapists use the term medical massage and many schools refer to their programs as medical massage, the term continues to evoke negative and confused reactions. In my opinion, the negative reactions to "medical" massage are driven by the personal interests of various health care practitioners. The reasons for prohibiting therapists in some states to use the term are, in my opinion, not in the interest of public safety but are instead the result of pressures from professional and personal interest associations.

Last year, massive recognition by the media helped promote medical massage. *Newsweek* published a feature article surveying the efficacy of back surgery versus alternative therapies and found that massage was effective at managing persistent pain. The *Los Angeles Times* published a five-page article specifically on medical massage in which three well-known physicians in Southern California were interviewed and praised medical massage as a way of treatment. Last year, the general public spent approximately \$3.5 billion out-of-pocket on massage therapy, and surveys have indicated that recipients of massage are seeing positive results.

At the same time, the disagreement within the massage community and the lack of recognition and support of medical massage by our professional associations worries me. As I stated above, private and special interest organizations would love to control us and see us making money for them. However, a much more unpleasant situation is the condition of our own professional community; that is, we are not united around

the fact that we all provide therapy. Calling ourselves massage therapists means we provide therapy by means of massage. If you provide massage therapy with health benefits, you are, in my opinion, performing medical massage.

In 1955, Drs. Sherbak, Glezer and Dalicho, who are, in my opinion, the "fathers" of medical massage, published their first textbook: *Segment Reflex/Medical Massage*. Since then, many more research studies have been conducted. I am sure that some of you have practiced massage therapy and helped thousands of people without knowing its scientific roots, and honestly, it makes no difference to me. But when you discuss massage with doctors, other health practitioners or even with your clients, reference massage therapy studies. In medical societies all over the world, doctors reference research when discussing medicine in their professions. It is the only way research is taken seriously; therefore, please use the same habits when referencing massage.

Who Should Use the Title "Medical" Massage Therapist?

Recent discussions in professional publications have debated the number of hours of training one must have to call him/herself a "medical massage therapist." In my opinion, those of us who have made our careers by providing full-body stress management massage are medical massage therapists. Modern society as a whole is susceptible to stress. Stress-related illnesses include heart attacks, strokes, high blood pressure, diabetes, anxiety, clinical depression, and more (and it should be noted that the American economy is losing \$300 billion annually due to stress-related illnesses). Full-body stress management massage is scientifically and clinically proven as a powerful method for managing stress.

There is little doubt that those suffering from back pain have a disrupted quality of life. However, people are not dying from back or joint pain. People are dying from stress-related heart attacks, strokes and diabetes; therefore, how can we consider therapists who perform full-body stress management massage anything less than medical massage practitioners?

For the past 40 years in Europe, the educational training in full-body stress management massage has stayed between 120-200 hours. I strongly believe that 120 hours for full-body medical massage training is enough. Therapists who would like to be involved in the treatment of specific disorders should have additional specialized training. And therapists not trained in how to treat particular disorders should not attempt to treat them.

Consider this: The credential "DDS" stands for "Doctor of Dental Surgery." This type of doctor is qualified to legally perform surgery in the cavity of the mouth; however, if this dentist evaluates a patient and discovers a tumor or difficult tooth extraction, he/she will refer the patient to an oral surgeon. An oral surgeon is also a DDS, but has had special training in oral surgery. Suppose a dentist who can legally perform extractions causes harm to a patient and is sued for malpractice. The plaintiff will inevitably demand proof that the dentist has had additional training/continuing education to treat the plaintiff's specific complication. Professional difficulties are sure to arise for the dentist who lacks the proper training needed to perform a procedure. This analogy pertains to massage therapists, as well. Just because a dentist is not an oral surgeon, does not mean that he/she is not a qualified dentist. And so it is in our profession. Not being a specialist in a particular discipline or, conversely, having hundreds or thousands of hours of training, does not make one therapist better than another. The professional associations should accept massage therapists who have 120-200 hours in basic full-body stress management massage and not demand a 500-hour minimum with no definition of the curriculum.

There are several reasons why full-body stress-management massage therapists that refer to themselves as "medical massage therapists" should be accepted in the massage community: 1) It is not right to ignore colleagues who are adding to the good name of massage therapy because they have fewer than 500 hours of training; 2) As members of a professional association, these massage therapists will be familiar with ethical codes; 3) These therapists will feel like they belong to the community as a whole; 4) Most likely, many of these therapists will decide to continue their education in orthopedic massage, sports massage, etc; 5) As a bigger, more unified profession, we will have more political power and will, in turn, gain recognition as a profession more quickly, similar to that in Europe.

In Conclusion

The National Institutes of Health has spent millions of dollars sponsoring massage therapy research. The Touch Research Institutes continually publishes wonderful studies on the positive effects of massage (www.miami.edu/touch-research). Fifty years of mass utilization of medical massage in Europe clinically proves that this method is safe and effective. It is common knowledge that the price of malpractice insurance is directly related to the degree of risk to harm in the method of health care provided. Evidence supporting the safety of massage therapy for the general public is the very low cost of malpractice insurance for massage therapists. Given the facts, I think that we have valid reasons and a strong foundation to call the method that we are practicing "medical" massage therapy.



Page printed from:

http://www.massagetoday.com/archives/2005/08/11.html?no_b=true