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## **The "Medical Massage" Controversy**

By Vivian Madison-Mahoney, LMT

After this article appears in print, some may ask for it to be my last; however, I feel the need to express my thoughts on medical massage, for what they're worth. I am certainly not an expert on this particular subject, so it's important to note that the following are just opinions.

I've read several excellent articles published of late on the subject of medical massage, and heard various discussions of what constitutes medical massage; reasons for and against further training and certification; and what kind of training is necessary (and who should do the training) if further instruction is required.

Reasons given in favor of medical massage include setting higher industry standards and providing additional credentials.

For some, medical massage simply means more money-making opportunities gained from teaching; for others, it is possibly nothing more than an ego trip; and for others still, it is truly about care, safety and success in treating patients. This last motivation is the only reason I feel any specific medical massage training or education should be considered. Does it really need to be defined as "medical massage"? I don't think so.

Massage therapy necessarily becomes "medical massage" when it is performed according to a prescription from a physician who has diagnosed a medical condition. Insurance companies have reimbursed medical massage therapy for many years, whether performed by licensed or certified massage therapists, or any other health care providers authorized to provide and/or bill for massage.

Many insurers in Florida have reimbursed massage therapists directly since 1984. This therapy does not have to be referred to as medical massage; however, perhaps such a requirement exists in other states. In general, insurance companies do not reimburse for massage (or anything else) not considered medically necessary. A patient's condition is what determines medical necessity, and only a licensed physician can

diagnose that.

We have accomplished a great deal in the past few years by informing the medical profession of the benefits of massage therapy. Many physicians now assume that if we are licensed, certified or trained, we can perform massage safely and effectively. They don't have time to check our specific credentials. There is no easy way to inform the medical profession who of us are licensed, certified or qualified, or with what specific titles or in what techniques or procedures.

### **About Training**

In my opinion, basic massage school training is ever enough, no matter how significant it seems at the time. I also don't think any specific course of training can fulfill all needs. The well-rounded information one gains from taking hands-on courses over the years, from a variety of instructors and in various areas, is what most benefits the outcomes of patients' medical conditions.

We can only retain so much information at one time, and ideas, knowledge and opinions change. We can learn more at certain times than others, and from certain people more than others. However, one thing is clear: If therapists do not continue to learn and acquire additional training, they will not be able to retain their client base. We need the additional training throughout our practicing years - not just to obtain specific credentials, but to maintain interest, feel good about ourselves, and provide the most effective care to our clients.

Most students enter the field of massage therapy with little clue of exactly what they want to specialize in, and most never know when a physician will refer a patient to them, or when they will be asked to work in a physician's office or other medical setting. Consequently, medically oriented massage needs to be taught to all therapists in all schools. Therapists who intend to specialize or work in a medically oriented field will need to continue to pursue specialized areas of training as they become more familiar with their own needs, and the needs of their patients: the elderly, cancer victims, infants, and workers' compensation, auto, or other personal injury cases, etc. Therapists who do not wish to work on medically related clientele will be able to pursue further training or avenues that best fit their interests, but they will at least have a basic medical knowledge, so they can attend to their clients' needs based on their own learned skill sets.

Am I making sense? I attribute a great deal of my success to the varied courses I have taken over the years. The wide range of information I digested helped me treat patients with varying injuries and illnesses.

Schools teach contraindications; patient care; safety; muscle origins, insertions and function, etc. However, I do not think enough classroom hours are dedicated to helping students understand what they are taught, particularly with respect to specific medical conditions (and how to treat those conditions, if the situation arises). The short amount of time, if any, spent on each subject in school is not enough for most students to truly get it - to truly comprehend it and become skilled at applying it.

These are just my opinions, but I also speak from personal experience, which comes from having spent a little over 15 years working almost exclusively with medically related cases prescribed by physicians from nearly all specialties. I am neither bragging nor complaining, but I want to make it clear that I have a good deal of experience handling medically related cases. In my practice, approximately 90 percent of our cases were medical referrals. We averaged 28 to 32 patient visits a day, six days a week, for years - that's over 600 medical cases/visits a month. I teach insurance billing procedures and medically related practice-building not just to make money; but because I know it and have lived it. I am happy to help others experience the same successes we did. Hopefully, we can help them avoid the many pitfalls we ran into in those early days.

Next time: Working with injured or unwell patients.

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