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Lessons from the conference: “Highlighting Massage Therapy in Complementary and Integrative Medicine”

Geoffrey M. Bove DC, PhD and Susan L. Chapelle RMT

A landmark conference, Highlighting Massage Therapy in Complimentary and Integrative Medicine, was held in Seattle, Washington, on May 13th–15th, 2010. The conference was designed to address the status of research related to massage therapy, as well as to have an open discussion regarding attitudes towards research and professional issues. Leaders from diverse manual therapy professions presented interesting and important data. The itinerary and summaries of the meeting can be found at <http://www.massagetherapyfoundation.org/researchconference2010.html> . In this brief report, rather than summarizing the presentations, we will share a combination of our observations and impressions, as well as suggestions for the direction of massage therapy research.

Diana Thompson, LMP, opened the conference by stressing the need for mutual respect and collaboration between clinicians and researchers, and pointed out the overarching need to determine possible mechanisms of action of massage therapy.

Helene Langevin, MD, re-emphasized the need for mechanistic understanding. Perhaps more importantly, she pointed out that the majority of treatments provided by massage therapists are for conditions where the etiologies are unknown. While this is true for other providers as well, it is a critical point, and is not usually discussed. If we do not know the etiologies of the problems we are treating, how can we design treatments based on anything but experience? And if a treatment works, can we move backwards to the etiology? Moreover, how can we look for mechanisms without etiologies? These are critical questions to think about and discuss. Dr. Langevin also discussed that while the histology of connective tissue is well understood, the physiology of it is not. It is commonly held that connective tissues are passive. She presented evidence that undifferentiated and pluripotent fibroblasts within connective tissue respond to stresses by migration to injured areas, where they transformation into contractile elements. More data presented showed that fascia is innervated with neuronal processes consistent with those that may mediate pain (such innervation is present in virtually all other structures). Such neurons “police” the structures they are in and mediate inflammatory responses. Dr. Langevin concluded by showing that the thoracolumbar fascia in humans with back pain is thicker than in humans without back pain. While preliminary, these data in combination document that fascia is not only responsive to stresses, but is more so in pathological states. These data have the potential to form a foundation for much future research into the mechanisms of back pain and its treatment.



Helen Langevin, MD

Dan Cherkin, PhD, shared data from his recent studies. In a study of acupuncture compared to massage, it was shown that massage therapy led to better outcomes. In another study, both “relaxation” and “structural” massage therapy improved function for back pain patients better than normal care. These data constitute good evidence that massage therapy has significant effects for low back pain, and needs further research. Dr. Cherkin pointed out that critical issues such as provider type and training, dosage, technique, and patient type need to be addressed.

Willem Fourie, PT, discussed the use of manual therapy in recovery from breast cancer, specifically post-surgical scarring due to mastectomy, which very often leads to chronic pain and lymphedema. The current lack of understanding of the response of connective tissues to surgery became clearer, as did the potential role of manual therapists in post-surgical complications. Mr. Fourie included data from Antonio Stecco to stress the importance of inflammation in surgically disrupted connective tissue. Research into the physiology of post-surgical complications and the effects of treatments directed to the scarring are necessary and seem to be of high priority. This is an excellent example of where therapists could be and should be directly involved in all facets of both laboratory and clinical efforts. This particular area seems fertile for studying the potential effects of manual therapy at a cellular level.



Willem Fourie, PT

The first panel discussion involved public health and professional issues that are critical to massage therapy research. It was presented that although there are many thousands of massage practitioners, and that more than 8% of the US population uses their services, the educational standards and licensing of massage practitioners are diverse. The discussion also involved questions of whether massage therapy is a profession or a discipline. Should massage therapy work towards integration into mainstream healthcare, or should it remain largely separate? In many provinces in Canada, massage therapy has enjoyed the respect of being a registered health care profession. Massage therapists in three provinces are governed by the same rules and regulations as other health care providers, and this allows for accountability within the system. In the USA, the licensing is inconsistent between states, and there remain a few states without licensing. The discussion supported the efforts of the associations and educators to standardize education. Such efforts would be expected to lead to uniform licensing, and would also increase the possibility of developing more extensive and collaborative research efforts.

The second panel discussion emphasized “translational research.” This phrase is now used along with “from bench to bedside” to describe the reciprocal need of sharing information between the clinic and the laboratory. For clinical science to advance most efficiently, clinicians will need to better inform scientists of their pressing questions, and the scientists will need to develop clinically relevant approaches to answer these questions. Such communication is typically initiated during meetings such as this one.

In the breakout sessions, science related to massage therapy was presented. Space does not allow coverage of each presentation. The diversity of the backgrounds of the presenters was striking, and consisted of professional researchers as well as practitioners giving their first presentations. We applaud the newcomers, who should inspire others to feel confident to make such an effort. In the first session, challenges in methodological designs were clearly presented, and this seemed to be somewhat of a revelation to the audience. The

presentations accentuated that performing meaningful research is very difficult, time consuming, and expensive, and that a supportive, collaborative, and multidisciplinary environment is of utmost importance. A presentation by Laurel Finch, LMT, CNMT was more about the process than the data, and we found this most inspiring. She reminded us that the foremost skills for performing research are tenacity and the belief that one can succeed.

This research meeting for massage therapy can be considered a call to arms for the profession. However, many challenges need to be overcome. We see the two major challenges as being funding and formal education. Funding remains a primary problem for massage therapy research, as it is for all research. In the US, the National Institutes of Health has designed grant mechanisms specifically for manual therapy research. The funds go to the best applications as judged by peer review and the program priorities of the institute. We do not know what resources are potentially available worldwide. Organizations like the Massage Therapy Foundation, as well as other smaller massage therapy associations, have made some funds available for research, despite limited resources.

A general impediment to being awarded grants is that advanced degrees are required. Until a cadre of therapists attain such degrees, the profession needs to develop more partnerships with universities and laboratories interested in the effects of manual treatments as provided by massage therapists. The profession is urged to identify and sponsor interested therapists to complete advanced training in research methods.

It is our belief that the massage therapy profession needs to develop a standardized education system, designed to give a deeper knowledge of anatomy and pathology as well as to promote critical thinking. Schools must seek degree-granting accreditation, necessary for academic advancement. Besides aiding research efforts, such changes will lead to deeper communication with and respect among health care professionals. Of course, all such changes will positively impact patient care, which is the ultimate goal.

As for the direction that massage therapy research might take, it is clear that clinical trials based on case studies need to identify treatment effects on larger cohorts. As for all modalities, animal models need to be developed that resemble the conditions that massage therapists treat. The profession needs to identify research priorities through consensus to ensure that the research proceeds in the most efficient manner possible, and with the most benefit to the public health care system. Perhaps with more of an evidence base, massage therapy can enter the public health system and ultimately be supported as a health care modality for both prevention and treatment of soft tissue pathology.

Luata Bray, a shaman and massage therapist, gave a beautiful closing prayer. It is fitting to quote her: "May stones be lifted from your path more easily in the upcoming years. Let us

continue to lead the way in offering our communities with solid and acceptable evidence that massage therapy is indeed a medical modality for all people.” The road ahead is indeed rocky, but not impassible.