

Medical Massage and More, Part I

By Ralph Stephens, BS, LMT, NCTMB

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I believe medical massage is an advanced discipline of massage therapy. In reality, medical massage is more of an orientation than a particular set of techniques. It is not general relaxation massage; it is anatomically precise and patient specific.

The medical massage therapist combines education, training, experience, dedication, humility and intuition to create an integrative manual-therapy approach to reducing the patient's soft-tissue related complaint(s).

Initially, I resisted the term "medical massage"; however, I realized that as massage therapists we do treat medical conditions when they are soft-tissue related. Of course, we cannot say we do - we have to play little word games, more in some states than others - but the truth is we do treat medically related conditions like "frozen shoulder" and "medial epicondylitis". So, why not call it what it is: medical massage? If we stay within the scope of soft-tissue manipulation and joint mobilization there is no reason not to call it medical massage. It seems to be accepted without protest from the allopaths. Hopefully, using the term is the first step toward openly and honestly describing what we do when we move from a relaxation paradigm to a therapeutic, corrective and restorative paradigm.

Actually, the term "therapeutic" massage says it all, but it is an old term that no one attaches any significance to these days. And the public does not understand terms that have been coined to describe massage if the word "massage" is not included (terms like somatic re-education, bodywork, structured touch, neuromuscular therapy, myo-skeletal-kinesthetic-neuro-biological-rearrangement, blah, blah, blah). But it is clear to the public that medical massage will address their pain or problem. It doesn't sound relaxing, and it doesn't sound like adult entertainment. It is a term that allows us to better reach the public and our allopathic colleagues. Isn't that the idea - to help more people? If this is the term that facilitates the needed communication to bring us together with the public and the health care community, then it is the term to use.

Got Diagnosis?

Some authors who have recently written about medical massage believe a physician's diagnosis is a requirement to perform medical massage. I strongly disagree. Do you realize where this will lead us? Do you want to be a slave in a physical therapy department for \$10 an hour and maybe benefits? Not me!

Massage therapists are currently "first-door" providers. This means that the public can come directly to us for help first, and we can do whatever we know within certain limits to help them. This is the same privilege and patient-provider relationship that physicians have.

We do not need a physician's permission to help someone. Most PT's, OT's, ATC's, nurses, etc., do not have first-door access to patients. They only see a patient after a physician says they can, and then they can only do what the physician says they can do - their hands are tied. They cannot use all of their skills and resources to help the patient. They cannot treat the whole person; they can only treat a knee or an elbow for a set period of time, and in a certain number of visits.

We do not need gatekeepers (physicians) to control the flow of people to our practices. First-door providership gives us an incredible opportunity to help people. We need to defend this privilege above all else. Never surrender it! If we do, patients will only be allowed to get massage if it is prescribed, which will prevent many of the people we now help from having access to our services.

This is not to say that we should not work with physicians, or that patients should not get a diagnosis and/or a referral and bring it to us. The more information we have, the better we can help; however, we should work with doctors as colleagues, as fellow first-door providers, not as subservient slaves. First-door providership is an incredible opportunity, but it is an equally incredible responsibility. We need higher quality entry-level education, including more assessment skills and standard terminology for strokes and techniques so we can communicate better among ourselves and with other disciplines. We need to take advantage of this privilege to help more people. You do not need a physician's diagnosis or referral to perform medical massage, but if the patient has it, so much the better. More on this in my next column.

Got Impressive Credentials?

I get some great mail in response to this column. Here's some recent feedback that I hope will inspire you to personal excellence:

"I worked with a chiropractor who advised me to get a degree from Harvard to impress people, i.e. get more clients. I told him at the time that if a Harvard degree is what it takes to impress people, I'd rather remain my, apparently, 'unimpressive' self. (Shortly thereafter, this chiropractor declared bankruptcy and lost his home. So much for impressing people.) My clients come to me for my personality and the results they receive from my massage skills. Referred clients don't come to me for any degree that hangs on my wall, or any fancy initials or titles after my name. They come to me because another client got the results she/he wanted and they believe I can help them, too."

Amen. Become the best you can be. Learn to help people get out of pain, and you will always be busy.

Medical Massage and More, Part II

By Ralph Stephens, BS, LMT, NCTMB

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In the previous column, 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. 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 MT's 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. MT's 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 MD's 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 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.