

Science, the Real Language of Massage Therapy

Perhaps you have noticed that science has a language of its own, in fact each form of scientific investigation, whether biology, anatomy, physiology, pathology, or kinesiology, has its own language. Massage therapy is a science of the treatment of the human body, specifically the musculoskeletal system, and as such has its own language as well. There is an important purpose to the language of science, including massage science, and that is so that scientific investigators and massage clinicians can understand and communicate with each other. There is an even more important aspect of the adoption of science and its language and that is research is a moral value and the terminology that results, its acceptance and application, is both a scientific and a medical ethic. Another way of stating this important concept is that research and the language of science is a fundamental core value of medicine. The ability for massage clinicians and educators to understand and to communicate with each other regarding the health sciences that comprise massage education and the clinical practices of massage therapy is vital to the training of massage therapists, as well as to the future ethical and scientific development and advancement of the massage profession.

The language of science has a history. Modern science was not created yesterday and its language has developed over many centuries and has been the collaborative result of the efforts of thousands of dedicated scientists, doctors, and researchers. What makes science “science” is the fact that the discoveries and language of science have been checked and rechecked by the best minds of the past and the present and through united efforts and agreements basic fundamental laws, theories, and concepts have become universally accepted into the collective body of scientific knowledge. Of course, this scientific effort is an ongoing and constantly evolving process, but what is important is that on the laws of science, humankind has a universal understanding. Even more important is the scientific body of knowledge that comprises medicine and health care, because the care of human beings who are in pain and suffering is involved.

Massage therapy shares a common heritage and purpose with all other forms of medicine and health care. Is massage therapy medicine? Medicine is defined as the treatment of disease and the maintenance of health. Massage therapists routinely do both, they treat disease and assist in the promotion of wellness. Massage therapists have long treated human conditions and disorders, whether musculoskeletal aches and pains, disorders like the autoimmune disease rheumatoid arthritis, or conditions such as chronic constipation or irritable bowel syndrome (IBS). (1) Due to the fact that massage therapy shares a common medical heritage with other forms of health care including nursing and physical therapy much of the language of massage is the language of medicine.

The core sciences that comprise massage education and training include anatomy and physiology, pathology, kinesiology, and perhaps a little basic chemistry. In addition, massage therapists study medical terminology specific to these sciences and medical terminology that is utilized in the clinical aspects of health and massage practices. For example, terminology that relates to the clinical practice of massage therapy would include terminology from the fields of

hygiene and cross infection control, as well as, patient recordkeeping, insurance billing, ethics and massage law. (2)

Most of the language of massage science is “borrowed”, but why wouldn’t it be? All of the clinical sciences are interdependent and also dependent upon scientific research and discovery for their clinical terminology and treatments. A nerve is a nerve, whether affected by a neurologist, a chiropractor, or a massage therapist and the function of a nerve remains the same whether the nerve potential is evoked by the exercises of a physical therapist, the needle of an acupuncturist, or the hands of a medical massage therapist.

Massage schools and educators having adopted core sciences like anatomy, physiology, pathology, and kinesiology have caused the language of science to slowly insinuate itself into massage therapy. For some massage therapists the language of science remains at the most basic level of understanding and practice. Depending upon the school, the credentials of the instructor and the quality of instruction the academic level of a health science course in a massage school or Career College may be at the freshman or sophomore college level. Other massage therapists, though the path of advanced training and study, have delved even further into bio-medicine and biomechanics. It is these advanced massage therapists who understand that the language of science in health care is universal and that the physiological response that results from, for example, the simple compression of soft tissue, is always the same biological response and adheres to basic physiological functions found in the human body. (3)

A growing and increasingly popular concept called evidence based health care is being adopted by massage associations and certifying bodies. Of course attempting to achieve evidence based care has long been the rule in medicine and whether you debate how much of conventional medical care is “proven” or not the effort to conduct research and to search for truth is an essential fundamental value of medicine. Evidence based health care is based upon the idea that it is both a good health practice and an ethical value to adhere to evidence based practices in health care. According to David Sackett’s definition evidence based health care is “the integration of best research evidence with clinical expertise and patient values.” (4) This concept of evidence based health care applies not only to the clinical application of massage therapy, but also to the massage curriculum taught in massage schools.

Depending upon how you define and how you count them, there are from eighty to three hundred different kinds of massage therapy, each with its own name, theory, and terminology. Many of these different forms of massage therapy and their various proponents claim to assess and treat disease, although some will claim to affect a disease, not by treating the disease, but rather by balancing the body and its functions. From a clinical and scientific perspective the number of massage modalities, their names, their theories of clinical effect, their assessment methods, and clinical applications are confusing, are frequently conflictive with each other, and largely unsupported by scientific evidence.

Much of the current body of massage research and the results of this research demonstrate that massage therapy primarily works by affecting well established physiological functions of the body systems, such as the functions of the circulatory, respiratory, eliminative, immune, hormonal or neurological systems. Research is demonstrating that massage therapy affects

these body systems through well documented and recognized physiological, neurological, and/or bio-chemical processes. Some of the research has repeatedly substantiated massage therapy's general effects upon stress and the body's physiological responses to stress, and other research has demonstrated specific effects such as massage's effect on localized blood circulation and neurological effects on components of the peripheral and central nervous systems. (5)

The clinical application of evidence based health care by a massage therapist should embrace several central concepts. These concepts are that when a therapist is treating human beings who are in pain and who are suffering they must apply procedures for which there are known clinical outcomes. In other words when a massage therapist treats human pain and suffering, and accepts money for this treatment, the therapist should not guess at the diagnosis or the best method of treatment and the therapist should not use modalities of care that have not been tested for safety and efficacy. For example, there are known clinical effects, indications, contraindications, and clinical outcomes related to the use of heat or ice modalities, some of the techniques of Swedish massage have known clinical effects, indications, contraindications, and clinical outcomes. The appropriate matching of these modalities of care with the correct patient condition would be expected to produce a positive patient response to care. The National Working Group on Evidence Based Health Care has as a core principle, "Safety and finding the right treatment for the individual should be a top goal of evidence-based healthcare". (6)

The science of massage therapy, massage science, continues to grow and to evolve and the scientific evidence of massage's effectiveness continues to accumulate. If there is a failure it remains with the profession's resistance in bringing real science, accepted research, and standardized terminology into the classroom so that future generations of massage therapists are fluent in the language of both medicine and massage science. When this is accomplished massage therapy's role as a respected part of the health care community will be assured.

References:

1. Calvert RN. (2002) *The History of Massage: An Illustrated Survey from around the World* (Paperback), Healing Arts Press, Rochester, Vermont
2. Associated Bodyworkers and Massage Professionals (ABMP). (2009) Website Curriculum Resources url: <http://www.abmp.com/instructors/resources.php>
3. Journal of the American Manual Medicine Association (JAMMA) (2006) American Medical Massage Association, American Health Source, Grand Rapids, Michigan
4. Sackett, D., Straus, S., Richardson, W. Scott, Rosenberg, W., Haynes, R. B. (2000). *Evidence Based Medicine: How to Practice and Teach EBM.* (London: Churchill Livingstone, p. 1)
5. Moyer CA, Rounds J, Hannum JW. (2004) Vol. 130(1):3-18 A meta-analysis of massage therapy research. *Psychological Bulletin*, University of Illinois at Urbana-Champaign, Champaign
6. The National Working Group on Evidence Based Health Care. (2009) *The Role of the Patient/Consumer in Establishing a Dynamic Clinical Research Continuum*, Alexandria, Virginia