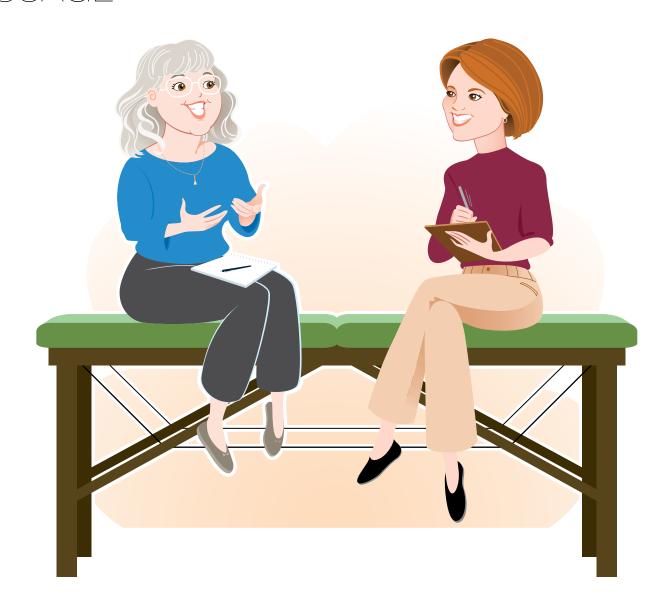
talk about touch

WITH MARY KATHI FEN ROSE AND MARY ANN FOSTER

EXPANDING VIEWS OF MEDICAL MASSAGE



In this situation, can relaxation massage be considered medical massage?

MARY ANN FOSTER: I want to share a story that illustrates a struggle I had shifting between paradigms. In the 1980s, a client came to me for treatment for neck and shoulder pain that she sustained from injuries. She was dissatisfied with conventional treatments—drugs, physical therapy, and surgery-and was looking for an alternative. I was able to help her with structural bodywork and somatic patterning classes.

MARY KATHLEEN ROSE: Sounds like you provided her with an effective alternative.

MAF: Yes, and eventually our bodywork sessions ended. But the story didn't end there. A number of years later, she was diagnosed with a debilitating chronic illness and returned for massage. I gave her a session in our familiar treatment mode, but something wasn't working. Here was a woman living with an incurable disease, and I was trying to treat her condition with neuromuscular therapy.

MKR: In my role as a hospice supervisor, I've heard similar stories from many bodyworkers. They're proficient and confident treating clients suffering from injury or musculoskeletal pain, but when these same clients present with chronic illnesses or intractable conditions, those treatment-oriented techniques often fail to help.

MAF: The reality of my client's medical condition forced me to recognize that she needed something different, so I offered her a nurturing, calming massage. In this situation, can relaxation massage be considered medical massage?

MKR: Certainly! In my experience, working in many different healthcare facilities, I find that the medical professionals expect that massage will provide general relaxation

for their patients, rather than expect that massage will provide specific treatments targeted to address diagnosed conditions.

MAF: Because many schools teach medical massage within a treatment paradigm, many massage therapists practice within a diagnostic model where X problem is treated with Y technique for Z outcome. What helped me make the shift with my client was to consider the psychosocial aspects of her experience.

MKR: Training in medical massage often places emphasis on pathology, sometimes to the neglect of considerations about the emotional impacts of these conditions on the client. In my opinion, well-rounded medical massage therapists must mature in their ability to offer compassionate care to their clients to be truly effective.

MAF: I wonder if this focus on pathology has an eye toward insurance coverage? How realistic is this goal? According to a 2007 Associated Bodywork & Massage Professionals member survey, less than 14 percent of respondents received insurance reimbursement.1

MKR: By limiting the definition of medical massage to the specific treatment of pathological conditions, we might be painting ourselves into a corner. We need to keep in mind our scope of practice.

MAF: Recently, I compiled scope of practice statements from the licensing legislation of 37 states.² Throughout these statutes, massage is generally defined as soft-tissue manipulation applied to improve general overall health and well-being, with restrictions on diagnosis, treatment, or practices defined for other medical professions, including chiropractic and physical therapy. Still, many massage students I work with are confused about where we

stand in the healthcare field. They want to help people, but lose their confidence when they think they are expected to assess problems, develop treatments plans, and measure outcomes.

MKR: From your research on licensing statutes, it's clear that our scope of practice is primarily complementary in nature. You don't have to have a diagnosis, prescription, or treatment plan, or have a specific measurable outcome, to practice medical massage within a complementary paradigm.

MAF: Stepping out of a treatment mode and offering my client massage with the intention of helping her cope with chronic illness definitely expanded my view of medical massage.

MKR: Sounds like good medicine to me! m&b

NOTES

- 1. 2007 Associated Bodywork & Massage Professionals Member Survey, www.abmp.com/about/ memberprofile.html (accessed September 2008).
- 2. As of our publication date, 39 states now legislate massage.
- Mary Kathleen Rose, BA, CMT, has been practicing shiatsu and integrative massage since 1985. She is the developer of Comfort Touch, consulting to hospices and other medical organizations nationwide. She produced the video Comfort Touch Massage for the Elderly and the III and is the author of a textbook of the same title. www.comforttouch.com.
- Mary Ann Foster, BA, CMT, has been practicing and teaching massage and movement in the Boulder/Denver area since 1981. She has diverse trainings in movement and structurally integrating therapies, teaches at the Boulder College of Massage, and wrote Somatic Patterning: How to Improve Posture and Movement and Ease Pain (EMS Press, 2004). www.emspress.com.