

Sandy Fritz | Luke Fritz

MOSBY'S

FUNDAMENTALS *of Therapeutic Massage*



Seventh Edition



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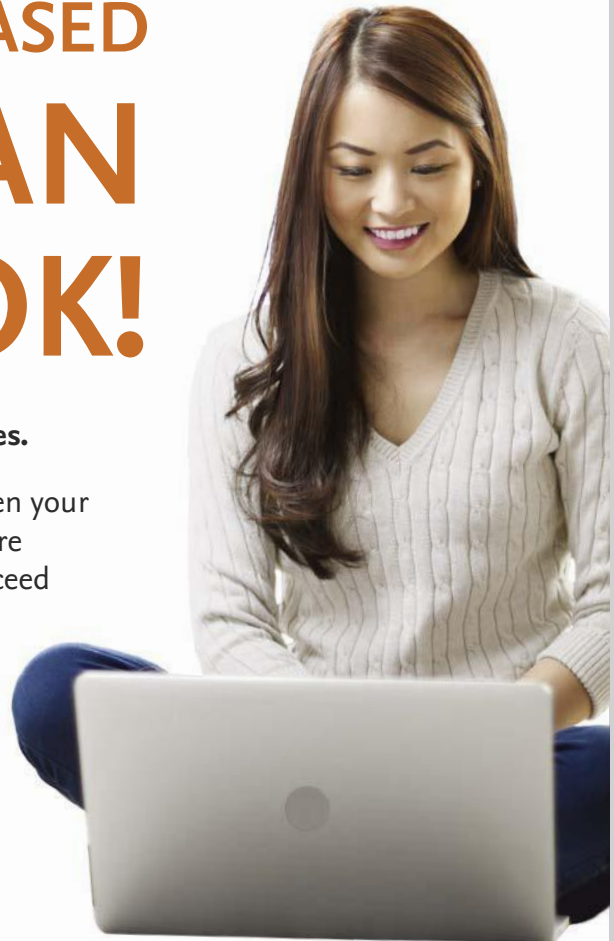
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FUNDAMENTALS *of Therapeutic Massage*

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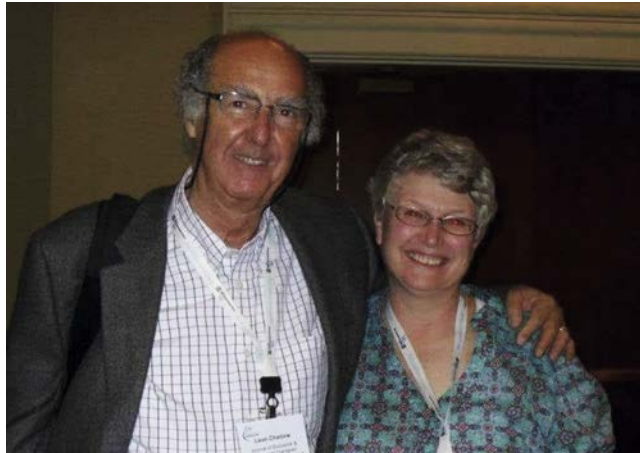
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Leon Chaitow, ND, DO (1937-2018) wrote the forwards for each edition of this textbook. When he passed in 2018 he left both an extensive and rich legacy and sorrow and longing for my teacher, mentor, and friend. I fully expected he would also write the foreword for this new seventh edition. Instead this edition is dedicated to Dr. Chaitow.

From the foreword in the sixth edition

"Since the first edition in 1995, author Sandy Fritz has emphasized critical thinking and clinical reasoning as the foundation of the text. These skills are the cornerstone of evidence-informed practice. The range of topics, and their depth of exploration—combined with the unique, practical, easy-to-follow delivery of information—makes it a universally useful resource for anyone in the manual therapy professions in general, and massage therapists in particular, and not just in their early training stages. There is much to learn for experienced therapists since the author has focused on bringing the very latest in clinical and practical research and understanding into the text. For more than 20 years, this textbook has evolved with and guided the professional advancement of massage therapy."

Leon Chaitow, ND, DO

Acknowledgments

My thanks to the all of the professionals who have influenced the content and clarity over multiple editions of this text to ensure accurate presentation of information.

A specific acknowledgment to Ann Blair Kennedy and her fellow researchers for use of the massage therapy practice framework found in the papers:

- **A qualitative study of the massage therapy foundation's best practices symposium: Clarifying definitions and creating a framework for practice** Kennedy, Ann Blair. PhD diss., University of South Carolina, 2015.
- **Process for massage therapy practice and essential assessment** Kennedy, Ann Blair, Jerrilyn A. Cambron, Patricia A. Sharpe, Ravensara S. Travillian, and Ruth P. Saunders. *Journal of bodywork and movement therapies* 20, no. 3 (2016): 484–496.

The content and clarity provided by Dr. Kennedy and fellow researchers informed this edition of the textbook.

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All of the individuals on my support team at Elsevier—especially Brandi Graham, Richard Barber, Maggie Reid, Maria Broeker, Allison Kieffer, and Ramkumar Bashyam.

The clients I have had for more than four decades, the athletes I work with for a day or throughout their careers—for constantly challenging me to figure out what to do with all their assorted bumps, bruises, sprains, strains, breaks, performance stresses, and personalities. And to all the students I have worked with, for keeping me honest and humble.

It truly has been a team effort.

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Preface

More than 40 years ago, when I was exploring a career in therapeutic massage, there were few schools. Because none of them were readily accessible to me, I taught myself. I took a course of less than 100 hours, which at least provided basic skills. The rest of my massage therapy training has come from reading a multitude of books and research papers, attending hundreds of hours of workshops, undergoing apprenticeship training, taking college courses in related subjects, teaching more than 6,000 beginning students and approximately 1,200 advanced students at my school, the Health Enrichment Center School of Therapeutic Massage and Bodywork, and providing more than 40,000 massage sessions. Since the publication of the first edition, I completed my Bachelor's degree at Central Michigan University and Master's degree at Thomas Edison State College. Becoming a student again in the university environment had a great influence on my perspective about education, as well as on my professional development.

I am still learning the importance of the fundamental concepts upon which all bodywork methods are based. I learn more about the elegant simplicity of massage each time I teach or do massage, and I have learned a great deal through researching and writing textbooks as well. More than ever, I am convinced that a strong understanding of the fundamental concepts of therapeutic massage and the ability to reason effectively through a decision-making process are essential for proficient professional practice. In the four decades of my massage career, I have experienced an evolution of massage therapy, from a fringe alternative method to the integration of massage into the maturity of evidence-based and informed practice. When I compare the first edition of this textbook to this seventh edition, it is apparent that the knowledge necessary to begin a massage therapy career has increased, yet the underlying fundamental principle remains—compassionate, beneficial application of touch to help people feel better.

A CO-AUTHOR FOR THE TEXTBOOKS

I am proud to introduce you to my co-author Luke Fritz. Luke has 15 years of massage experience in multiple settings but primarily with professional sports teams. He has is BAS in Massage Therapy and is teaching in both entry level and advanced level education. Luke brings a contemporary view of massage practice for those 35 years old and younger. Yes, Luke is my son, and his input and perspective is an added value to the textbook content and design.

WHO WILL BENEFIT FROM THIS BOOK?

The seventh edition of *Mosby's Fundamentals of Therapeutic Massage* is intended to be used by skilled therapeutic massage educators and beginning and advanced students in the classroom setting. It will also be used as a continuing education resource by practitioners and as a reference text for health professionals and massage and bodywork practitioners.

WHY IS THIS BOOK IMPORTANT TO THE PROFESSION OF MASSAGE THERAPY?

The changes and additions to the seventh edition reflect how much therapeutic massage has evolved as a profession over the past few years. Today, therapeutic massage is in the process of standardizing and organizing. Projects such as the Entry Level Analysis Program (elapmassage.org) and the Massage Therapy Body of Knowledge (MTBOK.org), have been an effort to unify the practice and terminology of massage and its various modalities, attesting to the growing awareness among massage professionals that their success depends on clarity and an agreed-upon base of knowledge, as in other skilled fields. It is an exciting time in massage therapy, as we see more and more people turning to massage as a reliable and practical form of self-care. A curriculum that is mindful of all these points is a curriculum that aims high.

A well-rounded education in massage therapy includes learning all of the following: how to perform massage manipulations and bodywork techniques; understanding the anatomical and physiological underpinnings for why the methods work based on research and a biologically plausible and logical framework; and the importance of structure, intent, and purpose of touch. It is as important to touch the whole person as it is to skillfully apply techniques. The massage professional must do both. In addition, the learner needs to understand the importance of sanitation, hygiene, body mechanics, research literacy, business practices, and ethics, and then apply this knowledge through effective decision making to build a well-balanced, professional massage career. To justify the cost and time spent, massage therapy needs to be beneficial and meet the outcomes and results desired by the clients served. Massage therapists need to be able to adapt to the individual client to be successful.

The fundamentals of massage methods remain relatively simple. Fundamentally, massage methods are mechanical force push and pull applications. Certainly then there must be more to massage therapy than just being able to give a massage. A well-planned school curriculum, as developed in this textbook and its instructor resources (TEACH Lesson Plan Manual and instructor resources), combined with a comprehensive science curriculum as presented in *Mosby's Essential Sciences for Therapeutic Massage* and its various ancillaries, provides a foundation for massage educational programs and presents information necessary for entry-level licensing. With in-depth study, these textbooks also provide the information and skill foundation for the advanced credential, the Board Certification Exam from the National Certification Board for Therapeutic Massage and Bodywork.

Massage education should be competency based, meaning all information in the educational setting is relevant to the actual professional practice of therapeutic massage. The design

of this textbook, combined with the Evolve website, also supports various types of Web-enhanced education.

The level of knowledge in this seventh edition has been increased to reflect the skills necessary to work effectively in the medical care world with supervision. Although my personal love for this profession lies in humble service to the general public in the support of their wellness, and compassion and help for the daily aches and pains of life, I recognize the importance of being able to also work within the medical care and sport and fitness systems. My work over the past several years with a clinical physiologist, numerous physicians, athletic trainers, and physical therapists supports this observation. Because of the development of comprehensive textbooks, more schools will be better able to expand their curricula for those who wish to pursue therapeutic massage applications in health/medical care.

The foundation for therapeutic massage was laid centuries ago and will not change, provided human physiology remains constant. It is virtually impossible to acknowledge all those who have contributed to the knowledge base of this field. Our observations of the natural world are a good starting point for this basic knowledge. For example, animals know the value of rhythmic touch. Just watch a litter of puppies or kittens and observe the structured application of touch. The base of information goes beyond us to an innate need to rub an area that is hurting and to touch others to provide comfort, pleasure, and bonding.

TEXTBOOK THEMES

These major themes guide the structure of this textbook.

- Massage therapy is an outcome-based approach targeting the four main outcomes of relaxation and well-being, stress management, pain management, and functional mobility.
- Massage is based on four main approaches to care: palliative, restorative, condition management, and therapeutic change.
- Massage is uniquely adapted to every client based on goals, assessment, special circumstances, client-centered intention, and compassion and nurturance.
- Massage is uniquely designed for each client based on critical thinking, clinical reasoning, and evidence-informed practice.
- Massage is an evidence informed and biologically plausible system based on applied mechanical forces modified in multiple ways to both assess the client and provide appropriate intervention to achieve client goals.
- Massage is a professional health service provided in multiple environments and is dependent on the therapeutic relationship between the massage therapist and the client.

TEXTBOOK ORGANIZATION

The textbook is divided into four units based on related content.

Unit I: Professional Practice

- 1 Therapeutic Massage as a Profession
- 2 Ethics, Professionalism, and Legal Issues

- 3 Business Considerations for a Career in Therapeutic Massage
- 4 Professional and Medical Terminology for Communication and Documentation

The chapters focus on building a solid basis for professionalism and decision-making skills before moving into the actual physical and mental work of practicing massage. [Chapter 1](#) begins with an exploration of touch and reveals its historical foundations. [Chapter 2](#) introduces the clinical reasoning, problem-solving model for ethical decision making and also explains what it means to be a professional, including awareness of laws and regulations. [Chapter 3](#) provides a newly expanded look at the business of massage, job-seeking skills, and the options of creating a career as a business owner or as an employee. [Chapter 4](#) presents appropriate medical and massage therapy terminology to support professional record keeping and documentation. Students are exposed to a language that is understood across many disciplines and that allows professionals to communicate accurately.

Unit II: Foundations for Massage Benefit

- 5 Research Literacy and Evidence-Informed Practice
- 6 Indications and Contraindications for Therapeutic Massage
- 7 Hygiene, Sanitation, and Safety

Massage therapy has become an evidence-informed practice. [Chapter 5](#) further explores what this means and explains the scientific basis for evidence that supports the benefits of therapeutic massage. This chapter also focuses on research literacy, empowering students to look deeper into their practice and its value. [Chapter 6](#) begins the process of decision making in terms of indications and contraindications to massage. [Chapter 7](#) presents information on sanitation, hygiene, and safety, ensuring the reader understands the importance of protecting the client from harm.

Unit III: The Massage Process

- 8 Body Mechanics
- 9 Preparation for Massage: Equipment, Professional Environment, Positioning, and Draping
- 10 Massage Manipulations and Techniques
- 11 Assessment Procedures for Developing a Care/Treatment Plan

[Chapter 8](#) covers the very important content of body mechanics and ergonomics. It is necessary for massage therapists to be able to use their bodies effectively, efficiently, and wisely to have a successful massage career. [Chapter 9](#) describes massage equipment and supplies, positioning and draping procedures, various massage environments, and other information ancillary to a successful massage practice. [Chapters 10 and 11](#) focus on technical skills. Each section builds on the previous one, beginning with the basics and expanding assessment methods to support therapeutic applications. As the methods and techniques of therapeutic massage are presented, the reader learns how and why they work and when to use them to obtain a particular physiologic response. Upon completion of this unit, the learner should be able to provide an outcome-based massage.

Unit IV: Beyond the Basics

- 12 Complementary Bodywork Systems
- 13 Massage Career Tracks and Practice Settings
- 14 Adaptive Massage
- 15 Wellness Education
- 16 Case Studies

Chapter 12 introduces the concept of adjunct methods, such as hydrotherapy and essential oils. Massage application systems that have become specialized, such as lymphatic drainage, connective tissue, and myofascial release, and approaches to treating trigger points are presented in the next section of the chapter. An overview of Eastern and cultural approaches based on traditional Chinese medicine, Ayurveda, and others is covered in the next section. Reflexology is also included in this content. Finally, a discussion on the adjunct methods based on biofields (often called *energy work*) is provided, as well as technical skill from the polarity system, which provides a model for this type of bodywork.

Chapter 13 focuses on three main career tracks—wellness/spa, medical care, and athletics. **Chapter 14** describes how to adapt massage to address the needs relevant to particular populations, from pregnant mothers and infants to hospice patients and people with physical impairments. **Chapter 15** explores the issues of wellness and nutrition. Massage therapy is a physically taxing field of work. An MT must stay strong and healthy to do a good job and to continue feeling rewarded by the work.

Finally, **Chapter 16** sets the stage for putting the material and your study to work through the use of comprehensive case studies based on the clinical reasoning model, outcome-based massage, and treatment plan development. This chapter presents 20 case studies that integrate the information from both this textbook and the student's science studies, such as those covered in *Mosby's Essential Sciences for Therapeutic Massage*. The case studies cover the majority of common conditions seen by massage professionals in day and destination spas, as well as in wellness, health, fitness, sport, and medical settings. If students study the process of clinical reasoning carefully, these case examples will enable them to address almost all other conditions encountered in professional practice. The entire book focuses on developing clinical reasoning skills for this profession.

Appendices

Helpful appendices are located at the end of the book. These include an updated appendix on indications and

contraindications, a pictorial skin pathology appendix, as well as a basic pharmacology for massage reference written especially for this textbook by a clinical pharmacist. A new appendix has been added on the issue of human trafficking. All four provide at-a-glance information that is supplemental to the content within the chapters of the textbook.

AN ADAPTABLE DESIGN

It is not necessary to have multiple textbooks for each course. Chapters in *Mosby's Fundamentals of Therapeutic Massage* can be used in multiple ways to provide content for courses within the curriculum. The textbook can be taught in a sequential manner from **Chapter 1 to Chapter 16**, or it can be adapted to fit the order of topics within the chosen curriculum. Another approach is to cluster the chapters into units as previously described or modules such as the following:

- **Chapters 1-4** as the professionalism and ethics unit
 - **Chapters 5-6** as the research literacy unit
 - **Chapters 7-12** as the guide on how to build massage application skills
 - **Chapters 13-16** can then act as an integration unit.
- Another organizational approach is as follows:
- **Chapters 1-6** cover the practical and critical thinking skills, which can simultaneously be taught with
 - **Chapters 7-12**, so that the student learns hands-on skills with thinking skills, all in a coordinated manner.
 - **Chapters 13-14** can be presented as practice specialization content.
 - **Chapters 15-16** focus on integration of skills, such as clinical experience. **Chapter 15** (as well as many of the exercises provided throughout the text) promotes introspection, understanding, and topics that are supportive to the general well-being of the therapist, and **Chapter 16** offers a wide variety of case studies.

When combined with *Mosby's Essential Sciences for Therapeutic Massage*, *Mosby's Fundamentals of Therapeutic Massage* provides a complete textbook resource for a relevant, accurate, and outstanding massage therapy curriculum. Designed for teachers and students by someone who is a teacher and massage therapist, it is our hope that the textbook, all the ancillaries, and instructor support materials serve both teachers and students in the journey of becoming extraordinary massage therapy professionals.

Fritz Gives You the Fundamentals and More!

Welcome to the Seventh Edition

For content you can trust,
this text delivers:

ALL CHAPTERS HAVE BEEN REVISED AND UPDATED to reflect changes in curriculum standards and to include new research. **CHAPTERS ARE DIVIDED INTO 15- TO 30-MINUTE TEACHING AND STUDY SECTIONS**

- ELAP and MTBOK knowledge, skills, attitudes, and terminology content.
- Content is aligned with the MBLEX and the NCBTMB Board Certification Exam
- Detailed and competency-based chapter and section objectives.

PEOPLE-FIRST TERMINOLOGY

SECTION OBJECTIVES

Chapter objective covered in this section:

5. Describe the importance of people-first terminology.

Using the information presented in this section, the student will be able to:

- Define disability.
- Define people-first language.
- Use appropriate language related to the diverse population of individuals with disabilities.

CHAPTER OBJECTIVES

After completing this chapter, the student will be able to:

1. Identify personal interpretations of touch and their influence on professional interactions.
2. Describe professional touch.
3. Define professionalism.
4. Define therapeutic massage.
5. Explain the rich heritage and history of therapeutic massage.
6. Explain the influence of historical events and global culture on the current development of therapeutic massage.
7. Self-assess for leadership qualities.
8. Analyze a professional practice framework.

CHAPTER OUTLINE

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Touch
Touch as Communication

PROFESSIONAL CLASSIFICATIONS OF TOUCH, 7

Physical and Psychological Perspectives on Professional Touch, 7

PROFESSIONALISM AND THERAPEUTIC MASSAGE, 9

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Membership in a Professional Association

Massage: Therapy as a Profession

Defining Massage

Clarifying Definitions for the Massage Therapy Profession, 15

- Spiral approach to learning is embedded where first the basic facts of a subject are presented. As the learner progresses through the textbook, the basic content is reinforced, expanded, and framed in increasingly more complex ways, which supports critical thinking and content retention.
- **ONGOING AND EXPANDED** emphasis on critical thinking and clinical reasoning skills development.

way is the professional application of touch influenced by the practitioner's ability to make thoughtful decisions and to find answers that best serve the situation at a particular moment? As you read this discussion, you might get the feeling that it is written in circles instead of following a straight line. It may be confusing because one question leads back to another.

One of the many ways your brain learns is by circling around and around through information, collecting an increased understanding with each revolution. Eventually the understanding begins to turn the circle into a spiral as comprehension leads to creative application (Fig. 1.1). In straight-line learning, a piece of information is presented once, then the next piece is presented, and then the next, and so on, much like driving down a road from point A to point B. Except for elementary sequential information, straight-line learning is not very effective. We do not learn efficiently by experiencing something only once. Even if we go back and repeat the linear A-to-B sequence again and again, the brain begins to ignore the information because it is too familiar (Fig. 1.2).

Repetition is absolutely necessary to learn anything. However, to keep the brain interested, the repetition somehow must be different each time. Think of a piece of music. You can hear the repetition of a melody in a few lines of music, but you can also hear where the composer has changed a note or two. You enjoy hearing the repetition of a good melody, but you also enjoy when it is changed slightly, because this prevents you from becoming bored with it. This is called *novel repetition* (Fig. 1.3); that is, the same information is given over and over, but always a little differently and in a circular format. As you learn about massage therapy, this type of repetition eventually spirals into the ability to become a creative and skilled massage therapist. As you read and study this textbook, notice how learning spirals, novel repetition, and asking questions are teaching you to use critical thinking and eventually teaching you to become your own teacher to support lifelong learning.

In massage, which is professional, structured, therapeutic touch, education begins with questions.

- What is the significance of touch?
- What is professional touch?
- What motivates me to study therapeutic massage?
- What is therapeutic?
- How am I served by touching others?
- When did touch become professional?
- Why did touch become professional?
- Do therapeutic forms of touch have to be provided by a professional?
- In what way is professional therapeutic touch different from casual touch, friendship touch, family touch, intimate touch, or erotic (sexual) touch?
- How do different individuals, social groups, or cultures view touch?
- In what way does the past affect the present and provide guidance for the future development of the profession of massage therapy?



FIG. 1.1 Spiral learning.

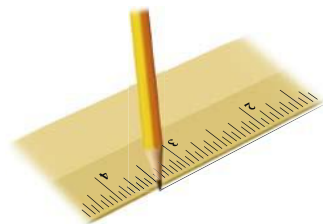


FIG. 1.2 Straight-line learning.



FIG. 1.3 Novel repetition can be seen and heard in music, for example.

Questions continue to arise, and the answers are not necessarily simple. As we seek to serve our clients, eventually we are faced with these questions and many others. Some of the questions mentioned previously are explored in this text, especially as they relate to the professional practice of therapeutic massage. Some are not explored directly; rather, both the questions and the answers evolve for each learner as the individual's information base and experience increase and the journey through education continues. This text does not provide definitive answers to any of these questions; however, it does provide information to help you find your own answers to questions you may face.

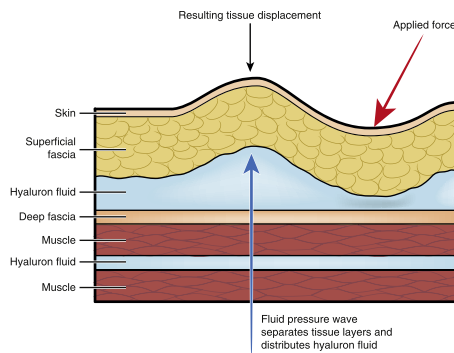


FIG. 5.3 Example of how applied force from massage can displace tissue and fluid between tissue layers to create a fluid pressure wave; this both separates tissue layers and distributes hyaluron-based fluid to restore sliding among tissue layers.

that the muscles use during prolonged exercise. It is released from the muscle and converted in the liver to glucose, which serves as an energy source. Therefore, rather than causing fatigue, it actually helps delay a drop in the blood glucose concentration, a condition called *hypoglycemia* (Bosch, 2006).

Postexercise stiffness, known as *delayed-onset muscle soreness* (DOMS), is due mostly to damage to the muscle, not to an accumulation of lactic acid or lactate crystals in the muscle and associated connective tissues. After unaccustomed exercise, which results in DOMS, the levels of the enzyme creatine kinase increase, indicating that muscle damage has occurred. This type of tissue damage occurs in the form of microscopic tears in the muscle. Hydroxyproline, an amino acid produced during the breakdown of collagen, also is present, indicating disruption of the connective tissue in and around the muscle structures. Postexercise stiffness, therefore, is the result of muscle damage and the breakdown of connective tissue. Inflammation occurs as part of the normal healing process. Signs of inflammation include heat, redness, swelling, and pain. One theory is that inflamed and swollen muscle fibers press on various nerve receptors (imagine an overfilled water balloon) and alert the brain to potential tissue damage with the accompanying experience of pain and stiffness (Shin and Sung, 2015).

Another theory suggests that cells called *phagocytes* come to clean up the damaged tissue but actually further damage the tissue, leading to symptoms. Still another theory is that free radicals (highly reactive molecules that are harmful in the body) produced by the inflammatory cells aggravate the already existing damage.

Most likely, a combination of these factors contributes to the pain experience of DOMS. A possibly helpful use of massage for this condition may involve applications that target lymphatic drainage (see Chapter 12); these applications are thought to move

interstitial fluid into the lymphatic collecting vessels. If this occurs, tissue fluid can be moved out of the muscle tissue, thereby reducing the increased fluid pressure in the tissue stemming from the swelling caused by the inflammatory response. Theoretically, pain and stiffness thus should diminish. Ebert et al. (2013) did find that massage targeting the movement of fluid supported the recovery of movement after knee replacement surgery, which suggests that reducing local tissue fluid accumulation may be beneficial. Olszewski et al. (2009) and Zainuddin et al. (2005) found that massage was effective at alleviating DOMS by approximately 30% through the effect of reduced swelling. They also found that massage treatment had important effects on plasma creatine kinase activity, citing a significantly lower peak value at 4 days after exercise. Despite these changes, massage application had no effect on muscle function.

In a different study, Bakowski et al. (2008) found that massage administered 30 minutes after exercise could have a beneficial influence on DOMS by reducing soreness, but that it did not affect muscle swelling or range of motion. Haas et al. (2013a, 2013b) investigated the effect of massage-like compressive loading on the recovery of active muscle properties after eccentric exercise in rabbits. Their findings suggested that massage after eccentric exercise has a greater effect on reducing muscle stiffness than no treatment (Kennedy et al., 2018). Additional research found that massage carried out immediately after a bout of intense eccentric exercise favored a quicker recovery of muscle and joint function than massage delayed by 48 hours (Crawford et al., 2014). Research by Imtiyaz et al. (2014) also supports massage as an intervention for delayed muscle soreness.

Research has suggested that the inflammatory process is involved in DOMS. Massage has an effect on inflammation and DOMS in humans. Study results indicate that a 30-minute massage protocol applied 2 hours after exercise interfered with

• UPDATED Chapter 5: Research Literacy and Evidence-Informed Practice, which focuses on the expanding role students can play in learning more about the growing body of science within the massage field.

and injury are usually caused by ineffective the body while giving massage. Chapter 8

PROFICIENCY EXERCISE 3.3

Separate into small groups, and take turns describing a time when you were burned out. Explain what steps you took to get out of the burnout phase.

Self-Employment, Employee, or Combined Practice

This chapter does what generic business texts and websites can not do: it shares the experience gained from walking the career path in therapeutic massage, both as an employee and as a self-employed professional. Throughout the text, you are encouraged to ask questions about your massage education, to use clinical reasoning as a problem-solving method, and to challenge information. You are urged to seek authoritative sources carefully and to compare information from many experts. The same principles apply in your massage career. You can work full time or part time, be either self-employed or an employee, and you can either have a career or hold a job in massage. Do not think that you must be self-employed and working full time to have a career.

Employee or self-employed? Each of these two options has its advantages and disadvantages, and only you can decide what an advantage is for you and what are disadvantages. For example, one person may feel that the independent decision making involved in self-employment is an advantage, whereas a person who has difficulty coming up with independent ideas would consider this a disadvantage.

In the past, most massage therapists were small-business owners and few employment opportunities existed, but times have changed. The profession has seen a steady increase in jobs and career opportunities in the more traditional employee market, in which the massage practitioner goes to work for an individual or a company at a wage-based income (Box 3.8).

More employment opportunities are opening up for massage professionals in the personal service, fitness, wellness centers, recreational industries, and medical establishments. The most rapid expansion of employment opportunities is occurring in the spa and franchise setting. Franchises and business chains are spreading quickly and offer employment options. A wellness center is an establishment that offers health services for the body and mind, with massage therapy being a major offering. The fitness industry is another source of employment. Many health clubs offer the services of a massage professional. The recreation industry (e.g., hotels, cruise ships, retreats, and resort centers) also is an active employer of massage practitioners. The independent massage therapy clinic offers opportunities for employment when the owner or manager of the clinic handles all business responsibilities and hires massage practitioners to do the work. Massage professionals are working for physicians, physical therapists, mental health professionals, and other health care professionals. It is possible to have two part-time positions working for two different employers. For ethical purposes the employers should be providing massage service to two different client populations; for example, one job may be at a franchise and the other for a home health service. Always disclose dual employment arrangements to both employers.

• REVISED CHAPTER ON BUSINESS AND PROFESSIONAL SKILL clearly describing career focus both as self-employed or employee.

productive and valued employee. Massage therapy is a service business, and income stability depends on client satisfaction, retention, and a full appointment schedule. If a client cancels an appointment, it creates a reduction in income. If you are employed, the business owner must absorb the loss of income. If you are self-employed, you have to deal with the deficit. The burnout issue occurs when income barely covers personal expenses, and there is no financial safety net. It is stressful to live from paycheck to paycheck.

Emotional stress is a major cause of burnout. For massage therapists, this is characterized by taking better care of others than we do of ourselves. Burnout can be a problem in most service professions. Taking care of others is a big job. If we do not take care of ourselves also, we soon have nothing to give others or ourselves. Each of us must take care of our physical needs, such as resting, eating well, getting regular massages, and paying attention to our emotional needs. Surround yourself with people who believe in you. Take care of your spiritual needs, which connect the value of what you want to accomplish with a much higher purpose. Follow the wellness guidelines presented in Chapter 15.

The actual application of massage is basic, repetitious touch, which sometimes can get boring. It is important to keep yourself excited about the benefits of such repetitious applications of touch. One of the best ways to do this is to continue your education. Classes make you think and bring you together with other massage professionals. These are good opportunities to share and learn together. State-licensed massage schools and professional organizations are the best sources for massage education. It also is important to get away from massage for a bit. Having a hobby or creating downtime creates balance. Take care of yourself, and let others take care of you. Take a vacation, a walk, or a long warm bath, and burnout will be less of a problem.

After a person begins to live life—including his or her career life—with purpose, the energy to develop the career focus becomes available. Living with purpose is the key to motivation. It means drawing strength from knowing that what we have to offer is valuable (Proficiency Exercise 3.3).

Box 8.2 Massage Equipment General Ergonomic Recommendations**Working With a Massage Table**

- As a general rule, the table height should be at the hip joint. Depending on the therapist's torso, arm, and leg length ratios, the correct height for the table will be 2 to 3 inches higher or lower. An individual with long arms may need a shorter table than a person with short arms. A person with a short torso, short arms, and long legs often needs a taller table. There will be some variations to this when it comes to various massage techniques. The lighter the technique application, the higher the table height or it should be as close to the hip joint height as recommended earlier.
- Typically, a woman needs a taller table than a man of the same height.
- A table that is 28 inches wide provides adequate space for the client to lie down comfortably, but it is not so wide that the therapist must reach for the client in the middle of the table. When moving around the table while performing massage, minimize the potential for overreaching by positioning your body as close to the client body area you are working without breaching any physical touch boundaries. An ergonomics rule of thumb is to move your body as close to the work task as possible to keep the body in its most ideal operational position. Referring back to the OSHA recommendations as pictured in [Box 8.4](#), it emphasizes this concept. When ergonomists evaluate job tasks, they are looking for the safest and best practices in movement (Pheasant, 1991).
- The knees and hips are used to lift portable tables. The therapist should not bend forward at the waist when lifting the massage table. Some tables have shoulder straps, wheel bases, and other devices to aid in transport by redistributing the weight load.
- Consistently carrying the table on only one side of the body may be harmful. Alternate carrying arms; for example, carry in with the left arm, carry out with the right. The best ergonomic solution is to use a table cart whenever possible to transport a portable table.
- For the most adaptability for massage pressure and technique application, height variability, and best body positioning for each client on your table, use an electric lift/hydraulic table whenever possible.

Sitting on a Chair or Stool at a Massage Table

- Sitting and providing massage is an option especially when lighter pressure is the focus. If there are extended periods of standing or static positioning, or if you are working on a specific finite area on a client's body.
- Sitting for part of the massage session provides posture variation and allows for a bit of a break or rest for larger muscle groups that are sustaining your upright standing position.

- The massage table is generally lower when providing massage while seated. Be sure that you are able to fit your flexed knees completely under the table while minimizing your reach when working seated.
- If using a rolling chair or stool, make sure the wheels can lock so the chair/stool does not roll back when force is applied into the client's body. Alternatively, the massage therapist's feet and legs may need to hold the chair/stool in place, which is still acceptable provided the foot and leg positioning used is similar to standing positions (e.g., transverse and longitudinal stances). Be sure that the stool or chair is an appropriate size for your use, such as making sure that you fit comfortably in the seat pan and the height is adjustable to where your knees can be in a comfortable, flexed, 90-degree position. Also, use a stool that has back support whenever possible for the best neutral seated positioning (Pheasant, 1991).

Working on a Floor Mat

- Table body mechanics also apply for working on a mat on the floor. The main notable difference is that the center of gravity is lower, necessitating greater core strength.
- When working on a floor mat, there is greater potential for torso bending and twist due to the lower center of gravity as mentioned earlier. To assume the most ideal position, be sure to position your body as close to the client body area you are working on to reduce overreach or bending when possible.
- Movement around the client is different when the person is on a floor mat rather than a massage table. The weight-bearing balance points on the floor are from the knees instead of the feet.
- Padding on the knees may be required. Kneepads are a good, available option for protective equipment for the therapist.
- The mat must be large enough so that the massage therapist can keep his or her knees on the mat while doing the massage.

Working With a Massage Chair

Specially designed massage chairs help with positioning the client so that compression can be applied correctly. However, due to the variations of client size in relation to the size and shape of the massage therapist, prolonged use of a massage chair to deliver massage can increase the risk of strain in the massage therapist's body. Whenever possible, utilize a stool or chair to take a seated position when performing chair massage, such as when working on the forearms or hands of a seated client.

It is important that the practitioner use body weight. Although muscle strength is not a big factor, leverage is essential (Magee and Zachazewski, 2007). By leaning to transfer weight, the practitioner can substantially reduce muscle tension in the shoulders, neck, wrists, hand, elbows, and lower back and efficiently apply mechanical forces during the massage. When pushing, create a hinge moment with the upper body in front of the base of support (leaning in against the weight). For

pulling, the hinge moment is created with the upper body behind the base of support (leaning back against the weight) (Argubi-Wollesen et al., 2017) ([Box 8.5](#)).

When the hand is used to apply pressure during massage, the most correct position of the arm is with the elbow joint straight so that the forces produced flow directly along the bones and through the joints. This means that the elbow must be in extension (but not hyperextension) to reduce the amount

- Chapter 8: Body Mechanics**, which takes a closer look at adapting massage application based on body shape and gender. Therapeutic massage is a physically labor-intensive therapy that requires time to perform, with an emphasis on ergonomics and correct body mechanics. The sixth edition has expanded coverage of this information, and new content has been evaluated by ergonomics experts.

- Features and activities that motivate and make you think.

PROFICIENCY EXERCISE 6.3

- Using the reference section in Appendix A, list five regional contraindications to massage that you have encountered (or that you think you may encounter) with clients.
 -
 -
 -
 -
 -
- List the five general contraindications you think you will encounter most often.
 -
 -
 -
 -
 -
- Using Appendix A, list two specific disease conditions that correspond to the seven warning signs listed in [Box 6.2](#).
 -
 -
- Choose a condition from each of the categories in Appendix A. Pretend that clients display symptoms of that condition, or use role-playing in the classroom by having a fellow learner act out the signs and symptoms of the condition. Write down what you would notice about each condition that would prompt you to refer the client to a health care professional. Also write down or act out a referral process with the pretend client.
- Choose two medications from Appendix C, and describe the possible interactions with massage.
 -
 -



FIG. 10.28 Examples of percussion. (A) Hacking. (B) Cupping. (C) Fist beating. (D) Beating over the palm. (E) Slapping. (F) Finger tapping.

Heavy percussion should not be done in the kidney area or anywhere pain or discomfort is present. The following are methods of percussion (Fig. 10.28):

- **Hacking.** Hacking is applied with both wrists relaxed and the fingers spread, with only the little finger or the ulnar side of the hand striking the skin surface. The other fingers hit each other with a springy touch. Point hacking can be done by using the fingertips in the same way. Hacking is done with the whole hand on the larger soft tissue areas, such as the upper back and shoulders. Point hacking is used on smaller areas, such as the individual tendons of the toes, or over motor points.
- **Cupping.** To perform cupping, the fingers and thumbs are positioned as if making a cup. The hands are turned over, and the same action used in hacking is performed. When done on the anterior and posterior thorax, cupping is good for stimulating the respiratory system and for loosening mucus. If the client exhales and makes a monotone noise during cupping, enough pressure is used so that the tone begins to break up, changing from "AAAAAAAAAAH-HHHHH" to "AH AH AH AH AH AH."
- **Beating and pounding.** These moves can be performed with a soft fist with the knuckles down or with the fist held vertically and the action performed with the ulnar side of the palm. This technique is used over large muscles, such as the buttocks and heavy leg muscles.
- **Slapping (splatting).** For this technique, the whole palm of a flattened hand makes contact with the body. This is a good method for causing the release of histamine,

thereby increasing vasodilation and its effects on the skin. It also is a good method to use on the bottoms of the feet. The broad contact of the whole hand disperses the force laterally instead of downward, and the effects remain in the superficial tissue. Kellogg (2010) called this movement *splatting*.

- **Tapping.** For this technique, the palmar surface of the fingers alternately taps the body area with light to medium pressure. This is a good method to use around the joints, on the tendons, on the face and head, and along the spine (Proficiency Exercise 10.8).

PROFICIENCY EXERCISE 10.8

1. Play a drum or watch a drummer. Pay attention to the action of the arms and wrists and the grasp of the drumsticks. Notice that the drummer holds the drumsticks loosely.
2. Get a paddleball or yo-yo and see what actions it takes to make these toys work. Play with a rattle or tambourine.
3. Use the foam from the compression exercises and practice the different methods and intensity of percussion (light to deep, slow to fast).
4. While shaking your hands quickly, use hacking to strike the foam or a practice client. Without stopping, change hand positions so that all the methods are used.
5. Design a stimulating massage with various applications of percussion. Notice which qualities of touch are most reflected with these methods.

d. Risk factors

28. Objective abnormalities that can be seen or measured by someone other than the client can be described as _____.
 - a. Stress
 - b. Hyperalgesia
 - c. Signs
 - d. Pain

Application/Concept Identification, Clinical Reasoning, and Synthesis

1. What is the major reason that massage practitioners need to be aware of endangerment sites?
 - a. These are soft areas that are unable to tolerate any pressure or movement.
 - b. They may be a sign of a life-threatening disorder.
 - c. The remaining proximal portions of sensory nerves are exposed here.
 - d. These areas are not well protected by muscle or connective tissue.
2. Which of the following is an example of condition management?
 - a. Managing the existing physical compensation patterns
 - b. Assisting the client through learning to walk again
 - c. Restoring a client's range of motion to its preinjury state
 - d. Using massage to help a client feel better about self and to change jobs
3. A client is complaining of a stiff back from working at the computer for 2 days. There are no stated contraindications. The client wants to reverse the condition. Which approach is the best process?
 - a. Referral
 - b. Therapeutic change
 - c. Condition management
 - d. Palliative care
4. Which of the following persons may require restorative care from a massage therapist?
 - a. An athlete with a sprained ankle
 - b. A 48-year-old woman with a broken arm
 - c. A man with normal function and adaptive capacity
 - d. A pregnant woman in the first trimester
5. Therapeutic inflammation is best used in situations _____.
 - a. In which there is a compromised immune function
 - b. Resolving a fibrotic connective tissue dysfunction

- Visuals that guide.
- Reality-based examples embedded throughout the textbook, helping readers understand content.

ditions that may make the development likely by the client than by another per-

- c. In which active inflammation is already present
 - d. In which a condition such as fibromyalgia exists
6. Intervention is different for managing acute versus chronic pain. Acute pain is managed _____.
 - a. Using inhibitory methods
 - b. Using an aggressive rehabilitation approach
 - c. Less invasively and is focused to support the current healing process
 - d. By compression on a nerve in a bony structure
 7. A client is taking an anticoagulant. Which of the following would be contraindicated?
 - a. Resting stroke
 - b. Friction
 - c. Muscle energy
 - d. Rocking
 8. Which of the following is contraindicated for application of deep sustained compression?
 - a. Lymph nodes
 - b. Trigger points
 - c. Dermatomes
 - d. Ground substance
 9. A client is in the exhaustion phase of the general adaptation response. When one is considering a treatment plan for massage, which of the following is NOT appropriate?
 - a. Ability of the client to expend energy for active change
 - b. The availability of support and resources during change process
 - c. Practitioner must have appropriate knowledge and skills
 - d. Completing outcomes in 10 sessions or fewer
 10. A doctor referral is indicated if the _____.
 - a. Client has mild edema in the lower legs after a plane flight
 - b. Client complains about care at the local outpatient clinic
 - c. Client bruises easily
 - d. Client is beginning a new medication

Write Your Own Questions

Write at least three multiple choice questions, one of each type—factual recall and comprehension, application and concept identification, and clinical reasoning and synthesis. Make sure to develop plausible wrong answers, and be sure that the correct answer is clearly correct. Then write a rationale for each question. The more questions you write, the better you will understand the material. Exchange questions with classmates or discuss in class. The questions from all the learners can be combined to create a review quiz.

- **END OF CHAPTER MULTIPLE CHOICE QUESTIONS FOR DISCUSSION AND REVIEW** with answer and rationales on the EVOLVE site. This feature supports the critical thinking process and preparation for licensing exams.

stimulating method. The rhythm will be slow and even, meeting the client's body rhythms and then slowing over the course of the session. The direction of massage will be primarily toward the heart but with changes as necessary to address the connective tissue bind. Lymphatic drainage methods will be used on the right shoulder. Muscle energy methods will be used, especially to address the eye and neck reflexes and to lengthen all short muscles identified during the assessment.

Because the major tension is in the neck and shoulders, having the client roll his eyes in large circles or his head in small circles while broad-based compression is applied to the tender areas, especially the occipital base muscles, will help. Kneading and skin rolling with myofascial techniques, coupled with lymphatic drainage, will increase pliability in the areas of thick and short connective tissues. Active trigger points in muscles will be addressed with the least invasive measures possible to reduce the guarding response and pain behaviors because pain increases sympathetic arousal. Positional release will be the primary choice and will be applied to the indicated areas in the serratus anterior and intercostal muscles.

Muscles that are inhibited will be encouraged to function through the use of limited tapotement (i.e., not so much as to arouse the nervous system) at the attachments of these muscles.

Joint movement methods will focus on reducing the internal rotation of the right arm and the external rotation of the right leg. The integrated muscle energy methods will be the primary application combining these patterns so that the muscle imbalances can be treated in sequence. The abdominal massage sequence will ease constipation, but caution is required because of heartburn. Prone and supine positioning will also need to be monitored to identify if it creates a heartburn sensation. Side-lying may be a better option.

Teaching the client simple breathing and relaxation exercises, as described in Chapter 15, is appropriate.

CASE 2. MUSCLE TENSION HEADACHE

A 26-year-old woman is in good health except for frequent headaches that radiate pain from the back of her skull around her ears and over her eyes. Migraine and cluster headaches have been ruled out. The diagnosis is muscle tension headaches. Because no medical reason has been found for the headaches, they are assumed to be related to stress. They do not follow any cyclic pattern. A relationship to the menstrual cycle has not been indicated.

The client has a temporary job as a waitress while she finishes college. She spends a lot of time sitting, reading, and working at the computer. She notices increased tension in her neck, shoulders, and lower back when she has to spend a lot of time with her studies. She swims three times a week for exercise and is careful with her diet. She has a moderate intake of caffeine and alcohol, and she smokes. She is not under any medical care.

Because common over-the-counter analgesics such as aspirin and acetaminophen bother her stomach, she is seeking an alternative to manage the pain. She has tried chiropractic care, with limited success, and often experiences a headache right

after an adjustment. She has heard that massage can help these types of headaches. A friend referred her, indicating that she would be comfortable with a middle-aged female therapist with a home-based practice. The client has completed an informed consent process and has agreed to treatment.

Assessment

Observation

The client is near-sighted and wears glasses. She repositions her glasses often, and she squints in the bright light. She is polite and soft-spoken. She appears frustrated and tired of the inconvenience of the headaches. She is neatly groomed and organized; she provides a list of all the treatments that have been tried, including a food diary and schedules, in an attempt to identify the cause of the headaches. Her weight is normal for her height. She has long, thick hair that she wears in a ponytail.

Interview and Goals

The client's history reveals that she has had headaches for as long as she can remember. She has a headache severe enough to interfere with daily activities about 10 days out of a month. The headaches last about 12 hours, and the pain is a 7 on a scale of 1 to 10 (1 being slight, 10 being extreme). She does not remember any injury or surgery or any childhood diseases other than the normal ones. She had the headaches during adolescence. She generally ignores the headaches, but they are becoming draining. The family history provides no insight. There is a family history of cancer. She wore braces for 3 years and recently had them removed. She has worn glasses and has had long hair since her early teens. She admits to being a perfectionist.

Her goals for the massage are to reduce the frequency and intensity of the headaches.

Physical Assessment

Posture

No obvious postural asymmetry.

Gait

No obvious gait distortions.

Range of Motion

Slightly limited in all directions in the neck with moderate reduction of capital flexion. Temporomandibular joint (TMJ) opens only to two fingers' width (three is normal).

Palpation

Near Touch

Neck near the occipital base and the lower back are warm.

Skin

All areas are normal except for goose bumps and dampness at the occipital base and lower back. Tissue texture is symmetrical and normal. The examiner is unable to lift a skinfold over the entire length of the spinal column.

Superficial Connective Tissue

Superior and inferior binding of connective tissue is present at the occipital base, sacrum, forehead, and calves.

Vessels and Lymph Nodes

Normal.

- **UNIQUE TO THIS TEXT:** The final chapter in this book contains 20 case studies that help the student to appreciate the complexities of a therapeutic relationship, all in a competency-based format.

- **FOCUS ON PROFESSIONALISM** feature throughout the text that reinforces the importance of professional and ethical behavior.

FOCUS ON PROFESSIONALISM

Massage therapy must never interfere with or contradict the physician's care plan, nor should the massage therapist assume the role of counselor. If the health care professional must be contacted directly, the massage professional should always work through the receptionist. Leave whatever information is needed with the front desk; if the doctor believes that speaking with the massage therapist directly is important, he or she will call.

The reason for referral and the date of referral must be noted on the client's record, along with the signs and symptoms. If the client responds in any unusual way, such as by panicking or refusing to go to the doctor, this must be indicated in the client's record.

As mentioned, most disease processes present with a few basic symptoms (see Appendix A). A client should always be referred for diagnosis if the symptoms listed in Box 6.8 do not have a logical explanation (e.g., if the client has been up late or working long hours, naturally he or she will show the symptom of fatigue). Massage practitioners should use common sense tempered with accurate information and caution (Proficiency Exercises 6.3).

MENTORING TIP 6.1

Massage practitioners should not rely on lists of specific contraindications, but rather should use a set of medical and therapeutic guidelines pertinent to clinical applications and research developments. Unfortunately, such guidelines are not consistent in current literature. You will have to learn to make appropriate, informed decisions for each client. As mentioned earlier, this text is targeted to the entry-level massage therapist; therefore, the recommendations are conservative. With increased experience and education, the massage therapist develops the ability to work with more complex client situations.

Contraindications are unique to each client and to each region of the body. The ability to reason clinically is essential to making appropriate decisions about the advisability of, modifications to, or avoidance of massage interventions. It is important to understand when to refer a client for diagnosis and when to obtain assistance in modifying the approach to the massage session so that it will best serve the client. Remember—when in doubt, refer!

- **MENTORING TIP** feature from the experiences of the author to promote introspection and classroom discussion.

- **LEARN MORE** feature that provides information in the text and links on the website to expand on selected content. The information and links guide the reader in exploration of the many helpful resources from a variety of U.S. government and affiliated agencies, nonprofit organizations, and sources for valid research.

LEARN MORE ON THE WEB

Cultural competency: The Washington State Department of Social and Health Services is committed to creating and maintaining an environment that supports cultural competence by promoting respect and understanding of diverse cultures, social groups, and individuals. Additional sites include the Bureau of Educational and Cultural Affairs, the U.S. Department of State, the Department of Health and Human Services, the Centers for Disease Control and Prevention, and the National Institutes of Health. See the Evolve website for links and expanded descriptions: <https://evolve.elsevier.com/Fritz/fundamentals/>.

- **EXPANDED CONTENT AND ENHANCED ONLINE EVOLVE SITE THAT PROVIDES A COMPREHENSIVE REVIEW PROCESS FOR LICENSING EXAMS, PARTICULARLY THE MBLEX**
 - EXPANDED Web-based content on the EVOLVE site, including 3 hours of case studies, demonstrations, animated footage, and more!
 - Licensing review questions.
 - **QUICK CONTENT REVIEW IN QUESTION FORM**, which is a student Evolve resource that reinforces key concepts in the chapter and allows learners to quiz themselves as a review and for learning strategies.
 - MBLEX PRACTICE EXAMS
 - HOURS OF SCIENTIFIC ANIMATIONS
 - ANATOMY LABELING EXERCISES
- **AND BEYOND THE BASICS**—The content in the textbook also covers the information in the content outline and job task analysis for the National Certification Board for Therapeutic Massage and Bodywork's BOARD CERTIFICATION EXAM.
- **TEACH** lesson plan manual for instructors, which is available on Evolve at <http://evolve.elsevier.com/fritz/fundamentals/>.

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To be a successful massage therapist, you will need two types of skills. These can be classified as soft skills and hard skills. Both will be essential to your career.

Soft skills include the abilities you develop in communication, etiquette, friendliness, teamwork, problem solving, interpersonal skills, and leadership.

Hard skills are specific teachable abilities that can be measured. The massage skills, as well as some business and documentation skills, are considered hard skills.

Soft skills are related to social and emotional intelligence. Daniel Goleman, a psychologist, wrote a book in 1995 titled *Emotional Intelligence*, and he and others have continued to investigate and describe the importance of human interaction. Soft skills relate to social neuroscience; that is, the study of what happens while people interact. We now know that social and emotional intelligence is multifaceted, and the soft skills in this unit are just as important for career success as the massage (hard) skills you will learn in Units 3 and 4.

The information in the first four chapters of this textbook combine to address the spectrum of soft skills, including the mindset, behavior, and interpersonal skills needed to function as a massage therapist in a professional setting. In addition, hard skills needed for business procedures and documentation are presented. Unit 2, Foundations for Massage Benefit, supports Unit 1 and bridges to Unit 3, The Massage Process, and Unit 4, Beyond the Basics. So let's begin Unit 1, Professional Practice, starting with Chapter 1, Therapeutic Massage as a Profession.

LEARN MORE ON THE WEB

This feature appears at the end of each chapter and leads you to valuable information provided by the various departments of the U.S. government (and sometimes those of other countries). Unless specifically noted, the content in the LEARN MORE features is in the public domain and free for you to use. The links and additional information are found on the Evolve website. For example, soft skills such as communication, attitude, and teamwork are extremely important in a service profession such as massage. The U.S. Department of Labor has many resources to expand your knowledge on these topics. Use the search term *soft skills*.

On the Evolve site, you will find the links and topics. For example: Soft Skills: U.S. Department of Labor (<http://www.dol.gov/odep/topics/youth/softskills/>)

Soft Skills to Pay the Bills—Mastering Soft Skills for Workplace Success

Soft Skill #1: Communication

Soft Skill #2: Enthusiasm and Attitude

Soft Skill #3: Teamwork

Soft Skill #4: Networking

Soft Skill #5: Problem Solving and Critical Thinking

Soft Skill #6: Professionalism

CHAPTER 1

Therapeutic Massage as a Profession

 <http://evolve.com/Fritz/fundamentals/>

CHAPTER OBJECTIVES

After completing this chapter, the student will be able to:

1. Identify personal interpretations of touch and their influence on professional interactions.
2. Describe professional touch.
3. Define professionalism.
4. Define therapeutic massage.
5. Explain the rich heritage and history of therapeutic massage.
6. Explain the influence of historical events and global culture on the current development of therapeutic massage.
7. Self-assess for leadership qualities.
8. Analyze a professional practice framework.

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KEY TERMS

Autonomy

Code of ethics

Culture

Expressive touch

Healing

Leadership

Massage

Mechanical touch

Occupation

Patterns

Profession

Professional

Professional autonomy

Professional touch

Professionalism

Service

System

Therapeutic applications

Touch technique

Vocation

You are embarking on a journey that will lead you to your goal of becoming a massage professional. You are beginning an active learning process. Three important words were just used to describe how you will proceed with your education:

- *Active* means that you are participating in your education by doing something.
- *Learning* means that you are using experiences to gather and evaluate information, determining its meaning and value. In addition, you are encoding memory (what you have learned) into a web of nerve connections that makes the information retrievable and usable.
- *Process* means that you are using an ongoing series of actions that produces a measurable and desirable outcome. In this case, the outcome is that you become a highly skilled and knowledgeable massage therapist.

Education is just as much about asking questions as it is about seeking answers. Information accumulated during an educational process, coupled with the ability to formulate insightful and productive questions, gives learners the opportunity to make thoughtful decisions. Are decisions answers? Do answers come from thoughtful situational decisions? Are answers valid?

Some questions seem to have easy answers. For example, "What is the color of grass?" Quickly we jump to the answer "green"; however, is that always the correct answer? Depending on the region and the season, grass turns brown. Because many questions can have several answers, validity sometimes can be difficult to determine. In what

way is the professional application of touch influenced by the practitioner's ability to make thoughtful decisions and to find answers that best serve the situation at a particular moment? As you read this discussion, you might get the feeling that it is written in circles instead of following a straight line. It may be confusing because one question leads back to another.

One of the many ways your brain learns is by circling around and around through information, collecting an increased understanding with each revolution. Eventually the understanding begins to turn the circle into a spiral as comprehension leads to creative application (Fig. 1.1). In straight-line learning, a piece of information is presented once, then the next piece is presented, and then the next, and so on, much like driving down a road from point A to point B. Except for elementary sequential information, straight-line learning is not very effective. We do not learn efficiently by experiencing something only once. Even if we go back and repeat the linear A-to-B sequence again and again, the brain begins to ignore the information because it is too familiar (Fig. 1.2).

Repetition is absolutely necessary to learn anything. However, to keep the brain interested, the repetition somehow must be different each time. Think of a piece of music. You can hear the repetition of a melody in a few lines of music, but you can also hear where the composer has changed a note or two. You enjoy hearing the repetition of a good melody, but you also enjoy when it is changed slightly, because this prevents you from becoming bored with it. This is called *novel repetition* (Fig. 1.3); that is, the same information is given over and over, but always a little differently and in a circular format. As you learn about massage therapy, this type of repetition eventually spirals into the ability to become a creative and skilled massage therapist. As you read and study this textbook, notice how learning spirals, novel repetition, and asking questions are teaching you to use critical thinking and eventually teaching you to become your own teacher to support lifelong learning.

In massage, which is professional, structured, therapeutic touch, education begins with questions.

- What is the significance of touch?
- What is professional touch?
- What motivates me to study therapeutic massage?
- What is therapeutic?
- How am I served by touching others?
- When did touch become professional?
- Why did touch become professional?
- Do therapeutic forms of touch have to be provided by a professional?
- In what way is professional therapeutic touch different from casual touch, friendship touch, family touch, intimate touch, or erotic (sexual) touch?
- How do different individuals, social groups, or cultures view touch?
- In what way does the past affect the present and provide guidance for the future development of the profession of massage therapy?



FIG. 1.1 Spiral learning.

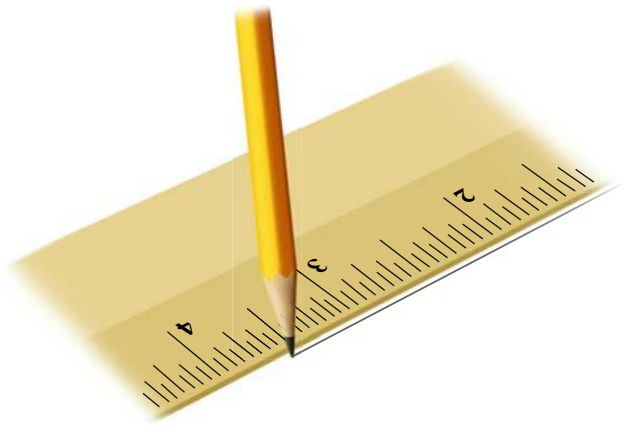


FIG. 1.2 Straight-line learning.



FIG. 1.3 Novel repetition can be seen and heard in music, for example.

Questions continue to arise, and the answers are not necessarily simple. As we seek to serve our clients, eventually we are faced with these questions and many others. Some of the questions mentioned previously are explored in this text, especially as they relate to the professional practice of therapeutic massage. Some are not explored directly; rather, both the questions and the answers evolve for each learner as the individual's information base and experience increase and the journey through education continues. This text does not provide definitive answers to any of these questions; however, it does provide information to help you find your own answers to questions you may face.

What will your questions be? How will your answers influence those you touch? How will your answers touch you? These are huge issues to consider at the beginning of any course of study. As you begin to think about them, you might feel interested, excited, overwhelmed, or maybe even frightened as you come to realize how necessary, beneficial, complex, and powerful touch can be. Remember that understanding evolves. These important questions are posed at the beginning of this study and possibly before you have sufficient information to develop effective answers. Your awareness of these questions will help you make decisions and find answers as you progress in your study of therapeutic massage.

You will come to understand the process of developing your answers to the previously mentioned questions and many others that will arise by embracing the importance of respect—not only for yourself, but also for all those with whom you interact, both personally and professionally (**Proficiency Exercise 1.1**).

PROFESSIONAL TOUCH

SECTION OBJECTIVES

Chapter objective covered in this section:

1. Identify personal interpretations of touch and their influence on professional interactions.

Using the information presented in this section, the student will be able to:

- Distinguish between professional and nonprofessional forms of touch
- List factors that influence the communication of touch

A **profession** is defined as an occupation or vocation that requires training and specialized study of a complex set of knowledge and skills through formal education and/or practical experience. An **occupation** can be defined as a productive or creative activity that serves as one's regular source of livelihood. A **vocation** is a strong altruistic motivation to follow a specific occupational career pathway to be of service to others. Vocational education trains for an occupation. In the professional sense, our vocation should be based on a sense of life purpose. A **professional** is a person who engages in a profession and is committed to adhering to the standards expected of a qualified and experienced person in a specific work environment. **Professionalism** is the adherence to professional status, methods, standards, and character (see the discussion on ethics in **Chapter 2**). **Autonomy** means the ability to practice massage therapy independently (**Focus on Professionalism**).

PROFICIENCY EXERCISE 1.1

My Touch History

On a piece of paper, write a brief touch history of yourself. Then explain the ways your history may influence your delivery of professional touch. The following example is provided as a model.

Culture

I grew up in the United States in Michigan. I lived in a small town that was primarily Caucasian.

Subculture

My family was a blue-collar, working-class family.

Genetic Predisposition

I am most comfortable with a large personal space and plenty of time alone.

Gender

Female

Age

Early 60s

Life Events

I experienced touch trauma from a grandfather and uncles, who would tickle me until I could not stand it.

I gave birth to three children and am a single parent.

I had a special friend who was blind.

I had unexpected open heart surgery.

My oldest son was killed in a tragic accident at age 33.

Spiritual Path

I initially had an unstructured Protestant focus. I developed a specific fundamentalist path in early adulthood. I embraced many paths as truth in later years as I evolved from the practice of religion to the development of personal spirituality.

Ways My Touch History May Influence My Delivery of Professional Touch

I had to learn a lot about different cultures because my exposure to a diverse population was limited while I was growing up. I have

to be careful to understand a person's culture before I approach to touch him or her. I am most comfortable with blue-collar, working-class people. I am more relaxed and find myself willing to spend more time when I touch someone from this population. I feel overwhelmed if I am touched too much and tend to limit initiated touch from the client. I am a woman, and I learned during my gender role development to fulfill others' needs before my own. I often overextend myself for a client instead of setting time limits. I am hypersensitive to light touch and tend to avoid giving light touch when I give a massage. I am understanding of the numerous demands on a single parent and tend to touch one in similar circumstances with sympathy instead of empathy. I have to be careful of boundaries when I touch stressed, overwhelmed single parents. I am casual when touching someone with a disability. I have experienced life-threatening illness, tragedy, and loss. This has changed my life perspective, and if I am not careful, I can discount what may seem to me to be the more minor struggles of others. I seek to understand various spiritual paths and deeply wish to respect issues of touch within each discipline. I tend to assume that one must actually make physical contact during healing and must remind myself that this is not everyone's truth.

Your Turn

Culture

Subculture

Genetic Predisposition

Gender

Age

Life Events

Spiritual Path

Ways My Touch History May Influence My Delivery of Professional Touch

FOCUS ON PROFESSIONALISM

The actions of every massage therapist affect the massage profession as a whole. There is an expectation of behavior when one claims to be a massage therapist. Behaviors include appearance, speech, actions, and advancement of knowledge and skills through lifelong learning. As professionals, we need to walk the talk. Each of us has a responsibility to the entire massage community. As professionals, we must always act like professionals even during personal time if we are in public view. Social media is an example of a situation in which the professional commitment can be confused. If a posting to social media does not comply with accepted and expected professional behavior, especially when directly related to massage therapy, the conduct could be considered unethical. For example, it is very unprofessional if a picture of a massage therapist in revealing clothing or discussing involvement in questionable behavior (e.g., driving under the influence) is included with posts about massage appointment availability. Think about it.

To understand the concept of professional touch, we look at specialized training that allows a person to provide a service to another. Professionals may sell a product, but a profession usually is built around a skilled ability to provide a service, such as the professional touch of therapeutic massage. A **service** is something done for another that results in a specific outcome; for example, the car is fixed, the garden is tended, communication skills are taught, emotional problems are sorted out, bodily functions are restored, and spiritual or life paths are discovered. In return, income (livelihood) is received for that service.

When a professional relationship exists, certain agreed-on criteria apply. The person providing the service is skilled (educated) and operates within certain standards of practice, including technical application and ethical conduct. **Professional touch** is skilled touch delivered to achieve a specific outcome, and the recipient reimburses the professional for services rendered. A professional relationship is focused on providing a client with a set of skills that focuses on a specific outcome. If professional and/or personal roles overlap, such as with dual and multiple roles, the professional relationship becomes confusing.

The aspect of skilled or schooled touch leads to the idea of structured touch. Professional touch is not random but purposeful. It is organized according to systems and patterns. A **system** is a group of interacting elements that functions as a complex whole. Professional touch, such as that provided by a massage practitioner, requires education in the many systems of the body; the application of massage and other forms and styles of soft tissue methodology; and an understanding of the influence of massage on body systems. Communication and interpersonal skills, including systems of social and cultural interaction, are also part of the education of the therapeutic massage professional.

Patterns are created by the replication of structures and functions that entwine and influence each other. Patterns can be identified if we can see a big enough picture. The pattern may be missed if the focus is too small. For example, muscle tension can be identified in an individual muscle of the arm, or it can be seen as part of an interacting pattern of movement during walking. The ability to see both the individual segments or pieces

Box 1.1 How Massage Got Its Name

The term *massage* is thought to be derived from several sources. The Latin root *massa* and the Greek roots *massein* and *masso* mean “to touch, handle, squeeze, or knead.” The French verb *masser* also means “to knead.” The Arabic root *mass* or *mass’h* and the Sanskrit root *makeh* translate as “to press softly.”

and the ways the pieces interact in patterns is a necessary skill for the individual application of professional touch.

Inherent in the understanding of skilled and structured touch is the idea of therapeutic application of touch. The term **therapeutic application** describes the act of applying a method for a particular purpose or use. Something that is therapeutic provides the structure for wellness, well-being, quality of life, beneficial change or support for current healing practices. A walk in the woods or a conversation with a compassionate friend can be therapeutic. Various bodywork modalities, medical and mental health practices, and empowering spiritual rituals can be therapeutic. **Healing** is the restoration of well-being, and therapeutic applications promote a healing environment.

Touch

We need to consider the nature of touch to understand the role of professional touch and the evolution of therapeutic massage throughout history. It is important to look at the idea of professionalism in the physical, emotional, social, cultural, and, in some instances, spiritual dimensions of touch. The roots of the word *massage* (Box 1.1) concern touch and the various applications of touch. It is important to explore the ideas behind the structure of touch. We must differentiate the therapeutic value of touch in the professional sense from forms of touch shared between people in life circumstances outside the professional environment. These themes are expanded on throughout this chapter, and in some instances the information is further developed in future chapters.

Science of Touch

Anatomically and physiologically, touch is the collection of tactile sensations that arise from sensory stimulation, primarily of the skin but also of deeper structures of the body, such as the muscles and associated connective tissue. Cutaneous mechanoreceptors are localized in the various layers of the skin, where they detect a wide range of mechanical stimuli, including light brush, stretch, vibration, movement of hair and pressure. Touch responses involve a very precise coding of mechanical information with interpretation of the stimuli in the central nervous system (Roudaut et al., 2012).

The skin is an amazing organ. It has many functions, but the most notable for this discussion is its function in touch. The skin is the largest sensory organ of the body. From the outside, we are always touched first on our skin, and in many ways, through the skin, we touch ourselves from the inside. Many internal somatic soft tissue structures (e.g., muscles, connective tissue) and visceral structures (e.g., the lungs, heart, and digestive organs) project sensation to the skin (see Chapter 6 for a discussion of viscerally referred pain patterns).

The autonomic nervous system (see [Chapter 4](#)), which regulates the visceral and chemical homeostasis of the body, is highly responsive to skin stimulation in support of well-being. Mood (the way a person feels) is often reflected in the skin as we touch ourselves from the inside. We blush with embarrassment, flush with excitement, or grow pale with fear.

The anatomy of the skin is described in most comprehensive anatomy texts. The anatomical parts that make up the skin—the epidermis (top layer), the dermis (inner layer), and the interlacing connective tissues of these layers—and the massive network of nerves both receive and relay information from the central nervous system. This vast network combines with the rich complex of circulatory vessels that supply the skin. Yet even in their complexity, the anatomy and physiology of the skin cannot explain the experience of touch. In some way, the pressure, vibration, temperature, and muscle motion that move the skin enliven us with sensations and experiences of pleasure, connectedness, joy, pain, fear, sadness, longing, and satisfaction.

We must be touched to survive. Touch is a hunger that must be fed; it is the essence of our survival, not simply a matter of well-being. The importance of touch has been well described in the books of Ashley Montagu, particularly *Touching: The Human Significance of the Skin*, which is recommended reading for all learners of therapeutic massage. Dr. Tiffany Field conducts scientific research on touch at the Touch Research Institute at the University of Miami's Miller School of Medicine, and additional research has been done at various locations (see [Chapter 5](#)). Initially much of this research was devoted to infant development, primarily in premature babies. Dr. Field has greatly expanded our understanding of the importance of touch by studying many different groups of people, including infants, elderly people, people currently well but under stress, and very ill people. Research supports the belief that touching in a structured way is a very important if not absolute need of all living beings.

Scientific study and technology have enabled us to describe some of the physiological responses to touch, such as changes in the concentration of hormones, alterations in the activity of the central and peripheral nervous systems, and regulation of body rhythms (these mechanisms are discussed more extensively in later chapters). However, even the explosion of information falls short in helping us understand the experience of touch. For all its scientific interpretations, the experience of touch is much more than the sum of its parts. Touch understanding remains elusive to researchers. A part of the brain called the *insula* processes actual physical contact and attaches affective interpretation of meaning of the touch—or, more simply, being touched and what the contact means: compassion, rebuke, connection, danger, anger, appreciation, admiration, or love. One such touch complexity involves mirror touch synesthesia, in which individuals literally feel the same sensation another person feels. This phenomenon may be related to the mirror neurons present in the motor areas of the brain. These specialized cells may support emotion recognition by activating somatosensory representations to simulate and eventually help us understand how others feel ([Banissy and Ward, 2013](#)).

Confounding the touch experience are various virtual touch interface systems now found in virtual learning simulations, as well as video games. Haptics is the science of applying

touch (tactile) sensation and control to interaction with computer applications. Haptic technology is a tactile feedback technology that recreates the sense of touch by applying forces, vibrations, or motions to the user. The reality of the virtual experience makes one wonder if we actually have to be physically touched to feel touched.

The Experience of Touch

Touch often is the concrete experience of more abstract sensations. For example, something that can be seen may not necessarily be real (e.g., watching a movie), but when something can be touched, it is tangible. The concept of tangible is changing. The first edition of this textbook (1995) was available only in the traditional paper book format. This edition is available in both paper and electronic formats. You may have one or the other or both. Is one more real than the other? Interesting question.

You will learn to listen to a client give his or her history and to observe during a physical assessment. However, not until you touch the client and feel the person will you begin to understand that individual's body. The client can sense through your touch if you understand the information the body provides. Touch is a fundamental, multilayered, and powerful form of communication, the most personalized form of communication we know.

Touch as Communication

In many ways, touch is a more emotionally powerful form of communication than speech. Verbal communication uses specific words with specific meanings to relay a message. Touch communication is more ambiguous, relying on interpretation of its meaning through past experience and current circumstances. Delivering a clear, concise verbal message is difficult enough when both parties—the one delivering the message and the one receiving it—agree on the meaning of the words. It is much more challenging to deliver a touch message in which many factors are involved in the interpretation of the message. The potential for misunderstanding increases. Often, with both verbal and touch communication, the message intended is not necessarily the one received.

The communication of touch is influenced by personal, family, and cultural contexts. Each person defines an area around himself or herself as personal space, and the distance encompassed by this personal space differs from person to person and culture to culture. Therapies using touch enter this personal space; therefore, the professional must be sensitive to the various factors that influence people's responses when their personal space is entered. Understanding each person's culture and subculture, personal experiences in that culture, and genetically predetermined tendency to have a large or a small amount of personal space often becomes mind-boggling in designing individual interactions of touch.

Cultural Influences

A **culture** is defined by the arts, beliefs, customs, institutions, and all other products of human work and thought created by a specific group of people at a particular time. To say that people of a certain culture act a certain way is

stereotyping; individuals always vary. However, tendencies can be defined by culture, and this may provide a way to begin initial touch interaction until the person's uniqueness is better understood.

Cultures are no longer isolated by distance. Modern-day travel supports intermingling of people from many parts of our world. We are a global society with multiple languages, beliefs, and practices. It is necessary to be culturally aware and respectful. It is not necessary to endorse or adopt cultural beliefs and practices into our own individual behavior and belief systems to be culturally respectful. Culture is important, yet it may be considered stereotypical to define a person by his or her culture. Because we live in a global community, we are likely to interact with people from other parts of the world. Exploring the vast diversity of cultural norms and traditions is beyond the scope of this text. However, as a professional, you are responsible for developing an understanding of the social, cultural, and spiritual ways of the client population you serve while avoiding stereotypes. You can do this in several ways. Begin by doing research on the Internet about a particular culture. In your practice, ask relevant and courteous questions, and let your clients teach you about themselves and their culture. Most of all, be open and receptive to what your clients say, and make sure you respect your clients' cultures.

Gender Identity and Diversity

Gender can be considered a spectrum. Gender diversity has existed throughout history and all over the world. Gender identity is the way people perceive themselves. A person's gender identity can be consistent with, or different from, the sex assigned at birth. Sexual orientation relates to emotional, romantic, or sexual attraction to other people and is not the same as gender identity. The language a person uses to communicate their gender identity requires a broader gender vocabulary. The vocabulary of gender continues to evolve, and there is no universal agreement about the definitions of many terms.

Gender neutrality emphasizes the equal treatment of people, with the emphasis on people as individuals. In gender neutralism, the emphasis is on transcending the perspective of gender in our professional interactions with clients. As a massage professional, our personal gender identity and sexual orientation are private and not expressed in our professional roles. Professionals strive to be nonjudgmental, which is an ongoing process of self-examination and education. The clients served are people to be respected. As with cultural diversity, the client is the best source of information. In your practice, ask relevant and courteous questions, and let your clients teach you about themselves.

Influence of Age on Touch

Age differences can be a factor in the interpretation of touch. Some may consider touching very young people appropriate but may be more cautious about touching older people. A younger person touching an elder may be acceptable, but the dynamics are different when two people of the same age touch. The touch of a young practitioner may be interpreted

differently from the touch of an older practitioner, even if the skill and experience levels are equivalent.

Influence of Life Events and the Interpretation of Touch

Life events can influence the response to touch experiences. For people who have undergone painful and extensive medical interventions, especially at a young age, may process touch differently from those who have not had these experiences. People who have experienced touch trauma are influenced by those events, and individuals who have experienced isolation respond uniquely to touch. People who grew up with excessive touch stimulation outside the context of trauma (e.g., being part of a large family in small living quarters or being an only child with many adoring family members) may develop certain touch responses. Having a healthy, appropriate touch history also influences a person's interpretation of touch. Any of these experiences and many more affect the way a person understands another's experience of touch.

Spiritual Touch

Touch also can have a spiritual context. Many spiritual rituals incorporate touch, especially those that involve concepts of healing of the body (that which is organic), the mind (that which is of thought), or the spirit (that which is transcendent and sacred). Each person deserves respect for their personal truth and individual spiritual path.

Diversity and Touch

Generalities are useless in discussing cultural orientations to touch, because we cannot stereotype all people from a specific culture as holding to similar customs. The same difficulties with stereotyping occur with regard to gender, age, and life or spiritual path. On any given day or even at any given moment, the need, desire, interpretation, and appropriateness of touch given and received can change. These changes occur because a person is in a constant state of flux in responding and adapting to encountered events. The type of relationship between people and its duration influence touch. For example, a first-time client may not be receptive to the deeper pressure required in some applications of massage, especially if the goal of the session does not indicate this type of work. However, if 12 sessions later that same client is experiencing an altered muscle pattern in the back, he may be responsive to touch in that particular form. A client may be ticklish to light touch initially in the session, but after she relaxes somewhat, she may find light stroking pleasurable.

A person's response to and need for the delivery of touch cannot be predetermined. However, each individual, including you, has been influenced by many factors regarding the appropriate procedure for touch and ultimately the interpretation of the meaning of a touch.

As professionals, it is important that we be aware, sensitive, and open to an appreciation of the wide variety of influences that affect professional touch and also that we diligently seek an understanding of our own desires, motivations, and responses to touch. After all, it is impossible to touch clients without them in turn touching us. A touch given is at the same time a touch received ([Proficiency Exercise 1.2](#)).

PROFICIENCY EXERCISE 1.2

In the space provided, answer these questions.

1. What do I do when I am touch hungry?
2. Who and what touches me in a safe, respectful, and healing way?

PROFESSIONAL CLASSIFICATIONS OF TOUCH

SECTION OBJECTIVES

Chapter objective covered in this section:

2. Describe professional touch.

Using the information presented in this section, the student will be able to:

- Identify factors that constitute appropriate and inappropriate touch in the professional setting.

Touch involves many nuances and forms. As a student of massage therapy, it is necessary to appreciate the complexity of the simple act of touching.

Physical and Psychological Perspectives on Professional Touch

When a person is touched, sensation is received and internalized. Professional touch is not overtly an act of exerting power and dominance. Although the ability to receive touch is powerful, the difference in the power base between those who give touch and those who receive it must be considered. This interplays with the appropriateness or inappropriateness of touch. Careful attention must be paid during professional touch to manage the issue of power and dominance ethically.

Forms of Inappropriate Touch

Inappropriate touch in some way devalues the individual receiving the touch. This type of touch intention is often based on some sort of internal conflict in the individual doing the touching. Inappropriate touch of any kind is not to be allowed in a professional setting. The three forms of inappropriate touch in massage therapy are hostile or aggressive touch, erotic (sexual) touch, and invasive touch.

Hostile or Aggressive Touch

Hostile or aggressive touch occurs when a potential for conflict or a power struggle exists. Professionals who use touch need to be aware of the underlying energy directed toward the client to prevent this intention in the touch. The obvious is easy—if you are angry with a client, it is best not to touch at that moment. Likewise, if a client is angry with you, it is best not to touch until the emotions change. A more subtle aspect in professional interactions is the undercurrent of conflict. For example, the client may arrive late for the appointment, or the massage therapist may be hurried or angry about something at home. In these cases, the practitioner inadvertently may be more aggressive than necessary during the massage.

The perception that one holds power over another underlies hostile or aggressive touch. Careful attention must be paid to

this idea of power in the therapeutic relationship between the professional and the client. In the professional relationship, a power difference between the professional and the client exists simply because of the knowledge base that defines the profession. Knowledge is power, and most of the time, the professional knows more about the service rendered than the client does.

In body therapies such as therapeutic massage, the client's physical position often creates an environment that fosters a power differential. Clients usually lie down or are seated, and the professional is standing and physically above the client, generating the impression of authority and dominance.

During massage, we need to sustain a focus to be aware of how and where the client's body is being touched and the client's perceptions of the touch. There is a difference for clients between submitting to and enduring a massage and receiving and integrating a massage. The massage environment also can influence the perception of the massage. An environment (including the staff) that may be harsh appears hostile. A location in an area considered unsafe or an office in which the background noise includes sirens from emergency vehicles, arguments, or gossiping will diminish the ability of the client and the therapist to relax.

Erotic (Sexual) Touch

The intention of erotic, or sexual, touch is sexual arousal and expression. The issue of erotic touch cannot be sidestepped in the study of massage therapy or any other body-oriented treatment in which touch is a primary aspect of the therapy. Complex physiological and mental aspects of both the client and the practitioner influence the ideas of erotic touch.

The pleasure of being touched is inherent in many forms of massage and bodywork. Pleasure is an important therapeutic tool. In later chapters, you will learn that chemicals in the body create pleasure moods and that feelings of connectedness increase during massage. These chemical responses are one of the main reasons for the therapeutic benefit of massage methods. Constant attention must be paid to the understanding and interpretation of the feelings generated during professional touch so that pleasurable touch does not evolve into or become misinterpreted as erotic touch.

Not only in body-oriented therapies but also in psychotherapy and other health care disciplines, it is not uncommon for professionals occasionally to have sexual feelings in the context of the professional environment. Professionals are people with complex, intertwined needs, desires, and means of expressing themselves. However, it is inappropriate for professionals to foster any type of erotic feelings with a client, either within the therapeutic environment or outside that environment. Erotic feelings should never be expressed with clients.

Invasive Touch

Invasive touch can be both intentional and unintentional. As a massage professional, you are responsible for understanding personal and cultural rules about where and when to touch.

Different areas of the body reflect different tactile issues. Studies show some agreement about areas of the body that are more sensitive, or "charged," in terms of emotion or erotic interpretation. The more emotionally or physically charged a body area is, the more the person may feel insecure,

anxious, fearful, threatened, connected emotionally, intimate, or aroused when touched in that area.

Some body areas are considered taboo, or “do not touch” zones, in terms of professional therapeutic massage touch. Orifices, including the anus, genitals, mouth, ears, and nose, are taboo in most societies. The ventral, or front, surfaces of the body, including the breasts, are more charged than the dorsal surfaces. We see this pattern in massage; much of the massage session is devoted to the back of the torso and the legs while the client is lying face down, with the front of the body “protected” by the massage table. Therapeutically, this creates difficulties, because soft tissue dysfunction also occurs on the front of the body, where sensations of touch are more apt to elicit emotional responses and feelings of vulnerability.

The trunk of the body is more charged than the limbs. For this reason, a client may feel more comfortable having the legs and arms massaged than the torso. However, this does not always hold true; often the least intrusive form of touch is laying a hand on a person’s upper back near the shoulder, whereas having the hands massaged can feel very intimate and connected.

The head also is an area sensitive to touch. Although children often are touched on the head and face, adults are seldom touched casually in these areas. Adults often respond emotionally to touching of the face and head.

Areas of a person’s body that have experienced trauma (e.g., accidents or surgery) carry more emotional charge and therefore are more sensitive to interpretation of the appropriateness of touch.

The appropriateness or inappropriateness of touch, then, is about when, how, and with what intent we touch (Lederman, 1997; Zur and Nordmarken, 2011; McGuirk, 2012).

Forms of Appropriate Touch

Nontherapeutic forms of touch that people often encounter include inadvertent touch, such as when people are jostled together in an elevator, and socially stereotyped touch, which involves highly ritualized touch that carries a consensual meaning within a culture, such as a handshake.

Therapeutic forms of touch involve touch that communicates information or that expresses feeling as part of the therapeutic relationship. This form of touch is not so much about creating a specific outcome as it is about delivering information or expressing comfort or understanding (Smith et al., 1998; McGuirk, 2012). Some examples of this type of touch are touching a client’s shoulder to direct them to the massage room or holding a client’s hand as they thank you for the session.

Touch Technique

Touch technique is the basis of therapeutic massage methods. Touch is the tool for massage. **Massage** is the use of various forms of touch to achieve a specific outcome. This type of touch can be considered technical touch. In terms of touch technique, a therapeutic intent exists. The intention of touch therapy can be classified in two ways:

- **Mechanical touch**, which is used to achieve a specific anatomical or physiological outcome (e.g., using massage to increase the range of motion of the shoulder).

- **Expressive touch**, which is used to support and convey awareness and empathy for the client as a whole person (e.g., using massage for general relaxation and pleasure to comfort a client after a particularly hard day at work [Lederman, 1997; Dekeyser and Leijssen, 2005]).

The professional’s choices of the type of therapeutic intention influence the interpretation of touch. A client with a mechanical restriction in the shoulder might find a more expressive form of touch uncomfortable because it might feel too intimate for the circumstances. Stressed, overworked clients may find a mechanical approach distant and impersonal because they are seeking empathy and understanding along with physical changes.

As we develop as professionals, both forms of touch technique must be perfected. Mechanical touch skills increase as we learn anatomy, physiology, and effective delivery of specific forms of massage (these topics are covered throughout the textbook). Development of the expressive form of touch technique is more complex and involves the professional’s personal growth, interpersonal and communication skills, and understanding of his or her own life experiences.

Humans are much more alike than different, especially as we consider the effects of therapeutic massage on anatomy and physiology. We can also find nuggets of wisdom in cultural practices even if, as an individual, we do not embrace the totality of the beliefs. It is not feasible to discuss all of the cultural variations in this textbook, but a thread of cultural awareness runs throughout the book, especially when massage-related practices have influenced the current practice of therapeutic massage.

Uniqueness of Touch

The desire for physical contact is an instinctive and physiological need for well-being. Well-being is the foundational outcome of massage therapy. Professional therapeutic touch often feeds touch hunger for people in a safe, professional environment. Massage professionals serve others by providing touch. Professional touch provided through therapeutic massage, coupled with an understanding of the various needs and diversity of the population we serve, is complex. It is common to feel as if there is too much to know and of being overwhelmed, especially as a beginning learner. It is important in professional development to honor personal and professional limits and to set appropriate personal and professional boundaries. When touch is the primary treatment method, it is even more important to understand the interpersonal dynamics of the therapeutic relationship. (Professional boundaries are discussed further in Chapter 2.)

It is important for massage professionals to embrace the expansive, abstract experience of touch. No one really cares how much you know until they know how much you care. The concrete experience of caring most often is conveyed through touch. That knowing, or “felt sense,” experienced both by the client and the practitioner often is internalized through professional touch. We must show our willingness as practitioners to be open personally to sharing the experience with the client, at the same time being professional enough to respect the client and maintain the focus of the experience for the individual. If we are going to be able to provide this type of touch experience for others, how do we take care of our personal touch needs? What happens to you if your hunger for safe, nurturing (nutritious) touch is not met? To

do this, each of us who uses touch professionally must be aware of self-care, and we must develop resources and support people (and pets and plants) who touch us in a safe, respectful, and healing way.

PROFESSIONALISM AND THERAPEUTIC MASSAGE

SECTION OBJECTIVES

Chapter objectives covered in this section:

3. Define professionalism.
4. Define therapeutic massage.

Using the information presented in this section, the student will be able to:

- Compare therapeutic massage with professional development criteria.
- Describe the two professional development trends in therapeutic massage wellness and medical care.
- Compare various definitions of massage and massage therapy.
- Justify the use of the term Massage Therapist.

A profession is a paid occupation, especially one that involves prolonged training, a formal education, and specific qualification to practice. A profession has these characteristics:

- A specialized body of knowledge
- Extensive training
- An orientation toward service
- A commonly accepted code of ethics
- Legal recognition through licensure
- Verification of advanced training with Board Certification
- Membership in a professional association

Each of these areas related to a profession will be compared to the current status of massage therapy.

Specialized Body of Knowledge

Massage therapy methods are grounded in a specialized body of knowledge, which is presented in this textbook. Historical foundations and current research validate this body of knowledge. One important source is the *Massage Therapy Body of Knowledge* (MTBOK), created by the MTBOK Stewards, who include representatives from the American Massage Therapy Association, the Associated Bodywork & Massage Professionals, the Alliance for Massage Therapy Education, the Federation of State Massage Therapy Boards, the Massage Therapy Foundation, and the National Certification Board for Therapeutic Massage and Bodywork. Another important source is the Entry Level Analysis Project (ELAP), a research project supported by a number of professional massage therapy associations. A lifetime of study could easily be devoted to therapeutic massage methods.

Extensive Training

Before considering massage therapy in relation to the criteria of extensive training, it is necessary to discuss massage practice and the required education. It is this area that may or may not support massage therapy as a profession.

Inconsistencies continue regarding the duration of massage training and the information and technical skills that should be included in that training. The *Massage Therapy Body of*

Knowledge and the *Entry-Level Analysis Project* provides recommendations for knowledge, skills, and abilities applicable to entry-level education. The entry-level recommendation is 625 contact hours based on the ELAP curriculum content. This is not considered extensive training based on criteria for a profession.

In massage therapy, two main categories of practice have emerged, with six distinct practice settings:

- Wellness and health promotion
 - Spa setting
 - Massage franchise/wellness center
 - Sports and fitness setting
 - Independent massage practice
- Medical care
 - Clinical/medical/rehabilitation settings
 - Independent massage practice with clients who have medical conditions

These categories and practice settings overlap extensively. However, categorizing information is useful when we are attempting to understand the big picture. Because massage therapy has a history of multiple practice settings and one person can practice in multiple settings, the situation can become complex. Therefore, we start with a simple approach.

In general, the entry-level education required in the wellness/health promotion categories of therapeutic massage can be considered the basic educational requirement and foundation for practice, with licensure as the credential. Continuing professional development can be validated through board certification provided by the National Certification Board for Therapeutic Massage and Bodywork (NCBTMB). Specific information can be found on the NCBTMB website.

The National Center for Education Statistics (NCES) collects, analyzes, and reports statistics about American and international education. This organization categorizes education as occupational or academic.

- *Occupational/vocational education* is specifically designed to educate for a career/job. Certificate programs typically are 1 year or less of formal study. A certificate, also called a *diploma*, refers to an award granted for the successful completion of a subbaccalaureate postsecondary program of study. These certificates are usually awarded in a career education field and may cover the same coursework as an associate's degree, but without the general education requirements. Health sciences, of which massage therapy education is typically categorized, is the predominant field in which subbaccalaureate occupational credentials, either certificates or an associate's degree, are achieved
- Associate's degree: A degree granted for the successful completion of a subbaccalaureate program of study, usually requiring the equivalent of at least 2 but less than 4 full-time academic years of college-level study. An associate's degree covers the content of an occupational/vocational education but also requires additional general education, math, and writing courses to round out the program.

- *Academic study* involves the achievement of a baccalaureate degree or higher. A bachelor's degree is granted for the successful completion of a baccalaureate program of studies, usually requiring the equivalent of at least 4 but not more than 5 full-time academic years of college-level study (Hudson 2018).

Massage therapy education typically is occupational and vocational because most of massage therapy education results in a diploma or certificate, with a few exceptions for which an associate's degree is available. In educational settings, occupational education is used to describe shorter, nonacademic programs that lead to paraprofessional careers, whereas professional education usually describes postgraduate programs leading to degrees. Occupational education is an excellent way to develop a career and in no way indicates less professionalism than an academic degree. However, the criteria for a profession often involve academic degree education. This may be changing. Current trends in education for career development are focusing more on vocational training, because it is the source of most employment and career opportunities.

An important move toward the availability of an academic degree has occurred because college credits toward an associate's or bachelor's degree are now awarded based on the advanced credential, board certification. An associate's degree in health science is available from Harrisburg Area Community College in Harrisburg, Pennsylvania, which awards current board certificants 30+ college credits toward the total 61 credits required to achieve this degree. A bachelor's degree in Applied Science in Massage Therapy is available from Siena Heights University in Adrian, Michigan, which awards 33+ college credits toward the 120 total credits required to achieve this degree.

In the future, other community colleges and universities may develop similar partnerships based on board certification. Individuals who already have professional academic degrees are obtaining massage therapy training and combining the two skills to function effectively in the health and athletic worlds; some examples of these combinations are nurse/massage therapist, athletic trainer/massage therapist, respiratory therapist/massage therapist, physical therapy assistant/massage therapist, occupational therapist/massage therapist, and social worker or psychologist/massage therapist. Because entry-level massage therapy education is occupational, the career pathway can begin at a lower educational cost and investment of time. Then ongoing education is pursued as part of professional development.

Let's return to the basic classifications of massage therapy practice:

- Wellness and health promotion
 - Spa setting
 - Massage franchise/wellness center
 - Sports and fitness setting
 - Independent massage practice
- Medical care
 - Clinical/medical/rehabilitation settings
 - Independent massage practice with clients who have medical conditions

All of these areas provide opportunities both for entry-level practice and for advanced education and career specialization.

Entry-Level Practice

Spa Setting

The evolving spa environment encompasses a range of massage services for wellness-based massage; these services can overlap with sports and fitness massage and massage directly related to health care in the so-called medical spa. This text (coupled with your science studies) provides the skills necessary to develop a successful career in the spa environment, especially with supervision in the fitness-focused spa or medical spa. The spa setting also can be considered a massage specialty requiring additional education and experience. Career development in this setting usually follows the employee pathway. Chapter 13 provides specific information about the spa as a career track. Check out Chapter 3 for more information about career success as an employee.

Massage Franchise/Wellness Centers

Many massage therapy franchises have entered the massage market. This business concept is fast becoming the largest employer of massage therapists. Franchises typically offer a subscription-based model for clients, making massage affordable. A *wellness center* is an establishment that offers health services for the body and mind. Wellness centers usually offer massage therapy, hydrotherapy and thermotherapy, yoga, meditation, fitness, personal training, nutrition consulting, skin care services, and body services. Some wellness centers offer services such as chiropractic, acupuncture, or holistic medicine.

Career development follows the employee pathway. Because franchises and wellness centers handle all the marketing and business responsibilities, they provide an excellent entry-level opportunity; they also support employees who pursue the experience and professional development necessary for career advancement. The content of this textbook (coupled with your science studies) effectively prepares you to work in this setting.

Sports and Fitness Setting

The sports and fitness career path covers a spectrum of massage outcomes, ranging from wellness to medical intervention typically (but not exclusively) based on issues related to environments that support exercise and sports performance. The importance of exercise in the management of most lifestyle-related diseases, such as diabetes, obesity, cardiovascular disease, mental illness, and many more, is well documented. Massage can support physical changes related to exercise and can help manage the discomfort related to physical activity and injury for those beginning an exercise program. Massage can also be beneficial for the extensive performance demands required of entertainers and competing athletes. Information in this text, presented in the appropriate scientific context,

provides the foundation for working in this setting. However, continuing education is necessary for a practitioner to become confident and proficient in this area.

Clinical/Medical/Rehabilitation Setting

Massage provided in a medical care setting is emerging as a primary avenue for massage practice. The name of this type of practice remains a little ambiguous; it currently is labeled the clinical/medical/rehabilitation career path. The ELAP documents use the term *health-care-oriented massage*. The term *clinical massage* is defined as massage therapy practice that involves more extensive use of assessment, specific focused techniques, and applications with the intention of achieving clinical treatment outcomes. Stress-related issues are major reasons hospitals and other health care facilities offer massage. Other primary reasons for providing massage include:

- Palliative care
- Pain management
- Aid to physical therapy
- Mobility/movement training

The common thread in clinical/medical care-oriented massage careers is integration with medical care systems. This type of massage treatment may focus on stress management and prevention, management of chronic disease and pain, acute care palliation, presurgical and postsurgical care, prenatal care, elder care, and hospice care. People who receive medical care are usually called *patients*. All massage recipients are considered *clients*, but not all clients are classified as medical patients.

Independent Massage Practice

The independent practice setting is the most complex, because an independent practice can be structured in many ways. Typically, however, the massage therapist is self-employed.

These career paths can serve as entry-level jobs; however, the demands of the clients and complex outcomes for the massage typically require a commitment to advanced education and experience. This textbook, coupled with science studies, can prepare you to practice massage therapy successfully in these settings if you commit to focused study and competency in the entire content presented. This means that reading the information once is not enough. You must study, review, practice, and then review some more until you have integrated the information into your massage therapy skills.

This text provides the necessary foundation for general massage in the clinical/medical/rehabilitation setting and the medical care-oriented massage career pathway. Continuing education provides the information that enables the practitioner to become confident and proficient in providing this type of massage therapy ([Chapter 13](#) describes this content in depth).

It does not seem reasonable to expect entry-level educational programs of 500 to 1000 contact hours to provide sufficient time for integration of clinical reasoning methods; extensive physical assessment procedures; and the study of pathology, pharmacology, and psychology, as well as other information the massage professional needs to work effectively with other medical care professionals and with complicated, multifaceted medical concerns. The same can be said for

sports massage or working with athletes. To work effectively with athletes, the professional must have an in-depth education in the dynamics of sports activity, the injury process, and rehabilitation.

Perhaps based on education and levels of credentialing, an accurate description of massage therapy would be, "Massage therapy is a health care service occupation that embraces professional behavior and development."

After this lengthy description, the question related to a profession requiring extensive training and how that relates to massage therapy remains unclear.

Orientation to Service

The definition of service that best applies to this discussion is "to meet a need." Massage was described as a vocation and reflects the concept of orientation to service. An additional concept in a service orientation is that although reimbursement is expected for services rendered, the desire to meet a need takes precedence over financial return. Observation of those who practice massage professionally and of the attitudes of current learners indicates that providers of therapeutic massage definitely have an orientation toward service, sometimes to the detriment of sound business practices. Although caring for the people we serve is important, it is just as important to generate the necessary and appropriate income to support the professional practice and a modest lifestyle for the professional. Finding a balance between professional fees charged to clients and reasonable income for the massage therapist is an ethical, professional, and personal issue. (Massage costs and realistic expectations for income at the entry level are discussed in depth in [Chapter 3](#).) However, it is necessary to discuss the gray areas related to professional ethics, setting fees, and earning an income.

The cost of a massage session and whether the client pays for massage directly determines how frequently someone will receive a massage. Is it ethical for massage fees to be high enough that most of the population cannot afford massage on a regular basis? Should massage fees be set low enough for most of the population to receive massage on a regular basis? How much financial sacrifice should clients make to get the massage help they need? Should a less expensive massage session have a lower quality than a more expensive massage session? What should that fee range be? What should the wage be for entry-level employment? Is a sliding fee scale based on a client's income fair? Should a massage therapist earn the same income as a medical care professional with much more formal education? Is it ethical for an employer to expect a massage therapist to work for minimum wage as base pay, with additional income per client and gratuities? Is it ethical for a massage therapist to expect to earn more income yearly than the employer? Should an employer's annual income be double, triple, or even more than the employee's? Is it fair for a self-employed massage therapist to earn more than a massage employee? Is it ethical for one massage therapist to charge more or less than others in their geographical region? Should an entry-level massage therapist just completing school earn as much as an experienced massage therapist? What obligation does the massage community have to those living in poverty situations, in which finding money

to pay for massage is unrealistic? What is a living-wage income necessary for an individual to meet basic living costs in a particular region of the country?

There are no easy answers to these questions, and to a certain extent, individuals will need to find their own balance between income and an orientation toward service. Massage therapists cannot serve others if they cannot take care of themselves and their family. We must earn a reasonable income that at least meets the standard for what is considered a “living wage.” The living wage is defined as the wage needed to cover basic family expenses (basic needs budget) plus all relevant taxes. A living wage is more than minimum wage. It is a market-based approach that draws upon geographically specific data related to a family’s likely minimum costs for food, child care, health insurance, housing, transportation, and other basic necessities (e.g., clothing, personal care items). The living wage is the amount of income needed to provide a decent standard of living. A useful tool for calculating a living wage has been developed by Dr. Amy K. Glasmeier and the Massachusetts Institute of Technology. It can be found at Living Wage Calculator (<https://livingwage.mit.edu/>).

Commonly Accepted Code of Ethics

A **code of ethics** is an agreed-on set of behaviors developed to promote high standards of practice. As you study the rest of this textbook, you will see that although there is general agreement about what a code of ethics for massage therapy entails, no agreement has been reached on a specific code of ethics to serve the entire massage community. (This information is discussed in [Chapter 2](#).)

Legal Recognition by Licensure

Currently all U.S. states (except four at this writing), the District of Columbia, at least half of the Canadian provinces, and many other countries have formal licensing or legislated certification for massage professionals. In states that regulate massage therapy, massage therapists must meet the legal requirements to practice, which may include fulfilling a minimum number of hours of initial training and passing an examination. In states that do not regulate massage therapy, this task may fall to local municipalities. Most states that license massage therapists require a passing score on the Massage & Bodywork Licensing Examination (MBLEx), which is administered by the Federation of State Massage Therapy Boards (FSMTB). Entry-level education should prepare you for meeting licensing requirements.

Verification of Advance Training with Board Certification

It is common practice for professionals to become board certified, which shows that they have completed the requirements for certification under the standards of an independent regulatory body. Board certification is much more than licensure. Board certification is an additional, voluntary process that one goes through to demonstrate competency in a specialty area.

As entry-level massage education becomes more standardized and licensing the norm, a higher credential to establish

advanced training and increased experience is needed for massage therapists. In January 2013, the NCBTMB launched the Board Certification credential, which requires the applicant to meet additional qualifications. As in other professions, board certification is an additional differentiator to validate a commitment to professional development.

Membership in a Professional Association

Several organizations represent the therapeutic massage profession. In addition, each of the various bodywork methods (e.g., reflexology, shiatsu, polarity) has its own professional organization. Although diversity is good for a profession and supports professional development, the lack of coherence in the field of therapeutic massage often confuses the public, ourselves, and other professionals. Developments in this area will be interesting to watch.

Massage Therapy as a Profession

The question remains—does massage therapy meet the criteria of a profession? Good question. The most logical answer is “almost.” The need for academic degrees for career success is being questioned, and occupational education is being promoted. If massage therapy is to be considered a profession, then some level of educational standards must be endorsed. The professional organizations remain competitive instead of collaborative, but that is changing. The biggest obstacle is lack of clarity about what massage therapy actually entails. There is no agreed-upon definition of massage and massage therapy.

Defining Massage

A valid definition of massage must encompass the foundational methods used by various approaches and must be written concisely. Massage cannot be considered a single skill; a more appropriate concept is a collection of skills ([Fig. 1.4](#)). In addition, the definition of therapeutic massage depends on individual laws and the definition of massage included in those laws. Defining massage accurately and completely is difficult because of the many forms and styles of massage and bodywork currently practiced. Four important developments in the massage profession have occurred since 2010 that have influenced the definition of massage.

- The Coalition of National Massage Therapy Organizations was formed and includes:
 - Alliance for Massage Therapy Education (AFMTE)
 - American Massage Therapy Association (AMTA)
 - Associated Bodywork & Massage Professionals (ABMP)
 - Commission on Massage Therapy Accreditation (COMTA)
 - Federation of State Massage Therapy Boards (FSMTB)
 - Massage Therapy Foundation (MTF)
 - National Certification Board for Therapeutic Massage and Bodywork (NCBTMB)
- The coalition members worked together to fund and support the *Massage Therapy Body of Knowledge* (MTBOK) and the *Entry-Level Analysis Project* (ELAP).

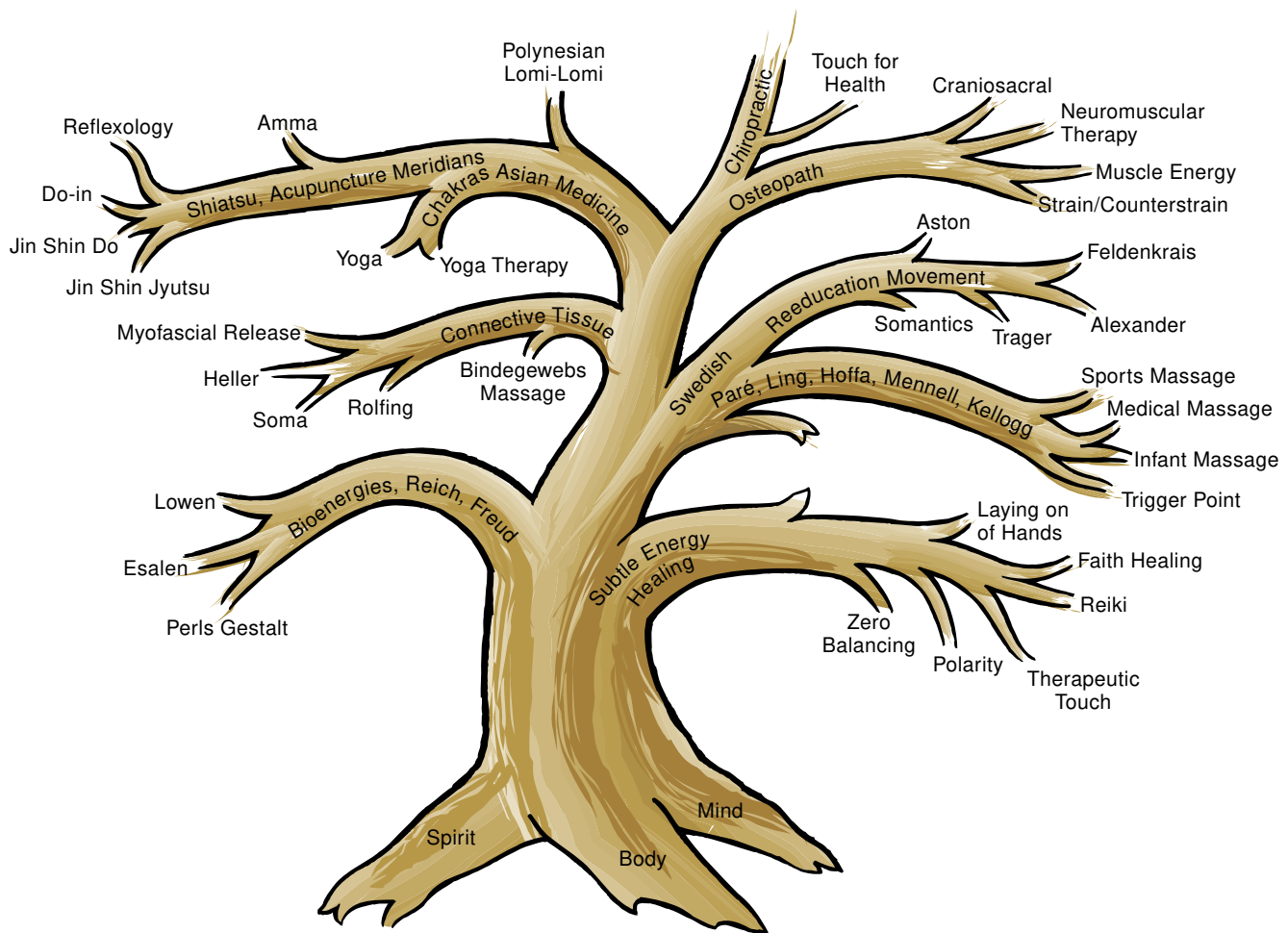


FIG. 1.4 The therapeutic massage tree. Although massage encompasses a wide diversity in its uses and applications, all forms of therapeutic massage methods stem from the same roots.

- The FSMTB developed a Model Practice Act and reached an agreement with the National Certification Board that the MBLEX would be the only licensing examination.
 - The NCBTMB validated credentialing of massage practice beyond licensure through the board certification credential
- These four events have moved the massage community toward unification and have created a clear pathway for the standardization of massage education, licensing at the entry level, and career development through board certification. Much work remains to be done, but progress is evident. The two projects, MTBOK and ELAP, identify what massage therapy is and what the educational requirements need to be to standardize and advance the massage profession. Until the publication of the MTBOK document and the two extensive ELAP reports, there was no consensus on the knowledge, skills, and attitudes that provide the foundation for massage therapy as a profession. Box 1.2 presents several definitions of massage, including the definition established by the MTBOK, ELAP, the FSMTB Model Practice Act, and the definition of massage therapy used by the National Center for Complementary and Integrative Health (NCCIH).

The unofficial consensus is that massage therapy is a health and wellness profession. The practice of massage therapy involves a client/patient-centered session, intended to fulfill

therapeutic goals, with the therapist being free of a personal agenda. Massage therapy also meets the well-researched need for touch and human connection. Massage therapy is about one human touching another with clear intention, focused attention, and the attitudes of compassion and nonjudgment (MTBOK Stewards, 2010).

If we are to consider ourselves *therapists*, we must understand the implications of that title and determine how we should conduct ourselves in behaving as therapists. Other options for an occupational title exist, such as *technician* and *practitioner*. Because the massage therapy community has determined that we are professionals, we have an obligation to conduct ourselves as professionals. For help in this matter, massage therapy professionals can consider their scope of practice (see Chapter 2). According to the Model Practice Act:

The practice of Massage Therapy means the manual application of a system of structured touch to the soft tissues of the human body, including but not limited to: (1) Assessment, evaluation, or treatment; (2) Pressure, friction, stroking, rocking, gliding, kneading, percussion or vibration; (3) Active or passive stretching of the body within the normal anatomic range of movement; (4) Use of manual methods or mechanical or electrical devices or tools that mimic or enhance the action of human hands; (5) Use of topical applications such

Box 1.2 What's in a Name? Definitions of Therapeutic Massage**Massage Therapy Body of Knowledge (MTBOK)^a**

Massage therapy is a health care and wellness profession. The practice of massage therapy involves a client-centered session that is intended to fulfill therapeutic goals and in which the therapist has no personal agenda. Massage therapy also meets the well-researched need for touch and human connection. Massage therapy is about one human being touching another with clear intention, focused attention, and an attitude that is compassionate and nonjudgmental. During a session the massage therapist incorporates a wide variety of techniques and approaches to address the client's varied focuses, which may include any or all of the following: Treating an injury or a condition; relaxation; reducing stress; wellness; enhancing personal growth; encouraging awareness of the body; or facilitating the balance and interconnection of the body, mind, and spirit.

Entry Level Analysis Projects (ELAP) Definitions^b

Bodywork: A broad term that refers to many forms, methods, and styles, including massage, that positively influence the body through various methods that may or may not include soft tissue deformation, energy manipulation, movement reeducation, and postural reeducation.

Massage: The ethical and professional application of structured, therapeutic touch to benefit soft tissue health, movement, posture, and neurologic patterns.

Wellness-oriented massage: Massage performed in wellness- or relaxation-oriented environments to facilitate stress reduction, relaxation, or wellness.

Health care-oriented massage: Massage performed in medical or health care-oriented environments to facilitate therapeutic change, condition management, or symptom management.

Federation of State Massage Therapy Boards (FSMTB)^c**Section 104. Practice of Massage Therapy**

The practice of Massage Therapy means the manual application of a system of structured touch to the soft tissues of the human body, including but not limited to: (1) Assessment, evaluation, or treatment; (2) Pressure, friction, stroking, rocking, gliding, kneading, percussion, or vibration; (3) Active or passive stretching of the body within the normal anatomic range of movement; (4) Use of manual methods or mechanical or electrical devices or tools that mimic or enhance the action of human hands; (5) Use of topical applications such as lubricants, scrubs, or herbal preparations; (6) Use of hot or cold applications; (7) Use of hydrotherapy; (8) Client education.

National Center for Complementary and Integrative Health (NCCIH, formerly the National Center for Complementary and Alternative Medicine [NCCAM])^d

Massage therapy encompasses many techniques. In general, therapists press, rub, and otherwise manipulate the muscles and other soft tissues of the body. They most often use their hands and fingers but may use their forearms, elbows, or feet.

^aAlliance for Massage Therapy Education <https://www.afmte.org/education/mtbok/>.

^bCoalition of National Massage Therapy Organizations <http://www.elapmassage.org/>.

^cFederation of State Massage Therapy Boards https://www.fsmtb.org/media/1126/model_message_therapy_practice_act.pdf.

^dFrom the National Center for Complementary and Integrative Health. <https://nccih.nih.gov/health/integrative-health>.

as lubricants, scrubs, or herbal preparations; (6) Use of hot or cold applications; (7) Use of hydrotherapy; (8) Client education (Federation of State Massage Therapy Boards, 2014).

Confusion continues over the similarities between massage and bodywork. Massage therapy is a bodywork system, but not all bodywork systems are massage. Other bodywork and somatic practices, such as shiatsu and structural integration, have separately developed systems and philosophies, scopes of practice, and educational requirements. With most of these massage and bodywork systems, the outcomes for the client are very similar. The most common outcomes people seek from bodywork are relaxation/well-being, stress management, pain management, and support for mobility and physical performance (function). As a specific professional practice, massage therapy can achieve all of these client goals through the use of methods consider massage by the Model Practice Act (MPA). Other bodywork systems, in achieving these outcomes, use different methods or have a different philosophy and specific language. Later in the text, you will learn that the methods of application for most bodywork systems, including massage therapy, interact with the same physiology of the body and therefore are more alike than different. Again, based on the explanation provided in the MPA, bodywork methods in which the body is not physically touched are not massage therapy. Practitioners who manipulate soft tissue in any way,

regardless of the name of the method described in the MPA, are considered massage therapists for licensing purposes.

The full scope of practice of the massage therapy profession goes beyond the minimum entry-level competency. Everyone who learns a skill needs to start at the beginning. Because you are reading this text, which is written as an entry-level textbook, you are just starting the process of achieving entry-level competency. Just as there is an entry level, there also are advanced levels of professional development that you can strive to achieve, which would allow you to practice massage therapy within the full scope of practice.

The final element addressed by the MTBOK project and the ELAP was an agreed-on terminology (taxonomy). Until the release of these documents, massage terminology was inconsistent and sometimes confusing and frustrating. Now we have the foundation for a language that we all can learn and understand. That terminology is used in this text.

This textbook and a companion textbook, *Mosby's Essential Sciences for Therapeutic Massage*, include the ELAP content recommendations and MTBOK content. In addition, these textbooks present information you will need to prepare for advanced levels of learning, including preparation for the credential Board Certified in Therapeutic Massage and Bodywork (BCTMB), the highest attainable credential in the massage therapy and bodywork profession. Board certification is a separate credential above and beyond entry-level massage therapy state licensure.

Clarifying Definitions for the Massage Therapy Profession

An ongoing issue in the massage therapy community is lack of agreed-upon definitions of massage, massage therapy, and massage therapy practice. According to the study “Clarifying Definitions for the Massage Therapy Profession: the Results of the Best Practices Symposium 2016,” a large part of the lack of clarity in definition may be due to the common practice of using the terms “massage” and “massage therapy” interchangeably when, in fact, they appear to be two separate concepts (Kennedy et al 2016). The study’s authors offered the following definitions, which guide this textbook.

- **Massage:** Massage is a patterned and purposeful soft-tissue manipulation accomplished by use of digits, hands, forearms, elbows, knees, and/or feet, with or without the use of emollients, liniments, heat and cold, hand-held tools or other external apparatus, for the intent of therapeutic change.
- **Massage therapy:** Massage therapy consists of the application of massage and non-hands-on components, including health promotion and education messages, for self-care and health maintenance; therapy, as well as outcomes, can be influenced by: therapeutic relationships and communication; the therapist’s education, skill level, and experience; and the therapeutic setting.
- **Massage therapy practice:** Massage therapy practice is a client-centered framework for providing massage therapy through a process of assessment and evaluation, plan of care, treatment, reassessment and reevaluation, health messages, document, and closure in an effort to improve health and/or well-being. Massage therapy practice is influenced by scope of practice and professional standards.

Once massage has been defined, then what do we call the people who provide massage? The confusion continues. Are we massage professionals, myomassologists, neuromuscular therapists, or soft tissue practitioners? Are we bodyworkers, and is massage a form of bodywork? Are we massage professionals, with other forms of bodywork becoming subcategories of massage? There are hundreds of massage-type methods. The term *bodywork* has been used to cover the scope of the development of various types of hands-on modalities. The ongoing confusion caused by the ambiguity of the difference between massage and bodywork is a major obstacle to the advancement of massage as a profession. The terms *masseuse* (female) and *masseur* (male), although appropriate and respected in other countries, are related to the sex trade in the United States. “Massage parlor” still indicates a front for prostitution. The therapeutic massage community continues to grapple with this unfortunate and absolutely wrong association. Only with ongoing diligence in profession development, individually and organization wide, will massage therapists be able move beyond this awful association.

Technician? Practitioner? Therapist?

A *technician* is perceived differently from a therapist, particularly in terms of education level. A technician can be defined as one who has expertise in a technical skill or process. A technician has the least training and the most limited scope of practice in a professional group.

The next educational level is the *practitioner*. A practitioner can be defined as one who practices an occupation or a profession. A practitioner operates from a greater knowledge base and within a larger scope of practice than a technician. Another term that could be used is *paraprofessional*.

A *therapist* can be defined as one who treats illness or disability. A therapist requires the highest educational background and has the broadest scope of practice.

The massage community currently does not use these designations as they are defined in this text, but the public and the health care professions often do. What is the public’s perception, then, if massage therapist is our name? Massage therapist and massage practitioner are used interchangeably in this text because both are used as identifiers for a massage professional. According to some legislation, those using the term *massage therapy* or equivalent terms need only be licensed. This provides a loophole for unlicensed people to provide massage and charge fees for the service. In these instances, the term *technician* or some other bodywork-based name is used. The term *massage therapist* seems to be emerging as the common descriptor of an educated and licensed professional who accepts the accountability it implies.

HISTORICAL PERSPECTIVES AND THE FUTURE OF MASSAGE

SECTION OBJECTIVES

Chapter objectives covered in this section:

5. Explain the rich heritage and history of therapeutic massage.
6. Explain the influence of historical events and global culture on the current development of therapeutic massage.
7. Self-assess for leadership qualities.

Using the information presented in this section, the student will be able to:

- Trace the general progression of massage from ancient times to today.
- Discuss the trends and potential future of massage theory and relate them to personal career development.

To understand professional, structured, therapeutic touch, the learner must explore historical influences and the evolution of massage from its ancient foundations through projections for the future (Fig. 1.5).

A knowledge of history helps massage therapists develop a sense of professional identity and pride in their profession. Historical perspectives help members of a profession identify the profession’s strengths and weaknesses. As learners of massage read historical books about massage, they discover that the fundamental body of knowledge has changed little over the centuries. The most prevalent concepts in massage today, in fact, were written many years ago. Massage has stood the test of time, proving itself a vital, health-enhancing technique and a rehabilitative discipline. Currently the profession is at a defining moment; it is growing in acceptance and in support based on valid scientific evidence. In the future, beginning massage professionals will learn from our historical events.

Many people have played important roles in tracing the historic journey of therapeutic massage and bodywork methods. Many of these resources and people are listed on the Evolve

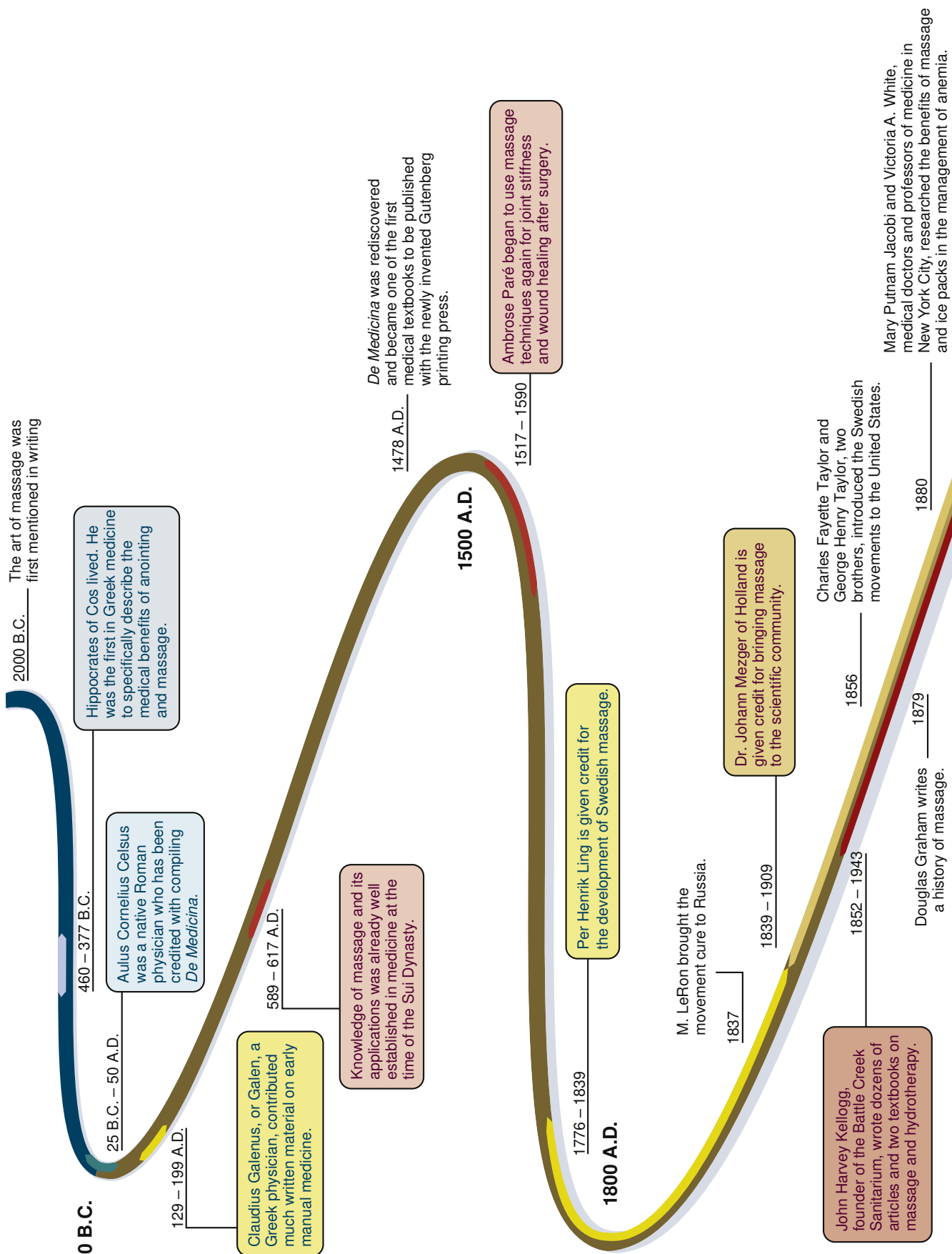


FIG. 1.5 Historical time line of massage.

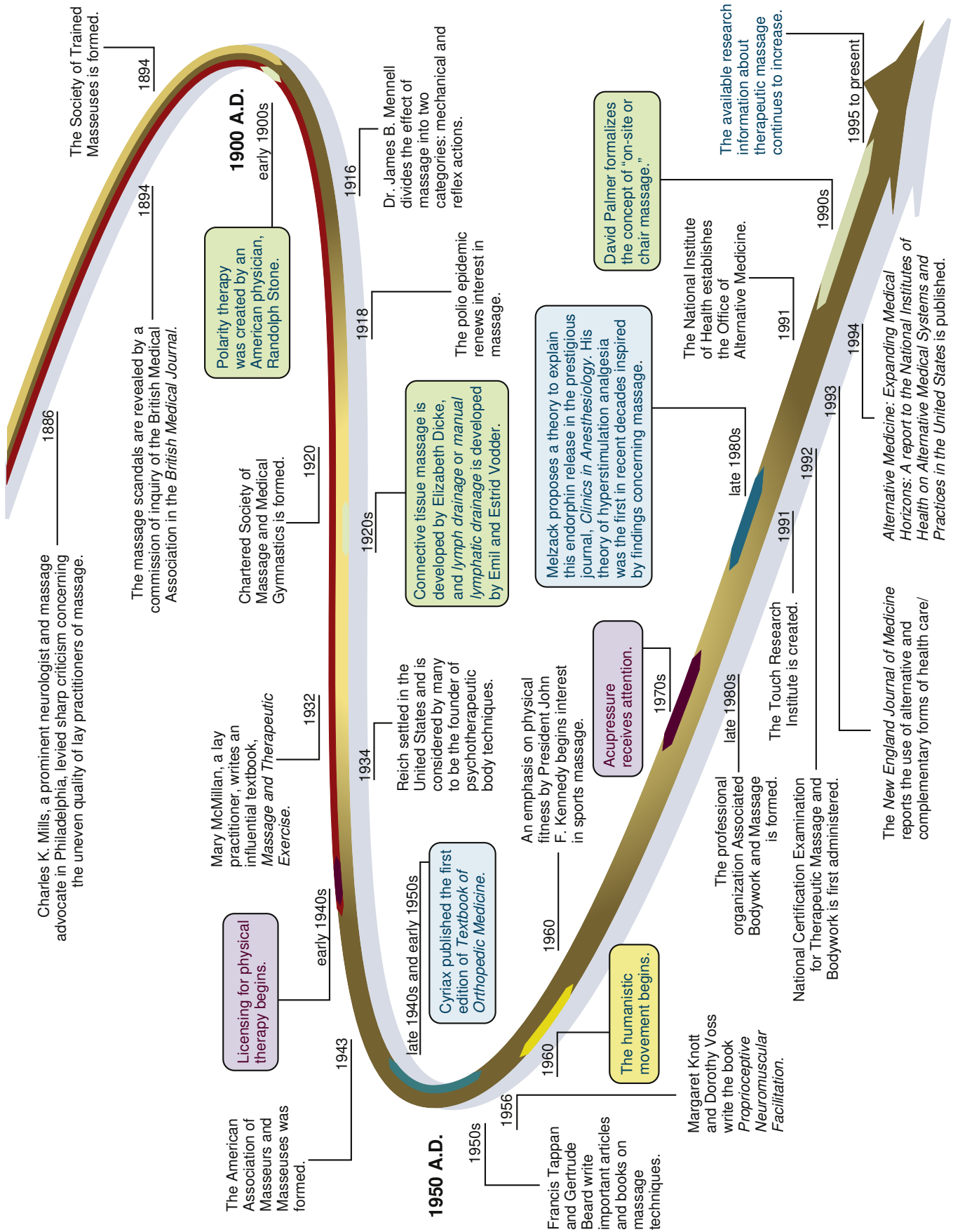


FIG. 1.5, cont'd

website. Specific acknowledgment must be given to Richard van Why, who compiled the Bodywork Knowledgebase, a collection of more than 100 historical books and more than 4000 research and journal articles on therapeutic massage and related methods. Much of the information in this chapter comes from this work. If it were not for van Why's diligence, much of the history of massage would be scattered in research libraries and would be unknown to us today. Fran Tappan, a true master of massage who wrote respected textbooks, and Patricia J. Benjamin also deserve credit for historical perspectives about massage. Special appreciation is also extended to Judi Calvert for her diligent work in maintaining massage therapy historical records and teaching about the history of massage.

This chapter consolidates historical information about massage. Because the references used overlap extensively, text citation has been kept to a minimum. With gratitude and respect for those who have devoted their lives to compiling this history, both those mentioned and the many more who are not, let us begin the journey by looking to the past.

History of Massage

Certain animal behaviors, such as applying pressure, rubbing, and licking, indicate that massage is used instinctively to relieve pain, to respond to injury, and to comfort. Massage has always been one of the most natural and instinctive means of relieving pain and discomfort. When a person has sore, aching muscles, abdominal pain, a bruise, or a wound, the impulse is to touch and rub that part of the body to obtain relief.

Touch as a method of healing appears to have numerous cultural origins (see [Box 1.3](#)). Therapeutic massage has strong roots in Chinese folk medicine, but it also has many aspects in common with other healing traditions, such as Indian herbal medicine and Persian medicine. The art of massage is believed to have been first mentioned in writing around 2000 BC ([Tappan and Benjamin, 2004](#)), and it has been discussed extensively in books since about 500 BC. The historical medical literatures of Egypt, Persia, and Japan are full of references to massage. The Greek physician Hippocrates advocated massage and gymnastic exercise. Asclepiades, another eminent Greek physician, relied exclusively on massage in his practice.

Throughout history, many systems and supporting theories for management of musculoskeletal pain and dysfunction have come and gone. In each case, the scientific thinking of the day provided the validation for massage. Over the years, scientific research has changed the philosophy of massage theory, and current research continues to further define the physical effects of therapeutic massage. Trends today show an increase in the popularity of massage and body-related therapies for stress reduction and chronic musculoskeletal pain.

Ancient Times

According to research reports, most ancient cultures practiced some form of healing touch. Often a ceremonial leader, such as a healer, priest, or shaman, was selected to perform the healing rituals. The healing methods frequently used were herbs, oils, and forms of hydrotherapy. Archaeologists have found many prehistoric artifacts depicting the use of massage for healing

and cosmetic purposes. Some speculate that massage used for pain relief incorporated concepts of counterirritation, such as scraping, cutting, and burning of the skin, as part of the process. These methods produce a sensation that masks a distressful sensation, such as pain. Massage may have been used as a cleansing procedure, along with fasting and bathing, in preparation for many tribal rituals.

In China, massage has been known by three names: *anmo* and *amma*, the ancient names, meaning “press-rub,” and *tui-na*, of more recent origin, meaning “push-pull.” These Chinese methods were administered by kneading or rubbing down the entire body with the hands and using a gentle pressure and traction on all the joints.

The practice of acupuncture involved the stimulation of specific points along the body, usually done by the insertion of tiny, solid needles, but massage and other forms of pressure also were used. Such practices were also found in traditional Eskimo and African medicine, in which sharp stones were used to scratch the skin's surface. Today, scientists are investigating physiological reasons for the value of these ancient practices.

Knowledge of massage and its applications already was well established in Chinese medicine at the time of the Sui dynasty (AD 589–617). The Japanese came to know massage through the writings of the Chinese. Massage has been a part of life in India for almost 3000 years. The Chinese introduced the methods in India during trading forays. As has Chinese acupuncture, hatha yoga, which was developed in India, has reappeared in modern forms of body therapy, with its life force energy concepts of prana, chakras, and energy balance.

The ancient Egyptians left artwork showing foot massage. Before Greek athletes took part in the Olympic games, they underwent friction treatment, anointing, and rubbing with sand. The use of touch as a mode of healing is recorded in the writings of the Hebrew and Christian traditions. The “laying on of hands” was particularly prominent in 1st-century Christianity. Massage with oils (anointing) goes back even further in Jewish practices. The ancient Jews practiced anointing for its ritual, hygienic, and therapeutic benefits. The Jewish culture honored rubbing with oils to such an extent that the root word for rubbing with oils and for the Messiah is the same (*ma-shi-ah*).

The ancient Mayan people of Central America, the Incas of South America, and other native people of the American continents also used methods of joint manipulation and massage.

Hippocrates of Cos (460–377 BC) was the first physician in Greek medicine specifically to describe the medical benefits of anointing and massage, along with the chemical properties of oils used for this purpose. He called his art *anatripsis*, which means “to rub up.” Of this art he said, “The physician must be acquainted with many things and assuredly with anatripsis, for things that have the same name have not always the same effects, for rubbing can bind a joint that is too loose or loosen a joint that is too hard.” Hippocrates' methods survived virtually unchanged well into the Middle Ages. Many techniques similar to those methods, especially traction and stretching principles, are still in use today. Claudius Galenus, or Galen, another Greek physician (AD 129–199), contributed much written material on

Box 1.3 Popular Methods of Massage and Bodywork

This list of massage styles, systems, founders, and developers is not meant to be all inclusive, because the information changes almost daily. Rather, it is meant to show the great variety of therapeutic massage approaches and how confusing this seemingly endless list can become.

Asian

- Amma, acupressure, shiatsu, jin shin do, do-in, hoshino, tui-na, watsu, Tibetan point holding, Thai massage

These methods derive from traditional Chinese medicine concepts, from offshoots of this Chinese base, and from other Asian modalities (e.g., Ayurveda). The efficient use of the therapist's body and the performance of these techniques on a clothed client have many benefits. The effects of compressive manipulations and stretches that focus on specific areas of the body elicit responses in the nervous, circulatory, and muscular systems and affect the energetic flows in the client's body. The philosophy of these systems is grounded in ancient concepts that have stood the test of time.

Structural and Postural Integration

- Bindegewebs massage, Rolfing, Hellerwork, Looyen work, Pfrimmer deep muscle therapy, Soma bodywork, Bowen therapy

These techniques focus more specifically on the connective tissue structure to influence posture and biomechanics. The approaches are systematic, and they are effective because they are grounded in the fundamentals of physiology and biomechanics.

Neuromuscular Methods

- Neuromuscular techniques, muscle energy techniques, strain/counterstrain, orthobionomy, Trager, myotherapy, proprioceptive neuromuscular facilitation, reflexology, trigger points

These are the European approaches based on the work of Dr. Stanley Leif and Dr. Boris Chaitow and the Western methods based on the work of Dr. Janet Travell, Dr. John Mennell, Dr. Raymond Nimmo, Dr. Lawrence Jones, Dr. Milton Trager, Eunice Ingham, William Fitzgerald, Arthur Lincoln Pauls, Bonnie Prudden, and others. Dr. Leon Chaitow has written extensively on these concepts and currently teaches in the United States and Europe. Many of the techniques are similar to those found in Rolfing, Asian methods, and Swedish/classical massage and exercises. As the name implies, the approach is a nervous or reflexive method. Connective tissue also is affected. The common threads running through all the styles are the basic concepts of activation of the tonus receptor mechanism, reflex arc stimulation, positional receptors, and applications of stretching.

Manual Lymphatic Drainage

- Vodder lymphatic drainage

Emil Vodder developed an excellent system that uses the anatomy and physiology of lymphatic movement with both mechanical and reflexive techniques to stimulate the flow of lymphatic fluid. Others have contributed to the understanding of lymphatic drain procedures, including Bruno Chickly and Lyle

Lederman. The variations of this system sometimes are called *systemic massage*.

Energetic (Biofield) Methods

- Polarity, therapeutic touch, Reiki, zero balancing

These systems, which are based on ancient concepts of body energy patterns, recently were formalized by Dr. Randolph Stone, Dr. Dolores Krieger, Dr. Fritz Smith, and others. Subtle energy medicine is under study by Dr. Elmer Green at the Menninger Foundation in Topeka, Kansas, and elsewhere by other researchers. Polarity and similar energetic approaches use near touch or light touch to initiate reflexive responses, often with highly effective results. There is controversy about how these methods are integrated into or separate from massage. Some are based in more of a spiritual context.

Craniosacral and Myofascial Methods

- Craniosacral therapy, myofascial release, soft tissue mobilization, deep tissue massage, connective tissue massage

These systems focus more specifically on the various aspects of both mechanical and reflexive connective tissue functions. Dr. William Garner Sutherland was the first to formalize the concept of tiny movement of the cranium and dura. Dr. John Upledger and physical therapist John Barnes have expanded on and formalized his work. Both light and deep touch are used, depending on the method. The cross-fiber friction methods of Dr. James Cyriax fall into this category. In particular, methods that target connective tissue have ongoing research, and currently methods are explored at international fascia congress and meeting symposiums.

Applied Kinesiology

- Touch for health, applied physiology, educational kinesiology, three-in-one concepts

Dr. George Goodheart formalized the system of applied kinesiology within the profession of chiropractic. The approach blends many techniques but works primarily with the reflexive mechanisms. A specific muscle testing procedure is used for evaluation; this process acts somewhat like a biofeedback mechanism. Some of the corrective measures use Asian meridians and acupressure; others rely on the osteopathic reflex mechanisms defined by Chapman, Bennett, and McKenzie that seem to correspond to traditional Chinese acupuncture points. Dr. John Thie and others modified these techniques for use by massage professionals and the public.

Integrated Approaches

- Sports massage, infant massage, equine/animal massage, on-site or seated massage, prenatal massage, geriatric massage, massage for abuse survivors, Russian massage

Many styles of massage that focus on a specific group of people use combinations of methods based on physiological interventions. Founders and teachers of integrated methods include every massage professional who designs a massage specifically for an individual client and every devoted massage instructor who attempts to combine and explain methods to learners.

early manual medicine, including many commentaries on Hippocrates' methods (Cantu and Grodin, 2001).

Massage came to the Romans from the Greeks. Julius Caesar (100–44 BC) had himself “pinched all over” daily to relieve his neuralgia and prevent epileptic attacks (Tappan and Benjamin 2004). Aulus Cornelius Celsus (25 BC–AD 50), a Roman physician, has been credited with compiling *De Medicina*, a series of eight books covering the body of medical knowledge of the day. Seven of the books deal extensively with prevention and therapeutics using rubbing, exercise, bathing, and anointing. This work was rediscovered during the late Middle Ages by Pope Nicholas V (1397–1455). In 1478 *De Medicina* was one of the first medical textbooks to be published with the newly invented Gutenberg printing press. It was one of the most popular medical textbooks during the Renaissance.

The Middle Ages

In the Middle Ages, while Europe was mired in superstition and feudal chaos, the Islamic countries became the intellectual center of the world. The *Canon of Medicine* is a 14-volume medical encyclopedia written by Persian scientist and physician Avicenna (Ibn Sina, 981–1037), as he was known in the West. Avicenna's real name was Abu-Ali Husayn Ibn-Abdullah Ibn-Sina. Ibn Sina completed the canon of medicine in 1025. The book was based on a combination of Islamic medicine, the writings of the Roman physician Galen, Chinese materia medica, and many other sources from the time period. The canon is considered one of the most famous books in the history of medicine and remained a medical authority up until the 18th and early 19th centuries. Ibn Sina described evidence-based medicine and the importance of research, both of which are important topics in the massage profession today. He is regarded as a pioneer of aromatherapy for his invention of steam distillation and extraction of essential oils (Isham Ismail, 2006; Masic et al., 2008; Afnan, Soheil Muhsin 2009).

Massage developed differently in the East and the West. In the East, as part of the Islamic empire, it represented a continuation of Greco-Roman traditions. In the West, the Greco-Roman traditions disappeared, but massage was kept alive by the common people and became part of folk culture. In this form, massage was an important part of the healing tradition of the Slavs, Finns, and Swedes. Because massage was integrated into the health practices of the common people, it was often associated with supernatural experiences and observances. This association alienated massage from what little scientific approach there was during this time. Practitioners of folk medicine often were persecuted, and the Church claimed that the practitioners' healing powers came from the devil.

Not until the 16th century did massage regain its respectability in Europe. One of the founders of modern surgery, the French physician Ambrose Paré (1517–1590), began to use massage techniques again for joint stiffness and wound healing after surgery. In his work, Paré described three types of massage strokes: gentle, medium, and vigorous. His ideas were passed down to other French physicians who believed in the value of manual therapeutics.

Nineteenth Century

Per Henrik Ling

Per Henrik Ling (1776–1839) often is credited with developing Swedish massage, but he did not invent it. The term *Swedish*

massage is inaccurate; the more appropriate name is *classical massage*. Ling proposed an integrated program for the treatment of disease using active and passive movements; he called this program Swedish gymnastic movements. The curriculum of the Royal Central Gymnastic Institute founded by Ling in 1813 did not teach massage as we know it. Legend has it that Ling's interest in these methods was sparked by the gout in his own elbow. He developed a system that used many of the positions and movements of Swedish gymnastics, and in so doing, he healed his diseased elbow. Ling's program was based on the newly discovered knowledge of the circulation of the blood and lymph. (Interestingly, the Chinese had been using these methods for centuries.)

In his system, Ling divided movements into active, duplicated, and passive forms. Active movements were performed by the person's own effort; these movements correspond to what commonly is called exercise. Duplicated movements were performed by the person with the cooperation of a gymnast (therapist); they involved active effort by both parties in which the action of the one was opposed by the action of the other. Duplicated movements correspond to what today is commonly called resistive exercise. Passive movements were performed for the person by the active effort of the gymnast alone. They consisted of passive movements of the extremities, which today we call range-of-motion work and stretching.

Ling taught many physicians from Germany, Austria, Russia, and England, who spread his teachings to their own countries. He was recognized by his contemporaries and later followers not so much as a great innovator but rather as a keen observer who adopted methods only after testing their effectiveness. He combined many techniques into one coherent system. By the time of Ling's death in 1839, his system had achieved worldwide recognition.

Modern Revival of Massage

Per Henrik Ling and others who practiced the Swedish movement cure deserve credit for reviving massage after the Middle Ages. Initially, nonprofessionals spoke to physicians in a language they did not share, which made communication difficult. Dr. Johann Mezger of Holland (1839–1909) is credited with bringing massage to the scientific community. He presented massage to fellow physicians as a form of medical treatment. The French terms *effleurage*, *pétrissage*, and *tapotement* were not used by Ling. Mezger's followers in Holland began to use these names, although historical references do not explain why French terms were chosen. So often history is confusing, and the issue of who deserves credit for what becomes clouded.

As physicians talked to one another about massage, its popularity began to grow. The physicians sought common ground between their methods and massage, both to justify their current view of massage and to expand it. Lay magazines and medical journals published manuscripts on massage. The successful experience and testimony of distinguished people, especially monarchs and diplomats, further bolstered the image of massage and increased public and medical acceptance. Many physicians were drawn to study massage because they had a strong scientific interest in its effects. They conducted animal studies and well-designed clinical trials, which further persuaded physicians of the value of the method and

increased the interest of the medical community. The same situation has held true for massage in this century through studies conducted under grants from the National Institutes of Health (NIH) and other respected entities.

The Swedish movement cure quickly spread to other European countries. The first institute outside Sweden was established in Denmark. In 1837, 2 years before Ling's death, his disciple, M. LeRon, brought the movement cure to Russia, establishing a clinic in St. Petersburg.

Massage in the United States

In the United States, the first waves of European immigration came from northern Europe, which had accepted massage earlier because of its therapeutic benefits. The immigrants produced many great writers and teachers of massage, along with eager, trusting clients.

Two brothers, Charles F. Taylor and George H. Taylor, introduced the Swedish movement system to the United States in 1856. They had learned the skills from Dr. Mathias Roth, an English physician who studied directly with Ling. Roth, also a leader in the homeopathic movement, felt that massage worked on the same principles as homeopathy: the law of similars and the concept of "like cures like."

Dr. John Harvey Kellogg (1852–1943), founder of the Battle Creek Sanitarium in Michigan, wrote dozens of articles and two textbooks on massage and hydrotherapy and edited and published a popular magazine, *Good Health*.

In his 1879 history of massage, Douglas Graham described Lomi, a form of massage practiced in Hawaiian culture. He stated that it was used as a hygienic measure to relieve fatigue or was performed simply for the pure pleasure of it. Graham continued to write on massage and its use in almost every area of medicine until his death in the late 1920s.

In 1889, a letter from a physician in Kansas appeared in a New York medical journal. The physician said that he had thought massage was just "a novel method of therapeutics" until he had read a passage from Captain James Cook's diary of his third voyage around the world near the end of the 18th century. Cook had described how his pseudo-sciatic pain was relieved in an elegant and generous ritual by a Tahitian chief and his family, who used a type of massage method called *romee*. General massage, as the forerunner of wellness-based massage, emerged in the late 1800s as part a treatment for nervous disorders, which consisted of complete rest, usually combined with a systematic diet, massage, and other health practices, especially at a spa or sanatorium (Benjamin 2015).

Massage as Medical Care

Massage endured even during the difficult time of the late 1800s. Institutes of massage appeared in France, Germany, and Austria by the middle of the 19th century. Between 1854 and 1918, the practice of massage developed from an obscure, unskilled trade to a field of medical health care from which the profession of physical therapy began. Treatments consisted of massage, mineral baths, and exercise.

Dr. David Gurevich, a Russian physician and instructor of Russian medical massage, believed that the long-standing interest in massage and its continuing development are strong proof of

its usefulness and necessity. According to Dr. Gurevich, massage was practiced by ancient Slavic tribes, especially in combination with therapeutic bathing, or hydrotherapy. Beginning in the 18th century, many great Russian scientists and physicians (Mudroff, Manasein, Botkin, Zakharin, and others) contributed to the development of the theory and practice of massage. I.Z. Zabudovski wrote more than 100 books, textbooks, and scientific articles devoted to the methods of massage and its physiological basis in therapy, postsurgical care, and sports.

An institute of massage and exercise was founded in Russia at the end of the 19th century, and many courses in massage also were started. Massage gradually progressed from an auxiliary method of therapy to an independent therapeutic method that was used effectively with other types of treatments (Gurevich, 1992).

Broad licensing for physical therapy began in the early 1940s. Louise L. Despard's *Text-Book of Massage and Remedial Gymnastics* was one of a handful of textbooks on massage recommended in 1940 as essential reading for all learners of massage by the Massage Round Table of the American Physical Therapy Association.

Mary McMillan, an English lay practitioner of massage, wrote an influential textbook, *Massage and Therapeutic Exercise*, in 1932. She had extensive experience in the field. From 1911 to 1915, she was in charge of massage and therapeutic exercise at the Greenbank Cripples Home in Liverpool, England, and from 1916 to 1918, she served as director of massage and remedial gymnastics at the Children's Hospital in Portland, Maine. During World War I, she served in the military as a rehabilitation aide (Tappan and Benjamin, 2004).

Frances Tappan's outstanding contributions to massage and physical therapy are formalized in her textbook, *Healing Massage Techniques*. Sister Kenny used massage in the treatment of polio. Ida Rolf's massage system grew to become the technique of Rolfing. Dr. Dolores Krieger has made major contributions to the more energetic approaches through her system of therapeutic touch.

Twentieth Century

1900 to 1960

In the early 1900s, Dr. Randolph Stone, an American physician, devised polarity therapy. Stone studied many body systems, both ancient and modern, including acupuncture, hatha yoga, osteopathy, chiropractic techniques, and reflexology. From his investigations, he concluded that magnetic fields regulated and directed the physiological systems of the body. Influenced by Eastern philosophy and medicine, Stone believed that all aspects of the universe were expressed in opposite poles (e.g., male and female, positive and negative electrical charges); therefore, he called his therapeutic method polarity.

In 1907, Edgar F. Cyriax began a distinguished publishing career that spanned almost 40 years. He was the last great proponent of Ling's Swedish movement cure, which Cyriax called mechanotherapeutics.

A textbook published in 1900 by Albert Hoffa and revised in 1913 by Max Bohm describes the more classic massage techniques, such as effleurage, pétrissage, tapotement, and vibration. Most therapists still learn these methods as standard massage techniques in entry-level programs.

The polio epidemic of 1918 sparked a more widespread interest in massage, because victims and their families were desperate for any remedy that offered any promise at all. Research on the benefits of massage in preventing the complications of paralysis began at this time.

Connective tissue massage (CTM) as a specific system was developed in the 1920s by German physiotherapist Elizabeth Dicke and later was expanded on by Maria Ebner. CTM was first used because Dicke herself suffered from a prolonged illness caused by an impairment of the circulation in her right leg. As with Ling, her search for self-healing added much to the development of massage.

During this time, Emil Vodder, a Danish physiologist, and his wife, Estrid, developed a technique of light massage along the course of the surface lymphatics; they called the technique lymph drainage or manual lymphatic drainage. This technique was and still is used to treat chronic lymphedema and other diseases of the lymphatic and peripheral vascular systems.

The American Association of Masseurs and Masseuses was formed in Chicago in 1943 and subsequently was renamed the American Massage Therapy Association (AMTA). Another professional organization, the International Myo-massetics Federation, was formed later through the efforts of Irene Gauthier, a notable massage instructor, and others.

James H. Cyriax, the son of Edgar Cyriax, became an orthopedic surgeon at St. Thomas Hospital, a prestigious teaching institution in London. The younger Cyriax gained fame through his development of transverse friction massage. In the late 1940s and early 1950s, he published the first edition of his now classic *Textbook of Orthopedic Medicine*. His work is especially significant in the area of massage because it recognized, categorized, and provided differential diagnoses for pathological conditions of the body's soft tissues. The concept that dysfunction of soft tissues, including periarticular connective tissue, can be a source of nociceptive signaling in the nervous system is a working theory of soft tissue manipulation today. Cyriax also was the first to introduce the concept of end feel in the diagnosis of soft tissue lesions.

Dr. Herman Kabat researched neuromuscular concepts based on the work of neurophysiologists and Pavlov's conditioning of reflexes. The Sherrington law of successive induction provided the foundation for the development of rhythmic stabilization and slow reversal techniques. By 1951, research had begun on a new method, which was formalized in 1956 in the book *Proprioceptive Neuromuscular Facilitation*, written by Margaret Knott and Dorothy Voss.

Frances Tappan and Gertrude Beard also wrote important articles and books on massage techniques during the 1950s. Their texts are still available, and serious learners of massage can benefit from reading these classic works. Frances Tappan influenced the profession of massage through interviews, conferences on the future of massage, and consultation with many leaders in the field.

1960 to the Present: The Most Recent Revival of Massage

The most recent revival of massage began around 1960 and has continued to this day. Recognition of chronic diseases

that are resistant to surgical or drug treatment has increased. Neither the acute care concept nor a single-solution approach seems to work with these cases. A more complex way of envisioning and treating these diseases has had to be developed, and massage is one approach that has proven effective over time.

The humanistic movement that began during the 1960s spilled over into medicine and allied health. Concerns about "bedside manner," "genuineness," and the benefits of touch again raised the issue of the legitimacy and value of massage for its nurturing effect alone. Later, the Esalen movement and Gestalt psychology inspired psychologists and psychotherapists to explore massage and other movement therapies. Many controlled clinical studies in medicine, nursing, physical therapy, and psychology inspired more academic and clinical interest in massage.

In 1960, increased medical awareness that lack of exercise contributed to cardiovascular disease and other disorders prompted President John F. Kennedy to emphasize physical fitness, especially for children. This new interest grew into the physical fitness movement of the late 1960s and led the health sciences into a movement toward preventive medicine. The benefits of sports were rediscovered, and as a result historic literature in the field of massage was brought to light, such as Albert Baumgartner's book, *Massage in Athletics*, which discussed the relationship between massage and exercise and the value of massage in conditioning and stress control.

Acupressure received more attention than any other body-work method during the 1970s and 1980s. The medical, physical therapy, and nursing literature examined it closely on the basis of controlled clinical trials. Through writings on nursing and rehabilitative medicine, a body of knowledge emerged on the benefits of massage in preventing and treating decubitus ulcers and in the overall management of heart rate and blood pressure in people suffering from acute and chronic manifestations of cardiovascular disease.

The fields of pain research and pain management supported more research. Ronald Melzack, a professor of psychology in the anesthesiology department of McGill University Medical School and one of the initial proponents of the gate control theory of pain, published the results of several controlled clinical trials on the value of ice massage and manual massage for the relief of dental pain and low back pain. Melzack found these techniques effective in preventing or reducing pain, and he proposed a theory for the neural mechanisms by which they operated. In the late 1980s, in the prestigious journal *Clinics in Anesthesiology*, Melzack proposed a theory of hyperstimulation analgesia, which was the first in recent decades inspired by findings concerning massage. The theory argues that certain intense sensory stimuli, such as puncture with a needle or exposure to extreme cold or pressure when applied near the site of an injury, sends a signal to the brain by a faster channel than that used by the pain signal it was attempting to treat, thereby disrupting the pain (van Why, 1992). Over the years, Melzack has expanded this pain theory. In 2004, in a lecture presented at the World Congress of the World Institute of Pain,

Melzack (2005) presented the topic, “Evolution of the Neuromatrix Theory of Pain”:

The neuromatrix theory of pain proposes that pain is a multidimensional experience produced by characteristic “neurosignature” patterns of nerve impulses generated by a widely distributed neural network—the “body-self neuromatrix”—in the brain. These neurosignature patterns may be triggered by sensory inputs, but they may also be generated independently of them. Acute pains evoked by brief noxious inputs have been meticulously investigated by neuroscientists, and their sensory transmission mechanisms are generally well understood. In contrast, chronic pain syndromes, which are often characterized by severe pain associated with little or no discernible injury or pathology, remain a mystery. Furthermore, chronic psychological or physical stress is often associated with chronic pain, but the relationship is poorly understood. The neuromatrix theory of pain provides a new conceptual framework to examine these problems. It proposes that the output patterns of the body-self neuromatrix activate perceptual, homeostatic, and behavioral programs after injury, pathology, or chronic stress. Pain, then, is produced by the output of a widely distributed neural network in the brain rather than directly by sensory input evoked by injury, inflammation, or other pathology. The neuromatrix, which is genetically determined and modified by sensory experience, is the primary mechanism that generates the neural pattern that produces pain. Its output pattern is determined by multiple influences, of which the somatic sensory input is only a part, that converge on the neuromatrix.

Lorimer Moseley, a clinical and research physiotherapist from Australia, has developed theories relating to chronic pain based on the neuromatrix approach. According to Moseley, pain is a multisystem output that is produced when an individual-specific cortical pain neuromatrix is activated. Pain is an output of the brain that is produced whenever the brain concludes that body tissue is in danger and action is required. When pain becomes chronic, less input, both nociceptive and non-nociceptive, is required to produce pain (Moseley, 2003). Pain research is ongoing, and massage therapy is an effective intervention for many types of chronic/persistent pain.

In 1988, the AMTA spearheaded a proposal for the development of a national certification process. The proposal stirred up much controversy and was hotly debated. With the participation of other professional massage and bodywork sources, the National Certification Examination for Therapeutic Massage and Bodywork was devised in 1992. In 2014, the National Certification Board for Therapeutic Massage and Bodywork discontinued the National Certification Examination and credential and upgraded to the Board Certified credential, which reflects commitment to excellence beyond licensure.

In the late 1980s, the professional organization Associated Bodywork and Massage Professionals was formed to serve the needs of a growing and diverse group of bodywork therapists.

The 1990s saw a significant shift in the massage profession, and the groundwork was laid for the major events that influence massage practice today.

RECENT EVENTS AND CURRENT PROFESSIONAL TRENDS: 1990 TO NOW

Before 1985, massage professionals worked primarily in independent settings with little or no supervision. The best of this situation was the freedom to serve clients' needs without the constraints of regulation. The worst was the lack of consistent training and the confusion among other professionals and the public about what constituted therapeutic massage.

Frustration with massage parlor and sex trade regulations enacted to control prostitution and the desire of many massage professionals to enter the mainstream of public awareness pushed the massage therapy profession to begin seeking an alliance with the existing medical care structure to justify the validity of massage. In some instances, this movement into the existing health care world created turf battles over which profession would provide massage therapy. Both legitimate and reactionary questions and concerns were expressed by the physical therapy and nursing professions.

The public's desire for physical fitness had reached its peak during this time, and the concept of “sports massage” provided an avenue for mainstreaming massage therapy. During the 1990s, the mainstream approach shifted from sports to corporate America. David Palmer can be given credit for formalizing the concepts of on-site and chair massage. These two trends allowed the public to see massage in a way much different from the preconceived notions of a “feel good” luxury of the wealthy or a front for prostitution.

As research continues to validate massage therapy and as massage evolves into a distinct professional course requiring a credible, standardized education, the turf battles in the health care system seem to be quieting down. Health care is moving in the direction of multidisciplinary teams in which many different professionals work together. As this process continues, nurses and physical therapists probably will find themselves supervising massage paraprofessionals and working as partners with more comprehensively trained massage therapists who have earned a degree.

In 1990, the AMTA established the Massage Therapy Foundation and its mission, which is to bring the benefits of massage therapy to the broadest spectrum of society through the generation, dissemination, and application of knowledge in this field. The foundation is now a dynamic independent organization. Current trends indicate that research will be the most important process for the future of the massage profession, and the Massage Therapy Foundation is positioned to be an ongoing leader of the massage profession.

In 1991, the Touch Research Institute at the University of Miami opened under the direction of Dr. Tiffany Field. More than any other single development in the 1990s, the research produced by the institute has moved massage into the mainstream and into accepted health care practice.

Also in 1991, the NIH established the Office of Alternative Medicine. Two years later, the *New England Journal of Medicine* reported on a national survey on the use of alternative and complementary forms of health care. Massage was the third-most-used treatment. In line with this trend, in 1994 the NIH published the report *Alternative Medicine: Expanding Medical*

Horizons. A Report to the National Institutes of Health on Alternative Medical Systems and Practices in the United States.

The credibility and acceptance of natural approaches to health and illness are developing, and knowledge bases are beginning to overlap. Three areas in osteopathic medicine that currently apply to massage are muscle energy techniques, positional release and strain/counterstrain techniques, and neuromuscular techniques. The most noteworthy educator and author in these methods was Dr. Leon Chaitow, who died in 2018. Like Ling, Chaitow was a master synthesizer of the best of many concepts. He developed a strong foundation in manual medicine working as an assistant to his uncle, Dr. Boris Chaitow, the co-developer of neuromuscular technique, along with his cousin, the legendary Dr. Stanley Lief (Chaitow, 1988). Dr. Leon Chaitow has written many books that have enriched the body of knowledge of soft tissue methods, including therapeutic massage.

Other authors and professionals worthy of mention include Ida Rolf, developer of the Rolfing system; Dr. Milton Trager, developer of Trager; and Dr. Janet Travell, coauthor with David Simons of the most comprehensive texts written on the subject of trigger points. (Travell and Simons are the authors of the two-volume text *Myofascial Pain and Dysfunction: The Trigger Point Manual*.)

Research continued to validate the benefits of massage through the 1990s. After years of struggle for acceptance and validation, massage moved into the mainstream in the mid-1990s. Since 1995, the amount of information available on therapeutic massage has increased dramatically. Many new books are on the market, and websites for therapeutic massage have been created on the Internet. As a result of advances in technology, massage education now can be provided through a variety of formats. In the late 1990s, concern related to quality massage therapy education resulted in the formation of the Commission on Massage Therapy Accreditation (COMTA) to accredit both educational institutions and programs offering instruction in massage therapy and bodywork. In 2002, COMTA was recognized by the U.S. Department of Education as a specialized accrediting agency.

In 2007, a historical research event occurred that changed our understanding of how massage supports beneficial change. The International Fascia Research Congress was held at Harvard University. The congress was conceived and organized by a multidisciplinary committee of science researchers and practicing health care professionals who share a common focus on and interest in the human body's soft connective tissue matrix. The congress meets every 2 years.

Also in 2007, the massage therapy professional community began to explore the possibility that the profession's leadership organizations might work together to develop a consensus on a defined terminology and scope of practice issues. The leadership group included representatives of six organizations: the AMTA, the ABMP, the FSMTB, the MTF, the NCBTMB, COMTA and a bit later the AFMTE. The AFMTE is a nonprofit organization established to serve as an independent voice, advocate, and resource for the entire education sector—from entry-level massage training programs through postgraduate studies. These six organizations work together as the Coalition of National Massage Therapy Organizations, which established the ELAP study

and published its findings. The goals of ELAP were to define the knowledge and skill components of entry-level education and recommend the minimum number of hours schools should teach to prepare graduates for safe and competent practice in the massage profession. Completed in December 2013, the project published two documents that describe ELAP workgroup findings and recommendations: “The Core: Entry-Level Analysis Project Report (Final Report)” and “The Core: Entry-Level Massage Education Blueprint (the Blueprint).” These documents are available to download at elapmassage.org.

The ELAP information is important to massage therapy learners. The education for entry-level massage therapy learners should follow ELAP guidelines. The FSMTB incorporated the ELAP-recommended 625 contact hours as the minimum requirement for program length as part of the Model Practice Act for licensing of massage therapists. The Model Practice Act has gained little traction in the United States but still functions as a guide for regulations development.

Other countries are involved in advancing the massage therapy profession. Canada has expanded education requirements for Registered Massage Therapists. Each province has different requirements for practicing massage therapy in its jurisdiction. The provincial associations affiliated with the Massage Therapy Alliance of Canada (MTAC), in addition to European countries, are working toward expanded training and support the development of massage therapy competencies and national accreditation of massage therapy education programs (<http://www.massagetherapycanada.com/>).

Massage therapy organizations in the United Kingdom, Australia, and New Zealand also embrace a consistent and uniform level of ethical, professional, and quality standards, and work continues to support professionalism in education and practice. The Complementary and Natural Healthcare Council (CNHC) is the regulatory body for massage therapies and other complementary therapies in the United Kingdom. Registration is a voluntary system, supported by the Department of Health. In Australia, national competency standards were introduced for massage therapy in 2002 as part of the Health Training Package. These qualifications sit within the Australian Qualifications Framework (AQF), the national system of qualifications encompassing higher education, vocational education and training, and schools.

Licensure and Board Certification

Most U.S. states now license massage therapists. The FSMTB supports its member boards in their work to ensure that the practice of massage therapy is provided to the public in a safe and effective manner by guaranteeing the provision of a valid, reliable licensing examination to determine entry-level competence. Educational requirements set through state licensure average 500 to 1000 clock hours. ELAP determined that 625 hours of education is the minimum time necessary to train competent entry-level massage professionals. How the FSMTB will encourage individual states to change from current licensing practices to adopt the Model Practice Act remains to be seen. Legislative initiatives and changes move slowly.

Now that there is a level of agreement about entry-level education for massage practice in the United States, the massage

community is turning its attention to validation of advanced massage therapy practice. Schools of massage therapy have begun to work with colleges and universities to develop articulation agreements that allow graduates of their programs to complete degrees in massage. The first of these articulation agreements was reached in 1995 between the Health Enrichment Center in Lapeer, Michigan, and Siena Heights University in Adrian, Michigan, to grant both associate's and bachelor's degrees in applied science in massage therapy. Some private massage schools have increased their educational requirements to enable them to grant associate's degrees. More community colleges are developing certificate programs in therapeutic massage, and some of these programs can lead to an associate's degree in applied or general science. Board certification, offered by the NCBTMB, was launched January 1, 2013. Therapists achieving this credential will have the proper foundation to better serve clients and demonstrate a commitment to raising the standards of the profession, which have remained stagnant for the past 20 years. As in other professions, board certification will be an additional differentiator to advance a massage career.

An important development is the availability of a bachelor's degree in massage therapy from Siena Heights University, the same university that has supported massage therapy since 1995 through articulation agreements with individual massage therapy schools. Announced in 2014 in a progressive initiative, the university will accept board certification from the NCBTMB for college credit.

As the future unfolds, committed researchers and those who apply the research to the practicalities faced by massage therapy practitioners will probably become the driving force for the advancement of massage therapy.

As mentioned, in 2010, the Alliance for Massage Therapy Education (AFMTE) was established. This organization brings together directors and administrators from massage therapy schools, along with massage school teachers and those who provide continuing education seminars and advanced training in the field. All are committed to the advancement of quality education. The major contribution of the Alliance is the development of teaching standards for massage therapy educators and teacher certification. With the AFMTE supporting quality in education and the MTF supporting research, the two working together will ensure that massage therapy follows the path of excellence into the future.

In 2016, these research articles were published by Crawford and colleagues (see the References list for the full citations):

- The Impact of Massage Therapy on Function in Pain Populations: A Systematic Review and Meta-Analysis of Randomized Controlled Trials. Part I, Patients Experiencing Pain in the General Population. <https://doi.org/10.1093/pm/pnw099>.
- The Impact of Massage Therapy on Function in Pain Populations: A Systematic Review and Meta-Analysis of Randomized Controlled Trials. Part II, Cancer Pain Populations. <https://doi.org/10.1093/pm/pnw100>.
- The Impact of Massage Therapy on Function in Pain Populations: A Systematic Review and Meta-Analysis of Randomized Controlled Trials. Part III, Surgical Pain Populations. <https://doi.org/10.1093/pm/pnw101>.

This research supports the use of massage therapy and a nonpharmaceutical intervention for pain management. The release of these papers coincided with recognition of problems in the prescribing of opiate-based medications and the resultant U.S. opioid epidemic.

The search for alternate treatments for pain has brought awareness of massage therapy forward. For more information on the opioid crisis, explore the U.S. Department of Health and Human Services website (<https://www.hhs.gov/>) using the search terms *opioid epidemic*.

Some questions must be answered if we are to continue moving forward. For example:

- Will we be willing to accept research findings and let go of myths and misinformation about massage?
- Will we learn to use critical-thinking skills to develop outcome-based massage sessions to achieve client goals?
- Will we learn to work together with other professionals in multidisciplinary teams?
- Will we agree on terminology about massage so that we can communicate with each other?
- Will we let go of the differences that divide us and reach for the similarities that bring us together?
- Will we commit to expertise through educational excellence, professional practice, and ethical behavior?
- Will we demand that educators and professional organizations be current, proficient, and committed to training the future generations of massage therapists?
- Will we respect our history, understand our traditions, and strive to bring those values into the future?

The massage therapy profession is changing. It is becoming more sophisticated, requiring education not only in the development of technical skills, but also in pathology, medications, record keeping, and communication skills. Professional ethics is an important area. The more massage professionals work with other health care professionals, the more they need to know to be able to understand the world of health care. As we blend our world of professional touch with theirs, the exchange of information will be interesting to watch. We hope that the best of both worlds will emerge and that the lessons of the past will temper and soften the process.

Professional autonomy means having the authority to make decisions and the freedom to act in accordance with one's professional knowledge base. *Autonomy* means the ability to practice massage therapy independently, without physician oversight, especially in the wellness and health promotions sector. It is important that massage therapists be recognized as contributors to care in the medical setting without losing their ability to practice outside it independently.

The career pathway in massage therapy is shifting from self-employment at the entry level to finding employment as a massage therapist. Massage therapy as a career is unique because massage therapists have autonomy in professional practice and can provide massage therapy services in a variety of settings. Some health care insurance plans and managed care systems are beginning to look at ways to include massage therapy in their covered services. Sports massage for amateur and professional athletes is becoming the norm, with massage therapists working side by side with athletic trainers and coaches.

In the wellness and health promotions sector, spas, franchises and wellness centers are bringing awareness of massage therapy to the general public. The various franchised entities and spa industries are among the fastest-growing employers of massage professionals.

As the world becomes a global community, the ever-increasing exchange of information will enrich the knowledge base of therapeutic massage. Research has shown that various massage and bodywork methods are more alike than different. A shift has occurred from the confusing proliferation of massage and bodywork styles to an understanding of massage application provided to achieve outcomes such as stress and pain management, increased mobility, and enhanced performance.

The abundant massage and bodywork methods will likely continue to combine into a consolidated system of therapeutic massage without losing the rich diversity of professional expression. Terminology and education are standardizing, yet we have maintained the integrity of the individual applications of massage and bodywork. For those of you now entering the field of massage therapy, success depends not on how many different styles of massage you know but on your commitment to critical thinking, understanding the nature of human connection, and practice to perfect skilled application of the fundamental aspects of massage. The pressure to learn many ways to do massage will evolve into skilled massage application based on evidence-informed professional practice. The move from opinion and experience-based practice to the more objective evidence-informed practice of massage is an ongoing theme in this text.

Two tracks of massage service likely will continue to standardize: wellness and health promotions massage practice outside the medical care system and medical/clinical massage within the medical care system. Although very similar, these trends allow a vast diversity in the types of services available. Critical-thinking skills, research literacy, experience, and empathy are the markers of career success.

Massage therapy is a female-dominated occupation. This trend remains steady. As gender becomes less of an issue in our society and people primarily seek quality services, this may begin to shift. People begin their career in massage at a variety of life stages. As a first career, many just graduated from high school are seeking vocational skills and are attracted to massage therapy. The entry point at a certificate/diploma level and education in a year or less allows the education to be affordable and attainable. Some in this demographic use massage therapy as a jumping point to other health occupations and professions. As more full-time practice becomes common, these individuals may find that massage therapy can be a lifetime career. In early and middle adulthood, the part-time practice and supplemental income is attractive to those who are managing multiple life demands and want to be involved in the health services field. A growing trend is people becoming massage therapists in their 50s and 60s as a career change instead of retirement or to be involved in a helping occupation to fulfill work satisfaction needs and augment income. These individuals often work well into their later years, taking advantage of the flexible schedules and ability to work part time.

The future is bright and promising, especially if we pay attention to our past and remember the words and wisdom of an old Russian physician: “Massage is massage.” We ourselves constitute one of the biggest threats to the future of massage. Currently the profession remains fragmented, and educational standards are inconsistent; however, the pieces are finally in place for unification. All bodywork professions must come together to work for the common good. As the massage profession moves forward and reclaims its heritage as an important health service, it is important to look back so that we can see the strengths and weaknesses of the professional journey.

Honoring those who have dedicated so much of their lives to developing the body of knowledge of therapeutic massage is also important. Many today are dedicating a significant part of their lives to the professional advancement of therapeutic massage. Patricia Benjamin, PhD, captured the history of massage in her 2015 book, *The Emergence of the Massage Therapy Profession in North America*. When the history of massage is written in the future, these names will appear with the information they have organized and contributed. We are all contributors to the future of massage, and we all will become part of its history ([Proficiency Exercise 1.3](#)).



PROFICIENCY EXERCISE 1.3

In the space provided, answer these questions:

1. What do you want the future of massage to bring?
2. How are you going to assist in the development of that future?

MENTORING TIP

Massage therapy can be an autonomous health service. Benefits of massage support health and wellness and can manage many conditions that diminish well-being, such as stress, pain, and limits in physical function. Massage therapy supports a healthy lifestyle that includes moderate exercise and restorative sleep. Therapeutic massage achieves the best results through maintenance and prevention support for regular clients. Evidence supports these outcomes (AMTA 2016, 2018). This type of practice is based on a range of outcomes and categories of care, primarily palliative care and condition management. Therapeutic change (i.e., “fix it”) is rare. The education required for autonomous practice needs to be rigorous, especially in safety and the need for referral. Study related to pathology is not intended to enable the massage therapist to fix or cure a condition but rather to recognize, adapt, and refer. This is a huge accountability issue. In a medical environment, other medical professionals are involved and are primarily responsible for diagnosis, oversight, and recommendation for massage care. There is a built-in support structure. *Not so in an autonomous practice. We are accountable. Our assessment, including history taking and documentation, must be impeccable. Critical-thinking skills are necessary.*

Massage therapy also has a support role managing the same type of conditions within a medical environment. Medical intervention can expand into prevention, especially with physiological monitoring and early detection. However, most medical intervention is pathology based. This is not bad and actually very good. When pathology is detected, medical intervention is important and will have a better outcome if health and well-being are supported during medical treatment. In this role, massage therapy is integrated as supportive care and supervised either in the medical environment or by communication with the medical care team. This is not autonomous practice. There is an increased knowledge component in the medical environment but not necessarily related to specific massage application. It is important to be able to provide massage adapted to a more complex and fragile client.

In addition, massage therapists will need to understand the implications for massage based on a variety of medical interventions such as medication, surgery, rehabilitation and mental health counseling. As important, health maintenance and promotion to support well-being can be part of the long-term plan for a client who has a complex health status but no longer requires active medical intervention.

Massage therapists also will have much to learn about adapting to a medical environment. For example, they will have to understand infection control, the strict privacy requirements of the Health Insurance Portability and Accountability Act (HIPAA), how to use different types of equipment, and so on.

LEADERSHIP

Leaders guide progress toward the future. Think about the people who have influenced or motivated you to make major decisions. They were leaders because they caused you to take action. How did they influence you? Was it by example? Did they share their experiences of failure and success? Did others talk about them? Did you read their biographies or autobiographies?

Leaders in the therapeutic massage profession must be able to motivate themselves and others to pursue excellence; they must be forward thinkers, not only by paying attention to the historical past and the current moment, but also by projecting into the future and preparing for it now. As massage therapy continues to expand into multiple environments such as sports and fitness facilities, chiropractic offices, multidisciplinary health care practices, wellness centers, massage franchises, and the spa industry, it will be increasingly important for massage therapists to develop leadership skills to support the changes in the profession that inevitably will occur.

Leadership involves influencing others for good, rousing others to action, and inspiring them to become the best they can be, as a group works together toward a common goal. A number of elements build effective leadership. For example:

- Trust promotes good relationships and confidence.
- A willingness to understand change and recognize that disruptions are inevitable is crucial.

- The ability to shift gears paves the way for change.
- Humility is a focus on being open, teachable, and flexible.
- Commitment seeks to develop vision and values in a leader and moves leaders to stand for something greater.
- Focus gives leaders the ability to achieve and direct their time and energy to important goals and objectives.
- Compassion is the desire to understand and care for others, such as staff, family, clients, or community.
- Integrity demands that leaders be responsible for seeking to create quality assurance in their service for clients, as well as in all their relationships.
- Peacemaking leaders bring calmness by listening, learning from others, and seeking good solutions rather than making quick decisions.
- Endurance refers to courage, perseverance, and strength when situations, people, or the environment become chaotic or difficult.

Do you have the desire and motivation to become a leader? This is an important question. Real leadership is a gift given to the present and the future. To be a leader, first you need to know how to follow. You also need to be willing to work behind the scenes without expecting credit or status for your efforts. How might you develop the leadership qualities of trust, willingness, humility, commitment, focus, compassion, integrity, peacemaking, and endurance? The individuals discussed in the history of massage were and still are leaders, if we pay attention to the past. Who are the leaders in the massage community now? What are they doing to support your future as a massage therapist? Will you become a leader in the future?

MENTORING TIP

Status Recognition, Professional Position

Because therapeutic massage education is vocational and career focus is occupational, some in the massage fields have a concern about our status as health professionals. Status does not relate to where or to whom you provide massage. There is no more status designation for a massage therapist working in a medical setting than for a massage therapist working in a spa, massage franchise, or wellness center. There is no more status in working with sick clients than with well clients. There is no more status in working with celebrities than in working with blue-collar workers.

Achieved status is acquired and earned based on merit and the value of your contribution. Those who have achieved status can be valuable teachers and mentors. Respect is important for those who have contributed to the understanding and advancement of massage therapy practice. Unfortunately, status often is measured externally based on education, income, and occupation rather than commitment, contribution, and compassion. Respect and status will come to you as a massage therapist when you earn it through professional and ethical behavior, study, commitment, compassion, work, and experience.

MESSAGE THERAPY PRACTICE FRAMEWORK

SECTION OBJECTIVES

Chapter objective covered in this section:

8. Analyze a professional practice framework.

Using the information presented in this section, the student will be able to:

- Define massage, massage therapy, and massage therapy practice.
- List the seven components of a client-centered massage therapy practice framework.
- Explain the steps involved in implementing the massage therapy practice framework in professional practice.

In 2010, the MTF's Best Practices Committee held a 2-day symposium. During this symposium, the participants' discussion focused more on the processes for massage therapy than on specific conditions. Three over-arching themes were identified in the symposium discussions:

1. How massage should be defined
 2. The multidimensional nature of massage therapy
 3. The factors that influence massage therapy practice
- Recall these definitions, which were presented earlier:

- **Massage:** Massage is a patterned and purposeful soft tissue manipulation accomplished by use of digits, hands, forearms, elbows, knees, and/or feet, with or without the use of emollients, liniments, heat and cold, hand-held tools or other external apparatus, for the intent of therapeutic change.
- **Massage therapy:** Massage therapy consists of the application of massage and non-hands-on components, including health promotion and education messages, for self-care and health maintenance; therapy, as well as outcomes, can be influenced by: therapeutic relationships and communication; the therapist's education, skill level, and experience; and the therapeutic setting.
- **Massage therapy practice:** Massage therapy practice is a client-centered framework for providing massage therapy through a process of assessment and evaluation, plan of

care, treatment, reassessment and reevaluation, health messages, document, and closure in an effort to improve health and/or well-being. Massage therapy practice is influenced by scope of practice and professional standards and ethics.

The influence of the researchers who worked to produce these definitions will extend beyond this text, and this author is especially grateful for their diligence, ongoing work, and support of therapeutic massage. A special thanks is due to Ann Blair Kennedy for her leadership and guidance as we move toward the future of massage therapy practice.

The Framework

A conceptual model can help you visualize the concepts and processes, especially at the beginning of study. This practice framework can be applied (Fig. 1.6); however, keep in mind that an individual massage therapy session or a series of sessions is intended to be flexible and adaptive. This textbook (plus science studies) covers the content needed to implement this practice framework. The content is integrated throughout the entire book. The framework is client centered and moves through the steps of assessment and evaluation, plan of care, treatment, reassessment and reevaluation, health messages, document, and closure. The process is influenced by the massage therapy scope of practice and professional standards and ethics (see Chapter 2).

Client-Centered Practice

Massage therapy practice should be client centered. The partnership between the massage therapist and the client is based on the client's goals, values, wants, and needs, and this focus is reflected during the massage sessions. The massage therapist provides accurate information about massage to help the client give informed consent and participate in the decision-making process for goal setting and session implementation.

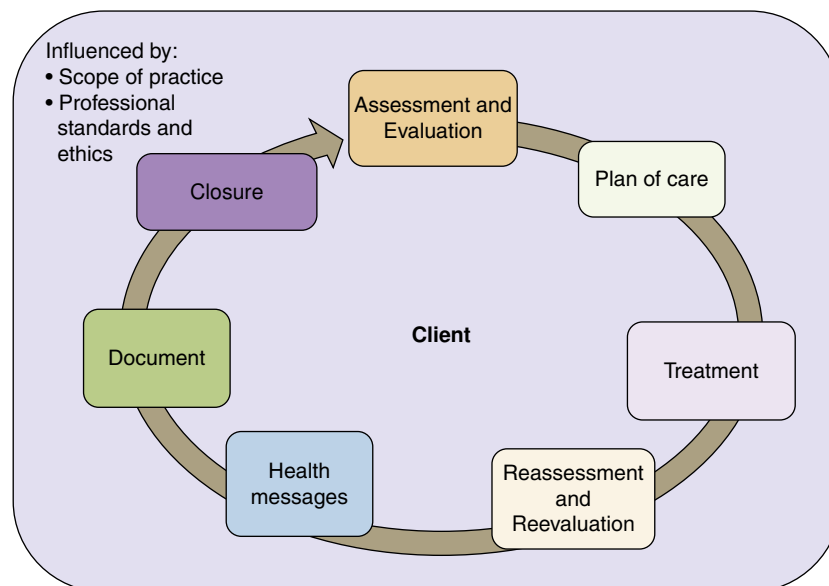


FIG. 1.6 Process for massage therapy practice. (Kennedy AB, Cambron JA, Sharpe PA, Travillian RS, Saunders RP. Clarifying definitions for the massage therapy profession: the results of the Best Practices Symposium. *Int J Ther Mass Bodywork* 2016;9[3]:15.)

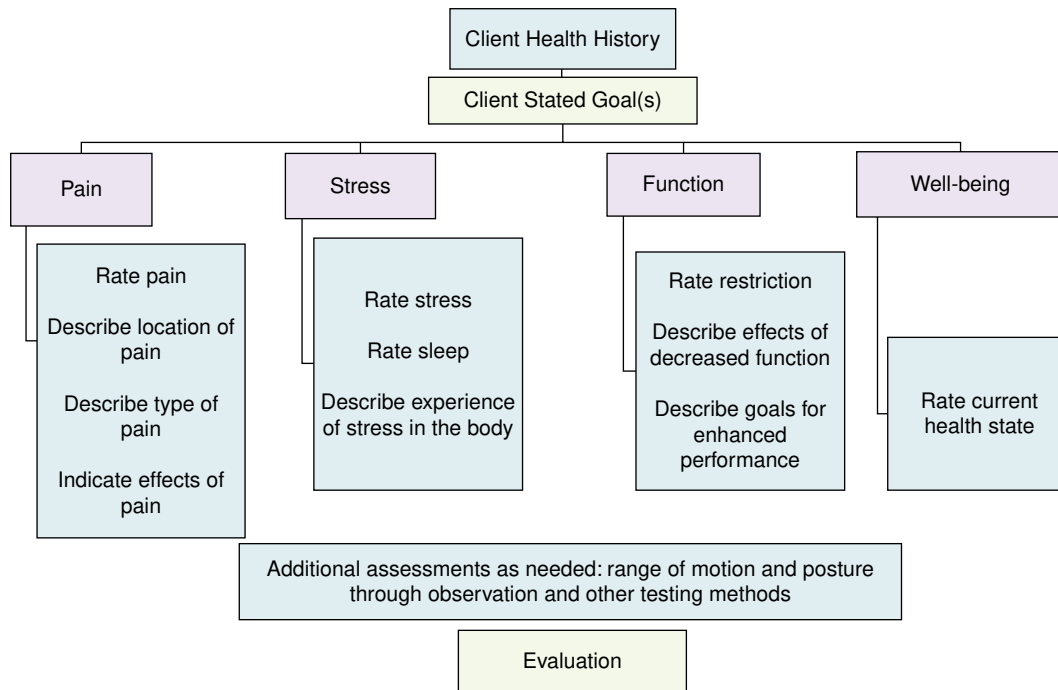


FIG. 1.7 Process of assessment. (Kennedy AB, Cambron JA, Sharpe PA, Travillian RS, Saunders RP. Clarifying definitions for the massage therapy profession: the results of the Best Practices Symposium. *Int J Ther Mass Bodywork* 2016;9[3]:15.)

Massage Therapy Assessment and Evaluation

The process begins with the assessment (Fig. 1.7). A thorough health history begins the assessment process; this includes repeat clients (e.g., the massage therapist inquires how the health history has changed since the last session). (The assessment process is covered in [Chapters 4 and 11](#)).

The next step is to investigate the client's goal or goals for the session (or sessions). Possible goals include relaxation/well-being, stress or pain relief, or improvement in function. Each goal has a series of assessment questions, or the therapist may decide to use a validated instrument (examples are provided in the full study on On the Evolve website content for this chapter.). (This step is covered in [Chapters 5, 6, and 14](#).)

Well-Being Assessment

The foundational goal is well-being. This category is for clients who have no particular goal for the session, who simply enjoy massage, and/or who feel it enhances their life and helps to maintain good health. It is important to have clients rate their current health to monitor changes over time. Tracking changes over time may help massage therapy practice become more evidence based and scientific over time; additionally, tracking clients consistently may help improve outcomes over time.

Stress Assessment

Questions related to stress begin with asking the client to rate their stress, either on a simple 0-to-10 scale or using a valid and reliable stress scale. Ask how the client feels stress in the body. Does the client have headaches, a tight neck and shoulders, or lower back pain? It also seems important to ask the client to rate their sleep quality. These questions can help guide the treatment options and may help facilitate change.

Pain Assessment

Questions related to reducing pain include having the client rate their pain or using other assessment instruments to measure subjective pain levels. Next, inquire about the location of the pain in the body and then the type of pain. Finally, ask about the effects of the pain and what work, activities, and/or movements are hindered by the pain.

Function Assessment

To help get a better idea of how function is impaired, the therapist should ask the client to rate their level of restriction and specify what activities are affected by the impairment. Valid and reliable function scales also may be used, and some scales can be used specifically for certain impairments.

Additional Assessments

Massage therapists do not want limitations placed on possible ways to assess their clients. Examples of other methods of assessment include range of motion, orthopedic assessment, posture assessments, and similar methods; all of these are recommended to guide the planning for the massage session. These assessments are based on the therapist's education and experience and are within his or her scope of practice.

The follow-up to all these categories is to ask questions about what may be contributing to the client's problems. These contributing factors may give the massage therapist insight into the session planning and the expected outcomes. This follow-up also gives the therapist the opportunity to provide health messages and to assign client "homework" to help improve the outcomes.

Evaluation

The evaluation process reviews the assessment data and helps in clinical decision making and treatment/session planning. After

the assessments, the therapist makes judgments; these judgments guide care planning and the type of interventions to be used during the session. (This step is covered in [Chapters 9, 11, 14, and 16](#).)

Plan of Care

After completing the evaluation process, the therapist determines the best way to address the client's needs and goals. These decisions must consider the client's input and goals, the best available evidence, and the therapist's own professional experience. When creating the plan of care, the therapist must bear in mind all cautions, contraindications, and any need for referral; these are important aspects of the care plan. (This step is covered in [Chapters 5 through 7, 11, 14, and 16](#).)

Treatment/Massage Application

For our purposes, "treatment" is simply a term for the hands-on portion of massage therapy; the planned and patterned soft tissue manipulation (Kennedy et al., 2015). During the massage session, the massage therapist continues to assess and evaluate the client's responses and changes the massage application based on those findings. The session implementation is adapted according to this ongoing assessment and the client's feedback during the session. Massage therapists need to be mindful that the client's goals may change midtreatment. (This step is covered in [Chapters 4, 7 through 10, 12, and 16](#).)

REASSESSMENT AND REEVALUATION

After the massage session, the massage therapist reassesses and reevaluates. This is done to (1) gather information; (2) identify changes between preassessment and postassessment measures; and (3) use the conclusions to guide future session planning. Some reassessments can be performed directly after the session, and some questions require later follow-up. Reassessment after the massage needs to follow the preassessment process, but it is important for the therapist to document whether the client's original goal changed during treatment. Reevaluation is intended to judge the changes detected based on the massage session and to use those decisions to guide ongoing treatment. (This step is covered in [Chapters 4 through 6, 11, 14, and 16](#).)

Health Messages

Providing clients with health messages is an important part of massage therapy (Boulanger and Campo, 2013, Kennedy et al., 2015). Some therapists refer to this as giving "homework" to their clients to help maintain or improve the outcomes from the treatment session. These messages may be incorporated into the practice at different stages; they may be provided during the assessment when the therapist asks about contributing factors, during treatment, and/or after treatment has been completed. It is important for massage therapists to make sure they give clear and correct information and that they stay within their scope of practice. (This step is covered in [Chapters 4 through 7 and 15](#).)

Documentation

Like health messaging, documentation may occur at different stages of the framework. Charting may be done during the assessment and evaluation, as well as after reassessment and

reevaluation. Charting is necessary for all sessions; it helps inform future sessions and improves client outcomes over time. (This step is covered in [Chapters 4, 11, and 16](#).)

Closure

The final step in the process is the concept of closure. This sense of closure occurs at the end of a session, but it may also occur at the end of several sessions. This formalized ending, to a session or therapy as a whole, helps clients detach and move along in their day and their life. (This step is covered in [Chapters 1, 2, and 9](#).)

SUCCESS AS A MESSAGE THERAPIST

The path to success as a massage therapist also has been studied by researchers Ann Blair Kenny and Nicki Munk (2017). As you journey through this textbook, be aware of the massage therapy practice model (see [Fig. 1.6](#)) and the success model ([Fig. 1.8](#)). The possibilities are exciting, and the future is bright ([Fig. 1.9](#)).

Foot in the Door

Laying a foundation is important as you begin the process of developing your career as a massage therapist. Your entry-level education serves as this foundation. How committed are you to learning these basic skills? Sometimes learners become impatient with the early material, such as fundamental draping skills, sanitation, equipment maintenance, and so forth. However, the foundation you create for yourself must be solid and sound. If you intend to be an excellent massage therapist, the process begins right now, with your commitment to your education. Then, when you graduate, you will be able to present yourself to future clients, co-workers, and employers with self-confidence, professionalism, and even leadership skills that will help you get your foot in the door.

SUMMARY

This chapter begins with questions and discusses the nature of touch in the professional setting and its importance. The reader should now be aware of the ways in which culture, gender, age, life events, spirituality, and diversity all influence the experience of touching and being touched. Inappropriate forms of touch were identified, and appropriate forms of professional touch were presented. Massage therapy as a profession was analyzed using standard criteria, and the importance of massage as a vocation and an occupation was highlighted.

The history of massage from ancient times to the present was explored, as were projections for the future. A timeline highlighted many key dates. The foundation has been laid for the study of therapeutic massage, and a platform for leadership has been created. You have a conceptual model to help you visualize the concepts and processes related to study and how the knowledge fits into professional practice. [Chapter 2](#) expands on the area of professionalism, including the broader political and legal issues you will encounter. It also focuses on your soft skills, such as communication, conflict management, professional boundaries and, most important, professional ethics.

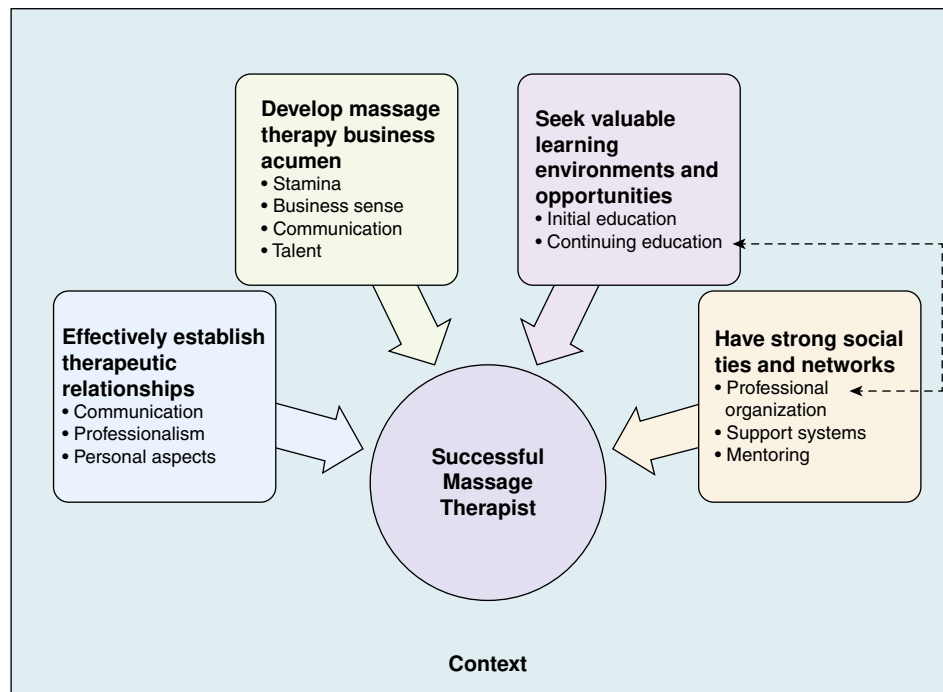


FIG. 1.8 Becoming a successful massage therapist. (Kennedy AB, Munk N. Experienced practitioners' beliefs utilized to create a successful massage therapist conceptual model: a qualitative investigation. *Int J Ther Mass Bodywork* 2017;10[2]:9-19.)



FIG. 1.9 A bright future: teaching the next generation.

Evolve

Visit the Evolve website: <http://evolve.elsevier.com/Fritz/fundamentals/>

Evolve content designed for massage therapy licensing exam review and comprehension of content beyond the textbook.

The accompanying EVOLVE website is designed as an integrated review system for licensing exam preparation and interactive content to support your learning. On the EVOLVE website you will find:

- Answers and rationales for the end-of-chapter multiple-choice questions
- A chapter workbook for review purposes

- A review activity called Quick Content Review in question form with answers. This helpful feature is available on the Evolve website. It is an overview of the chapter content set up in a self-quiz structure. The feature provides another novel repetition activity to support your learning
- Additional multiple-choice review questions
- Multiple choice tests that model the MBLEX exam content and process
- Various interactive exercises to support content retention
- Additional Interesting information, including links to more resources
- Comprehensive case studies to help you develop critical thinking skills
- Videos and animations to bring content to life.
- And more!

REFERENCES

- Afnan, Soheil Muhsin: Avicenna. *His Life and Works*. The Other Press; 2009.
- Banissy MJ, Ward J. Mechanisms of self-other representations and vicarious experiences of touch in mirror-touch synesthesia. *Front Human Neurosci* 7: Article 112, 2013. Retrieved from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3615185/pdf/fnhum-07-00112.pdf>.
- Benjamin PJ. *The Emergency of the Massage Therapy Profession in North America*. Toronto CA: Curties-Overzet Publications; 2015.
- Cantu RI, Grodin AJ. *Myofascial Manipulation: Theory and Clinical Application*. 2nd ed. Gaithersburg, MD: Aspen Publishers; 2001.
- Chaitow L. *Soft Tissue Manipulation*. Rochester, VT: Healing Arts Press; 1988.
- Crawford C, Boyd C, Paat CF, et al. The impact of massage therapy on function in pain populations: a systematic review and meta-analysis of randomized controlled trials. Part I, Patients experiencing pain in the general population. *Pain Med*. 2016;17(7):1353–1375. Available at: <https://doi.org/10.1093/pm/pnw099>.

- Crawford C, Boyd C, Paat CF, et al. The impact of massage therapy on function in pain populations: a systematic review and meta-analysis of randomized controlled trials. Part II, Cancer pain populations. *Pain Med.* 2016;17(8):1553–1568. Available at: <https://doi.org/10.1093/pm/pnw100>.
- Crawford C, Boyd C, Paat CF, et al. The impact of massage therapy on function in pain populations: a systematic review and meta-analysis of randomized controlled trials. Part III, Surgical pain populations. *Pain Med.* 2016;17(9):1757–1772. Available at: <https://doi.org/10.1093/pm/pnw101>.
- Dekeyser M, Leijssen M. *Studying Body-Oriented Responses: From the Therapist to the Client and Back Again*. Book of Abstracts. Montreal, Canada, 2005, Presented at the International Meeting of the Society for Psychotherapy Research. Retrieved from http://www.academia.edu/492962/Studying_Body-Oriented_Responses_From_the_Therapist_to_the_Client_and_Back_Again.
- Greenman PE. *Principles of Manual Medicine*. 3rd ed. Baltimore: Williams & Wilkins; 2003.
- Gurevich D. *Historical Perspective*. 1992 (unpublished article).
- Hudson L. *Trends in Subbaccalaureate Occupational Awards: 2003 to 2015* Stats in Brief. NCES 2018-010. National Center for Education Statistics; 2018.
- Isham Ismail Z. *Glory years of Muslim medicine*. New Straits Times; 2006. <http://www.highbeam.com/doc/1P1-132973038.html>. Accessed May 7, 2010.
- Kennedy AB, Cambron JA, Sharpe PA, Travillian RS, Saunders RP. Process for massage therapy practice and essential assessment. *J Bodyw Mov Ther.* 2016;20(3):484–496.
- Kennedy AB, Cambron JA, Sharpe PA, Travillian RS, Saunders RP. Clarifying definitions for the massage therapy profession: the results of the Best Practices Symposium. *Int J Ther Massage Bodyw.* 2016;9(3):15.
- Kennedy AB, Munk N. Experienced practitioners' beliefs utilized to create a successful massage therapist conceptual model: a qualitative investigation. *Int J Ther Massage Bodyw.* 2017;10(2):9–19.
- Lederman E. *Fundamentals of Manual Therapy Physiology, Neurology, and Psychology*. New York: Churchill Livingstone; 1997.
- Masic I, Dilic M, Solakovic E, et al. Why historians of medicine called Ibn al-Nafis second Avicenna. *Med Arh.* 2008;62:244–249.
- McGuirk J: The place of touch in counseling and psychotherapy and the potential for healing within the therapeutic relationship. *Inside Out* 68(Autumn);2012. Irish Association of Humanistic and Integrative Psychotherapy. Retrieved from: <http://iahip.org/inside-out/issue-68-autumn-2012/the-place-of-touch-in-counselling-and-psychotherapy-and-the-potential-for-healing-within-the-therapeutic-relationship>.
- Melzack R. Evolution of the neuromatrix theory of pain. The Prithvi Raj Lecture. Presented at the Third World Congress of World Institute of Pain, Barcelona 2004, *Pain Practitioner* 5:85–94, 2005.
- Moseley GL. A pain neuromatrix approach to patients with chronic pain. *Man Ther.* 2003;8(3):130–140.
- MTBOK Task Force. Massage therapy body of knowledge, version 1, 2010. Retrieved from http://www.mtbok.org/downloads/MTBOK_Version_1.pdf. Accessed November 2, 2011.
- Smith EWL, Clance PR, Imes S. *Touch in Psychotherapy*. New York: Guilford Press; 1998.
- Tappan FM, Benjamin PJ. *Tappan's Handbook of Healing Massage Techniques: Classic, Holistic, and Emerging Methods*. 4th ed. Upper Saddle River, NJ: Prentice Hall; 2004.
- van Why RP. *History of Massage and its Relevance to Today's Practitioner*. New York: The Bodywork Knowledgebase; 1992, Self-published.
- Yann Roudaut Y, Aurélie Lonigro A, Bertrand Coste B, et al. Touch sense: functional organization and molecular determinants of mechanosensitive receptors. *Channels.* 2012;6:234–245. Retrieved from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3508902/pdf/chan-6-234.pdf>.
- Zur O, Nordmarken N. *To Touch or Not to Touch: Exploring the Myth of Prohibition on Touch in Psychotherapy and Counseling*. Zur Institute; 2011. Retrieved from <http://www.zurinstitute.com/touchintherapy.html>.

MULTIPLE-CHOICE QUESTIONS FOR DISCUSSION AND REVIEW

The answers, with rationales, can be found on the Evolve site. Use these questions to stimulate discussion and dialog. There are two general categories of questions: factual recall and application/concept identification and synthesis. Factual recall questions are more about terminology use and definitions. This type of question is good for studying the meaning of words and for remembering details. You study for these types

of questions by ongoing review of the definitions. The application/concept identification and synthesis questions require critical thinking to figure out the best answer. You have to understand the meaning of the words in the question and possible answers. Each question provides you with the opportunity to review terminology, practice critical-thinking skills, and improve your multiple-choice test-taking skills. Answers and rationales are provided on the Evolve website. Remember—it is just as important to know why the wrong answers are wrong as it is to know why the correct answer is correct.

Factual Recall

- Professionalism is defined as _____.
 - An occupation that helps people
 - A service provided for others
 - An intricate system that is structured and systematic
 - Adherence to professional status, methods, standards, and character
- A productive or creative activity that serves as one's regular source of livelihood is a(n) _____.
 - Service
 - Therapeutic application
 - Healing
 - Occupation.
- If a massage therapist is describing how much their career choice satisfied their need to help people who are recovering from trauma and loss, they are speaking of massage as a _____.
 - Vocation
 - Professional job
 - Cultural communication
 - Technique
- A middle-aged client is reluctant to work with a 22-year-old massage therapist. This is an example of _____.
 - Gender issues
 - Genetic predisposition
 - Age issues
 - Body sensitivity
- Culture is defined by _____.
 - Race, as determined by skin color, nationality, educational standard, economic status, and gender roles
 - Arts, beliefs, customs, institutions, and all products of human work and thought created by a specific group of people at a particular time
 - What you study, the profession you choose, the family you grew up in, and whom you marry
 - The workplace, including the people, environment, physical location, and financial management
- Which is a form of touch technique?
 - Socially stereotyped touch
 - Mechanical touch
 - Inadvertent touch
 - Ritualized touch
- When a professional operates from many bases of knowledge while interacting with clients therapeutically, the concern is _____.
 - Expressive touch
 - Gender diversity