

Women & Musculoskeletal Disease

FACT SHEET 1

About this fact sheet

Massage therapists, remedial massage therapists and myotherapists (massage therapist or therapist), often fill the gap when patients seek alternatives to medications and other therapies because they feel that massage therapy provides a level of relief that is appropriate to their needs.

The following provides information to General Practitioners and other registered health professionals when discussing musculoskeletal conditions with patients. As with all health-related therapies, no two people respond in the same way and no two therapists can provide a massage in the same way.

Massage therapy or myotherapy may or may not be right for a patient. Finding professional, qualified therapists that you have confidence in, because they have the appropriate training, experience and skills needed, will assist in developing multidisciplinary patient management plans.

Why women use massage therapy

According to the Australian Institute of Health and Welfare (AIHW) 2018ⁱ the total burden of musculoskeletal conditions was higher among women compared to men and generally increased with age to be highest among people aged 60–64.

The AIHW reported that females experience a higher proportion of:

- » osteoarthritis compared to males (66% females / 34% males)
- » rheumatoid arthritis (64% females / 36% males), and
- » 'other musculoskeletal conditions' (52% females / 48% males).
- » while the study occurred more than 10 years ago, the findings are consistent longitudinally, with previous studies.

Not surprisingly, women access massage services at a ratio of 2:1 to men (AAMT Practitioners Survey 2012ⁱⁱ).

How women use massage therapy

A significant Australian longitudinal study involving 1,800 women aged 56 to 61 years examined the association between the women's consultations with a massage therapist and their health-related quality of life which found over 50% of women aged 56 to 61 visited a massage therapist in the previous 12 months (Frawley J et al. 2015ⁱⁱⁱ). Researchers also found:

- » women who had consulted with a massage therapist five or more times had a significantly lower score on the bodily pain domain, compared to women who did not consult a massage therapist
- » women with lower quality of life scores in terms of bodily pain and/or emotional health are more likely to consult a massage therapist than those with higher scores
- » emotional disposition was significantly lower for those who consulted a massage therapist 1 or 2 times compared to those who did not consult with a massage therapist.

Evidenced based massage therapy

Massage is not a cure for musculoskeletal disease, but numerous studies attest to its effectiveness in relieving the symptoms of pain, reduced motion and associated anxiety.

- » Massage using [Swedish] modalities may positively affect pain relief and function improvement in patients with knee Osteoarthritis (Sabet F et al. 2021^{iv}).
- » Standardised massage protocols reliably induced physiological and psychological states of relaxation (Meier M 2020^v).
- » The stronger impact of massage therapy on depressive mood, stress/tension, emotional retardation, sleep disorders, and hopelessness was particularly impressive (Arnold M M et al. 2020^{vi}).
- » The group receiving massage therapy demonstrated significant improvements in measurements of pain, stiffness and physical function and time to walk 50ft (15m) in seconds (A I Perman et al. 2006^{vii}).
- » Stretching exercises and massage applied to the Combined Sternocleidomastoid muscle, together with conventional physiotherapy, can reduce pain and disability, increase range of motion and endurance in individuals with chronic neck pain (Büyükturan B et al. 2021^{viii}).
- » Results provide a meaningful signal of massage effect for primary care patients with chronic low back pain and call for further research in practice settings using pragmatic designs with control groups (Elder W G. et al. 2017^{ix}).
- » Based on the evidence, massage therapy, compared to no treatment, should be strongly recommended as a pain management option (Crawford C et al. 2016^x).
- » Massage was most effective when combined with education and exercise, and when administered by a licensed therapist (Imamura M et al. 2007^{xi}).

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Endnotes

- i. [Australian Institute of Health and Welfare 2018, Burden of Disease in Australia, A detailed analysis of the Australian Burden of Disease Study 2011.](#)
- ii. AAMT Practitioners Survey 2012. [Massage & Myotherapy Australia.](#)
- iii. Frawley J et al., [Is there an association between women's consultations with a massage therapist and health-related quality of life? Analyses of 1800 women aged 56-61 years](#), 2015.
- iv. Sabet F, Ebrahimipour E, Fariborz Mohammadipour, Daneshjoo A, Jafarnejadgero A. [Effects of Swedish massage on gait spatiotemporal parameters in adult women with medial knee osteoarthritis: A randomized controlled trial 2021](#)
- v. Meier, M, Unternaehrer, E, Dimitroff, S J et al. [Standardized massage interventions as protocols for the induction of psychophysiological relaxation in the laboratory: a block randomized, controlled trial](#), Sci Rep 10, 14774 (2020).
- vi. Arnold, M M, Müller-Oerlinghausen B, Hemrich N, Bönsch D, 'Effects of Psychoactive Massage in Outpatients with Depressive Disorders: A Randomized Controlled Mixed-Methods Study', *Brain Sciences*, 2020, 2076-3425
- vii. Perlman, A.I., Sabina, A., Williams, A.L., Njike, V.Y. and Katz, D.L., 2006. [Massage therapy for osteoarthritis of the knee: a randomized controlled trial](#), Archives of internal medicine, 166(22), pp.2533-2538.
- viii. Büyükturan B, Şaş, Kararti C, Büyükturan O [The Effects of Combined Sternocleidomastoid Muscle Stretching and Massage on Pain, Disability, Endurance, Kinesiophobia, and Range of Motion in Individuals with Chronic Neck Pain: A randomized, single-blind study](#).
- ix. William G Elder, PhD; Niki Munk, PhD, LMT; Margaret M Love, PhD; Geza G. Bruckner, PhD; Kathryn E Stewart, BS, LMT; Kevin Pearce, MD, 'Real-World Massage Therapy Produces Meaningful Effectiveness Signal for Primary Care Patients with Chronic Low Back Pain: Results of a Repeated Measures Cohort Study', MPH, Pain Medicine, Volume 18, Issue 7, July 2017, pp. 1394-1405.
- x. Crawford C, Boyd C, Paat C F, Price A, Xenakis L, Yang E, Zhang W, and the Evidence for Massage Therapy (EMT) Working Group. [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](#).
- xi. Imamura M, Furlan A D, Dryden T, Irvin E BA, [Evidence-informed management of chronic low back pain with massage](#), The Canadian Institute of Work and Health.