

Pain Management

FACT SHEET 5



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 conditions causing chronic and acute pain with patients.

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 pain management plans. 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 is used in acute and chronic pain management

Massage therapy has been shown to aid in the treatment of acute pain and prevention and management of chronic pain.

Massage therapy and myotherapy are associated with reductions in pain and depression¹ that is often present as comorbidities in patients² who experience long-term chronic pain. The integration of massage therapy into patient care has been shown to help prevent the transition from acute to chronic pain.

Given the common relationship³ between physical health and mental health⁴, improving the quality of people's daily lives through massage therapy can have profound effects on

maintaining positive health and well-being⁵. Improvements in a patient's ability to walk⁶ with less pain, drive⁷, engage in social activities⁸, reduce stress⁹ at work, improve mobility¹⁰ and maintain social ties for older people or people with chronic disease such as diabetes¹¹, are significant for patients limited by chronic or acute pain and/or prone to mental health issues.

Easing the debilitating symptoms of cancer^{12,13}, or improving sleep¹⁴ after cardiac surgery in order to achieve a more positive disposition and normal functions are profound improvements for seriously ill patients.

Musculoskeletal Pain

An emerging body of evidence supports the effectiveness of massage therapy for chronic musculoskeletal pain. One of the ten most common general practice patient presentations in Australia is for non-specific low back pain¹⁵. An study of 262 patients aged 20 to 70 with persistent back pain¹⁶ showed that massage provided long-lasting benefits, reduced medication use, and lowered the cost of subsequent care.

Massage therapy has been shown to be efficacious in the treatment of osteoarthritis of the knee¹⁷, another of the ten

most common general practice presentations, with participants showing significant improvements in the mean global WOMAC scores (Osteoarthritis Index), pain, stiffness and physical function domains, and in the visual analogue scale of pain assessment, range of motion in degrees, and time to walk 50 ft in seconds.

There is also evidence that suggests soft tissue massage is effective for improving pain, function and range of motion in patients with shoulder pain¹⁸ and neck pain^{19,20}.

Post-Surgical Pain

Pain management is critical for patients after surgery and massage therapy has been shown to improve post-operative pain and anxiety^{21,22}. The integration of massage therapy into the acute care setting has been shown to provide benefits

to patients' ability to deal with the challenging physical and psychological aspects of their health conditions and enhance the recovery process.

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Acute Pain

Effective management of pain in acute care settings²³ is vital in preventing the transition to a costly chronic state, which has negative outcomes for patients and healthcare systems. The integration of massage can provide significant reductions in acute pain levels, but also improvements in related relaxation,

sleep, emotions, recovery and, finally, the healing process. These factors all contribute to effective resolution of acute pain states, preventing chronic transition. Additionally, preliminary evidence suggests that massage may also reduce the costs of care²⁴ after an initial course of therapy in the acute pain setting.

Massage therapy as a recommended pain management response

As the most used complementary therapy²⁵, remedial and therapeutic massage and myotherapy (massage therapies) have long been embraced and accepted by the community and medical and allied health practitioners.

Many qualified therapists work in integrated settings, involving hospitals, general practice, community health centres, private clinics, palliative care, aged and residential care facilities, and in the home.

The Association's 2012 Practitioner Survey (below), which is available on request, illustrates the conditions for which massage therapy is applied in the relief of symptoms, and the percentage of therapists who provide these treatments.

The rescheduling of codeine products by the Therapeutic Goods Administration (TGA) to prescription only products means that many people now seek alternative products and therapies to gain relief from pain when they do not have a prescription.

Pain Australia²⁶ reports that, for many pain sufferers, the lack of access to integrated pain management services is acute, especially in rural, regional, and remote areas and Indigenous communities.

The multidisciplinary approach to pain management is a key recommendation of Pain Australia's National Strategic Action Plan for Pain Management (the Action Plan), being endorsed by the International Association for the Study of Pain.

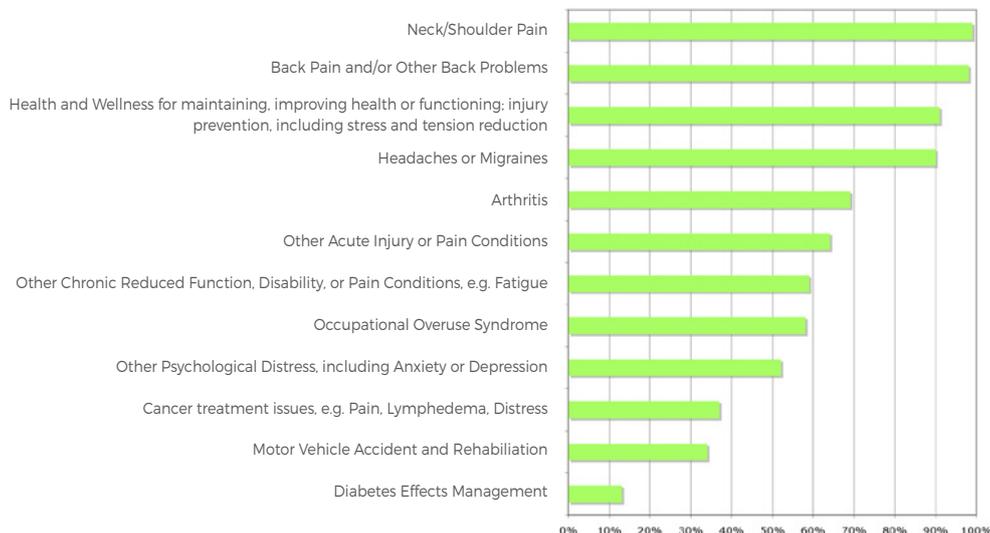
These may include pacing activities throughout the day, so pain remains manageable; using massage, heat and cold packs; and carrying on with useful and purposeful things.

The Opioid Management Team, which presented 'Alternative options to codeine'²⁷, said that while heat and massage are contraindicated in the first 48 hours following musculoskeletal injury, the team also suggested that Practitioners discuss non-pharmacological options including heat, massage, psychotherapies, physiotherapies, osteopathy, etc. for patients suffering from chronic pain. In the absence of disease, Transcutaneous electrical nerve stimulation (TENS), Acupressure (also known as Chinese Acupressure), and Acupuncture are modalities commonly used by massage therapists and myotherapists and were listed for menstrual related cramps.

The TGA website also offers 'Talking tips for Pharmacists', that include flagging a number of non-medication and therapeutic options, including massage as part of a patient's pain management strategy.

While under the new schedule some patients may have to accept that a certain amount of pain is inevitable, patients can continue to seek out professional massage therapists and myotherapists for relief of pain and chronic pain through the Association's Australian Massage Directory.

2012 Practitioner Survey



90%-99%
of respondents provide treatment for the top four "reasons for therapy"

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Endnotes

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