

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 1-9

GPCI

Attachment #2201

September 20, 2004

Center for Medicare & Medicaid Services
Department of Health & Human Services
Attention CMS 1429-P
P.O. Box 8012
Baltimore, MD 21244-8012

Joan Barber, MD
1505 Soquel Drive, Suite 1
Santa Cruz, CA 94065
831-462-3800

CMS Code 1429-P

I am writing to comment on the Proposed Rules governing the Physician Fee Schedule for Calendar Year 2005 as printed in the Federal Register of August 5, 2004.

I object to the Proposed Geographic Practice Cost Indices for 2005 because they fail to correct proven inadequacies in reimbursements to localities currently categorized as "Locality 99" that exceed the 5 percent threshold (the "105% rule") over the national 1.000 average. Specifically, the new GPCIs exacerbate reimbursement deficiencies for the California counties of Santa Cruz, Sonoma, Monterey, San Diego, Sacramento, Santa Barbara and El Dorado.

In particular, the county of Santa Cruz, when broken out from Locality 99, would otherwise reflect a 1.125 percent GAF - higher than the California Localities 17 (Ventura), 18 (Los Angeles) and 26 (Orange). **The boundary payment difference between Santa Cruz County and its neighboring county of Santa Clara (Locality 9) is a whopping 25.1 percent.**

I started my practice of Rheumatology in Santa Cruz County in 1975, the first on the Central California Coast. By 1977 my practice was full and overflowing with arthritis patients. I recruited for an associate and quickly had over 15 good applicants, several who were anxious to practice in Santa Cruz. That has all changed now. Since 1999 I have personally interviewed over 25 applicants for a similar position. All of them agreed that this would be a perfect place to practice except for the high expense to reimbursement ratio. **Several suggested that we must have been doing something wrong to be reimbursed at such a low level.** I am nearing retirement age now and finding someone to take over my large practice is increasingly unlikely. In July I had to close my practice to new patients since I was booked up into January 2005. Medicare and Medicaid patients here are desperate for a chance to share in the current medical advances, but we can't treat them without some new physicians joining our ranks.

Most of my colleagues are having the same difficulty in recruiting and retaining physicians and staff. **Unless there is some relief from this inequity soon, the physicians of this county, which has always had a very high standard of medical care, will no longer be able to provide for our own county residents.**

I object to the Proposed Geographic Practice Cost Indices for 2005 as printed in the Federal Register of August 5, 2004. I request that CMS define a method in which it can revise the GPCIs for those California counties - especially Santa Cruz - that exceed 5 percent of the national average and begin reimbursing doctors in those counties more appropriate to their true costs.

Sincerely, Joan Barber, MD, Fellow of the American College of Rheumatology

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

September 12, 2004

Centers for Medical and Medicaid Services
Department of Health and Human Services
Attention: CMS-1429-P
P.O. Box 8012
Baltimore, MD 21244-8012

Dear Sir or Madam:

The purpose of this letter is to urge CMS not to implement change to Medicare reimbursement procedures. Implementing this change will lead to termination of employment of Athletic Trainers at many professional settings and biggest loss to the patients. There will be less people focusing on the patient and therefore will be a hindrance in patient care. Looking at the big picture, patients will suffer the most if these changes are made.

Athletic Trainers are a key link between the athletes and the medical community, where they provide services such as: injury prevention, Rehabilitative procedures, and emergency care. An Athletic Trainer is qualified to work in both athletic and non-athletic settings. These work places range from Professional sports, Collegiate setting, High Schools, Corporate world, Hospitals, Physicians office to Clinical settings. Some Athletic Trainers are employed as both Educators and Certified Athletic Trainers.

Athletic Trainers are always working in the direction of a Physician when it comes to rehabilitative measures. According to the federal government, Athletic Trainers are as well educated just as Physical Therapists and well over educated then Occupational Therapists, Occupational Therapist Assistant and Physical Therapist Assistant.

Athletic Trainers are just not limited to covering a sports game but are known as educators who are constantly teaching their students on the field, Athletic Training Room and or in the Clinic. Athletic Trainers are just as knowledgeable as Physical Therapists when it comes to education. Both Athletic Trainers and Physical Therapists have extensive backgrounds in anatomy/physiology, rehabilitation, and mechanics of body movement. After graduating form an accredited Athletic Training Program, students take a National Athletic Trainers' Association Board Certification (NATABOC) exam where they are tested on six domains: prevention of athletic prevention; recognition, evaluation, and assessment of injuries; immediate care of injuries; treatment, rehabilitation, and reconditioning of the athletic injuries; health care administration; and professional development and responsibility. After being certified, Athletic Trainers are to maintain their CEU's (Continuing Educational Units) or their certification is terminated. Athletic Training is a life long learning process.

After reading this letter, I sincerely hope that CMS does not implement the change of Medicare Reimbursement procedures because Athletic Trainers are just as vital and qualified member of the sports medicine team as are the Physical Therapists, Occupational therapists, Occupational therapists Assistant and Physical Therapist Assistant.

Sincerely,

Shachi Mehta
34-16 76th St. Apt# 2
Jackson Heights, NY 11372

Student at SUNY Stony Brook



Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Julio Flores ATC/L
1326 East 54th street
Brooklyn NY 11234
September 20, 2004

Re: Therapy ? Incident To

Dear Sir/Madam:

I am writing to express my concern over the recent proposal that would limit providers of ?incident to? services in physician clinics. If adopted, this would eliminate the ability of qualified health care professionals to provide these important services. In turn, it would reduce the quality of health care for our Medicare patients and ultimately increase the costs associated with this service and place an undue burden on the health care system.

During the decision-making process, please consider the following:

Incident to has, since the inception of the Medicare program in 1965, been utilized by physicians to allow others, under the direct supervision of the physician, to provide services as an adjunct to the physician?s professional services. A physician has the right to delegate the care of his or her patients to trained individuals (including certified athletic trainers) whom the physician deems knowledgeable and trained in the protocols to be administered. The physician?s choice of qualified therapy providers is inherent in the type of practice, medical subspecialty and individual patient. There have never been any limitations or restrictions placed upon the physician in terms of who he or she can utilize to provide ANY incident to service. Because the physician accepts legal responsibility for the individual under his or her supervision, Medicare and private payers have always relied upon the professional judgment of the physician to be able to determine who is or is not qualified to provide a particular service. It is imperative that physicians continue to make decisions in the best interests of the patients.

In many cases, the change to ?incident to? services reimbursement would render the physician unable to provide his or her patients with comprehensive, quickly accessible health care. The patient would be forced to see the physician and separately seek therapy treatments elsewhere, causing significant inconvenience and additional expense to the patient.

This country is experiencing an increasing shortage of credentialed allied and other health care professionals, particularly in rural and outlying areas. If physicians are no longer allowed to utilize a variety of qualified health care professionals working ?incident to? the physician, it is likely the patient will suffer delays in health care, greater cost and a lack of local and immediate treatment.

Patients who would now be referred outside of the physician?s office would incur delays of access. In the case of rural Medicare patients, this could not only involve delays but, as mentioned above, cost the patient in time and travel expense. Delays would hinder the patient?s recovery and/or increase recovery time, which would ultimately add to the medical expenditures of Medicare.

Curtailling to whom the physician can delegate ?incident to? procedures will result in physicians performing more of these routine treatments themselves. Increasing the workload of physicians, who are already too busy, will take away from the physician?s ability to provide the best possible patient care.

To allow only physical therapists and PT assistants, occupational therapists and OT assistants, and speech and language pathologists to provide ?incident to? services would improperly provide those groups exclusive rights to Medicare reimbursement.

Submitter :

Date & Time:

09/21/2004 03:09:13

Organization :

Category :

Other Health Care Professional

Issue Areas/Comments**Issues 20-29**

THERAPY - INCIDENT TO

Emily Floyd
1475 Calle Tilo
Thousand Oaks, Ca 91360

September 20, 2004
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1429-P
P.O. Box 8012
Baltimore, MD 21244-8012
Re: Therapy ? Incident To
Dear Sir/Madam:

I am writing to express my concern over the recent proposal that would limit providers of ?incident to? services in physician clinics. If adopted, this would eliminate the ability of qualified health care professionals to provide these important services. In turn, it would reduce the quality of health care for our Medicare patients and ultimately increase the costs associated with this service and place an undue burden on the health care system.

During the decision-making process, please consider the following:

Incident to has, since the inception of the Medicare program in 1965, been utilized by physicians to allow others, under the direct supervision of the physician, to provide services as an adjunct to the physician?s professional services. A physician has the right to delegate the care of his or her patients to trained individuals (including certified athletic trainers) whom the physician deems knowledgeable and trained in the protocols to be administered. The physician?s choice of qualified therapy providers is inherent in the type of practice, medical subspecialty and individual patient. To allow only physical therapists and PT assistants, occupational therapists and OT assistants, and speech and language pathologists to provide ?incident to? services would improperly provide those groups exclusive rights to Medicare reimbursement. To mandate that only those practitioners may provide ?incident to? care in physicians? offices would improperly remove the states? right to license and regulate the allied health care professions deemed qualified, safe and appropriate to provide health care services.

CMS, in proposing this change, offers no evidence that there is a problem that is need of fixing. By all appearances, this is being done to appease the interests of a single professional group who would seek to establish themselves as the sole provider of therapy services.

CMS does not have the statutory authority to restrict who can and cannot provide services ?incident to? a physician office visit. In fact, this action could be construed as an unprecedented attempt by CMS, at the behest of a specific type of health professional, to seek exclusivity as a provider of physical therapy services.

Independent research has demonstrated that the quality of services provided by certified athletic trainers is equal to the quality of services provided by physical therapists.

Athletic trainers are employed by almost every U.S. post-secondary educational institution with an athletic program and every professional sports team in America to work with athletes to prevent, assess, treat and rehabilitate injuries sustained during athletic competition. In addition, dozens of athletic trainers will be accompanying the U.S. Olympic Team to Athens, Greece this summer to provide these services to the top athletes from the United States. For CMS to even suggest that athletic trainers are unqualified to provide these same services to a Medicare beneficiary who becomes injured as a result of running in a local 5K race and goes to their local physician for treatment of that injury is outrageous and unjustified. These issues may lead to more physician practices eliminating or severely limiting the number of Medicare patients they accept.

In summary, it is not necessary or advantageous for CMS to institute the changes proposed. This CMS recommendation is a health care access deterrent.

Sincerely,
Emily Floyd, A.T.,C.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 1-9

PRACTICE EXPENSE

As a practice oncologist, I am extremely concerned about impending changes in reimbursement to our practices. It does not appear that there has been adequate preparation or testing of the ASP + 6% and our analyses indicate many practices such as ours will no longer be able to treat CMS cancer patients in our offices. There is not adequate reimbursement for overhead, billing, wastage, storage, etc and the reductions in administration fees will further complicate this. There is clear danger of an access problem for our cancer patients.

I would strongly urge delaying implementation of this plan until we know how to better and more fairly determine ASP and other variables not yet worked out. I am truly concerned about inadequate testing of this plan and potential disastrous results for the cancer community at large. This plan has not been adequately prepared or tested. I believe this is well supported by data submitted by ASCO and COA to which I know you have access.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I am sending a detailed letter by U.S. Mail regarding this proposed revision of the Medicare Program. In short in this format I want to say that you must realize that Physical Therapists do not have exclusive domain to any area of rehabilitation, especially when it relates to qualified rehabilitation professionals like Certified Athletic Trainers.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file

Attachment #2207

Karen N. Sampson, ATC
982 N. Chestnut St. Ext.
Derry, PA 15627

September 20, 2004

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1429-P
P.O. Box 8012
Baltimore, MD 21244-8012

Re: Therapy – Incident To

Dear Sir/Madam:

I am writing to express my concern over the recent proposal that would limit providers of "incident to" services in physician clinics. If adopted, this would eliminate the ability of qualified health care professionals to provide these important services. In turn, it would reduce the quality of health care for our Medicare patients and ultimately increase the costs associated with this service and place an undue burden on the health care system.

During the decision-making process, please consider the following:

- Incident to has, since the inception of the Medicare program in 1965, been utilized by physicians to allow others, under the direct supervision of the physician, to provide services as an adjunct to the physician's professional services. A physician has the right to delegate the care of his or her patients to trained individuals (including certified athletic trainers) whom the physician deems knowledgeable and trained in the protocols to be administered. The physician's choice of qualified therapy providers is inherent in the type of practice, medical subspecialty and individual patient.
- In many cases, the change to "incident to" services reimbursement would render the physician unable to provide his or her patients with comprehensive, quickly accessible health care. The patient would be forced to see the physician and separately seek therapy treatments elsewhere, causing significant inconvenience and additional expense to the patient.
- This country is experiencing an increasing shortage of credentialed allied and other health care professionals, particularly in rural and outlying areas. If physicians are no longer allowed to utilize a variety of qualified health care professionals working "incident to" the physician, it is likely the patient will suffer delays in health care, greater cost and a lack of local and immediate treatment.
- Patients who would now be referred outside of the physician's office would incur delays of access. In the case of rural Medicare patients, this could not only involve delays but, as mentioned above, cost the patient in time and travel expense. Delays would hinder the patient's recovery and/or increase recovery time, which would ultimately add to the medical expenditures of Medicare.
- CMS does not have the statutory authority to restrict who can and cannot provide services "incident to" a physician office visit. In fact, this action could be construed as an unprecedented attempt by CMS, at the behest of a specific type of health professional, to seek exclusivity as a provider of physical therapy services.
- Independent research has demonstrated that the quality of services provided by certified athletic trainers is equal to the quality of services provided by physical therapists.
- Athletic trainers are employed by almost every U.S. post-secondary educational institution with an athletic program and every professional sports team in America to work with athletes to prevent, assess, treat and rehabilitate injuries sustained during athletic competition. In addition, dozens of athletic trainers will be accompanying the U.S. Olympic Team to Athens, Greece this summer to provide these services to the top athletes from the United States. For CMS to even suggest that athletic trainers are unqualified to provide these same services to a Medicare beneficiary who becomes injured as a result of running in a local 5K race and goes to their local physician for treatment of that injury is outrageous and unjustified.

In summary, it is not necessary or advantageous for CMS to institute the changes proposed. This CMS recommendation is a health care access deterrent.

Sincerely,

Karen N. Sampson, ATC

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

CMS-1429-PS Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2005

Dear Sir/Madam,

As a student attending the second year of college and working on getting a degree in Athletic Training, I am very concerned about the proposal CMS-1429-PS. An athletic trainer, as we all know, has come a great distance from the beginning of medicine. Athletic trainers are able to provide professional care, early evaluation and treatment of athletic injuries, and proper referral to any type of physician. In addition, athletic trainers can administer excellent health care.

The ATC's job is to provide health care to those who are physically active. In order to be able to offer this health care, ATC's need to be in the proper setting. Settings include places like, physician's clinics, physical therapy clinics, colleges and universities, secondary schools, hospitals and other places like nursing homes. ATC's have been practicing in many of these places since they began. Implementing proposal CMS-1429-PS would hinder the work of athletic trainers because they wouldn't be able to provide therapy under the guidance of a physician due to the lack of reimbursement for their services. Obviously if any athletic trainer can't be billed for his/her services in a clinical setting it cuts down on the scopes of jobs for the ATC.

Since I am currently beginning to take courses in the athletic training, I noticed that many of my classes are filled with physical therapy students and noticeably AT students. Many of these students will go on and get their certification in AT or PT in years to come and they will rely on one another when dealing with the care of a patient. The work of athletic trainers is corner stoned on the assistance of PT's and physicians. Without the assistance of PT's and physicians, the future for the current AT and PT students looks cloudy.

In three years, my classmates and I hope to attain a certification as an athletic trainer or physical therapist. After I want to get a secure well paying job. This CMS proposal will make it harder to interact and work with connections essential to athletic training, such as physical therapists and physicians; therefore making the job market not as wide open for ATC's. In conclusion, I believe that proposal CMS-1429-PS should be rejected in order to protect the ATC's of tomorrow and protect the ability of ATC's to provide health care to their patients in many different clinical settings.

Sincerely,

Michael Bibbo (Athletic Training Student at Sacred Heart University)

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

CMS-1429-PS Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2005

Dear Sir/Madam,

As a student attending the second year of college and working on getting a degree in Athletic Training, I am very concerned about the proposal CMS-1429-PS. An athletic trainer, as we all know, has come a great distance from the beginning of medicine. Athletic trainers are able to provide professional care, early evaluation and treatment of athletic injuries, and proper referral to any type of physician. In addition, athletic trainers can administer excellent health care.

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Since I am currently beginning to take courses in the athletic training, I noticed that many of my classes are filled with physical therapy students and noticeably AT students. Many of these students will go on and get their certification in AT or PT in years to come and they will rely on one another when dealing with the care of a patient. The work of athletic trainers is corner stoned on the assistance of PT's and physicians. Without the assistance of PT's and physicians, the future for the current AT and PT students looks cloudy.

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Sincerely,

Michael Bibbo (Athletic Training Student at Sacred Heart University)

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE AND MEDICAID SERVICES
OFFICE OF STRATEGIC OPERATIONS & REGULATORY AFFAIRS**

Please note: The attachment cited in this document is not included for one of the following reasons:

1. Improper format.
2. The submitter did not follow through when attaching the document.
3. The submitter had intended to attach more than one, but not all attachments were received.
4. The type of document provided was a password-protected file. CMS was given read-only access to the document.

We cannot provide this electronic attachment to you at this time, but you would like to view any of those that are not posted on this web site, you may call CMS and schedule an appointment at **1-800-743-3951**. Those comments along with its attachment(s), that could not be posted, will be available for your viewing at that time.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file

Attachment # 2211
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1429-P
P.O. Box 8013
Baltimore, MD 21244-8012

To Whom It May Concern:

Over the past three weeks there has been a great deal of discussion about the position statement that has recently been released. The proposal of limiting providers of “incident to” in physicians’ offices would significantly decrease the quality of care to Medicare patients. The additional health care providers that physicians refer their patients to, for example Certified Athletic Trainers, help to decrease the waiting period for treatment and decrease costs as well.

One of the most consistent reasons behind this proposal that I have found is the lack of understanding about the other health care jobs. Instead of trying to understand the training each profession goes through and the substance of their education, people just assume they do not know enough. Athletic Trainers for instance undergo four years of undergraduate education. Their classes are those such as Therapeutic Exercise, Human Anatomy and many others. These classes give the Athletic Trainers the knowledge to rehabilitate all injuries to the athletic population. They also put in countless number of hours of clinical experience to practice the application of these skills.

Physicians should be able to utilize all health care professionals that are trained to perform the care that is being requested. Often times it is optimal to have an athlete undergo therapy with an Athletic Trainer because the main focus of an ATC is in the athletic setting. The Certified Athletic Trainer has more experience with athletes and understands what the athlete needs.

As a Certified Athletic Trainer for almost three years, I would be devastated if I could not put all of my hardwork to good use. To work as a Certified Athletic Trainer has been a dream of mine for the last six years and I find this proposal insulting and disturbing. I see Certified Athletic Trainers that have been working for over twenty years and still enjoy their job and feel rewarded by all the people they have helped. Twenty years from now I want to be able to look back and reflect on all the people I have helped. If this proposal goes through I will not be able to fulfill this dream. All of the sacrifices that my family and I have made will have meant nothing.

I urge you to consider all of the people that this will affect and get all sides before a decision is made. Thank you for giving me this opportunity to express my feelings about this position statement.

Sincerely,

Steven Viana, ATC

Submitter : Ms. Michelle Poppen

Date & Time: 09/21/2004 05:09:05

Organization : Arizona Athletic Trainers Association/NATA

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

To Whom It May Concern,

This letter is in response to the proposed changes to outpatient therapy services as outlined in CMS-1429-P.

According to the changes in CMS-1429-P athletic trainers would be excluded from providing billable outpatient therapy services to active individuals and patients in outpatient therapy settings.

Athletic trainers are allied healthcare professionals that are specialists in the area of active individuals along with providing outpatient therapy services to patients as prescribed by physicians.

An athletic trainers scope of knowledge is well defined by rigorous academic programs from accredited four year schools along with completing clinical rotations in a variety of medical settings.

Athletic trainers are professionals because a professional is defined as:1)somebody having a specific body of knowledge to learn 2)has to pass an exam to be able practice that knowlege 3)has to have continuing education units to keep updated on that body of knowledge.

The profession of athletic training fits all of the above requirements.

In conclusion, I hope the proposed Medicare changes to limit the practice of athletic trainers in an outpatient therapy setting is eliminated from CMS-1429-P. I feel athletic trainers should be allowed to bill for their services in an outpatient therapy setting as do physical therapists and occupational therapist.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I believe this applied to the assignment section:

I think that it should be a requirement that any group billing / using a physician's provider number and license provide information about bills generated based on that physician's work.

The physician remains responsible for any irregularities or fraudulent charges even if the bills were prepared by the group. To have to ask for the charges billed information is a burden to the physician. This is especially a problem in contract groups where the owners may "discipline" a physician for seeking access to these important financial matters.

Many contract group owners do not want the physicians to know how much is being charged - in essence, to hide how much income is being captured by the owners of the group in the names of the physicians. Physicians should be able to make informed decisions about their work setting (including compensation).

An additional benefit to requiring this reporting is that the income generation in any contract would more "open" making it possible for competition in contracting to occur which then would lead to potential cost savings for the hospital.

It is not true that requiring the contract group owners to provide an accounting of charges in the names of the physicians is a burden to the owners. These charges are being generated by computer to the payors at present and only one additional computer report would be needed.

Physicians should be able to review their charges/bills - they can only do this if the contract owners are required to provide the information.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Reducing payment for care of Medicare patients is not the answer to the problem. In fact medicare patients often require the most complex care of all patients. These reductions in payment will force Oncology groups to limit the number of Medicare patients seen in their practice. Cancer is the second leading cause of death in this country next to heart Disease being number one. In 10 years when someone you know needs to find a good Oncologist taking new Medicare patients, you may be up against a problem that these issues did not address. Already it is difficult to find Family practioners who are willing to take on new Medicare patients for the very reason of financial self-sabotage. The Oncologists and specialists are not as greedy as the politicians would like to represent. There are a tremendous numbers of jobs created by practices just to solve their billing needs because the insurance billing and medicare billing is so ill-logical. Jobs will be lost in the medical field in the next 3 years if something is not done to stop the new legislation. Hmm! loss of more jobs, a reduced tax base, Republicans voting straight democratic tickets because the laws passed in 2005 reduced Doctors and Nurses from professionals to "labor groups in need of of voice".

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

This revision will have a major negative impact on our nation's economy. I strongly object to its implementation!

Submitter : Mrs. Jean Lin Date & Time: 09/21/2004 11:09:08

Organization : APTA

Category : Physical Therapist

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Physician owned physical therapy service has conflict of interest, and most of the doctors use untrained and unlicensed personnel to do therapy. I personally know several clinics in Houston area doing so, and some of them even billed Medicare for the visits that were never made. Other problems with physician-owned therapy are incorrect diagnosis, improper treatment, and inadequate equipment. Physical therapy is a specialty in Medicine and requires years of education and training. Therapy should be carried out by licensed physical therapist or therapist assistant only, regardless the facility that provides the service. M.D. are trained to diagnose the illness and prescribe medicine and makes referral to other specialties. They lack the knowledge and training and are not licensed to do physical therapy, or to train others to do therapy. All personnel that provide physical therapy in the doctor's office should be licensed physical therapist or therapy assistant to ensure quality services and to protect patients' right to receive proper treatment.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

As a licensed professional in massage therapy your proposed bill attacks our legitimacy in our chosen field. If only PT have the right to treat patients, it will be a huge step backwards for us.

Please reconsider

Patricia Coffman LMT

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Manual therapy and massage is very important in preventive, maintainance and post-incident therapies. This is particulary important for elderly patients. PT has general idea and very little time to provide manual and massage therapy to get truly therapeutic effects. Massage Therapists the best providers for such therapy of Healing Touch.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 10-19

THERAPY ASSISTANTS IN PRIVATE PRACTICE

Please see attached letter to: Dr. Mark B. McClellan
Thank you.
Dr. Nancy J. Roberge

Attachment #2219

September 17, 2004

Mark B. McClellan, MD, PhD
Administrator
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Attention: CMS-1429-P
P. O. Box 8012
Baltimore, MD 21244-8012

Dear Dr. McClellan:

I wrote to you on August 19th asking for your support of the revisions to payment policies under the Physician Fee Schedule for calendar year 2005, in particular the elimination of the “incident to” clause. I am writing you today, as I failed to mention another key issue, CMS’s proposed change requiring that Physical Therapist’s supervision be “direct” (in the office suite) as opposed to the current “personal” (in the room).

This would be consistent with the supervision standard that applies to physicians who use other practitioners, e.g., nurses, and physician assistants in their offices. It only makes sense that this level of supervision is necessary as the physician’s have already found.

Physical therapist assistants are recognized under state licensure laws as having the education and training to safely and effectively deliver services without a physical therapist being in the same room. No state requires in the room or “personal” supervision. What is the point of taking the valuable time up of two healthcare providers when a lesser-trained individual is able to safely and effectively provide the less skilled intervention? This just doesn’t make any sense especially in a time when we need, now more than ever, to be time efficient in the delivery of health care.

As a physical therapist with 30 years of experience and a doctorate, do I really need to do the gait training with the patient? Do I need to sit there with the patient and do 10 repetitions of an exercise that can restore the functional capacity of a patient to the level that they then can be progressed to? Is it the best use of my time to do these less skilled interventions? I think you will agree not.

In my practice, I work with the patient with breast cancer. I do a lot of patient education for the prevention of lymphedema and rehabilitation, manual therapy to reduce surgical scar tissue and radiation fibrosis and therapeutic exercises to restore their range of motion, strength and function of that limb. I do not have the time to do this critical

manual therapy and education and go through all the necessary exercises with these patients. I only wish I did and could do this. A physical therapist assistant would enhance my patient's program and most likely facilitate their rehabilitation. Instead, I hurry through the exercises, hoping that they will understand them so that I can do the manual therapy and education which allow them to get the tissue flexibility back which is prerequisite for the exercise program. The PTA could see these patients and work with me to help them on a quality exercise program which would restore their limb to their previous level of function. For the women with TRAM flap reconstruction procedures (Transverse Rectus Abdominus Muscle), the education on proper body mechanics and the teaching of principles of core stabilization (where the remaining abdominal muscles and the lumbar multifidus muscles work in concert) to prevent lowback pain and/or injury in the future could be done properly. This saves human suffering in the future and healthcare dollars as we are preventing back injuries in this oftentimes younger woman who has children or older woman who has grandchildren which requires intensive lifting. This is work that begs to be done by the PTA in concert with the PT.

I am asking you to support CMS's proposal to replace "personal" supervision to "direct" supervision of the PTA by the PT so that more patients can have their rehabilitation enhanced and progressed through the use of these quality professionals.

Thank you Dr. McClellan for your time and consideration of this requirement change. I hope you will agree it makes good sense to change this level of supervision.

Sincerely,

Nancy J. Roberge, PT, DPT, MEd.
Director,
Chestnut Hill Physical Therapy Associates

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

All qualified healthcare professionals should be able to provide services to patients with a physicians prescription or under their supervision. We BEG you NOT to pass this policy whereby a physician can only refer 'incident to' services to physical therapist. Our profession provides quality care and works hard to stand firm in the healthcare industry. Thank you.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please do NOT pass this policy whereby a physician can only refer "incident to" services to physical therapists. This is extremely limiting and detrimental to the care and healing of the client/customer. All qualified health care providers should be allowed to provide services to patients with a physician's prescription or under their supervision.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please accept these comments in reference to the August 5 proposed rule on "Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2005." As a licensed Physical Therapist for the past 11 years, I have seen first hand the deleterious effects that patients have had whom have received rehabilitation from non-licensed personnel in physician offices. Specifically, one of my patients who had been having "physical therapy" by a non-licensed/non-qualified person in a physician office came to me after 4 months of unsuccessful treatment. After evaluating her, I determined that she had a sacroiliac joint dysfunction. In only 6 visits of appropriate muscle energy techniques, SI joint mobilization, and core stabilization exercises, this patient was pain-free. I can not emphasize enough the importance that physical therapists working in physicians offices be graduates of accredited professional physical therapist programs. The value of licensure as a standard is vital to ensure competency. Physical therapists and physical therapist assistants under the supervision of physical therapists are the only practitioners who have the education and training to furnish physical therapy services. Unqualified personnel should NOT be providing physical therapy services. Allowing unqualified personnel is analogous to allowing a surgical scrub technician to perform an ACL reconstruction. Obviously, this is something that would NEVER be considered appropriate.

Physical therapists are professionally educated at the college or university level in programs accredited by the Commission on Accreditation of Physical Therapy, an independent agency recognized by the U.S. Department of Education. As of January 2002, the minimum educational requirement to become a physical therapist is a post-baccalaureate degree from an accredited education program. All programs offer at least a master's degree, and the majority will offer the doctor of physical therapy (DPT) degree by 2005. Physical therapists must be licensed in the states where they practice. As licensed health care providers in every jurisdiction in which they practice, physical therapists are fully accountable for their professional actions. Physical therapists receive significant training in anatomy and physiology, have a broad understanding of the body and its functions, and have completed comprehensive patient care experience. This background and training enables physical therapists to obtain positive outcomes for individuals with disabilities and other conditions needing rehabilitation. This education and training is particularly important when treating Medicare beneficiaries. Section 1862(a)(20) of the Social Security Act clearly requires that in order for a physician to bill "incident to" for physical therapy services, those services must meet the same requirements for outpatient therapy services in all settings. Thus, the services must be performed by individuals who are graduates of accredited professional physical therapist education programs.

Submitter : Mrs. Myra Archer Date & Time: 09/21/2004 12:09:28

Organization : Myra Archer- Massage Therapist

Category : Individual

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

We ask you to NOT pass this policy whereby a physician can only refer "incident to" services to physical therapists. All qualified health care providers should be allowed to provide services to patients with a physician's prescription or under their supervision.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Manual therapy and massage is very important in preventive, maintainance and post-incident therapies. This is particulary important for elderly patients.PT has general idea and very little time to provide manual and massage therapy to get truly therapeutic effects. Massage Therapists the best providers for such therapy of Healing Touch.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Issues 20-29

THERAPY - INCIDENT TO

We beg you to NOT pass this policy whereby a physician can only refer "incident to" services to physical therapists. All qualified health care providers should be allowed to provide services to patients with a physicians prescription or under their supervision.

Submitter : Mrs. Theresa Shinohara Date & Time: 09/21/2004 12:09:42

Organization : Florida State Massage Therapy Association

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I beg you to NOT pass this policy whereby a physician can only refer 'incident to' services to physical therapists. All qualified and/or licensed health care providers such as Massage Therapists should be allowed to provide services to patients with a physicians prescription or under their supervision.

Submitter : Mrs. Erin Werner Date & Time: 09/21/2004 12:09:05

Organization : Mrs. Erin Werner

Category : Other Practitioner

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

It would be a terrible shame to pass a policy where physicians can only relate "incident to" services to physical therapists. There are SO many different qualified health care providers. These providers should be able to provide services with a doctors prescription or while under a doctors supervision. Please reconsider passing this policy.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am a licensed massage therapist and provide needed services to clients of all ages and insurance types including medicare. I do not want to be denied the right to work on patients and do not want the patients to be denied the services of a REAL massage therapist. PTs claim to be able to provide massage but it is NOT with full skill or knowledge. I have had MANY clients come from PT to have me fix them after weeks of no progress. DO NOT DENY THE RIGHT TO CHOOSE THE HEALTH CARE PROVIDER OF ONES CHOICE.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Submitter: Date: 09/22/04
Organization: Judith Randolph, LMT
Category: THERAPY- "INCIDENT TO"

Issue Areas/Comments

Issues 20-29

Please do NOT pass this policy whereby a physician can only refer "incident to" services to physical therapists. All qualified health care providers should be allowed to provide services to patients with a physician's prescription or under their supervision.

Judith Randolph, LMT

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please do NOT pass this policy whereby a physician can only refer 'incident to' services to physical therapists. All qualified health care providers should be allowed to provide services to patients with a physician's prescription, or under the physicians supervision. To pass this policy would unfairly prevent Medicare recipients from accessing a comprehensive range of legitimate therapeutic options and services. Please allow fairness to guide your decision and DO NOT PASS this policy.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

We beg you to NOT pass this policy whereby a physician can only refer "incident to" services to physical therapists. All qualified health care providers should be allowed to provide services to patients with a physician's prescription or under their supervision.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Not allowing Professional licensed massage therapists to perform treatment under a doctors referral would mean that medicare would rather pay \$40 per 15min. for massage from a PT than to pay \$15 per 15 min. for an LMT. Massage therapist spend 600 to 1500 hours studing the technique of massage where as PT's spend one session of one class roughly 2-3 hours. Having worked with PT's I know that there massage techniques do not in any way suffice the ability of an LMT.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Massage therapists should be included on the treatment plans if referred by a physician or physical therapist, as some ailments are only treated effectively with massage.

Submitter : Mrs. Ann Porretto-Loehrke Date & Time: 09/21/2004 12:09:36

Organization : Mrs. Ann Porretto-Loehrke

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

With regard to physical therapy being provided "incident-to" the physician, I feel strongly that these PT services be provided by physical therapists and physical therapist assistants--NOT by athletic trainers. I support having PTs/PTAs solely providing physical therapy services "incident-to" the physician. Thank you for your time and consideration! Sincerely, Ann Porretto-Loehrke, PT/CHT/COMT

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Curtailing to whom the physician can delegate ?incident to? procedures will result in physicians performing more of these routine treatments themselves. Increasing the workload of physicians, who are already too busy, will take away from the physician?s ability to provide the best possible patient care.

To allow only physical therapists and PT assistants, occupational therapists and OT assistants, and speech and language pathologists to provide ?incident to? services would improperly provide those groups exclusive rights to Medicare reimbursement. To mandate that only those practitioners may provide ?incident to? care in physicians? offices would improperly remove the states? right to license and regulate the allied health care professions deemed qualified, safe and appropriate to provide health care services.

CMS, in proposing this change, offers no evidence that there is a problem that is need of fixing. By all appearances, this is being done to appease the interests of a single professional group who would seek to establish themselves as the sole provider of therapy services.

CMS does not have the statutory authority to restrict who can and cannot provide services ?incident to? a physician office visit. In fact, this action could be construed as an unprecedented attempt by CMS, at the behest of a specific type of health professional, to seek exclusivity as a provider of physical therapy services.

Independent research has demonstrated that the quality of services provided by certified athletic trainers is equal to the quality of services provided by physical therapists.

Athletic trainers are employed by almost every U.S. post-secondary educational institution with an athletic program and every professional sports team in America to work with athletes to prevent, assess, treat and rehabilitate injuries sustained during athletic competition. In addition, dozens of athletic trainers will be accompanying the U.S. Olympic Team to Athens, Greece this summer to provide these services to the top athletes from the United States. For CMS to even suggest that athletic trainers are unqualified to provide these same services to a Medicare beneficiary who becomes injured as a result of running in a local 5K race and goes to their local physician for treatment of that injury is outrageous and unjustified.

These issues may lead to more physician practices eliminating or severely limiting the number of Medicare patients they accept.

There have never been any limitations or restrictions placed upon the physician in terms of who he or she can utilize to provide ANY incident to service. Because the physician accepts legal responsibility for the individual under his or her supervision, Medicare and private payers have always relied upon the professional judgment of the physician to be able to determine who is or is not qualified to provide a particular service. It is imperative that physicians continue to make decisions in the best interests of the patients.

In many cases, the change to ?incident to? services reimbursement would render the physician unable to provide his or her patients with comprehensive, quickly accessible health care. The patient would be forced to see the physician and separately seek therapy treatments elsewhere, causing significant inconvenience and additional expense to the patient.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I sincerely request that you DO NOT PASS this policy whereby a physician can only refer "incident to" services to Physical Therapists. ALL qualified health care providers should be allowed to provide services to patients with a physicians prescription or under their supervision.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please do NOT pass this policy whereby a physician can only refer "incident to" services to physical therapists. ALL qualified health care providers should be allowed to provide services to patients with a physicians prescription or under their supervision.

Submitter : Mrs. Sherry Smith, LMT Date & Time: 09/21/2004 12:09:36

Organization : FL State Massage Therapy Assn FSMTA

Category : Health Care Provider/Association

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Passing a policy where a physicians can only refer "incident to" services to physical therapists, will be devastating to senior citizens.

It is also a discriminatory practice which will irreparably harm various state-licensed and regulated health care professionals.

I have personally worked for 25 years in my profession as a state-licensed massage therapist. A great part of my practice is helping seniors. And everyday, I receive calls from seniors seeking my care.

All nationally recognized and state-licensed and qualified health care providers should be allowed to provide services to patients with a physician's prescription or under their supervision.

Many states have current laws which allow state-licensed health care professionals to provide services by physician prescription, and require private health insurance to pay for services rendered as such.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

As a massage therapist that has taken many cont. ed classes in rehab work and corrective work I don't think PT's should be the only ones covered to help patients. Massage therapy has helped many of my clients, so to take away all forms of treatments except for one is just very limiting to patient a who might not need physical therapy but may need to release muscles that are stuck together for their relief. Please vote against 'incident to' services to only physical therapists and keep massage therapy as well as other qualified health care providers an option for people. It is very important to those in need of it as well as our profession as.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

A. ROBB AIKENS
HealthQuest Physical Therapy and Wellness Center
67962 S. Van Dyke
Romeo, MI 48065
Phone (586)336-4022
Mark McClellan, MD, PhD

Dear Mark:

I am a physical therapist in Michigan, and I strongly support the CMS proposal that individuals who furnish outpatient physical therapy services in a physician's office must be graduates of an accredited physical therapy program.

I personally have worked in a physician's office and know that the physician is not personally supervising the physical therapy treatment of the patient. The doctor relies on the therapist to direct the treatment. This is what we are trained to do and it would be dangerous to the patient to have anyone else working in this capacity.

Athletic trainers are not trained in this capacity and should not be allowed to provide our services. I think if this is explained, it only makes sense.

I would not want a family member of mine to be treated and billed for physical therapy services done by anyone other than a physical therapist.

Thank you for your support in this matter.

Sincerely:

A. Robb Aikens, MPT, CSCS

Submitter : Mrs. Cynthia Jimenez Date & Time: 09/21/2004 12:09:44

Organization : American Massage Therapy Association

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am opposed to Medicare's proposed policy to have physical therapists be the only health care professionals allowed to provide medically related care to physician's patients. This limits the patients right to a broader spectrum of choice of care. It also creates a monopoly of business for physical therapists and in history this type of arrangement only serves the interest of the monopoly not the patient. Please do NOT pass this policy whereby a physician can only refer "incident to" services to physical therapists. All qualified health care providers should be allowed to provide services to patients with a physicians prescription or under their supervision.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

See attached letter

Attachment # 2242
September 16, 2004

Joshua J. Minori
116 B Dean St.
West Chester, PA 16686

Centers for Medicare and Medicaid
Services Department of Health and
Human Services Attention: CMS-1429-P
P.O. Box 80122
Baltimore, MD 21244-8012

To Whom It May Concern:

For almost four decades “incident to” has been an essential and vital key in health care. The proposal regarding “incident to” would be detrimental to physicians and patients who rely on and benefit from using certified athletic trainers as therapy providers. The concern should be placed on providing the patient with optimal health care. Ultimately, the physician has the right and has been relied upon by Medicare and private payers to decide who he or she believes is best knowledgeable and trained in the protocols to be administered. Working under the supervision of physicians, certified athletic trainers successfully provide health care in a variety of athletic and non-athletic environments. Certified athletic trainers have skills in many foundational courses that can be utilized by physicians to provide health care to patients. As an athletic training student, I am currently completing a bachelor’s degree that entails a rigorous academic schedule, various clinical experiences, and a demanding certification exam.

My sister has just recently been involved in a car accident and has suffered from a severe head injury. My parents are in the process of working with the physicians to find an appropriate clinic for my sister to begin her long rehabilitation process. As her family, we want her to be able to benefit from every profession that may optimize her health care. She was heavily involved in interscholastic and recreational sports such as volleyball and skiing. If it is deemed by the physician that he or she thinks a certified athletic trainer may be more qualified to work with her during this phase of her rehabilitation, my family and I expect this to be a realistic option. We must not forget about what is best for the patient.

Sincerely,

Joshua J. Minori
ATS, West Chester University

Submitter : Mrs. Jeanne Strickland Date & Time: 09/21/2004 12:09:41

Organization : Private patient

Category : Individual

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I request that you not pass this policy whereby a physician can only refer "incident to" services to physical therapists. As a patient I have found greater relief from a massage therapist than that of tradition PT. All qualified health care providers should be allowed to provide services to all patients with a physicians prescription or under their supervision. By working with my physicians who have tried all therapies for YEARS, I and they have seen great success and improvement in the quality of my health as a direct result of massage therapy. Please do not pass this . You will be doing a grave injustice to patients.

Thank You for listening and considering my concerns.

Jeanne M. Strickland

Submitter : Mrs. Precious Resch Date & Time: 09/21/2004 12:09:10

Organization : Florida State Massage Therapy Association

Category : Other Practitioner

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Massage Therapist are licensed to give therapy and I do believe that they should be allowed under supervision or prescription of a medical doctor to continue to do so.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I agree with the revisions in the proposed "Therapy-Incident to" section. Only individuals that meet the qualifications and training standards for a physical therapist or physical therapy assistant should be providing physical therapy. Unqualified personnel should not be allowed to deliver and/or bill for physical therapy services. Physical therapy should be provided only by physical therapists or under the direction and supervision of physical therapists.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am writing on behalf of a four man orthopedic group to oppose the rules regarding limiting the use of athletic trainers in an incident to setting. Athletic trainers certified and licensed by the state are more than qualified to provide incident to therapy services in an office setting. Since the physician accepts ultimate legal responsibility for the care they should be allowed to maintain control over the provision of the services. As long as athletic trainers are used within the guidelines of their license, they should be allowed to provide incident to services. It is important that physicians be able to maintain control over the care their patients receive and to provide the most cost effective treatment in the manner that they see fit. The quality of care rendered by athletic trainers within the scope of their license is equal to the quality of care of physical therapists based on our experience and independent studies. We do not have a problem with the services having to be provided by a licensed and trained individual, we just feel that the training does not have to be limited to physical therapists.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am opposed to the proposed policy to have physical therapists be the only health care professionals allowed to provide medically related care to physician's patients. This limits the patients right to a broader spectrum of choice of care. I also created a monopoly of business for physical therapists and in history this type of arrangement only serves the interest of the monopoly not the patient. Please do NOT pass this policy whereby a physician can only refer "incident to" services to physical therapists. All qualified health care providers should be allowed to provide services to patients with a physicians prescription or under their supervision.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I support legislation that indicates that only qualified Physical Therapists or Physical Therapist Assistants can provide physical therapy services. I have seen many people get injured when they are taught exercises by unqualified persons. This will protect the consumer and ensure standardization of quality of Physical Therapy services.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I strongly urge you to accept the \$.20 per unit add on as full service hemophilia homecare companies provide SO much more than just clotting factor, improving the lives of persons with the hereditary disorder of hemophilia. I know first hand as I am the mother of 2 sons with SEVERE hemophilia!

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

We beg you to NOT pass this policy whereby a physician can only refer "incident to" services to physical therapists. All qualified health care providers should be allowed to provide services to patients with a physicians prescription or under their supervision.

Submitter : Mrs. Mary J. Warren Date & Time: 09/21/2004 01:09:51

Organization : Mrs. Mary J. Warren

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

The Santa Cruz, CA, area has been defined by Medicare as "Rural." This is an injustice to the physicians and medical-care community of Santa Cruz and to the population of this area. Santa Cruz is an urban area, and the median home price in the area is nearing \$700,000. Santa Cruz is improperly classified as "rural."

Currently, we are finding it difficult to find doctors who will treat Medicare patients. One of the largest groups of doctors in the area, Western Medical, no longer accepts Medicare recipients. Soon those of us on Medicare will have to travel to the San Francisco Bay area for care, which will not be possible for many elderly patients, or accept care from less-qualified doctors.

Please correct this unfair situation by changing the "rural" designation to "urban," so that those of us on medicare can receive our medical care in our local community.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I oppose PT's being the only health care professionals allowed to provide medically related care to physician's patients.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

We beg you to NOT pass this policy whereby a physician can only refer "incident to" services to physical therapists. All qualified health care providers should be allowed to provide services to patients with a physician's prescription or under their supervision.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

This letter is written on behalf of the physicians, staff, and patients of Atlanta Cancer Care, a community oncology practice providing care in the form of over 70,000 services in seven locations to 6,000 patients annually in the Atlanta, Georgia metropolitan area. Approximately 2000 of these patients are Medicare members and 600 are either Medicare members without secondary insurance or underinsured.

Our position regarding the policies outlined in CMS-1429-P follows. We welcome and are strongly in favor of the reimbursement changes in oncology mandated by the MMA. At the same time we have grave concerns about the methodology, planning and implementation of the ASP process contained in this rule. If implemented as detailed in the rule, community oncology practices, which provide over 80% of all oncology care, will be reimbursed below cost and Medicare patient access to quality oncology care will be adversely affected. The rule modifies the reimbursement methodology for drugs in a faulty manner while insufficiently addressing the issue of service cost.

Issues 1-9

SECTION 303

The computation of ASP is faulty in that it is based on the prices sold to distributors, which is approximately 3% less than that sold to community practices. Up front, then, this model reduces the proposed ASP+6 to an actual ASP +3. In addition, the ASP formula includes discounts for prompt payments that have nothing to do with the cost of the drugs. As a solution to this issue, the rule suggests that practices join GPOs. This is indicative that the rule does not reflect an understanding that most practices already belong to GPOs and there is not a comprehensive understanding of market dynamics.

The practicality of implementing the ASP model in 2005 is very doubtful without severe impact on the provision of care. To date, CMS has provided the ASP for only a handful of oncology drugs from the first quarter of 2004. How is it feasible that all drugs will have their ASPs correctly determined and implemented by January 2005? The recent change by CMS in changing the ASP computation from a quarterly calculation to a rolling annual calculation may be beneficial in the long term, however, we again ask how this even more complex system can be implemented in January 2005 when CMS cannot yet provide a complete list of ASPs for one quarter and there is no annual data yet available? While respecting the efforts and skills of the staff of CMS, the system is a complex one and even relatively simple annual changes cause significant confusion and reimbursement issues.

The rule references that the changes will create significant financial savings for beneficiaries. While difficult to prove, we do not believe this to be the case. If the rule goes into effect as outlined, this practice will have no choice, at a minimum, but to stop treating indigent patients and to send Medicare patients without secondary insurance to the hospital for chemotherapy. On an annual basis, this practice provides \$1.5 million in charity care to these patients. In addition, the cost of treating patients in a hospital setting is probably more expensive than in the practice setting. Hospitals are staffed by under trained and insufficient numbers of nurses. If patients were treated in the hospital by inexperienced clinical personnel and, because of that, could require hospital admission due to untoward side effects?

One of the root causes of the reimbursement challenge is that Medicare reimbursement on the service codes has failed to keep pace with costs. This is especially true of the drug administration codes. Only recently is CMS examining these codes. Just the mathematics of Medicare's typical 1.5% annual increase in light of a medical inflation rate in excess of 3% is indicative of this problem.

Issues 20-29

IMPACT

While the rule acknowledges that the majority of oncology practices are small businesses, the idea that this rule will have only a small impact is not true. This is largely due to incorrect calculations in this section of the rule. While the tables contained in this segment would lead one to believe that oncology is being treated fairly and that the impact is minimal, this is not accurate. The source of the problem is that most of the percentages are computed on a unit basis rather than a weighted basis. This leads to the drug reductions to be understated and the service increases to be overstated. As we have projected the actual weighted by utilization effects of the rule for 2005 the results are dramatically different. The real impact for 2005 for this practice, using rule's numbers, is a net loss of 16.9% decrease in revenue; not an 8% decrease. This correlates into a net decrease in 38% in funds available for treatment. In addition, on the service code side, using a cost per RVU formula, we do not make a net profit on any of the service codes, excluding physician compensation. Again, we believe this to be reflective of historic under-reimbursement on service codes and faulty methodology in the ASP computation. In addition, the modeling of the rule using non-weighted numbers is misleading.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

If Medicare eliminates all providers except physical therapists, patients will lose access to many beneficial treatments. Studies have shown massage therapy in particular to be more effective than physical therapy in treating chronic pain. Please leave patients with all possible options in finding appropriate care.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Mark Raffin, MPT, OMPT, CSCS
Physical Therapist
HealthQuest Physical Therapy
67962 S. Van Dyke
Romeo, MI 48065

Mark McClellan, MD, PhD
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS 1429-P

Dear Dr. McClellan:

I am a physical therapist in Michigan. I strongly support the CMS proposal which states that physical therapy services provided in a physician's office be provided by a physical therapist. Currently, athletic trainers are able to provide services billed as physical therapy. Physical therapists and athletic trainers are separate and distinct professions with different education and training backgrounds. Athletic trainers are providing physical therapy services in physician offices theoretically under the supervision of the physician. This supervision is indirect at best, leaving, in effect, untrained individuals performing the physical therapy service. This is not what I have in mind when I think of skilled therapy services provided by a properly accredited professional.

Thank you for your support on this issue.

Sincerely:

Mark R Raffin MPT, OMPT, CSCS.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I strongly support the proposed personnel standards for PT services that are provided "incident to" physician services in the physician's office. I feel that if physical therapy services are provided, billed and reimbursed, that they should be provided ONLY by those individuals who have graduated from an accredited Physical Therapy Program. If we allow other individuals who do not have this background to provide PT treatments, we will be allowing patients to be treated by unqualified people, and quite possibly, endangering their health. Thank you for allowing me to comment on this issue.

Duncan Crowder, PT

Submitter : Mrs. Tina Hornoff Date & Time: 09/21/2004 01:09:59

Organization : ABMP

Category : Other Health Care Provider

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

We ask that you NOT pass this policy whereby physicians can only refer "incident to" services to physical therapists. All qualified health care providers should be allowed to provide services to patients with a physician's prescription or under their supervision.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I recommend NOT passing this policy whereby a physician can only refer "incident to" services to physical therapists. All qualified health care providers should be allowed to provide services to patients with a physicians prescription or under their supervision.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I beg you, do NOT pass a policy whereby a physician can only refer "incident to" services to physical therapists. ALL qualified health care providers should be allowed to provide services to patients with a physicians prescription. On behalf of all my clients; those who are convinced they could not have healed without my services in the past, those currently experiencing relief and renewed hope for healing their injuries today, and for those I've yet to help through the grace of God AND a healthy uncompromised Medicare Program...PLEASE do not pass a regulation that limits healthcare service to only one field of service! You should also know that I have had several physical therapists refer their clients to me as an adjunct to their therapy. Not all injuries are created equal and neither are their therapies.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I beg you to NOT pass this policy whereby a physician can only refer "incident to" services to physical therapists. All qualified health care providers should be allowed to provide services to patients with a physicians prescription or under their supervision. In fact, I believe there are a number of qualified health care providers that would be excluded should this be passed that provide even greater care. I also believe that Massage Therapists certified at the Diplomate level should be included as regular providers of services under Medicare.

CMS-1429-P-2261-Attach-1.pdf

The International Center for Excellence in Massage Therapy

Certified Diplomate of Massage Therapy (DMT)

PURPOSE: Currently, there is little distinction made between massage therapists at the professional level. Various state and local agencies regulate massage practice, but there are many areas within the country that do not. Furthermore, current national certifications are based on passing exams, rather than on academic history, clinical experience, research, and civic performance.

MISSION: To provide the highest certification standards possible to ensure those practicing in the clinical field have completed a rigorous academic program and are committed to further development of the profession, medical care, and community service.

ACCREDITATION: All courses must be taken at Nationally Accredited Colleges and Universities. Courses taken in the curriculum not at a Nationally Accredited College or University do not count towards the certification. All courses must be completed and the applicant must have earned the grade of B or better.

Requirements:

Applicants must possess a Bachelor's Degree from an Accredited University. All courses must be completed and the applicant must have earned the grade of B or better.

Academic Component (*Note: as these classes are typically obtained at a University, Credit Hours will be used to determine minimum requirements.*)

- Anatomy and Physiology (Lab Required): 8 Credit Hours
- General Chemistry (Lab Required): 8 Credit Hours
- Organic Chemistry (Lab Required): 8 Credit Hours
- Biology (Lab Required): 8 Credit Hours
- Physics (Lab Required): 8 Credit Hours
- Biochemistry **or** Microbiology (Lab Optional): 3 Credit Hours
- Psychology: 6 Credit Hours
- Research Design and Methodology: 3 Credit Hours
- Calculus: 3 Credit Hours
- Statistics: 3 Credit Hours
- Investigative Research Project, IRB Approved (if part of an above class, project must be shown, with IRB approval or signed and notarized affidavit from supervising faculty). **Note: A post-baccalaureate clinical research project is substitutable.**

Massage Therapy Component (*Note: Minimum Massage Therapy education must total 500 or more hours.*)

- 250 hours hands-on bodywork courses
- Medical Notation
- Business Practice/Management/Ethics

The International Center for Excellence in Massage Therapy

Professional Experience

- 1 Year of Clinical Experience
- 1 Year of Civic Involvement (Charity, Chamber of Commerce, teaching, etc.):

Independent Research/Study/Continuing Education

The candidate must complete an additional 500 hours of research, study, or continuing education to promote excellence in the field. **250 hours of this amount must be independent research or study. A minimum of one thesis is required.** Coursework above 500 hours in the Massage Degree Program may count towards this section (Transcripts required). Furthermore, professional seminars, lectures, protocol development, research on various topics, etc. are allowed and require one of the following to verify:

- Copy of Certificate of Completion
- Signed affidavit stating attendance
- Thesis noting how the topic enhances the professional massage therapist. **Note: One thesis is required per topic area. Please note the number of hours in the thesis. The Review board will determine whether or not to accept the submission.**

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Hello, my name is David Krawczyk and I am a Physical Therapist in the Orlando area. I have been practicing physical therapy for 2 years in an outpatient orthopedic setting where I see a large number of Medicare patients.

In regards to the "Therapy-Incident To" Proposal:

I would like to comment on the August 5 proposed rule on "Revisions to Payment Policies Under the Physician Fee Schedule for CalendarYear 2005."

I am in strong support for CMS's proposed requirement that physical therapists working in physicians offices be graduates of accredited professional physical therapist programs.

I would like to express to you the importance of physical therapy being performed by only those qualified and educated to do so. Physical therapy should only be performed by either a physical therapist or a physical therapist assistant. These two qualifications are achieved through a rigorous and thorough curriculum. These individuals are trained to deliver these services and most importantly to recognize the precautions and contraindications that go along with rendering such treatment. This protects the patient. A patient should never receive physical therapy from an unqualified individual who may not know how to recognize some potentially dangerous and even life threatening signs and symptoms.

If we are going to continue to offer quality healthcare in the United States, it is vital that we maintain these standards and continue to raise the bar to ensure that quality care and patient safety remain the focus of what we do.

Thank you for the consideration of my comments.

Sincerely,

David Krawczyk, MSPT

Submitter : Mrs. Ronda Panucci Date & Time: 09/21/2004 01:09:04

Organization : Florida State Massage Therapy Association

Category : Health Care Professional or Association

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I implore you NOT to pass this policy whereby a physician can only refer "incident to" services of a physical therapist. As a Massage Therapist for the past 12 years, the majority of the care I give is by Doctor's prescription. I have worked laboriously to keep my level of education and care high, and as a result I have seen the positive results of my work. There is no one modality/procedure that will cure any particular injury or illness, but a combination of these appears to reap the most benefit to the patient. As a therapist working within the medical community, often I have to struggle with getting prescriptions correct to satisfy the insurance industry standards before even treating patients. In my professional opinion, the system as it is, is not perfect, however, for all those patients who trust the decisions or options for care given by their doctors, including massage therapy, the change you are suggesting would be a huge disservice. Many, many, many cases have come through my office where the patients/clients stated that Massage Therapy is the only relief they receive. Whether their relief is permanent or temporary, it is still relief. When your truly in pain, even temporary relief would be a blessing!

Putting this decision in the hands of the Physical Therapists, in my opinion would just WRONG!

In my case, as in many cases, I am in a very, very small community. Chances of getting clients/patients "incident to" physical therapists referral would be wrong. I want to know that my referral has been completely checked out by a physician, and if I have any questions or additional concerns about a particular referral, I need to go right back to the referring "DOCTOR" to clear any questions or concerns. HIPPA has made much this often times impossible. Questions to be answered are taking longer and longer. I have had to gain the respect and show the proof of my work to the doctors in this area and I am proud to say that for the community, my efforts have helped many.

In summary, all qualified massage therapists must have the right to treat patients, within their scope, as prescribed by DOCTORS and not "incident to" the determination of the physical therapy industry. This medical industry has enough hoops that are required to be jumped through as it is. please....do not add another one.

Sincerely Concerned,
Ronda Lee Panucci L.M.T.
MA0016952 MM0007593

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I am writing as a private practitioner in the field of Urology in a group of 5 doctors. I am very concerned about the negative impact that your drastic reduction in chemotherapy payments will have on access of the Medicare patient. Furthermore, because the profit margin is so small, there is a real disincentive to even administer these drugs in the office. There is a potential for a significant loss as opposed to marginal profit gains. I think you are going to have a real backlash as I see more and more doctors refusing to accept Medicare. This will be especially seen in the patients without a gap policy. Urologists and Oncologists alike aren't going to be able to offer these advanced agents unless cash is provided up front which may be extremely difficult for the vast majority of these patients. Eventually, this will lead to increased health care costs for Medicare if their cancers can't be brought under control or stabilized. Good luck. I foresee a huge disaster coming down the pike unless these cuts are phased in gradually and carefully reevaluated on an ongoing basis. Sincerely, Ernest Sussman, M.D., Las Vegas, NV

Submitter : Mrs. Nicole Moss Date & Time: 09/21/2004 01:09:24

Organization : National Athletic Trainers' Assoc.

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file

Attachment #2265

Nicole Moss, ATC/L
International Truck & Engine Corp.
5565 Brookville Rd
Indianapolis, IN 46219

September 3, 2004

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1429-P
P.O. Box 8012
Baltimore, MD 21244-8012

Re: Therapy – Incident To

Dear Sir/Madam:

I am writing to express my concern over the recent proposal that would limit providers of “incident to” services in physician offices and clinics. I currently work on-site at a factory providing rehabilitation services to active individuals of all ages, including retirees. If adopted, this would eliminate the ability of qualified health care professionals to provide these important services. In turn, it would reduce the quality of health care for our Medicare patients and ultimately increase the costs associated with this service and place an undue burden on the health care system.

During the decision-making process, please consider the following:

- “Incident to” has, since the inception of the Medicare program in 1965, been utilized by physicians to allow others, under the direct supervision of the physician, to provide services as an adjunct to the physician’s professional services. A physician has the right to delegate the care of his or her patients to trained individuals (including certified athletic trainers) whom the physician deems knowledgeable and trained in the protocols to be administered. The physician’s choice of qualified therapy providers is inherent in the type of practice, medical subspecialty and individual patient.

- There have never been any limitations or restrictions placed upon the physician in terms of who he or she can utilize to provide ANY “incident to” service. Because the physician accepts legal responsibility for the individual under his or her supervision, Medicare and private payers have always relied upon the professional judgment of the physician to be able to determine who is or is not qualified to provide a particular service. ***It is imperative that physicians continue to make decisions in the best interests of the patients.***
- In many cases, the change to “incident to” services reimbursement would render the physician unable to provide his or her patients with comprehensive, quickly accessible health care. The patient would be forced to see the physician and separately seek therapy treatments elsewhere, causing significant inconvenience and additional expense to the patient.
- This country is experiencing an increasing shortage of credentialed allied and other health care professionals, particularly in rural and outlying areas. If physicians are no longer allowed to utilize a variety of qualified health care professionals working “incident to” the physician, it is likely the patient will suffer delays in health care, greater cost and a lack of local and immediate treatment.
- Patients who would now be referred outside of the physician’s office would incur delays of access. In the case of rural Medicare patients, this could not only involve delays but, as mentioned above, cost the patient in time and travel expense. Delays would hinder the patient’s recovery and/or increase recovery time, which would ultimately add to the medical expenditures of Medicare.
- Curtailing to whom the physician can delegate “incident to” procedures will result in physicians performing more of these routine treatments themselves. Increasing the workload of physicians, who are already too busy, will take away from the physician’s ability to provide the best possible patient care.
- Athletic trainers are highly educated. ALL certified or licensed athletic trainers ***must have a bachelor’s or master’s degree*** from an accredited college or university. Foundation courses include: human physiology, human anatomy, kinesiology/biomechanics, nutrition, acute care of injury and illness, statistics and research design, and exercise physiology. Seventy (70) percent of all athletic trainers have a master’s degree or higher. This great majority of practitioners who hold advanced degrees is comparable to other health care professionals, including physical therapists, occupational therapists, registered nurses, speech therapists and many other mid-level health care practitioners. Academic programs are accredited through an independent process by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) via the Joint Review Committee on educational programs in Athletic Training (JRC-AT).
- To allow *only* physical therapists, occupational therapists, and speech and language pathologists to provide “incident to” outpatient therapy services would

improperly provide these groups exclusive rights to Medicare reimbursement. To mandate that only these practitioners may provide “incident to” outpatient therapy in physicians’ offices would improperly remove the states’ right to license and regulate the allied health care professions deemed qualified, safe and appropriate to provide health care services.

- CMS, in proposing this change, offers no evidence that there is a problem that is in need of fixing. By all appearances, this is being done to appease the interests of a single professional group who would seek to establish themselves as the sole provider of therapy services.
- CMS does not have the statutory authority to restrict who can and cannot provide services “incident to” a physician office visit. ***In fact, this action could be construed as an unprecedented attempt by CMS, at the behest of a specific type of health professional, to seek exclusivity as a provider of therapy services.***
- Independent research has demonstrated that the quality of services provided by certified athletic trainers is equal to the quality of services provided by physical therapists.
- Athletic trainers are employed by almost every U.S. post-secondary educational institution with an athletic program and every professional sports team in America to work with athletes to **prevent, assess, treat and rehabilitate** injuries sustained during athletic competition. In addition, dozens of athletic trainers accompanied the U.S. Olympic Team to Athens, Greece this summer to provide these services to the top athletes from the United States. For CMS to even suggest that athletic trainers are unqualified to provide these same services to a Medicare beneficiary who becomes injured as a result of walking in a local 5K race and goes to their local physician for treatment of that injury is outrageous and unjustified.
- These issues may lead to more physician practices eliminating or severely limiting the number of Medicare patients they accept.

In summary, it is not necessary or advantageous for CMS to institute the changes proposed. This CMS recommendation is a health care access deterrent.

Sincerely,

Nicole Moss, ATC/L

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

As a fifty-nine year old health care professional with well over thirty-five years of experience and looking forward to soon becoming a Medicare beneficiary, I would appreciate this opportunity to comment on the above proposal.

I would like to present some questions.

- What is the true purpose of the proposal?
- Is it solely to decrease expenditures or save money?
- Is it a proprietary measure designed to promote the physical and occupational therapy professions at the expense of the athletic training profession?
- Does it contradict many state laws/regulations which license or register qualified professionals as providers of medical services, services that can benefit Medicare recipients?
- Will it in any way limit the ability or right of an American to earn a living in their legally recognized and regulated profession.
- Where is there data to support this proposal?
- Is this an overreaction or a 'band-aid' approach to a more serious problem that costs the Medicare system millions of dollars via abusive and fraudulent practices?

I would like to suggest that CMS would be better served by (greatly)increasing the enforcement of existing regulations that are designed to reduce the problems of overuse, fraud and abuse.

Eliminating athletic trainers as providers will do nothing to eliminate this problem in physician practices or elsewhere throughout the system.

Enacting this proposal will be do nothing more than punish a very noble profession, as well as limit Medicare beneficiaries' access to the services of these highly educated and trained professionals.

In conclusion, I would like to suggest better defined rationale to address this proposal, one based on research and analysis that is without bias.

Thank you for your consideration of these comments.

Ken Schields, MEd, ATC/L.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Re: Therapy ? Incident To

Dear Sir/Madam:

As a future Certified Athletic Trainer (ATC) and possible future patient, I feel obligated to write this letter in opposition of proposal CMS-1429-P. I am afraid that if this proposal passes it would limit patient access to qualified health care providers of ?incident to? services, like ATCs, in clinical settings or physician?s offices. This would in turn reduce the health care quality for physically active patients. Also, limiting access to qualified health care providers may cause delays in the delivery of care; this may cause an increase in cost of care and tax the already burdened health care system.

Athletic training as a health care profession specializes in prevention, assessment, treatment and rehabilitation of injuries. These services are provided to athletes and others who participate in everyday physical activities. Athletic trainers are multi-skilled professionals who are making a significant contribution to health care in the United States. ATCs are highly educated and qualified health care providers. This has been made evident in their recognition by the American Medical Association as an allied health care profession. If this proposal passes it could lead to the end of employment of many athletic trainers who are rightly employed as physician extenders in clinics and physicians offices. Because of this proposal my future employment in these settings and the value of my chosen degree in Athletic Training has been put in jeopardy. With this limitation place on the provision of ?incident to? services by qualified (through accredited academic programs in athletic training, a national board examination, and state practice acts) health care providers the CMS will add to the skyrocketing health care costs, end jobs of qualified people, and decrease the overall quality of health care in America.

In closing, I feel that the CMS-1429-P proposal must be rejected in order to protect the rights of our patients to choose the right for quality care, and my right as a future health care provider.

Sincerely,

Byron Millwood
Athletic Training Student at the University of South Carolina

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Massage therapy is an important part of any health care regime. Failure to allow massage therapy its rightful place as a therapeutic adjunct in any medical setting will surely have a detrimental result. This will negatively impact patients, practitioners, and anyone working in the field of massage therapy. Physical therapists are not sufficiently trained to apply the therapeutic touch skills required to achieve the expected results that massage therapists are designated to perform. Please allow massage to remain its rightful and respected place on the health care team. In my years as a massage therapist I have witnessed many patients and clients reclaim their full capacity and function from many physical traumas and return to normal function. Without this very important profession many patients will miss out on all the enormous benefits.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

see attached file

Attachment #2269

Sue Stanley-Green
Athletic Training Program Director
Florida Southern College
Lakeland, FL 33801

September 19, 2004

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1429-P
P.O. Box 8012
Baltimore, MD 21244-8012

Re: Therapy – Incident To

Dear Sir/Madam:

I am writing to express my concern over the recent proposal that would limit providers of "incident to" services in physician clinics. If adopted, this will eliminate the ability of qualified health care professionals to provide these important services. In turn, it would reduce the quality of health care for our Medicare patients, increase the costs associated with this service and place an undue burden on the health care system.

During the decision-making process, please consider the following:

- Incident to has, since the inception of the Medicare program, been utilized by physicians to allow others, under the physicians supervision, to provide services as an adjunct to the physician's professional services. A physician has the right to delegate the care of his or her patients to trained individuals (including certified athletic trainers) whom the physician deems knowledgeable and trained in the protocols to be administered.
- There have never been any limitations or restrictions placed upon the physician in terms of who they can utilize to provide ANY incident to service. Because the physician accepts legal responsibility for the individual under their care, Medicare and private payers have always relied upon the professional judgment of the physician to determine who is or is not qualified to provide a particular service. It is imperative that physicians continue to make decisions in the best interests of the patients.
- In many cases, the change to "incident to" services reimbursement would render the physician unable to provide their patients with comprehensive, quickly accessible health care. The patient would be forced to see the physician and separately seek therapy treatments elsewhere, causing significant inconvenience and additional expense to the patient.
- This country is experiencing an increasing shortage of credentialed allied and other health care professionals, particularly in rural and outlying areas. If physicians are no longer allowed to utilize a variety of qualified health care professionals, it is likely the patient will suffer delays in health care, greater cost and a lack of access to immediate treatment.
- Curtailing to whom the physician can delegate "incident to" procedures will result in physicians performing more of these routine treatments themselves. Increasing the workload of physicians, will take away from the physician's ability to provide the best possible patient care.
- To allow only physical therapists and PT assistants, occupational therapists and OT assistants, and speech and language pathologists to provide "incident to" services would improperly provide those groups exclusive rights to Medicare reimbursement. To mandate that only those practitioners may provide "incident to" care in physicians' offices would improperly remove the states' right to license and regulate the allied health care professions deemed qualified, safe and appropriate to provide health care services.
- CMS, in proposing this change, offers no evidence there is a problem that is in need of fixing. By all appearances, this is being done to appease the interests of a single professional group who would seek to establish themselves as the sole provider of therapy services.

- Independent research has demonstrated that the quality of services provided by certified athletic trainers is equal to the quality of services provided by physical therapists.
- Athletic trainers are employed by almost every U.S. post-secondary educational institution with an athletic program and every professional sports team in America to work with athletes to prevent, assess, treat and rehabilitate injuries sustained during athletic competition. In addition, dozens of athletic trainers accompanied the U.S. Olympic Team to Athens this summer to provide these services to our top athletes. For CMS to even suggest athletic trainers are unqualified to provide these same services to a Medicare beneficiary who becomes injured and goes to their local physician for treatment of that injury is outrageous and unjustified.
- These issues may lead to more physician practices eliminating or severely limiting the number of Medicare patients they accept.

In summary, it is not necessary or advantageous for CMS to institute the changes proposed. This recommendation is a health care access deterrent.

Sincerely,

Sue Stanley-Green, ATC

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file.

Attachment # 2270 Via Electronic Mail -- <http://www.cms.hhs.gov/regulations/ecomments>

Aaron Nelson ATC-L
Head Athletic Trainer
Phoenix Suns
201 E. Jefferson St.
Phoenix, Arizona 85004

September 20, 2004

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1429-P
P.O. Box 8012
Baltimore, MD 21244-8012

Re: Therapy – Incident To

Dear Sir/Madam:

I am writing in response to the recent proposal that would limit providers of “incident to” services in physician clinics. This proposal, if adopted, would be detrimental to our health care system and would reduce the quality of care received by Medicare patients.

For the past 12 years I have worked as a certified athletic trainer for the Phoenix Suns, providing quality health care for hundreds of elite athletes. To imply that I am not qualified to provide this same level of service to our active, senior athletes is insulting. To deny our senior population access to qualified health care providers would be unfortunate, and could cause a host of problems.

The United States is experiencing a shortage of qualified health care providers. This proposal would exacerbate this shortage by eliminating quality providers of these important services. In turn, it would reduce the quality of health care for our Medicare patients, increase the costs associated with this service and place an undue burden on the health care system.

Physicians have utilized “incident to” to provide services to patients since the inception of the Medicare program in 1965. A physician has the right to delegate the care of his or her patients to trained individuals (including certified athletic trainers) whom the physician deems knowledgeable and trained in the protocols to be administered. The physician’s choice of qualified therapy providers is inherent in the type of practice, medical subspecialty and individual patient.

There have never been any limitations or restrictions placed upon the physician in terms of who he or she can utilize to provide ANY incident to service. Because the physician accepts legal responsibility for the individual under his or her supervision, Medicare and private payers have

always relied upon the professional judgment of the physician to be able to determine who is or is not qualified to provide a particular service. *It is imperative that physicians continue to make decisions in the best interests of the patients.*

Certified athletic trainers work under the direct supervision of a physician and operate as part of the total health care team. My colleagues are employed by almost every U.S. post-secondary educational institution with an athletic program and every professional sports team in America to work with athletes to **prevent, assess, treat and rehabilitate** injuries sustained during athletic competition. Dozens of athletic trainers accompanied the U.S. Olympic Team to Athens, Greece to provide these services to the top athletes from the United States. In addition, many more will provide services to participants during the upcoming Senior Olympic Games. For CMS to even suggest that athletic trainers are unqualified to provide these same services to a Medicare beneficiary who becomes injured as a result of running in a local 5K race and goes to their local physician for treatment of that injury is outrageous and unjustified.

In summary, it is not necessary or advantageous for CMS to institute the changes proposed. This CMS recommendation is a health care access deterrent. Thank you for considering my comments.

Sincerely,

Aaron Nelson ATC-L
Head Athletic Trainer
Phoenix Suns

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Tara Downard, ATC, LMT
2196 Lodge Rd. SW
Sherrodsville, Oh 44675

September 21, 2004

Centers for Medicare & Medicaid Services
Department of Health & Human Services
Attention: CMS-1429-P
P.O. Box 8012
Baltimore, MD 21244-8012

Re: Therapy-Incident To

Dear Sir/Madam:

I am writing in response to the proposal to limit providers of "incident to " services. There are already extensive limits to our Healthcare system including high expenses, limited insurance and possibly of greatest concern limited access quality care. It is not uncommon to hear from patients that it took three weeks to 3 months to see a qualified physician to diagnose an ailment. Then the process to treat the ailment may begin. This is shameful, especially for conditions that could have been prevented or minimized by early interventions.

I reside in rural Northwestern Ohio. The clinic I work in has been under staffed by Physical Therapists, Occupational Therapists and Speech Therapists since I began working there. We are constantly looking for employees; however, with educational requirements increasing and the cost of education sky rocketing, there just are not qualified applicants. The use of Physical Therapy Assistants, as well as, Athletic Trainers in our clinics greatly assists our ability to treat the community.

Athletic Trainers are required to have a Bachelor's degree from an accredited program. This accreditation is preformed by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) via the Joint Review Committee on educational programs in Athletic Training (JRC-AT). Our educational programs are very similar to Physical Therapy programs in respect to core classes. Athletic Trainers are also required in Ohio to have NATA-BOC Certification which is a written, written simulation and practical exam to demonstrate entry level knowledge in the field, as well as, state licensure.

In the six years that I have been practicing in the field of Athletic Training, I have not had one complaint of the quality of care that I have provided to my patients. I work hand and hand with Physical Therapists and Physical Therapist Assistances and in doing so, we work as a team to provide the best, most appropriate care for our patients. When a patient's condition would benefit from my expertise, that patient is placed on my schedule. However, if I am not the most qualified practitioner for a patient's condition then they are treated by the most qualified person in our clinic.

The field of Athletic Training as worked hard and long to acheive the recognition it deserves and it will continue to fight. In Ohio, we have recently acheived reimbursment from the Ohio Bureau of Workman's Compensation. We have also achieved reimbursment from some insurance companies. We are not asking for special treatment, we are asking to be allowed to help indiviuals that need and appreciate our knowledge and skills.

We live in a country founded on the Rights of Freedom! We have the oppertunity to deceide which doctor or which healthcare facility we will use. Please let that decision continue to be that of the American Public. Thank you.

Sincerely,
Tara L. Downard, ATC



Submitter :

Date & Time:

09/21/2004 02:09:40

Organization :

Category :

Other Health Care Professional

Issue Areas/Comments**Issues 20-29**

THERAPY - INCIDENT TO

To whom it may concern,

My name is Bill Dillon. I am currently a student at the University of Vermont and a member of the Athletic Training program. I was also a part of the 2001 graduating class of Physical Therapy students here at the the University of Vermont. The reason I am writing this letter is two-fold; first, to make you aware of the continued need for the valuable services Certified Athletic Trainers(ATC) provide in the clinical setting, and second, to make you aware of the grave impact this bill could have on the quality of services provided in the clinical setting.

The scope of practice for ATC's extends far beyond the sports field. An ATC is more than qualified to provide rehabilitative services in a number of settings including physician's offices, Physical Therapy offices, and Outpatient Rehabilitation Clinics to name a few. In this age, when the health of our American population is growing worse, the need for qualified health care providers is at a premium, especially those who can provide rehabilitative services, as well as health related services oriented towards personal fitness.

The qualifications of a Certified Athletic Trainer (ATC) is more than adequate to be working in a clinical setting. The rigorous educational preparation a person must go through in order to just sit for the certification exam is rated as equivalent to that of a Physical Therapist, and is more significant than that of an OT, OTA or PTA, according to the U.S. Department of Labor. All of the aforementioned professionals will continue to be reimbursed for services in a clinical setting except for an Athletic Trainer. According to the U.S. Department of Labor, and Athletic Trainer is more qualified than an OT, OTA, or a PTA to provide, and be reimbursed for, services in a clinical setting.

The need for qualified health care providers is at an all time high, and continues to grow. Certified Athletic Trainers, according to the U.S. Department of Labor, are just as qualified as Physical Therapists to be providing rehabilitative services. Alleviating ATC's from the clinical setting will place a huge burden on the void left by their absence. Our health care workers are already heavily overworked, and this bill will just place even more burden upon professionals working in the clinical setting. This increased load would most likely lead to substandard care received by your patients. Please consider the grave impact this bill will have upon our health care system, and allow ATC's to continue to provide their very valuable services to your many patients. Everyone deserves the best care they can get, and for many years ATC's have been providing that care. Thank you for your time.

Sincerely,
Bill Dillon

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

PLEASE DO NOT PASS THIS POLICY. I completely oppose this policy whereby a physician can only refer "incident to" services to physical therapists. All qualified, licensed health care providers should be allowed to provide services to patients with a physician's prescription or under his/her supervision. Any licensed professional who has been properly trained and is operating within his/her scope of practice should be authorized.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

PLEASE SEE ATTACHED FILE

CMS-1429-P-2274-Attach-2.doc

CMS-1429-P-2274-Attach-1.doc

Attachment #2274 (1 of 2)

September 21, 2004

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1429-P
P.O. Box 8012
Baltimore, MD 21244-8012

Re: Therapy – Incident To

Dear Sir/Madam:

I am writing, as primary care, sports and occupational medicine physician, and Director of Sports Medicine of a 250 Physician member multispecialty group, to express my concern over the recent proposal that would limit providers of “incident to” services in my office and clinics. If adopted, this would eliminate the ability of qualified health care professionals who provide these vital services (with much success) in the past. In turn, it would reduce the quality of health care for Medicare patients and ultimately increase the costs associated with this service and place an undue burden on the health care system.

Furthermore, I strongly urge you to consider the following points as you proceed in the decision-making process:

- “Incident to” has, since the inception of the Medicare program in 1965, been utilized by physicians to allow others, under the direct supervision of the physician, to provide services as an adjunct to the physician’s professional services. I have the right to delegate the care of my patients to trained individuals (including certified athletic trainers) whom I deem knowledgeable and trained in the protocols to be administered. My choice of qualified therapy providers is inherent in the type of practice, medical subspecialty and individual patient.
- There have never been any limitations or restrictions placed upon me in terms of who I can utilize to provide ANY “incident to” service. Because I accept legal responsibility for the individual under my supervision, Medicare and private payers have always relied upon the professional judgment of the physician to be able to determine who is or is not qualified to provide a particular service. ***It is imperative that I and all other physicians continue to make decisions in the best interests of the patients.***
- In many cases, the change to “incident to” services reimbursement would render the physician unable to provide his or her patients with comprehensive, quickly accessible health care. The patient would be forced to see the physician and separately seek therapy treatments elsewhere, causing significant inconvenience and additional expense to the patient

and insurer.

- This country is experiencing an increasing shortage of credentialed allied and other health care professionals, particularly in rural and outlying areas. If physicians are no longer allowed to utilize a variety of qualified health care professionals working “incident to” the physician, it is likely the patient will suffer delays in health care, greater cost and a lack of local and immediate treatment.
- Patients who would now be referred outside of the physician’s office would incur delays of access. In the case of rural Medicare patients, this could not only involve delays but, as mentioned above, cost the patient in time and travel expense. Delays would hinder the patient’s recovery and/or increase recovery time, which would ultimately add to the medical expenditures of Medicare.
- Curtailing to whom the physician can delegate “incident to” procedures will result in physicians performing more of these routine treatments themselves. Increasing the workload of physicians, who are already too busy, will take away from the physician’s ability to provide the best possible patient care.
- I have worked directly with Athletic trainers for 18 years. I know they are highly educated. ALL certified or licensed athletic trainers ***must have a bachelor’s or master’s degree*** from an accredited college or university. Foundation courses include: human physiology, human anatomy, kinesiology/biomechanics, nutrition, acute care of injury and illness, statistics and research design, and exercise physiology. Seventy (70) percent of all athletic trainers have a master’s degree or higher. This great majority of practitioners who hold advanced degrees is comparable to other health care professionals, including physical therapists, occupational therapists, registered nurses, speech therapists and many other mid-level health care practitioners. Academic programs are accredited through an independent process by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) via the Joint Review Committee on educational programs in Athletic Training (JRC-AT).
- To allow *only* physical therapists, occupational therapists, and speech and language pathologists to provide “incident to” outpatient therapy services would improperly provide these groups exclusive rights to Medicare reimbursement. To mandate that only these practitioners may provide “incident to” outpatient therapy in physicians’ offices would improperly remove the states’ right to license and regulate the allied health care professions deemed qualified, safe and appropriate to provide health care services.
- CMS, in proposing this change, offers no evidence that there is a problem that is in need of fixing. By all appearances, this is being done to appease the interests of a single professional group who would seek to establish themselves as the sole provider of therapy services.
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- Independent research has demonstrated that the quality of services provided by certified athletic trainers is equal to the quality of services provided by physical therapists.
- Athletic trainers are employed by almost every U.S. post-secondary educational institution with an athletic program, every professional sports team in America and many corporations, including mine, to work with athletes and physically active people to **prevent, assess, treat and rehabilitate** injuries sustained during athletic competition and the physical activity of daily life. In addition, dozens of athletic trainers have accompanied the U.S. Olympic Team to Athens, Greece this summer to provide these services to the top athletes from the United States. For CMS to even suggest that athletic trainers are unqualified to provide these same services to a Medicare beneficiary who becomes injured as a result of walking in a local 5K race or injured on the job and goes to their local physician for treatment of that injury is outrageous and unjustified.
- These issues may lead to more physician practices eliminating or severely limiting the number of Medicare patients they accept.

In summary, it is not necessary or advantageous for CMS to institute the changes proposed. This CMS recommendation is a health care access deterrent.

Sincerely,

Erik A. Emaus DO, FAOASM
Director of Sports Medicine
Affinity Health System
Appleton/Menasha/Oshkosh WI
eemaus@affinityhealth.org

September 21, 2004

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1429-P
P.O. Box 8012
Baltimore, MD 21244-8012

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Sincerely,

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Director of Sports Medicine
Affinity Health System
Appleton/Menasha/Oshkosh WI
eemaus@affinityhealth.org

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I beg you NOT to pass this policy whereby a physician can only refer "incident to" services to physical therapists. All qualified health care providers should be allowed to provide services to patients with a p hysicians prescription or under their supervision.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file

Attachment # 2276
Randy Dillon, MS, ATC
East Stroudsburg University
East Stroudsburg, PA 18301

September 21, 2004

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1429-P
P.O. Box 8012
Baltimore, MD 21244-8012

Re: Therapy – Incident To

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Sincerely,

Randy Dillon, MS, ATC

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

We are writing to express our concern about the "Therapy ? Incident to" proposal contained in the August 5, 2004 Federal Register. We believe that there are three overriding issues that CMS should consider whenever changing or adding a regulation. These issues are access, affordability, and quality. Based on these criteria, it is hard to understand the purpose of the proposal put forward.

Currently, the physician, in consultation with the patient, has several viable choices for providing incident to therapy. The physician makes the diagnosis, determines the proper course of treatment, and refers the patient to the person or entity that he or she believes can deliver the necessary care. We believe that this is the cornerstone of our healthcare system. The patient expects his or her physician, the person who is best trained, qualified, and familiar with the patient, to make these choices. This regulation limits and interferes with the physician's ability to exercise informed choice.

Limiting incident to therapy to physical therapists, PT assistants, occupational therapists, OT assistants and speech therapists will decrease access to necessary services, especially in rural areas. It is likely that some patients will, at a minimum, experience delays in initial service. Many orthopaedic surgeons currently begin therapy services in the office using trained and supervised staff such as nurses, medical assistants, and athletic trainers. Not only does therapy begin in a timely manner, but the physician is able to provide immediate clarification and feedback if needed.

While it might be possible for some groups to add a physical therapist or occupational therapist to their staff, it is not realistic for smaller groups or individual physicians. The already high costs of running a medical office would rise even further. Some physicians may decide to discontinue treating Medicare patients.

Patients referred outside the physician's office would not only incur delays in service, but would also incur additional costs in terms of time and travel. For many Medicare patients transportation is a critical issue. Whenever a system curbs competition by imposing standards not based on quality, we are creating an artificial shortage of qualified professionals that makes it more difficult for the patient to access care. We do not believe that patients would want to wait longer or drive further for care.

Whenever a system unnecessarily limits a physician's choice, we are taking the practice of medicine out of the hands of physicians and giving it to bureaucrats. We do not believe that is how patients want medicine to be practiced.

We urge you to reconsider this proposal.

Sincerely,

The Physicians and Staff of Rocky Mountain Orthopaedic Associates, PC

David P. Fisher, M.D.
 David M. Mayer, M.D.
 Steven J. Heil, M.D.
 Robert F. Hall, M.D.
 Jeffrey M. Nakano, M.D.
 Michael P. Dohm, M.D.
 Anthony Richards, M.D.
 Mark G. Luker, M.D.
 Michael Rooks, M.D.
 James S. Gebhard, M.D.
 James E. Ruf, M.D.

C. Kelly Bynum, M.D.
James K. Weaver, M.D.
Dale A. Reigle, CEO



Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Real Massage Therapy, which is NOT a pleasurable experience should be recognized by Medicare. Physicians, physical therapists and chiropractors do not have the education or training to address muscles that have become severely tightened resulting most commonly in pain and numbness and limited mobility. Nor do these practitioners have the time to address issues created by patients' muscles -- it takes approximately an hour and an experienced massage therapist to skillfully reach the affected muscles. The pain may be in the patient's fingers and hand, but the muscles initiating the condition could begin in the neck and underarm area. I myself am licensed by the Florida State Massage Therapy, and I am a member of the AMTA, American Massage Therapy Association. I am Nationally Certified in Therapeutic Massage and Bodywork and I have completed advanced training in Neuromuscular Therapy. I specialize in Neuromuscular and am Certified as a Neuromuscular Therapist. My clients are in pain, have limited range of motion and many have limited use of arms and or legs due to injury. The benefits provided by real massage therapy have been ignored by most of the insurance industry and government because of the "pleasure industry." We need to separate professional therapeutic treatment from the nonbeneficial and, then include therapeutic massage therapy provided by licensed massage therapists, working as prescribed by physicians or chiropractors, among the covered Medicare benefits. If you have any questions, please feel free to contact me at 904-794-0507.

Thank You

Frieda Sparks, Licensed Massage Therapist, #MA0025687

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am a sports medicine physician for a NCAA division 1 school. I want to express my concern over recent proposal that would limit providers "incident to" services in my office and clinic. If adopted, this would eliminate the ability of qualified health professionals who provide these vital services in the past. In turn, it would reduce the quality of health care for medicare patients and ultimately increase the cost associated with this service and place undue burden on the health care system.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

We beg you to NOT pass this policy whereby a physician can only refer "incident to" services to physical therapists. All qualified health care providers should be allowed to provide services to patients with a physician's prescription or under their supervision.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Steven M. Gross
100 Valley Dr
Helena, Mt 59601
9/21/2004

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1429-P
P.O. Box 8012
Baltimore, MD 21244-8012

Re: Therapy ? Incident To

Dear Sir/Madam:

I am writing to express my concern over the recent proposal that would limit providers of ?incident to? services in physician clinics. If adopted, this would eliminate the ability of qualified health care professionals to provide these important services. In turn, it would reduce the quality of health care for our Medicare patients and ultimately increase the costs associated with this service and place an undue burden on the health care system.

During the decision-making process, please consider the following:

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Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I ask that the proposed policy that eliminates any health care provider from receiving treatment incident to a physicians professional services. As a medicare receipt I and others benefit tremendously from therapy provided by those health care providers such as licensed massage therapists, more so than ever with physical therapy. Thanks for considering my request to oppose this policy.

Sincerely
John F. Mahoney Sr.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

We beg you to NOT pass this policy whereby a physician can only refer "incident to" services to physical therapists. All qualified health care providers should be allowed to provide services to patients with a physician's prescription or under their supervision.
Thank you Judith DeVoe lmt

Submitter : Mrs. Joyce Cowens Date & Time: 09/21/2004 02:09:09

Organization : Mercy HealthPlex

Category : Health Care Professional or Association

Issue Areas/Comments

Issues 20-29

OTHER - INCIDENT TO

If I am to understand this proposal correctly, it states that only Physical Therapists will be reimbursed for performing massage therapy on medicare patients. To this I am vehemently opposed. I am a Licensed Massage Therapist from the State of Ohio. Approved and tested through the Ohio State Medical Board. I have been practicing for over 8 years and my skill level has improved greatly with CEU's and generally "laying on of hands" experience. I have seen hundreds of clients, many of which have been Medicare patients and I can tell you that they have received much greater range of motion from massage than they have ever received from PT. PT's job is to re-educate the function of the joints. A Massage Therapist who is trained in Neuromuscular Therapy (like myself) can actually release the soft tissue that has been binding and constricting the movement in a joint and re-educate the function with a stretch. Working in conjunction with a good PT will always benefit the patient. However, I have all too often heard complaints from my patients that "PT does nothing for me." "They put me on a machine and come back later to take me off the machine." Or, they say, "PT only hurts me and I do not get any real relief." Before you even consider this motion, you need to take a long hard look at the way most PT departments are running their rehab. Take surveys from the actual patients. See what they prefer... Massage vs. Physical Therapy. I guarantee they will choose massage therapy. A Physical Therapist approaches the patient from a mechanical point of view. A massage therapist approaches from the mind, body, spirit point of view. And a good massage therapist knows when to refer the patient for further evaluation. I guarantee that Medicare costs would decrease if massage therapy was a reimbursed benefit. Every NMT massage therapist would be booked solid. Depression would decrease; diabetes would improve; heart conditions would improve; arthritis pain would be less; the list is endless. Contact Dr. James Whetstone in Millersport, Ohio, who has been offering massage to his patients for over seven years. He is a true pioneer in the health care industry. He can tell you how massage has lowered his costs. Don't make a huge mistake!

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please DO NOT pass this policy whereby a physician can only refer 'incident to' services to physical therapists. This would be a step backward for the industry, and negate all the work done by the 'Touch Research Institute' at University of Miami, and take out the Medicaid Waiver programs for massage for Aids and for Developmental Services. All health care providers should be allowed to provide services to patients with a physicians prescription or under their supervision. Or you would have to remove Floridas Lic. Massage Therapists listing as health care providers, and put us back under the auspices of the Department of Professional Regulation again instead of the Board of Health. There are more than 20,000 therapists in Florida.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

See attached letter

CMS-1429-P-2286-Attach-2.doc

CMS-1429-P-2286-Attach-1.doc

9/21/04

Centers for Medicare & Medicaid Services
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Sincerely,
Sheryl L. Hendrix

9/21/04

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During the decision-making process, please consider the following:

- Incident to has, since the inception of the Medicare program in 1965, been utilized by physicians to allow others, under the direct supervision of the physician, to provide services as an adjunct to the physician’s professional services. A physician has the right to delegate the care of his or her patients to trained individuals (including certified athletic trainers) whom the physician deems knowledgeable and trained in the protocols to be administered. The physician’s choice of qualified therapy providers is inherent in the type of practice, medical subspecialty and individual patient.
- There have never been any limitations or restrictions placed upon the physician in terms of who he or she can utilize to provide ANY incident to service. Because the physician accepts legal responsibility for the individual under his or her supervision, Medicare and private payers have always relied upon the professional judgment of the physician to be able to determine who is or is not qualified to provide a particular service. It is imperative that physicians continue to make decisions in the best interests of the patients.
- In many cases, the change to “incident to” services reimbursement would render the physician unable to provide his or her patients with comprehensive, quickly accessible health care. The patient would be forced to see the physician and separately seek therapy treatments elsewhere, causing significant inconvenience and additional expense to the patient.
- This country is experiencing an increasing shortage of credentialed allied and other health care professionals, particularly in rural and outlying areas. If physicians are no longer allowed to utilize a variety of qualified health care

professionals working “incident to” the physician, it is likely the patient will suffer delays in health care, greater cost and a lack of local and immediate treatment.

- Patients who would now be referred outside of the physician’s office would incur delays of access. In the case of rural Medicare patients, this could not only involve delays but, as mentioned above, cost the patient in time and travel expense. Delays would hinder the patient’s recovery and/or increase recovery time, which would ultimately add to the medical expenditures of Medicare.
- Curtailing to whom the physician can delegate “incident to” procedures will result in physicians performing more of these routine treatments themselves. Increasing the workload of physicians, who are already too busy, will take away from the physician’s ability to provide the best possible patient care.
- To allow only physical therapists and PT assistants, occupational therapists and OT assistants, and speech and language pathologists to provide “incident to” services would improperly provide those groups exclusive rights to Medicare reimbursement. To mandate that only those practitioners may provide “incident to” care in physicians’ offices would improperly remove the states’ right to license and regulate the allied health care professions deemed qualified, safe and appropriate to provide health care services.
- CMS, in proposing this change, offers no evidence that there is a problem that is need of fixing. By all appearances, this is being done to appease the interests of a single professional group who would seek to establish themselves as the sole provider of therapy services.
- CMS does not have the statutory authority to restrict who can and cannot provide services “incident to” a physician office visit. In fact, this action could be construed as an unprecedented attempt by CMS, at the behest of a specific type of health professional, to seek exclusivity as a provider of physical therapy services.
- Independent research has demonstrated that the quality of services provided by certified athletic trainers is equal to the quality of services provided by physical therapists.
- Athletic trainers are employed by almost every U.S. post-secondary educational institution with an athletic program and every professional sports team in America to work with athletes to prevent, assess, treat and rehabilitate injuries sustained during athletic competition. In addition, dozens of athletic trainers will be accompanying the U.S. Olympic Team to Athens, Greece this summer to provide these services to the top athletes from the United States. For CMS to even suggest that athletic trainers are unqualified to provide these same services to a Medicare beneficiary who becomes injured as a result of running in a local 5K race and goes to their local physician for treatment of that injury is outrageous and unjustified.
- These issues may lead to more physician practices eliminating or severely limiting the number of Medicare patients they accept.

In summary, it is not necessary or advantageous for CMS to institute the changes proposed. This CMS recommendation is a health care access deterrent.

Sincerely,
Sheryl L. Hendrix

Submitter : Mrs. Patricia Taliaferro Date & Time: 09/21/2004 02:09:06

Organization : ABMP

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I beg you NOT to pass this policy whereby a physician can only refer "incident to" services to Physical therapists. If you could see how Massage Therapy has helped my clients, who have been to Physical Therapists with no improvement you would understand why I'm against this proposal. We ALL have a place in the health care field. Don't limit a persons choice to have a better quality of life to one field of health care. In the long run this could be more cost efficient. This sounds like a discrimination against the rest of liscensed providers, makes you wonder if physical therapists have a lobby that is paying to have this done!

Submitter : Mrs. Jacquelyn Stanhope Date & Time: 09/21/2004 02:09:31

Organization : Mrs. Jacquelyn Stanhope

Category : Federal Government

Issue Areas/Comments

Issues 20-29

OTHER - INCIDENT TO

I have been a medical massage therapist for over 15 years. During that time I have been privileged to work on patients of Medicare age both in clinical and private practice. The benefits they received from this type of therapy has been often of greater benefit than other clients in my practice. I do not want physical therapists to be the only health care professionals allowed to provide medically related care to physician's patients. I do not "do" physical therapy in my work, and the PT's I have worked with say they prefer qualified massage therapists to provide that service to patients so that they can attend to the areas that require their expertise. Most likely it would be a "task" assigned to a physical therapy assistant who is NOT qualified to attend to this specialized work. Massage Therapists are specialists. I had 700 hours of initial training and have to complete many more hours each year to maintain my license. Therapists who work under the supervision of physicians take pride in the Continuing Education coursework they pursue. And that coursework has nothing to do with the type of continuing education that a PT would be taking. Please keep this work covered under the care of our older citizens. One day you or a family member may need this service and you will COMPLETELY understand why we fight for these benefits. I hope at that time you will be satisfied that you made the right decision in voting to allow this practice to be covered by licensed medical massage therapy and not restricted to physical therapists. Thank you for reading this message.

Submitter : Mrs. Louise Hardaway Date & Time: 09/21/2004 03:09:30

Organization : Mrs. Louise Hardaway

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

Hemophilia homecare is a highly specialized industry providing intensive, personalized services to persons with bleeding disorders. This industry cannot be compared to a mail-order pharmacy in the myriad range of full services that are provided. I would like to see this vulnerable population continue to receive the high quality products and services they have been receiving and I would urge CMS to set the separate add-on payment at \$.20 per unit. This will still result in a significant savings to past payments for the products used to treat coagulation disorders and preserve the quality of life for the patients.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

My company and myself respectfully, plead with you NOT to pass this policy whereby a physician can only refer "incident to" services to physical therapists. All qualified healthcare providers should be allowed to provide services to patients with a physicians prescription or under thier supervision.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 10-19

SECTION 623

Please see attached file.

Attachment #2291

September 21, 2004

Mark B. McCellan, M.D., Ph. D.
Administrator
Centers for Medicare & Medicaid Services
200 Independence Avenue, S.W. Room 443-G
Washington, DC 20201

Re: CMS-1429-P Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2005; Proposed Rule (69 *Federal Register* No. 150), August 5, 2004.

Dear Dr. McClellan:

We are writing in response to the above-referenced proposed rule on the behalf of the St. Cloud Hospital in St. Cloud, MN. The St. Cloud Hospital owns and operates a hospital-based end stage renal dialysis (ESRD) facility along with six satellite ESRD facilities in central Minnesota. Under this proposed rule, our hospital-based ESRD facilities would receive approximately \$1.7 million less in Medicare reimbursement than we receive under the current reimbursement system. The following comments are on section III. H. Section 623 – Payment for Renal Dialysis Services.

Section 623 comments:

1. Wage Index.

We propose the wage index values used for the final rule be updated to match the most current wage index values available for the inpatient acute care hospitals. As noted on page 47534 of the proposed rule, the current wage index is a blend of two wage indexes, one based on hospital wage data from fiscal year 1986 and the other from 1980 hospital wage and employment data from the Bureau of Labor Statistics (BLS). The 1986 hospital wage index data is blended at 40% and the 1980 BLS data is blended at 60%. We believe CMS would achieve more accurate wage index values by using the inpatient wage index values as published in the August 2, 2004 Federal Register and not blend these wage index values with the current BLS employment data. CMS has stated it does not propose to update the wage index values from the 1986/1980 blend due to the June 6, 2003 Office of Management and Budget bulletin 03-04. In the August 2, 2004 Federal Register, CMS has stated its position in regard to the June 6, 2003 Office of Management and Budget bulletin 03-04. Therefore, we believe using the wage index values from the August 2, 2004 Federal Register would allow CMS to appropriately adjust the geographic index values for renal dialysis services per the Medicare Modernization Act. The reason we are requesting CMS not to blend the August 2, 2004 wage index values with the current BLS employment data is that the BLS data is not subject to audit by the Medicare fiscal intermediaries. The wage index values in the August 2, 2004 Federal Register have been audited by the fiscal intermediaries and would more accurately reflect the current labor costs than the 1986 hospital wage index data.

2. 11.3% Drug Add-On

We propose that CMS not apply the 11.3% drug add-on to hospital-based ESRD facilities and to reimburse hospital-based ESRD facilities based on acquisition cost for separately billable drugs (including EPO). The reason we request this change to the proposed rule is that hospital-based ESRD facilities are currently reimbursed at a rate of \$10 per 1,000 units for EPO and at cost for

other separately billable drugs. CMS has noted on page 47527 of the proposed rule that because hospital-based ESRD facilities are paid at cost for separately billable drugs, the hospital-based facilities have not made the profits from drug payments that the independent facilities have enjoyed. Therefore, we propose that CMS reimburse hospital-based ESRD facilities for separately billable drugs (including EPO) at acquisition cost.

We believe the Secretary has the authority to reimburse hospital-based ESRD facilities at cost for separately billable drugs. On page 47526 of the proposed rule, the provision per the Medicare Modernization Act (MMA) for the drug add-on states:

3.b. Section 623(d)(1) – Section 1881(b)(13) of the Act, as added by MMA section 623(d)(1), provides for a revision to the current AWP pricing of separately billable drugs and biologicals; payment will be based on acquisition costs as determined by the OIG’s study mandated under section 623(c) of the MMA. Insofar, as the OIG has not determined the acquisition costs, with respect to a drug or biological, the Secretary shall determine the payment amount for such drug or biological.

Also, on page 47527 of the proposed rule, CMS states:

For 2005 and subsequent years, the payment amounts for separately billed drugs and biologicals (including erythropoietin) furnished by ESRD facilities will be the acquisition cost or the amount that is derived from the ASP methodology in section 1874A of the Act, as the Secretary may specify.

We have reviewed the OIG report dated May 5, 2004. On page 7 of the OIG report under the section titled “Scope”, the following statement is made by the OIG:

This inspection focused only on drugs that were separately billed by independent dialysis facilities. We limited the focus to independent dialysis facilities because drugs that they provide are currently reimbursed at a percentage of published average wholesale prices. Other types of facilities are reimbursed for separately billable drugs based on Medicare principles of reasonable cost.

We believe the OIG report can not be used to determine a drug add-on provision for hospital-based ESRD facilities since only independent ESRD facilities were included in their study. As stated above, we believe the Secretary has the authority per the MMA to establish a separate provision for the hospital-based ESRD facilities to reimburse separately billable drugs (including EPO) based on acquisition cost.

The following is a summary of our hospital-based ESRD facilities’ most commonly used separately billable drug costs compared to the Average Sales Price (ASP).

As shown, our drug costs exceed the Average Sales Price.

	Our Cost	ASP*
Epogen (per 1,000 units)	\$9.54	\$9.04
Iron Sucrose (50 mg)	\$0.40	\$0.35
Paricalcitol (1 mcg)	\$4.13	\$3.99

* = ASP per Table 12
1st quarter 2005

As stated above and as shown by our drug acquisition costs, we propose that CMS reimburse the hospital-based ESRD facilities at acquisition cost for the separately billable drugs (including EPO).

3. Case-Mix Adjusted Composite Payment:

We propose that CMS delay the implementation of the case-mix adjusted composite rate until April 1, 2006. As stated on page 47536 of the proposed rule, CMS has proposed to delay the implementation of the case-mix adjusted payment from January 1, 2005 to April 1, 2005 due to numerous system programming and billing issues. We agree with CMS' proposal to delay the January 1, 2005 implementation of the case-mix adjusted payment system but we believe more time is needed to capture accurate data in which to develop a case-mix adjusted payment system. The current ESRD composite rate payment system does not adjust for variation in patient characteristics or case mix. As such, not all of the patient characteristics data are available on the claim that is submitted or on Form 2728 (ESRD Medical Evidence Report). Without the necessary patient characteristic data, the more costly resource-intensive patients would not reflect a higher case-mix adjustment. We believe more time is needed to gather the following patient characteristics that are not currently being reported:

A. Treatment time duration.

An adjustment factor should be added for the lengthy treatments when developing a case-mix adjusted payment. Form 2728 should be expanded to add a section for the time duration of the treatment. Based on a patient's body mass index, height and renal function, the treatment time can vary significantly for each patient.

B. Noncompliant patient.

An adjustment factor should be added for treating the noncompliant patient. A noncompliant patient is one who does not follow through with their scheduled treatments. An example is a patient that is scheduled for treatments for three times a week but shows up only once a week or only once a month. Another example is a patient that is not taking his/her medication or following therapy. These noncompliant patients require more EPO, more therapy and possibly require oxygen. Depending on the patient condition, the noncompliant patient may require inpatient hospitalization. An adjustment factor would allow for these more costly treatments that are performed in the chronic dialysis unit. An independent ESRD facility will send a patient to an inpatient hospital for renal services if their needs are above and beyond a normal dialysis treatment. A hospital-based ESRD facility will make every attempt to treat the renal patient in the chronic dialysis unit and not admit this patient as an inpatient of a hospital.

We believe more time is required for CMS to gather the necessary duration of treatment time data to develop an adjustment factor for the lengthy treatments and to develop an adjustment factor for the noncompliant patient. We, therefore, propose a delay until April 1, 2006 of the case-mix adjusted composite rate and that Form 2728 be modified as soon as possible to begin gathering the time duration of treatments.

In addition to the patient characteristics mentioned above, we propose that CMS include an adjustment factor for renal dialysis patients with diabetes. These diabetic patients require more drugs and more therapy. The diabetic patient often has an amputation which requires antibiotics and more nursing time to lift the patient. At times, equipment is needed to help move these diabetic patients with amputations. The data documenting diabetes is currently available on the claims submitted and an adjustment factor can be added for the case-mix adjusted payment system that is being proposed.

However, until CMS has gathered all of the necessary patient characteristics, a case-mix adjusted composite payment system with a budget neutrality adjustment can not be implemented which accurately reimburses renal dialysis providers for the resources used by each patient. We believe a delay until April 1, 2006 is necessary to ensure the appropriate level of payment for the patient acuity level that is treated in a hospital-based ESRD facility.

If CMS can not delay the implementation of the case-mix adjusted composite payment beyond April 1, 2005, then we ask CMS to consider a hold harmless provision for the hospital-based ESRD facilities. This hold harmless provision would be similar to the hold harmless provision in the outpatient prospective payment system (OPPS) for acute care hospitals. The hold harmless provision in OPPS allows hospitals under 100 beds to be held harmless from any negative impact of the outpatient prospective payment system. We believe all hospital-based ESRD facilities need a hold harmless provision added to this new ESRD payment system until CMS has had sufficient time to gather all of the necessary patient characteristics to accurately reimburse hospital-based ESRD facilities for the resources used to provide patient care. This hold harmless provision would allow hospital-based ESRD to continue to receive reimbursement based on the current ESRD payment system if there is a negative impact as a result of the implementation of the case-mix adjusted composite payment system as proposed in the August 5, 2004 Federal Register. The difference between the current reimbursement system and the new proposed case-mix adjusted payment system could be paid to the hospital-based ESRD facilities as a monthly pass-through payment. Final settlement could be made on the annual Medicare cost report. This hold harmless provision is vital to ensure continued access to patient care provided by the hospital-based ESRD facilities. The hospital-based ESRD facilities will not be able to continue to provide renal dialysis services to Medicare beneficiaries if Medicare's reimbursement causes financial losses to occur. Under the proposed rule, our hospital-based ESRD facilities would receive approximately \$1.7 million less in Medicare reimbursement than we received under the current reimbursement system. We strongly urge CMS to consider this hold harmless provision as a safety net for the hospital-based ESRD facilities.

Thank you for consideration of our comments on this proposed rule. If you have any questions about these comments, please contact us at (320) 251-2700.

Sincerely,

Craig Broman, St. Cloud Hospital President
Dr. Terry Pladson, M.D., CentraCare Health System President
Dr. Thomas Leither, M.D., Medical Director of Renal Dialysis Services, St. Cloud Hospital

Submitter : Miss. Mary Hardy Date & Time: 09/21/2004 03:09:18

Organization : Touch of Health

Category : Health Care Industry

Issue Areas/Comments

GENERAL

GENERAL

I am a Massage Therapist that works with insurance companies giving discounts to clients to help make the cost more affordable to them, including Medicare patients. I do not have to do this with Medicare but will because I know they are on a fixed income and can barely survive now.

Massage has been studied and proven to be beneficial to all people and especially helpful for the elderly.

The big thing is that I am willing to do this for the patients without any benefit back from Medicare. I am not getting rich off these people and if I wanted to make a lot of money I sure would not be in the business.

Do not allow Medicare to cause more suffering in the elderly or any other persons life. Please do not let them dictate what goes on in the insurance industry.

Thank you,

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY STANDARDS AND REQUIREMENTS

We provide medical massage to patients referred by physicians. Our clinic maintains the highest massage therapy training standards currently available in the US. We strongly believe that massage therapy can be an invaluable treatment to any common traumatic and/or disease pathologies.

We, as most properly trained massage therapists, are well aware of our medical limitations and shortfalls but we don't feel that the lack of our organized presence in the form of lobbying should detract from such a potentially helpful form of treatment.

Some enlightening, science based massage therapy research can be found here <http://www.massagetherapy.bc.ca/research/research.pdf> Enclosed is a copy of this research.

NAMES: Field T, Schanberg S, Kuhn C, Fierro K, Henteleff T, Mueller C, Yando R, Burman I.

SOURCE: Touch Research Institute, University of Miami School of Medicine, Florida.

DESCRIPTION: Randomized, Controlled Clinical Trial. Published Manuscript 17 pages, 25 references.

Synopsis:

Twenty-four female adolescent bulimic inpatients were randomly assigned to a massage therapy of a standard treatment group. The massage patients showed greater decreases in short-term measure of anxiety and depression (both self-report and behavior observation). In addition, by the last day of the therapy they had lower depression scores, lower cortisol levels, increased dopamine levels and improved attitudes about their eating disorder including improved body image. These data suggest the effectiveness of massage therapy as an adjunct to treatment for bulimia.

The article begins with a brief description of bulimia, indicating that it is similar to depression. It then discusses the effectiveness of anti-depressant medications in treating bulimia. Next, it describes the study process, results, and calls for more studies on the issue.

Massage therapy was performed twice per week for five weeks. The massage was administered by massage therapists. Both groups attended daily therapy sessions, learned about nutritional choices and basic principles of physiology, metabolism and non-verbal therapies such as movement therapy (total of 30 - 40 sessions per week). Results were verified using ANOVA and t-tests.

It should be noted that depression levels remained high in both groups, but this is explained by the fact that depression is considered a depressive disorder. The lack of increase in serotonin and decreases in norepinephrine levels is not explained. Also, results for the control group are not presented in the tables.

Keywords:

TYPES: Swedish (slow stroke massage); traction, joint mobilization

MeSH: Psychological effects

FOCUS: Alternative to surgery/drugs

AGE: Adolescent females (16 to 21 year old)

AREA: Neck, face, jaw, shoulders, arms, torso, legs, back, sacrum.

DISEASE: Bulimia

SPORTS: N/A

COUNTRY: USA, English

DATABASE: Touch Research Institute publication listings

Massage Reduces Anxiety in Child and Adolescent Psychiatric Patients

NAMES: Field T, Morrow C, Valdeon C, Larson S, Kuhn C, Schanberg S.

INSTITUTION: Touch Research Institute, University of Miami School of Medicine, Florida.

SOURCE: Journal of the American Academy of Child Adolescent Psychiatry, 31(1): 125 - 128, 1992
January.

DESCRIPTION: Clinical Trial. Journal Article, 7 references

Synopsis:

A 30 minute back massage was given daily for a 5-day period to 52 hospitalized depressed and adjustment disorder children and adolescents. Compared with a control group (20 children) who viewed relaxing videotapes, the massaged subjects were less depressed and anxious and had lower saliva cortisol levels (indicating less stress) after the massage. In addition, nurses rated the subjects as being less anxious and more cooperative on the last day of the study, and for the depressed subjects.

This study isolates massage therapy from other relaxation therapy techniques to determine massage therapy effectiveness in reducing anxiety. Massages were administered by massage therapists. ANOVA tests were conducted at the outset to compare children's background factors. No significant differences were noted. The article contains a detailed description of all factors measured.

Keywords:

TYPES: Swedish

MeSH: Psychological effects

FOCUS: Effect in anxiety reduction

AGE: Children and adolescents (7 to 18 years of age)

AREA: Back

DISEASE: Depression, Adjustment Disorder

SPORT: N/A

COUNTRY: USA, English

DATABASE: MEDLINE, Touch Research Institute publication listings

Juvenile Rheumatoid Arthritis Patients Have Less Pain After Massage Therapy

NAMES: Field T, Sunshine W, Henteleff T, Kuhn C, Schanberg S.

SOURCE: Touch Research Institute, University of Miami School of Medicine, Florida.

DESCRIPTION: Clinical Trial. Published Manuscript, 16 pages, 21 references.

Synopsis:

Twenty-four grade school children (M = 8.7 years) with juvenile rheumatoid arthritis were randomly assigned to a massage therapy or a progressive muscle relaxation therapy group. The groups were given one month of daily 15-minute massages (or relaxation sessions) by their parents. The massage therapy group showed several advantages including a greater decrease in anxiety and cortisol levels after the first and last sessions and a greater reduction in pain over the one-month period as assessed by the child, parent and physician.

The article begins with a description of the disease and management/treatment. It follows with a brief summary of related research in non-pharmacological pain management and muscle relaxation, an explanation of the methodology, a description and explanation of the results. The researchers' hypothesis was that the massage therapy group would sleep better, report lower levels of anxiety and depression, and have lower cortisol levels. Massages were administered by the children's parents. The final conclusion is that the consistency of physician, parent and child reports is surprising and lends credibility and support for massage therapy as a form of treatment. Note that the study does not give figures for the control group.

Keywords:

TYPES: Swedish (stroking with some pressure)

MeSH: Psychological effects

FOCUS: Control of pain, alternative to surgery/drugs

AGE: Children (6 to 10 years old)

AREA: Face, legs, arms, neck, shoulders, back, head. Specifically excluded the spine.

DISEASE: Juvenile Rheumatoid Arthritis

SPORT: N/A

COUNTRY: USA, English

DATABASE: Touch Research Institute publication listings

Fibromyalgia Benefits From Massage Therapy and Transcutaneous Electrical Stimulation

NAMES: Sunshine W, Field T, Quintino O, Fierro K, Kuhn C, Burman I, Schanberg S.

INSTITUTE: Touch Research Institute, University of Miami School of Medicine, Florida.

SOURCE: Journal of Clinical Rheumatology, 2(1): 18-22, 1996 February.

DESCRIPTION: Randomized, Controlled Clinical Trial. Journal Article, 14 references.

Synopsis:

Thirty adult fibromyalgia syndrome subjects were randomly assigned to a massage therapy, a transcutaneous electrical stimulation (TENS), or a transcutaneous electrical stimulation no-current group (Sham TENS) for 30-minute treatment sessions two times per week for 5 weeks. The massage therapy subjects reported lower anxiety and depression, and their cortisol levels were lower immediately after the therapy sessions on the first and last days of the study. The TENS group showed similar changes, but only after therapy on the last day of the study. The massage therapy group improved on the dolorimeter measure of pain. They also reported less pain the last week, less stiffness and fatigue, and fewer nights of difficult sleeping. Thus, massage therapy was the most effective therapy with these fibromyalgia patients. (JCR: J Clin Rheumatol 1996;2:18-22)

Other results include: the TENS group only improved on the physician's assessment of clinical condition, not in fewer symptoms. The sham TENS group improved on the physician's assessment of clinical condition but less than the other two groups. Only the massage therapy group improved on both the dolorimeter and the subjects' self report of pain.

Other notes: Multivariate analysis, ANOVA and t-tests conducted to test the data. Double-blind technique used for TENS and Sham TENS, and researchers responsible for pre- and post-therapy assessments were blind to the group assignments of the subjects. Massage was performed by massage therapists.

Keywords:

TYPES: Swedish and TENS

MeSH: Instrumentation

FOCUS: Effectiveness of 2 modalities, plus a control placebo in control of pain, anxiety and depression

AGE: Adult females (18-80 years)

AREA: Head, neck, shoulders, back, arms, hands, legs and feet

DISEASE: Fibromyalgia (pain, depression and anxiety resulting from)

SPORT: N/A

COUNTRY: USA, English

DATABASE: Touch Research Institute publication listings

Massage Therapy is Associated with Enhancement of the Immune Systems's Cytotoxic Capacity

NAMES: Ironson G, Field T, Scafidi F, Hashimoto M, Kumar M, Kumar A, Price A, Gonclaves A, Burman I, Tetenman C, Fletcher MA.

INSTITUTE: Touch Research Institute, University of Miami School of Medicine, Florida.

SOURCE: International Journal of Neuroscience. 84(1-4);205-17, 1996 February.

DESCRIPTION: Clinical Trial. Journal Article, 33 references.

Synopsis:

Twenty-nine gay men (20 HIV+, 9 HIV-) received daily massages for one month. A subset of 11 of the HIV+ subjects served as a within subject control group (one month with and without massages). Major immune findings for the effects of the month of massage included a significant increase in Natural Killer Cell number, Natural Killer Cell Cytotoxicity, soluble CD8, and the microglobulin, neopterin). Major neuroendocrine findings, measured via 24 hour urine samples include a significant decrease in cortisol, and nonsignificant trends toward a decrease of catecholamine, There were also significant decreases in anxiety and increases in relaxation which were significantly correlate with increases in NK cell number. Thus, there appears to be an increase in cytotoxic capacity associated with massage. Implications for HIV+ men as those with other illnesses, particularly cancer, are discussed.

Massages conducted daily for 45 minutes per day by one of four licensed massage therapists. Rigorous description of tests conducted and method for immune measures. Much discussion around CD4 counts and NK cell activity, and discusses potential implications for other diseases, such as cancer.

Acknowledges some of the limitations of this study — small sample size, short time frame. Recommends randomized tests of the efficacy of massage therapy to eliminate potential problems of within-subject design or order or carry over effects or of deciding how long an interval to leave to ensure a return of physiological measures to baseline. Recommends larger sample size to test which ingredient of the massage intervention is the potent one. Also recommends trial with cancer patients.

Keywords:

TYPES: Swedish (effleurage, petrissage, stroking, stretching, rocking, squeezing, holding)

MeSH: Immunology

FOCUS: Anxiety, stress

AGE: Adult males

AREA: Supine position: head, neck, arms torso, legs. Prone position: legs and back

DISEASE: HIV

SPORT: N/A

COUNTRY: USA, English

DATABASE: MEDLINE, Touch Research Institute publication listings

Massage Therapy for Migraine Headaches

NAMES: Not available

INSTITUTE: Touch Research Institute, University of Miami School of Medicine, Florida.

SOURCE: Manuscript in review.

DESCRIPTION: Clinical Trial. Abstract only available at this time.

Synopsis:

Twenty-six adults with migraine headaches were assigned to a massage therapy or a standard treatment control group. By the last day of the study the massage therapy group showed fewer distress symptoms, reported less pain, more headache free days, taking fewer analgesics and had fewer sleep disturbances. These data suggest that massage therapy is an effective treatment for migraine headaches.

Keywords:

TYPES: Swedish

MeSH: Utilization

FOCUS: Control of pain, relaxation.

AGE: Adults

AREA: Not specified

DISEASE: Migraine headaches

SPORT: N/A

COUNTRY: USA, English

DATABASE: Touch Research Institute publication listings

Depressed Teenage Mothers

NAMES: Not available

INSTITUTE: Touch Research Institute, University of Miami School of Medicine, Florida.

SOURCE: Published Manuscript

DESCRIPTION: Clinical Trial. Abstract only available at this time.

Synopsis:

Thirty-two depressed adolescent mothers received ten 30-minute sessions of massage therapy or relaxation therapy across a five-week period. Although both groups reported lower anxiety following their first and last therapy sessions, only the massage therapy group showed behavioural and stress hormone changes including decreases in anxious behaviour, pulse and salivary cortisol levels. A decrease in urine cortisol levels suggested lower stress levels following the five-week period for the massage therapy group.

Keywords:

TYPES: Swedish

MeSH: Utilization

FOCUS: Relaxation and anxiety reduction, comparison of modalities

AGE: Adolescent females

AREA: Not specified

DISEASE: Depression

SPORT: N/A

COUNTRY: USA, English

DATABASE: Touch Research Institute publication listings

Sleep Promotion in the Critical Care Unit

NAMES: Richards KC

INSTITUTE: Overton Brooks VAMC, Northwestern State University School of Nursing, Shreveport, Louisiana.

SOURCE: AACN Clinical Issues in Critical Care Nursing 5(2):152-8, 1994 May

DESCRIPTION: Literature Review, Journal Article, 16 references.

Synopsis:

Promoting the quiet and relaxation necessary for sleep in busy, noisy critical care environment is a problem critical care nurses face daily. Descriptive studies have defined and increased understanding of this problem, but few interventional studies have been accomplished. Interventions that have demonstrated significant improvements in sleep quality in the critical care environment are an audiotape of sounds of the ocean or rain, a masking signal, and a back massage.

The article mainly focuses on techniques critical care nurses can use to promote sleep for their patients, but supports the use of massage as an alternative to sedatives for promoting sleep and relaxation. Among the recommendations — "Comfort measures to promote relaxation and sleep, such as a back massage, should be provided on a routine basis for critically ill patients. Richards study suggests that a back massage is a very powerful intervention for promoting sleep. Although a study has not been replicated, a back massage is associated with little or no patient risk and therefore is safe for implementation."

Keywords:

TYPES: Effleurage

MeSH: Nursing

FOCUS: Sleep promotion and relaxation

AGE: Adults (34 - 81 years)

AREA: Back

DISEASE: Not specified — critical care

SPORT: N/A

COUNTRY: USA, English

DATABASE: CINAHL, Touch Research Institute publication listings

Arthritis: Healing Touch?

NAMES: Davies S., Riches L.

INSTITUTE: N/A

SOURCE: Nursing Times 91(25);42-3, 1995 June.

DESCRIPTION: Descriptive Study, Journal Article, 5 references.

Synopsis:

A descriptive study of a convenience sample of five women with rheumatoid arthritis were given a 30-minute back massage, twice a month for two months. The two research questions were: does massage affect women who have rheumatoid arthritis? If so, in what way are they affected?

Only one client felt that massage directly affected her arthritis — reduced pain in her shoulders, but all felt that massage made them feel better and helped them cope with the rest of their day. All clients reported general relaxation, increased energy and decreased stress. The effects of massage lasted between one and two days.

Massages were given by an experienced rheumatology nurse who is a qualified masseuse. Self completion tests to record perceptions of physical and psychological well-being, as well as a recorded interview to explore their feelings about massage.

Keywords:

TYPES: Swedish

MeSH: Psychological effects

FOCUS: Control of pain, relaxation

AGE: Female adults

AREA: Back

DISEASE: Rheumatoid Arthritis

SPORT: N/A

COUNTRY: USA, English

DATABASE: MEDLINE

Massage Therapy as a Workplace Intervention for Reduction of Stress

NAMES: Cady SH, Jones GE.
INSTITUTE: Bowling Green State University
SOURCE: Perceptual and Motor Skills 84(1):157-8, 1997 February
DESCRIPTION: Clinical Trial, Journal Article, 8 references.

Synopsis:

This study evaluated the effectiveness of a 15-minute on-site massage while seated in a chair on reducing stress as indicated by blood pressure. Fifty-two employed participants' blood indicated by blood pressures were measured before and after a 15-minute massage at work. Analysis showed a significant reduction in participants' systolic and diastolic blood pressure after receiving the massage although there was no control group.

Massages were conducted by a licensed massage therapist. Multivariate repeated-measures analysis of variance showed a significant reduction in blood pressure after the massage. The massage was a one-time treatment. No control group was used.

Keywords:

TYPES: Swedish (effleurage)
MeSH: Utilization
FOCUS: Stress reduction
AGE: Adults
AREA: Head, neck, shoulders, back, arms and hands
DISEASE: N/A — General stress reduction
SPORT: N/A
COUNTRY: USA, English
DATABASE: OVID - Current

Alleviating Post-traumatic Stress in Children Following Hurricane Andrew

NAMES: Field T, Seligman S, Schanberg S.

INSTITUTE: Touch Research Institute, University of Miami School of Medicine, Florida.

SOURCE: Journal of Applied Developmental psychology 17(1):37-50, 1996 January-March

DESCRIPTION: Controlled Clinical Trial, Journal Article, 25 references.

Synopsis:

Sixty grade-school children who showed classroom behaviour problems following Hurricane Andrew were given massage therapy on 8 days, one month after the hurricane. Scores on the PTSD Reaction Index suggest that the children were experiencing post-traumatic stress. As compared to a video attention control group. The children who received massage therapy reported being happier and less anxious and had lower salivary cortisol levels after the therapy. In addition, the massage therapy group showed more sustained changes as manifested by lower scores on the Children's Manifest Anxiety Scale, the Centre for Epidemiological Studies Depression Scale, and self-drawings and were observed to be more relaxed. These positive effects were promising given the persistence of PTSD symptoms noted for children who have not received intervention following disasters such as hurricanes. (Note: the control group also received physical contact).

Discussion of survey results concludes that massage could be a cost-effective treatment for Post-traumatic stress disorder, as compared to psychotherapy and pharmacological treatments, if it could be taught to parents.

Keywords:

TYPES: Swedish (moderate pressure and smooth stroking movements)

MeSH: Psychological effects

FOCUS: Anxiety reduction, cost effectiveness, alternative to surgery/drugs

AGE: Children, grades 1 to 5

AREA: Neck, shoulders, back

DISEASE: Post-traumatic stress syndrome

SPORT: N/A

COUNTRY: USA, English

DATABASE: OVID - Current

A Case Study: Massage, Relaxation, and Reward for Treatment of Alopecia Areata

NAMES: Putt SC, Weinstein L, Dzindolet MT.

INSTITUTE: Department of Psychology and Human Ecology, Cameron University, Oklahoma.

SOURCE: Psychological Reports 74(3 Pt 2):1315-8, 1994 June.

DESCRIPTION: Case Study, Journal Article, 3 references.

Synopsis:

Alopecia areata, a common cause of hair loss, is generally considered the consequence of an autoimmune process. Both physiological and psychological factors have been implicated. Previous studies have not incorporated behaviour modification in their treatment designs. In this study, three treatment techniques (hair massage, relaxation procedures, and monetary reward) were applied to a 16-year old male with a five-year history of alopecia areata. Comparison for seven months without treatment versus seven months with treatment showed that loss of hair was markedly reduced after three months of treatment. During the last four month of the study, new hair growth was evidenced.

Previous treatments included intra-scalp corticosteroid injections, topical corticosteroids, PUVA light, and Rogaine. The use of only one subject, the limited time span of the study, and the close relationship between the researcher and the subject limit ability to generalize the findings. The article calls for further study to replicate the results.

Keywords:

TYPES: Swedish (scalp massage); actinotherapy

MeSH: Utilization

FOCUS: Alternative to surgery/drugs, comparison of techniques

AGE: Adolescent male, 16 years of age

AREA: Scalp

DISEASE: Alopecia areata

SPORT: N/A

COUNTRY: USA, English

DATABASE: MEDLINE

The Beneficial Effects of Tissue Massage for the Edentulous Patient

NAMES: Tauten HS

INSTITUTION: N/A

SOURCE: Journal of Prosthetic Dentistry, 48(6):653-6, 1982 December

DESCRIPTION: Case Study, Journal Article, 16 references

Synopsis:

Article examines the beneficial effects of tissue massage as an essential phase of prosthetic treatment. Dentists educate patients on how to give themselves a tissue massage for 15 to 20 minutes each day, using light pressure and then increasing pressure. The article includes three patient histories.

Keywords:

TYPE: Internal work — digital oral massage

MeSH: Education; utilization

FOCUS: Reduction in need for surgery

AGE: Adult denture wearers

AREA: Mouth

DISEASE: Gingival disease, inflammatory papillary hypercasia, epulis formation.

SPORTS: N/A

COUNTRY: USA, English

DATABASE: MEDLINE

The Effects of Massage in Patients with Chronic Tension Headache

NAMES: Puusjarvi K., Airaksinen O., Pontinen PJ.

INSTITUTION: Department of Physical Medicine and Rehabilitation, Kupoio University Central Hospital, Finland.

SOURCE: Acupuncture & Electro-Therapeutics Research 15(2):159-62, 1990.

DESCRIPTION: Clinical Trial, Journal Article, 7 references.

Synopsis:

Twenty-one female patients suffering from chronic tension headaches received 10 sessions of upper body massage consisting of deep tissue techniques in addition to softer techniques in the beginning. When found, trigger points were carefully and forcefully massaged. The range of cervical movements, surface ENMG on mm. frontalis and trapezius, visual analogue scale (VAS) and Finnish Pain Questionnaire, and the incidence of neck pain during a two week period before and after the treatment, and at 3 and 6 months during the follow-up period together with Beck depression inventory were taken for evaluation and follow-up. The range of movement in all directions increased and FPQ, VAS and the number of days of neck pain decreased significantly. There was a significant change in ENMG on the frontalis muscle whereas changes in trapezius remained insignificant. Beck inventory showed an improvement after the treatment. The study confirmed clinical and physiological effects of massage with rigorous soft tissue massage repeated 10 times in two and a half weeks having a clear long-term effect on chronic tension headaches up to 6 months.

Keywords:

TYPE: Deep tissue massage, trigger points

MeSH: Utilization

FOCUS: Control of pain — musculoskeletal pain

AGE: Adult females (aged 21-44)

AREA: Neck, head, shoulders, back.

DISEASE: Chronic tension headaches

SPORTS: N/A

COUNTRY: USA-Finland study, English

DATABASE: MEDLINE

Subscapularis Depression Technique

NAMES: Doran, JP

INSTITUTION: N/A

SOURCE: Massage Magazine May/June 1997:119

DESCRIPTION: Case History, Journal Article. No references.

Synopsis:

Description of a bodywork technique use by Australian therapists.

Keywords:

TYPE: Myofascial Release

MeSH: Education, utilization

FOCUS: Technique description

AGE: Not specified

AREA: Scapula

DISEASE: Scapulothoracic Dysfunction

SPORTS: N/A

COUNTRY: Australia, English

DATABASE: MTABC submission

Baby Massage in the Neonatal Unit

NAMES: Patterson L.

INSTITUTION: N/A

SOURCE: Nursing – Oxford 4(23):19-21, 1990 Nov 22 – Dec 5

DESCRIPTION: Journal Article, 7 references.

Synopsis:

Article in a nursing magazine about the importance of baby massage as a means to help parents overcome their feelings of inadequacy and help them form a bond with their child. The article describes when massage should be given and techniques, including effleurage and kneading.

Keywords:

TYPE: Swedish (effleurage, kneading)

MeSH: Education

FOCUS: Effectiveness in bonding

AGE: Infants

AREA: Whole body

DISEASE: Premature babies

SPORTS: N/A

COUNTRY: UK, English

DATABASE: MEDLINE, CINAHL

Massage Effects on Cocaine-Exposed Pre-term Neonates

NAMES: Wheeden MS, Scafidi FA, Ironson G, Valedon C, Bandstra E.

INSTITUTION: Touch Research Institute, University of Miami School of Medicine, Miami, Florida.

SOURCE: Developmental and Behavioral Pediatrics, 14(5);318-22, 1993 October.

DESCRIPTION: Randomized Controlled Clinical Trial, Journal Article, 26 references.

Synopsis:

Thirty cocaine-exposed pre-term neonates were randomly assigned to a massage therapy or a control group as soon as they were considered medically stable. Group assignment was based on a random stratification of gestational age, birth weight, intensive care unit duration, and entry weight into the study. The treatment group received massages for three 15-minute periods, over three consecutive hours for a ten day period. Findings suggested that the massaged infants (1) averaged 28 per cent greater weight gain per day although the groups did not differ in intake (calories or volume) (2) showed significantly fewer post natal complications and stress behaviours than did control infants and (3) demonstrated more mature motor behaviours on the Brazelton examination at the end of the ten day study period.

Other notes: Massage therapy can improve the clinical course of cocaine-exposed neonates. Massage therapy was delivered by one research assistant trained in the procedure. Findings of this study may apply to drug-exposed infants in general.

Keywords:

TYPE: Swedish (stroking), joint mobilization (flexion, extension)

MeSH: Utilization

FOCUS: Effectiveness in stress reduction, post natal complication reduction, and neonatal growth

AGE: Pre-term neonates

AREA: Full body — top of head, side of face, neck, back, shoulders, waist, thigh, foot, shoulder to wrist

DISEASE: Neonatal cocaine-exposure

SPORTS: N/A

COUNTRY: USA, English

DATABASE: Touch Research Institute publication listings

Tactile/Kinesthetic Stimulation Effects on Preterm Neonates

NAMES: Field T, Schanberg SM, Scafidi F, Bauer CR, Vega-Lahr N, Garcia R, Nystrom J, Kuhn CM.

INSTITUTION: Touch Research Institute, University of Miami School of Medicine, Miami, Florida.

SOURCE: Pediatrics, 77(5): 654-8, 1986 May.

DESCRIPTION: Controlled Clinical Trial, Journal Article, 19 references.

Synopsis:

Tactile/kinesthetic stimulation was given to 20 preterm neonates (31 weeks) during transitional nursing care, and their growth, sleep-wake behaviour, and Brazelton scale performance was compared with a group of 20 control neonates. The tactile/kinesthetic stimulation consisted of body stroking and passive movements of the limbs for three 15-minute periods per day for a 10 day period. The stimulated neonates averaged a 47 per cent greater weight gain per day, were more active and alert during sleep/wake behaviour observations, and showed more mature habituation, orientation, motor and range of state behaviour on the Brazelton scale than the control infants. Finally, their hospital stay was six days shorter, yielding a cost savings of approximately \$3,000 per infant.

The neonates were under 36 weeks, born under 1500 g, had no congenital heart malformation, gastrointestinal disorders CNS disturbances, congenital anomalies and maternal drug addiction, and weight between 1100 and 16500 when admitted to the transitional care nursery. The neonates were medically stable and were no longer receiving oxygen supplements or intravenous feeding.

Keywords:

TYPE: Swedish (Stroking), joint mobilization (passive movements)

MeSH: Utilization

FOCUS: Cost effectiveness, physiological effects

AGE: Preterm neonates

AREA: Limbs

DISEASE: Premature birth

SPORTS: N/A

COUNTRY: USA, English

DATABASE: Touch Research Institute publication listings

The Effects of Ice Massage on Delayed Muscle Soreness

NAMES: Yackzan L, Adams C, Francis KT.

INSTITUTION: N/A

SOURCE: American Journal of Sports Medicine

DESCRIPTION: Randomized Clinical Trial, Journal article, 30 references

Synopsis:

Researchers tested the following hypotheses: (1) cryotherapy would reduce delayed muscle soreness in eccentrically exercised muscles; (2) early cold treatment would reduce this soreness more than later post-exercise treatment times; (3) joint range of motion would be universally related to the subjective soreness ratings. Subjective sensations of muscular soreness and changes in elbow joint ROM were assessed in 30 subjects at 0, 24, 48, and 72 hours following eccentric-biased exercise in the elbow flexors. Cold treatments were applied immediately, 24 or 48 hours following a single exercise session. In response to the eccentric exercise, significant muscle soreness increases and elbow ROM decreases were observed in all exercised muscles from 24 to 48 hours post exercise. No differences in muscle soreness or elbow ROM changes were observed between treated and untreated arms except for one. Subjects treated at 24 hours post-exercise reported greater soreness in their arms compared to untreated arms just prior to treatment. The results do not support the efficacy of cold in reducing delayed muscle soreness. A negative correlation between muscle soreness and elbow ROM at 48 and 72 hours post-exercise indicated that an increase in soreness was associated with a decrease in ROM.

The authors conclude that cryotherapy alone is not effective in alleviating delayed muscle soreness.

Keywords:

TYPE: Hydrotherapy

MeSH: Utilization

FOCUS: Control of pain — relief of delayed onset of muscle soreness

AGE: Adult females (20 – 36 years of age)

AREA: Elbow

DISEASE: N/A

SPORTS: Applicable — reducing muscle soreness after exercise

COUNTRY: USA, English

DATABASE: MEDLINE, CINAHL

The Effects of Ice Massage Applied over the “Hoku” Acupuncture Point in Reducing Spontaneous Pain of Endodontic Origin

NAMES: Shedletsky P, Gale EN, Levine MS.

INSTITUTION: N/A

SOURCE: Journal of the Canadian Dental Association, 50(8):63-8, 1984 August.

DESCRIPTION: Randomized Controlled Clinical Trial, Journal Article, 26 references.

Synopsis:

Patients suffering from spontaneous endodontic pain were tested for pain reducing effect of ice massage over the isilateral Hoku acupuncture site. Control groups were treated with local anaesthetic injection to the same region and ice massage or local anaesthetic injection to a control site. A no treatment group was also included. Subjects rated pain levels on the Tursky & McGee pain questionnaire at specific time intervals for a duration of 60 minutes. No significant group or group trial effects were discovered. A significant trial effect, however, was found across all groups. This suggests that the pain reduction was not the result of ice massage over the Hoku acupuncture point or any other specific treatment effect.

Keywords:

TYPE: Hydrotherapy

MeSH: Utilization

FOCUS: Control of pain, alternative to surgery/drugs

AGE: Adults, 18-65 years

AREA: Mouth, teeth, isilateral Hoku acupuncture site (hand)

DISEASE: Endodontic pain

SPORTS: N/A

COUNTRY: Canada, English

DATABASE: MEDLINE

Validation of Cutaneous Stimulation Interventions for Pain Management

NAMES: Mobily PR, Herr KA, Nicholson AC.

INSTITUTION: University of Iowa College of Nursing, Iowa City, Iowa

SOURCE: International Journal of Nursing Studies, 31(6):533-44, 1994 December.

DESCRIPTION: Two-round Delphi Survey, Journal Article, 27 references.

Synopsis:

The purpose of the study was to identify and validate specific activities considered important in the implementation of selected cutaneous stimulation pain management interventions including heat and cold application, massage and TENS. Nurses selected for their expertise in pain management completed a two-round Delphi survey. Data were analyzed. Consistently high scores were obtained by the rates for each intervention and activity, with most activities perceived as critical to the intervention. From this process, a list of activities for each cutaneous stimulation intervention evolved that are applicable to education, clinical practice, and clinical nursing research.

Keywords:

TYPE: Hydrotherapy, Swedish, TENS

MeSH: Education, instrumentation, nursing

FOCUS: Control of pain, alternative to surgery/drugs

AGE: Not specified — general survey, would depend on specific situation

AREA: N/A — general survey, would depend on specific situation

DISEASE: N/A — Control of pain

SPORTS: N/A

COUNTRY: UK, English

DATABASE: MEDLINE, CINAHL

Pain Relief Using Cutaneous Modalities, Positioning and Movement

NAMES: McCaffery M., Wolff M.

INSTITUTION: N/A

SOURCE: Hospice Journal 8(1-2):121-53, 1992

DESCRIPTION: Journal Article, 32 references.

Synopsis:

This paper presents techniques that can be readily used in the home or hospital setting by all caregivers, excluding the family, to bring comfort and pain relief to terminally ill patients with pain. The paper presents specific guidelines for patients and caregivers in relation to the use of superficial heat and cold, menthol application to skin, transcutaneous electrical nerve stimulation (TENS), positioning and movement. The paper focuses on cutaneous modalities, defined as methods of stimulating the skin for the purpose of relieving pain or producing comfort. These palliative modalities are designed to relieve pain in dying patients, as well as strengthen the relationship between patient and caregiver.

Keywords:

TYPE: Swedish, hydrotherapy, TENS

MeSH: education, instrumentation, nursing

FOCUS: Pain relief, palliative care

AGE: Not specified

AREA: Back, shoulder, extremities

DISEASE: Terminal illnesses with pain

SPORTS: N/A

COUNTRY: USA, English

DATABASE: MEDLINE, CINAHL

Relieving Pain: Four Non-invasive Ways you Should Know About

NAMES: DeCrosta T.

INSTITUTION: N/A

SOURCE: Nursinglife 4(2):28-33, 1984 Mar-Apr

DESCRIPTION: Journal Article, 0 references

Synopsis:

Article in nursing magazine that describes TENS, ice massage, myotherapy (trigger points) and distraction to relieve chronic pain. Discusses when and when not to use each of the therapies and how to do them.

Keywords:

TYPE: Hydrotherapy, trigger points, TENS

MeSH: Contraindications, education, instrumentation, utilization

FOCUS: Control of pain, comparison of modalities

AGE: Not specified

AREA: NA— depends on the patient

DISEASE: NA — Control of pain

SPORTS: N/A

COUNTRY: USA, English

DATABASE: CINAHL

Massaging With Ice

NAMES: Burgess M.

INSTITUTION: N/A

SOURCE: RN, 48, 1985 June

DESCRIPTION: Letter, 1 reference

Synopsis:

Brief description of the use of ice massage for lower back pain.

Keywords:

TYPE: Hydrotherapy

MeSH: Utilization

FOCUS: Control of pain

AGE: Not specified — depends on the patient

AREA: Lower back

DISEASE: N/A

SPORTS: N/A

COUNTRY: USA, English

DATABASE: BRS-SCIE

Warm Underwater Water-jet Massage Improves Recovery from Intense Physical Exercise

NAMES: Viitasalo JT, Niemela K, Korjus T, Levola M, Mononen HV.

INSTITUTION: Research Institute for Olympic Sports, Jyväskylä, Finland.

SOURCE: European Journal of Applied Physiology & Occupational Physiology

DESCRIPTION: Randomized Controlled Clinical Trial, Journal Article, 20 references.

Synopsis:

The effects of warm underwater water-jet massage on neuromuscular functioning, selected biochemical parameters, and muscle soreness were studied among 14 junior track-and-field athletes. Each subject spent, in a randomized order, two identical training weeks engaged in five strength-power training sessions lasting three days. The training weeks differed from each other in respect of underwater water-jet massage treatments. These were used three times (20 minutes each) during the treatment week and not used during the control week. During the treatment week, continuous jumping power decreased and group contact time increased significantly less and serum myoglobin increased more than during the control week. It is suggested that underwater water-jet massage in connection with intense strength/power training increases the release of proteins from muscle tissue into the blood and enhances the maintenance of neuro-muscular performance capacity.

Keywords:

TYPE: Hydrotherapy

MeSH: Utilization

FOCUS: Effect on reduction in muscle soreness

AGE: Adolescents, 16 – 19 years of age

AREA: Specific body segments, undefined

DISEASE: N/A

SPORTS: Applicable — strength/power training

COUNTRY: Germany, English

DATABASE: MEDLINE

Connective Tissue Massage for Reflex Sympathetic Dystrophy: a Case Study

NAMES: van Schie T.

INSTITUTION: N/A

SOURCE: New Zealand Journal of Physiotherapy 21(2):26, 1993 August.

DESCRIPTION: Case Study, Journal Article, 4 references.

Synopsis:

Brief article on the use of CTM in a case of reflex sympathetic dystrophy. The woman had intense pain in her left hand following surgery to repair a peripheral nerve. Deep technique massage on the sacral, pelvic and lumbar region was performed. After three treatments on consecutive days, there was noticeable improvement in the level of pain and function of the arm. The article is directed to physiotherapists.

Keywords:

TYPE: Connective Tissue Massage

MeSH: Utilization

FOCUS: Control of pain

AGE: Adult female (45 years old)

AREA: Sacral, pelvic and lumbar areas

DISEASE: Reflex sympathetic dystrophy

SPORTS: N/A

COUNTRY: New Zealand, English

DATABASE: CINAHL

The Evaluation of Phonophoresis and Friction Massage as Treatments for Extensor Carpi Tendinitis: A Randomized Controlled Trial

NAMES: Stratford PW., Levy DR., Gauldie S., Miferi D., Levy K.

INSTITUTION: N/A

SOURCE: Physiotherapy Canada 21(2):93-9, 1989 Mar-Apr

DESCRIPTION: Randomized Controlled Clinical Trial, Journal Article, 20 references.

Synopsis:

The purposes of this study were to determine whether ultrasound and a 10 per cent hydrocortisone ointment was superior to ultrasound and a placebo ointment, and to determine whether friction massage was superior to no friction, in patients with the clinical diagnosis of extensor carpi radialis tendinitis. Forty lateral epicondylitis patients were in the study. The patients were stratified on the basis of pain-free grip strength. They were then randomly assigned to one of the four treatment groups. The patients' outcomes were assessed following nine treatments within five weeks of the initial visit. No one therapy was demonstrated to be superior to another; however, site of lesion and history of prior occurrences were found to be predictors of outcome, independent of therapy. The results suggest the most cost-effective method of treating the lateral epicondylitis patient is by ultrasound alone.

Keywords:

TYPE: Deep Friction Massage

MeSH: Utilization

FOCUS: Cost effectiveness, comparison of nine different treatments

AGE: Adults

AREA: Elbow

DISEASE: Extensor carpi radialis tendinitis

SPORTS: N/A

COUNTRY: Canada, English

DATABASE: CINAHL

Cyriax's Friction Massage: A Review

NAMES: Chamberlain GJ.

INSTITUTION: N/A

SOURCE: Journal of Orthopedic and Sports Physiotherapy 4(1):16-22, 1982 Summer.

DESCRIPTION: Literature Review, Journal Article, 35 references.

Synopsis:

The article reviews the existing literature on connective tissue in an attempt to provide additional substantiation for the use of Dr. James Cyriax's Friction Massage. Deep friction reaches the musculoskeletal structures of ligament, tendon, and muscle and provides therapeutic movement over a small area. It maintains the mobility within the soft tissue structures of ligament, tendon, and muscle and prevents adherent scar from forming. The article discusses connective tissue, its structure, classification, mechanics, and repair. The article is directed to physiotherapists.

Keywords:

TYPE: Deep Friction Massage

MeSH: Education, utilization

FOCUS: Prevention of adherent scars

AGE: Not specified — depends on the patient

AREA: Muscles, tendons, ligaments

DISEASE: N/A

SPORTS: N/A

COUNTRY: USA, English

DATABASE: CINAHL

The Use of Transverse Friction Massage in the Management of Chronic Bursitis of the Hip and Shoulder

NAMES: Hammer WI.

INSTITUTION: N/A

SOURCE: Journal of Manipulative & Physiological Therapeutics 16(2):107-11, 1993.

DESCRIPTION: Case Study, Journal Article, 24 references.

Synopsis:

This article discusses two cases of chronic bursitis of the hip and shoulder. While clinical evidence has substantiated the benefits of friction massage on chronic tendinitis, previous literature has discouraged the use of friction massage on chronic bursitis. A functional examination and attention to associated biomechanical faults are also necessary for a complete noninvasive manual resolution of the problem. (J Manipulative Physiol Ther 1993;16:107-111)

Friction massage has clinically proven itself over the last 50 years to dissolve scar tissue in ligaments, tendons, and muscles. Since it has clinically been effective in tendinitis and most chronic bursitis problems are relate to a pre-existing tendinitis, the adhesions in chronic bursal problems should be equally affected by friction. The use of friction massage is recommended as an additional feature in the overall manual approach to chronic bursitis.

Keywords:

TYPE: Deep friction massage

MeSH: Utilization

FOCUS: Effectiveness

AGE: Not specified — depends on the patient

AREA: Hip joint, shoulder joint

DISEASE: Chronic bursitis

SPORTS: N/A

COUNTRY: USA, English

DATABASE: MEDLINE

Fabricating a Splint for Deep Friction Massage

NAMES: Steward B., Woodman R., Hurlburt D.

INSTITUTION: Quinnipac College, Hamden, CT

SOURCE: Journal of Orthopaedic & Sports Physical Therapy, 21(3):172-5, 1995 March.

DESCRIPTION:

Synopsis:

Deep friction massage is a therapeutic modality for tendinitis, muscle strains, ligament sprains, and capulitis of the trapezio-first-metacarpal joint. Depending on the stage and site of the lesion, treatment sessions may be as brief as five minutes or as long as 20 minutes. Many therapists find DFM to be very effective but state that treatment is very fatiguing to administer. Therapists with hyper-mobile fingers find it particularly difficult to perform. To overcome these problems, a number of splints have been designed to treat various lesions. This article describes how to fabricate one of these splints. This splint is useful for commonly seen lesions such as supraspinatus tendinitis and a sprained acromioclavicular ligament.

The article describes eight rules for deep friction massage, contraindications, and splint fabrication.

Keywords:

TYPE: Deep friction massage

MeSH: Contraindications, instrumentation, trends

FOCUS: Rules for use of DFM, and how to fabricate a splint

AGE: Not specified — depends on the patient

AREA: Various

DISEASE: Tendinitis, muscle strain, ligaments sprain, capulitis of the trapezio-first-metacarpal joint.

SPORTS: Applicable

COUNTRY: USA, English

DATABASE: MEDLINE, CINAHL, SPORT DISCUS/HERACLES

The Role of Massage of the Athlete: A Review

NAMES: Callaghan MJ.

INSTITUTION: Department of Physiotherapy, Royal Liverpool University Hospital, UK.

SOURCE: British Journal of Sports Medicine

DESCRIPTION: Literature Review, Journal Article, 30 references.

Synopsis:

This paper reviews the early and more recent studies on the effects of massage and also the more recent literature on its use on the sports person. The authors found little agreement in English publications of the efficacy of massage and there were contradictory findings as to the optimum techniques and length of time of application. The role of massage needs to be evaluated further to resolve some contentious issues arising about this mode of treatment to justify its use.

The authors describe massage techniques (effleurage, petrissage, friction, tapotement and vibration), the effects on circulation, post-event massages, pre-event massage and sports specific massage and implications. The article focuses on massage delivered by physiotherapists.

Keywords:

TYPE: Swedish (effleurage, petrissage, friction, tapotement and vibration)

MeSH: Education, utilization, trends

FOCUS: Review of previous studies on effectiveness, with emphasis on circulation and sports massage

AGE: Not specified — depends on the patient

AREA: Various

DISEASE: NA— sports massage

SPORTS: Applicable

COUNTRY: UK, English

DATABASE: MEDLINE, SPORT DISCUS/HERACLES

Getting in Deep

NAMES: Kaufmann, E.

INSTITUTION: N/A

SOURCE: Walking Magazine (Boston), 9(5), October 1994, 80-84;102

DESCRIPTION: Journal Article, no references.

Synopsis:

Article in Walking Magazine about the therapeutic effects of massage for race walking and other sports activities. The article mentions massage's usefulness for discovering injuries early, and performing damage control to muscles to help contribute to a speedier recovery from muscle overuse. The article includes a component on deep tissue or maintenance massage, with a focus on skeletal muscles.

Keywords:

TYPE: Swedish (effleurage, petrissage, compression), deep friction massage.

MeSH: Psychological effects

FOCUS: Effectiveness in recovery from overuse

AGE: Not specified — depends on the patient

AREA: Hamstrings, inner thighs, gluteals, lower back, scapular muscles

DISEASE: N/A — sports massage

SPORTS: Applicable — race walking/sports massage

COUNTRY: USA, English

DATABASE: SPORT DISCUS/HERACLES

Massage: How to Do It, and What It Will Do For You

NAMES: Bean B, Henderson H, Martinsen M

INSTITUTION: University of Utah

SOURCE: Scholastic Coach 52(5), December 1982, 10-11; 58

DESCRIPTION: Journal Article, 5 references.

Synopsis:

Article in Scholastic Coach journal that identifies massage as an underutilized modality for rehabilitation of sports injuries. The article describes five types of massage — vibration, tapotement, effleuage, petrissage and friction. It also describes the physiological effects, including increased circulation, increased local blood flow, relaxation or stimulation of muscles, and mobilization and realignment of scar tissue after injury. Finally, the article describes psychological effects of massage.

Keywords:

TYPE: Swedish (vibration, tapotement, effleuage, petrissage and friction)

MeSH: Education, utilization, psychological effects

FOCUS: Rehabilitation of sports injuries

AGE: Not specified — depends on the patient

AREA: Various

DISEASE: NA— sports massage

SPORTS: Applicable

COUNTRY: USA, English

DATABASE: MEDLINE, SPORT DISCUS/HERACLES

The Effects of Massage to the Hamstring Muscle Group on Range of Motion

NAMES: Crosman LJ, Chateauvert SR, Weisberg J.

INSTITUTION: N/A

SOURCE: Journal of Orthopaedic & Sports Physical Therapy 6(3):168-72, 1984 Nov-Dec.

DESCRIPTION: Clinical Trial, Journal Article, 15 references.

Synopsis:

This study was designed to measure the effect on range of motion of a single massage treatment to the hamstring muscle group. Thirty-four female subjects were given 9-12 minute massage treatment to the posterior aspect on one randomly assigned lower extremity. Passive range of motion of both lower extremities was measured by taking the perpendicular distance from the lateral malleolus to the table surface in a straight leg raise and by conventional goniometry for hip flexion and knee extension. Measurements were taken pre- and post- and seven days post massage treatment. Immediate post massage increases in range of motion were noted in the test group legs.

The authors chose the hamstring muscle group because it has been known to be associated with a number of low back disorders, postural deviations, and may hinder athletic performance as well as increase risk of injury.

Keywords:

TYPE: Swedish (effleurage, petrissage, friction), therapeutic exercise (stretching), deep friction massage

MeSH: Utilization

FOCUS: Effect on range of motion

AGE: Adult females (aged 18 – 35 years)

AREA: Lower extremity – hamstring muscles

DISEASE: Scoliosis, low back range of motion syndromes

SPORTS: Applicable

COUNTRY: USA, English

DATABASE: CINAHL, SPORT DISCUS/HERACLES

Effects of Warming Up, Massage, and Stretching on Range of Motion and Muscle Strength in the Lower Extremity

NAMES: Wiktorsson-Moller M, Oberg B, Ekstrand J, Gillquist J.

INSTITUTION: Department of Physiotherapy and Orthopaedic Surgery, University Hospital, Linkoping, Sweden

SOURCE: American Journal of Sports Medicine, 11(4):249-52, 1983 July-August.

DESCRIPTION: Clinical Trial (no control), Journal Article, 10 references.

Synopsis:

The study measured the effects of general warming up, massage and stretching on range of motion and strength of quadriceps and hamstrings. Stretching resulted in significantly increased range of hip flexion/extension, hip abduction, knee flexion, and ankle dorsiflexion. The effect was significantly greater than that obtained by massage and warming up separately or combined. Only ankle dorsiflexion was influenced by massage or warming up, whereas stretching affected all muscle groups tested. Stretching was therefore superior to the other methods for increasing flexibility in the lower extremity.

Massage was delivered by a professional massage therapist.

Keywords:

TYPE: Swedish (kneading)

MeSH: Utilization

FOCUS: Effect on range of motion and strength, comparison of modalities

AGE: Adult males

AREA: Quadriceps, hamstrings

DISEASE: NA — range of motion

SPORTS: Applicable

COUNTRY: Sweden, English

DATABASE: CINAHL

Massage for Cyclists: The Winning Touch?

NAMES: Cinque C.

INSTITUTION: N/A

SOURCE: Physician & Sportsmedicine.

DESCRIPTION: Journal Article, no references

Synopsis:

Article in Physician & Sportsmedicine that credits massage with helping Greg Lemond win the Tour de France. Massage was used to speed the process of muscle recovery. The article describes the role of “soigneurs” who in cycling circles, provide massage as well as other services. It includes a description of techniques of massage, including effleurage, frottement, petrissage, and tapotement.

Keywords:

TYPE: Swedish

MeSH: Psychological effects, utilization

FOCUS: Sports — improved performance and speed in muscle fatigue recovery

AGE: Adult male

AREA: Primarily legs and back

DISEASE: N/A – muscle fatigue

SPORTS: Sports — massage for improved performance in cycling

COUNTRY: USA, English

DATABASE: CINAHL, SPORT DISCUS-HERACLES, BRS-SCIE

Massage for Athletes

NAMES: Stamford B.

INSTITUTION: N/A

SOURCE: The Physician & Sportsmedicine

DESCRIPTION: Journal Article, no references

Synopsis:

A one-page article describing massage as therapy, and as conditioning for athletes. It includes a brief section on massage techniques.

Keywords:

TYPE: Swedish (effleurage, petrissage, tapotement, frottement (friction))

MeSH: Utilization

FOCUS: Use in sports-related conditioning

AGE: Not specified — depends on the patient

AREA: Various

DISEASE: NA

SPORTS: Applicable — improved performance

COUNTRY: USA, English

DATABASE: BRS-SCIE/SPORT DISCUS/HERACLES

The Effects of Athletic Massage on Delayed Onset of Muscle Soreness, Creatine Kinase, and Neutrophil Count: A Preliminary Report

NAMES: Smith LL., Keating MN, Holbert D, Spratt DJ, McCammon MR, Smith SS

INSTITUTION: Human Performance Laboratory, East Carolina University, Greenville NC.

SOURCE: Journal of Orthopaedic & Sports Physical Therapy, 19(2):93-9, 1994 February.

DESCRIPTION: Randomized Controlled Clinical Trial, Trend Analysis, Journal Article, 44 references.

Synopsis:

Study designed to show the effect of athletic massage after eccentric exercise. The authors hypothesized massage would disrupt an initial crucial event in acute inflammation, the accumulation of neutrophils. This would result in a diminished inflammatory response and a concomitant reduction in delayed onset muscle soreness (DOMS) and serum creatine kinase (CK). Untrained males were randomly assigned to a massage or control group. All performed five sets of isokinetic eccentric exercise of the elbow flexors and extensors. Two hours after exercise, massage subjects received a 30-minute athletic massage; control subjects rested. DOMS and CK were assessed before exercise and at 8, 24, 48, 72, 96 and 120 hours after exercise. Circulating neutrophils were assessed before and immediately after exercise, and at 30-minute intervals for 8 hours; cortisol was assessed before and immediately after exercise, treatment by time interaction effect for DOMS, with the massage group reporting reduced levels CK, with the massage group displaying reduced levels Neutrophils, with the massage group displaying a prolonged elevation; and Cortisol, with DOMS and CK when administered 2 hours after the termination of eccentric exercise. This may be due to a reduced emigration of neutrophils and/or higher levels of serum cortisol.

Note: Licensed physical therapist performed the sports massage.

Keywords:

TYPE: Swedish (effleurage, shaking, petrissage), deep friction massage (cross-fiber wringing)

MeSH: Instrumentation (for pain measurement), utilization, trends

FOCUS: Control of pain; sports

AGE: Adult male

AREA: Isometric contraction

DISEASE: N/A

SPORTS: Applicable — exercise and reduction in muscle soreness.

COUNTRY: USA, English

DATABASE: MEDLINE, CINAHL, SPORT DISCUS/HERACLES

Does Sports Massage Have a Role in Sports Medicine?

NAMES: Samples P.

INSTITUTION: N/A

SOURCE: The Physician & Sportsmedicine, 15(3):177-8;181-3, 1987 March

DESCRIPTION: Journal Article, 2 references.

Synopsis:

Article in the Physician & Sportsmedicine that discusses the physiological and psychological benefits of massage. The article describes forms of sports massage, including compression, trigger point and cross-fiber friction.

Keywords:

TYPE: Swedish (compression), trigger points, deep friction massage (cross-fiber friction).

MeSH: Psychological effects, utilization

FOCUS: Improved performance in sports

AGE: Adults

AREA: Various

DISEASE: N/A

SPORTS: Applicable

COUNTRY: USA, English

DATABASE: SPORT DISCUS/HERACLES, BRS-SCIE

Massage Therapy for Infants and Children

NAMES: Field, T.

INSTITUTION: Touch Research Institute, University of Miami School of Medicine, Miami, Florida.

SOURCE: Developmental and Behavioral Pediatrics, 16(2):105-111, 1995 April

DESCRIPTION: Meta analysis of 19 infant stimulation studies and controlled case studies, Journal Article, 23 references.

Synopsis:

Date are reviewed on the effects of massage therapy on infants and children with various medical conditions. Infants include: premature infants, cocaine-exposed infants, HIV-exposed infants, infants of depressed mothers, and full-term infants without medical problems. Childhood conditions include abuse (sexual and physical), asthma, autism, burns, cancer, developmental delays, dermatitis, diabetes, eating disorders, juvenile rheumatoid arthritis, posttraumatic stress disorder, and psychiatric problems. Generally, massage therapy has resulted in lower anxiety and stress hormones and improved clinical course.

Note: massage therapy was delivered by parents, grandparents, volunteers, etc., not RMTs. Summary of research conducted by the Touch Research Institute.

Keywords:

TYPE: Swedish, deep friction massage

MeSH: Utilization, psychological effects

FOCUS: Effectiveness, control of pain, reduction in anxiety

AGE: Infants and children

AREA: Full body

DISEASE: Premature infants, cocaine-exposed infants, HIV-exposed infants, infants of depressed mothers, and full-term infants without medical problems, abuse (sexual and physical), asthma, autism, burns, cancer, developmental delays, dermatitis, diabetes, eating disorders, juvenile rheumatoid arthritis, posttraumatic stress disorder, and psychiatric problems

SPORTS: N/A

COUNTRY: USA, English

DATABASE: Touch Research Institute publication listings

Massage, the Scientific Basis of an Ancient Art: Part 1. The Techniques

NAMES: Goats, GC.

INSTITUTION: School of Occupational Therapy and Physiotherapy, University of East Anglia, Norwich, UK

SOURCE: British Journal of Sportsmedicine, 28(3): 149-52, 1994 September

DESCRIPTION: Literature Review, Journal Article, 22 references.

Synopsis:

Part one of a two part article. Manual massage is a long established and effective therapy used for the relief of pain, swelling, muscle spasm, and restricted movement. Various mechanical methods have appeared to complement the traditional manual techniques. Both manual and mechanical techniques are described, together with a review of indications for use in sports medicine. Techniques include: effleurage, petrissage, friction, tapotement, vibration and shaking. Equipment includes devices for increasing pressure and causing vibration.

Keywords:

TYPE: Swedish

MeSH: Education, instrumentation, utilization

FOCUS: Control of pain (swelling, muscle spasms, restricted movement). Discusses manual and mechanical techniques

AGE: Not specified — varies

AREA: Varies, depending on condition

DISEASE: N/A

SPORTS: Applicable — sports medicine

COUNTRY: UK, English

DATABASE: MEDLINE, SPORT DISCUS/HERACLES

Massage, the Scientific Basis of an Ancient Art: Part 2. Physiological and Therapeutic Effects

NAMES: Goats, GC.

INSTITUTION: School of Occupational Therapy and Physiotherapy, University of East Anglia, Norwich, UK

SOURCE: British Journal of Sportsmedicine, 28(3): 153-6, 1994 September

DESCRIPTION: Literature Review, Tutorial, Journal Article, 57 references.

Synopsis:

Part two of a two part series on the physiological and therapeutic effects of massage. This article reviews previous research into the effects of massage on blood flow and composition, oedema, connective tissues, muscle and nervous system. The discussion demonstrates that the use of massage in sports medicine can be justified according to orthodox scientific criteria.

Discusses the effect of massage on the circulatory and tissue fluids connective tissue, muscle and the nervous system.

Keywords:

TYPE: Connective tissue massage, deep friction massage, Swedish.

MeSH: Education, utilization

FOCUS: Review of effects

AGE: Not specified

AREA: Varies, depending on condition

DISEASE: N/A

SPORTS: Applicable — sports medicine

COUNTRY: UK, English

DATABASE: MEDLINE, SPORT DISCUS/HERACLES

The Efficacy of Manual Therapy

NAMES: di Fabio, RP

INSTITUTION: N/A

SOURCE: Physical Therapy (Alexandria, Virginia); 72(12): 853-64, 1992 December

DESCRIPTION: Serial Article, Review of Valid Clinical Trials, 68 references.

Synopsis:

The study attempts to establish objective criteria for judging the validity of manual therapy research; to identify and discuss the results of trials determined to be valid demonstration of treatment efficacy or valid demonstrations of non-useful therapy; and to determine whether patients who benefit from manual therapy have common characteristics. The authors reviewed 146 titles. Of these, 105 studies were not primary studies of manual therapy and were eliminated. Of the remaining 41 studies, 18 did not use statistical comparisons or report blinded assessment of outcome measures. Nine controlled studies yielded negative results. The 14 studies that met the efficacy criteria were categorized by (1) anatomical region of intervention (2) pragmatic versus explanatory goals, (3) primary intervention.

Manual therapy for low back pain was studied extensively. The analysis of valid trials provided clear evidence that manual therapy, particularly manipulation, can be an effective modality when used to treat patients who have low back pain. A preliminary profile of the patient with low back pain who would likely benefit from manual therapy included acute symptom onset with less than a one month duration of symptoms, central or paravertebral pain distribution, no previous exposure to spinal manipulation, and no pending litigation or workers' compensation.

Keywords:

TYPE: Swedish (manual soft tissue manipulation)

MeSH: Instrumentation, utilization

FOCUS: Effectiveness, control of pain

AGE: Not specified — situation dependent

AREA: Low back

DISEASE: Somatic pain syndrome, low back pain

SPORTS: N/A

COUNTRY: USA, English

DATABASE: SPORT DISCUS/HERACLES

The Effect of Two Intensities of Massage on H-Reflex Amplitude

NAMES: Goldberg J, Sullivan SJ, Seaborne DE

INSTITUTION: N/A

SOURCE: Physical Therapy, 72(6): 449-57, 1992 June.

DESCRIPTION: Clinical trial, Journal article, 29 references.

Synopsis:

The purposes of the study were to investigate the effectiveness of two different levels of massage on the depression of spinal motoneuron excitability; to investigate the presence of any gender effects in relation to massage; and to describe a method used to quantify the amount of pressure exerted during two different intensities of massage (light massage and deep massage). Ten peak-to-peak H-reflex recordings were elicited during five control and two massage conditions. Each condition was three minutes in duration. The differences were significant, suggesting that the mechanism involved in the observed inhibitory response is pressure sensitive, with deep massage bringing about a greater inhibitory response than light massage. No differential effects attributed to gender differences were found. These results will serve to define massage characteristics in an ongoing study investigating the effect of massage in persons with a spinal cord injury. [Phys Ther. 1992;72:449-457.]

The study helps define the minimum amount of pressure required to be clinically effective, yet comfortable and safe.

Keywords:

TYPE: Deep friction massage, Swedish

MeSH: Utilization

FOCUS: Effectiveness in depression of motoneuron excitability

AGE: Adults, mean age 22.6 years

AREA: Calf massage

DISEASE: Neurological impairments (e.g., stroke, head injury, spinal cord injury, multiple sclerosis)

SPORTS: N/A

COUNTRY: USA, English

DATABASE: CINAHL, SPORT DISCUS/HERACLES

Simple Remedies for Post-Op Gas Pain

NAMES: Nicholas, RR

INSTITUTION: N/A

SOURCE: RN, 49(2):42-4, 1986 February

DESCRIPTION: Journal Article, no references

Synopsis:

Journal article in RN magazine that describes abdominal massage as a way to ease the pain and reduce the need for analgesics as a result of post-surgery gas pain.

Keywords:

TYPE: Swedish (kneading, friction), therapeutic exercise.

MeSH: Education, utilization

FOCUS: Control of pain and alternative to surgery/drugs (in post-surgery complications)

AGE: Not specified — situation dependent

AREA: Abdomen

DISEASE: N/A

SPORTS: N/A

COUNTRY: USA, English

DATABASE: CINAHL

Rubbed the Right Way

NAMES: Eller, D.

INSTITUTION: N/A

SOURCE: American Health: Fitness of Body & Mind, 15(1):74-7, 1996 Jan-Feb.

DESCRIPTION: Magazine Article, no references.

Synopsis:

Article in American Health magazine linking wellness and massage. Refers to Touch Research Institute reports. Defines the types of massage including Swedish, Shiatsu, deep tissue, reflexology, sports massage, cranial-sacral, reiki and trigger point therapy.

Keywords:

TYPE: Swedish, trigger points (Shiatsu), deep friction massage, reflexology, cranial-sacral, reiki

MeSH: Education, psychological effects

FOCUS: Alternative to surgery/drugs

AGE: Not specified — situation dependent

AREA: Depending on situation

DISEASE: N/A — some reference to utilization for diseases

SPORTS: N/A — some reference to utilization for sports

COUNTRY: USA, English

DATABASE: CINAHL, BRS-SCIE

Massage in Psychological Medicine — Modern Use of an Ancient Art

NAMES: Valentine, KE.

INSTITUTION: N/A

SOURCE: New Zealand Journal of Physiotherapy, 12(3): 15-6, 1984, December

DESCRIPTION: Journal Article, 12 references.

Synopsis:

The article describes a new use of massage in an active out-patient psychiatric service. However, this massage is delivered by physiotherapists. "Touch talk" (massage) classes demonstrate to the patient his physical and emotional inhibitions and offers strategies for change. The body can then be used for caring, expressive communication. Desensitization can be achieved by the recognition and acceptance of the feelings associated with touch over progressive sessions.

Keywords:

TYPE: Swedish (holding, stroking, kneading, tapping)

MeSH: Education, Psychological effects

FOCUS: Effectiveness in out-patient services

AGE: Not specified

AREA: Progressive over 8-week period from back, to neck and shoulders, to arms, to face and scalp.

DISEASE: Psychiatric illnesses

SPORTS: N/A

COUNTRY: New Zealand, English

DATABASE: CINAHL

An Overlooked Therapy You Can Use Ad Lib

NAMES: Breakey, BM

INSTITUTION: N/A

SOURCE: RN, 47(7):50-4, 1982 July.

DESCRIPTION: Journal Article, no references.

Synopsis:

Article in RN magazine that describes to nurses how to integrate massage techniques in their schedules. The article suggests borrowing selected techniques from massage and applying them to rectify specific problems. Techniques include hand over hand, effleurage, kneading, petrissage, friction, stretching, thumb-stripping and brush-stroking.

Keywords:

TYPE: Swedish

MeSH: Education, utilization, psychological effects, nursing

FOCUS: Nursing massage

AGE: Adults, (male and female), aged

AREA: Situation dependent

DISEASE: Poor circulation

SPORTS: N/A

COUNTRY: USA, English

DATABASE: MEDLINE/CINAHL

The Effect of Massage on Serum Level of Beta-endorphin and Beta-lipotropin in Healthy Adults

NAMES: Day, JA, Mason RR, Chesrown SE

INSTITUTION: University of Florida

SOURCE: Physical Therapy, 67(6): 926-30, 1987 June

DESCRIPTION: Randomized Controlled Trial, Journal Article, 28 references.

Synopsis:

The study evaluates the effect of massage on the levels of endogenous opiates in peripheral venous blood. Volunteers were randomly assigned to a control group that rested but received no massage or the experimental group that received a 30-minute complete back massage. There were not significant pre-treatment or post-treatment differences in blood beta-endorphin or beta-lipotropin levels between the groups. The results indicate that massage did not change significantly the measured serum levels of beta-endorphin or beta-lipotropin in the healthy subjects without pain.

Authors recommend a follow-up study using patients experiencing acute or chronic back pain.

Keywords:

TYPE: Swedish, deep friction massage

MeSH: Utilization

FOCUS: Effect on serum level in health adults. Reference to effectiveness in control of pain

AGE: Adults

AREA: Back and neck

DISEASE: N/A — healthy adults

SPORTS: N/A

COUNTRY: USA, English

DATABASE: MEDLINE, CINAHL, SPORT DISCUS/HERACLES

Massage Causes Changes in Blood Fluidity

NAMES: Ernst E., Matrai A., Magyarosy I., Liebermeister RGA., Eck M, Breu MC

INSTITUTION: Haemorheological Research Laboratory, Clinic for Physical Medicine, University of Munich.

SOURCE: Physiotherapy, 73(1): 43-5, 1987 January 10.

DESCRIPTION: Randomized Controlled Trial, Journal Article, 20 references.

Synopsis:

Twelve healthy volunteers and 10 patients suffering from anklyosing spondylitis were tested. Blood rheology was quantified by measuring blood viscosity at native and 45 degree haematocrit, plasma viscosity, haematocrit, red cell filterability and red cell aggregation. Volunteers were tested before and after on standard whole-body muscular massage of 20 minutes. Patients were examined in the same way, but additionally tested after one series of six such massages during a two-week period. Results show that blood viscosities, haematocrit and plasma viscosity decline after both acute and long-term treatments. The changes in blood rheology seem to be caused mainly by haemodilution.

The authors conclude that the study could contribute to the therapeutic efficacy of massage therapy in muscular disorders.

Keywords:

TYPE: Swedish

MeSH: Utilization

FOCUS: Effectiveness in blood rheology

AGE: Adults

AREA: Whole body

DISEASE: Anklyosing spondylitis

SPORTS: N/A

COUNTRY: USA, English

DATABASE: CINAHL

Effect of Gentle Massage on Regression of Sensory Analgesia During Epidural Block

NAMES: Wasa U, Katatoka Y, Sagara Y

INSTITUTION: Department of Anesthesiology and Gynecology, Kochi Medical School, Kochi, Japan.

SOURCE: Anesthesia and Analgesia, 76:783-5, 1993 December

DESCRIPTION: Randomized Controlled Trial, Journal Article, 4 references

Synopsis:

Researchers investigated the effect of gentle epigastric massage on the regression of the sensory analgesic of epidural block. Sixteen patients who underwent minor obstetric or gynecological surgery under epidural block with lidocaine were directed into two groups. Group A was the control group. Group B received gentle massage of epigastric area for 30 minutes. The regression of sensory analgesia in group B was significantly faster than in group A 30 minutes after massage.

Researchers conclude that peripheral sensory stimulation as well as gentle massage may imitate a series of indirect mechanisms that lead to accelerated regression of sensory analgesia. Several letters of comment follow in successive volumes.

Keywords:

TYPE: Swedish

MeSH: Utilization

FOCUS: Pre-surgery, circulation

AGE: Adults

AREA: Epigastric massage (abdomen)

DISEASE: Minor obstetric and gynecological surgery (dilation, amniotomy, cone biopsy)

SPORTS: N/A

COUNTRY: USA, English

DATABASE: MEDLINE

Autistic Children's Attentiveness and Responsivity Improved After Touch Therapy

NAMES: Field T, Lasko D, Mundy P, Henteleff T, Kabat S, Talpins S, Dowling M

INSTITUTION: Touch Research Institute, University of Miami Medical School Miami, Florida.

SOURCE: Touch Research Institute, 12 pages.

DESCRIPTION: Randomized Controlled Clinical Trial, Published Manuscript, 7 references.

Synopsis:

Twenty-two autistic pre-school children were randomly assigned to a touch therapy or touch control group. Following one month of eight 15-minute sessions (twice per week), changes were noted in all children including a decrease in touch aversion and off-task behaviour. The touch therapy children also showed fewer autistic behaviours during classroom observation, their teachers assigned them better Autism Behaviour Checklist scores (sensory, relating and total scale scores). And they performed better on the Early Social Communications Scales (joint attention, behaviour regulation, social and initiating behaviours).

The children who received touch therapy were fully clothed and their entire body was rubbed using moderate pressure and smooth stroking movements on each of the following areas: head and neck, arms/legs, torso, legs/feet. Note: touch was not delivered by a RMT but by a volunteer student.

Keywords:

TYPE: Swedish

MeSH: Utilization

FOCUS: Massage for autistic children

AGE: Children

AREA: Entire body

DISEASE: Autism

SPORTS: N/A

COUNTRY: USA, English

DATABASE: Touch Research Institute publication listings

An Attempt to Prevent the Appearance of Striae Gravidarum by means of Prophylactic Application of a Massage Cream

NAMES: Wierrani F, Kozak W, Schramm W, Grumberger W.

INSTITUTION: Gynakologische und Geburtshilfliche Abteilung Krankenhaus Rudolfsiftung Wien

SOURCE: Wiener Klinische Wochenschrift

DESCRIPTION: Randomized Controlled Clinical Trial, Journal Article, 8 references.

Synopsis:

Striae distensae are an appreciable cosmetic problem for many pregnant women. Preventative application of a water/oil massage cream was tested in a group of 24 gravidae (control group: 26 patients). In the untreated control group striae distensae were observed in two-thirds of the patients, whereas the prophylactically-treated gravidae showed development of striae in only one third of the group given the test preparation. Better results were obtained in women with a favourable constitutional predisposition than in patients with a tendency to overweight. The massage cream was well tolerated by all gravidae.

Keywords:

TYPE: Swedish

MeSH: Utilization

FOCUS: Use of massage cream

AGE: Pregnant adult females

AREA: Gravidae

DISEASE: Striae distensae in pregnancy

SPORTS: N/A

COUNTRY: Austria, German with English abstract.

DATABASE: MEDLINE

Massage Therapy Reduces Anxiety and Enhances EEG Patterns of Alertness and Math Computations

NAMES: Field T, Ironson G, Scafidi F, Nawrocki T, Goncalves A, Burman I, Pickens J, Fox N, Schanberg S, Kuhn C.

INSTITUTION: Touch Research Institute, University of Miami School of Medicine, Florida.

SOURCE: International Journal of Neuroscience 86(3-4):197-205, 1996 September.

DESCRIPTION: Randomized Controlled Trial, Journal Article, 10 references.

Synopsis:

Twenty-six adults were given a chair massage and 24 control group adults were asked to relax in the massage chair for 15 minutes, two times per week for five weeks. In the first and last days of the study, they were monitored for EEG before, during, and after the sessions. Before and after sessions they performed math computations, they completed POMS Depression and State Anxiety Scales and they provided a saliva sample for cortisol. At the beginning of the sessions they completed life events, job stress and chronic POMS Depression Scales. Analyses revealed: 1) frontal delta power increased for both groups, suggesting relaxation; 2) the massage group showed decreased frontal alpha and beta power; 3) the massage group showed increased speed and accuracy on math computations, while the control group did not change; 4) anxiety levels were lower following both massage and control sessions; 5) salivary cortisol levels were lower following the massage but not the control sessions but only on the first day; and 6) at the end of the five week period, depression scores were lower for both groups, but job stress scores were lower only for the massage group.

Note: Massage was delivered by a professional massage therapist.

Keywords:

TYPE: Swedish

MeSH: Psychological effects, utilization

FOCUS: Cost effectiveness in stress reduction and treatment of non-clinical depression

AGE: Adults

AREA: Back and shoulders

DISEASE: N/A (stress reduction, depression)

SPORTS: N/A

COUNTRY: USA, English

DATABASE: MEDLINE

Results of Dacryoscintigraphy in Massage of the Congenitally Blocked Nasolacrimal Duct

NAMES: Foster JA, Katowitz JA, Heyman S.

INSTITUTION: Cleveland Clinic Foundation, Ohio

SOURCE: Ophthalmic Plastic & Reconstructive Surgery 12(1):32-7, 1996 March.

DESCRIPTION: Clinical Trial, Journal Article, 10 references.

Synopsis:

Over a three-year period (1990-1993), 580 children with lacrimal outflow obstruction were examined at the children's hospital of Philadelphia. Twenty children were selected for the study. These patients underwent dacryoscintigraphy before and immediately after lacrimal sac massage to investigate the effect of external compression on fluid movement within the lacrimal outflow system. In 12 patients, tracer did not enter the lacrimal outflow system on the side of the obstruction. The absence of radio pharmaceutical correlated with clinical obstruct. In 8 patients, tracer was noted to enter the lacrimal sac. After massage of the lacrimal sac, researchers observed progression of the tracer in 5 of the 8 subjects. In these 8 subjects, the pre and post massage tear column measurements showed a relative increase of 34.3 per cent. Massage of eight clinically normal ducts showed a relative increase of 2.4 per cent. Researchers concluded that massage can be demonstrated on dacryoscintigraphy.

Keywords:

TYPE: Swedish (friction) — Digital ocular massage

MeSH: Utilization

FOCUS: Alternative to surgery/drugs

AGE: Children

AREA: Digital massage of the lacrimal outflow system

DISEASE: Congenital nasolacrimal duct obstruction (blocked tear duct)

SPORTS: N/A

COUNTRY: USA, English

DATABASE: MEDLINE

California Gives Us the Rub That Refreshes

NAMES: Francis, D

INSTITUTION: N/A

SOURCE: The Financial Post Daily 2(32): 3. 1989, 29 March

DESCRIPTION: Newspaper Article.

Synopsis:

Short article on massage in the workplace. Major corporations who employ massage therapists include Apple Computers, Merrill Lynch & Co., PayChem and Pepsico; with massage offered to employees as a fitness fringe benefit.

Keywords:

TYPE: Swedish

MeSH: Trends

FOCUS: Marketing, corporations, effectiveness in stress reduction and relaxation

AGE: Adults

AREA: Not specified

DISEASE: N/A

SPORTS: N/A

COUNTRY: Canada, English

DATABASE: BRS - CBC

This Nursing Group Advances the Science of Healing Hands

NAMES: Wolfe, S.

INSTITUTION: N/A

SOURCE: RN 56; 12. 1993, November

DESCRIPTION: Journal Article

Synopsis:

Brief article about an association of RNs who practice massage — the National Association of Nurse Massage Therapists. The association is seeking certification for its members.

Keywords:

TYPE: Swedish

MeSH: Nursing

FOCUS: Pro-certification for practice of massage

AGE: Not specified

AREA: Not specified

DISEASE: N/A

SPORTS: N/A

COUNTRY: USA, English

DATABASE: BRS - SCIE

Scarred Stiff: Using Massage to Reduce Muscular Scar Tissue

NAMES: Scher, S

INSTITUTION: N/A

SOURCE: Triathlete (Allentown, PA) (60): 18-19;63. 1988 September.

DESCRIPTION: Magazine Article.

Synopsis:

Article in a sports magazine about using massage to reduce muscular scar tissue. Article describes how muscles work and the relationship between massage therapy and healing of sports-related injuries.

Keywords:

TYPE: Swedish, deep friction massage

MeSH: Utilization

FOCUS: Alternative to surgery/drugs in treating sports injuries

AGE: Adults

AREA: Not specified.

DISEASE: Injury treatment

SPORTS: Applicable — triathletes

COUNTRY: USA, English

DATABASE: SPORT DISCUS/HERACLES

Sole Solace

NAMES: Godfrey-June, J.

INSTITUTION: N/A

SOURCE: American Health, 12:37, 1993 Summer.

DESCRIPTION: Magazine Article.

Synopsis:

Brief popular magazine article about reflexology.

Keywords:

TYPE: Reflexology

MeSH: Utilization

FOCUS: Control of pain

AGE: Not specified

AREA: Foot

DISEASE: N/A. Some reference to use in treatment of digestive disorders, and lower-back pain

SPORTS: N/A

COUNTRY: USA, English

DATABASE: BRS-SCIE

Rub Out Asthma

NAMES: Munson M, Yeykal T.

INSTITUTION: N/A

SOURCE: Prevention (Emmaus, PA) 47:23-4, 1995 July.

DESCRIPTION: Magazine Article

Synopsis:

Article in popular magazine about massage as a treatment for asthma. Reports on a study in which asthmatics who received weekly 15-minute massages reported drops in chest tightness, wheezing, physical pain and fatigue.

Keywords:

TYPE: Swedish

MeSH: Utilization

FOCUS: Effectiveness in treatment of asthma, control of pain, alternative to surgery/drugs

AGE: Adults

AREA: Upper body

DISEASE: Asthma

SPORTS: N/A

COUNTRY: USA, English

DATABASE: BRS-SCIE

The Art of Massage: Ancient Secrets Are Modern Miracles

NAMES: Winant D.

INSTITUTION: N/A

SOURCE: Triathlete (Allentown, PA) (79):22;24;131. 1990 June.

DESCRIPTION: Magazine Article.

Synopsis:

Article in popular magazine, describing the history of massage and its benefits for sports performance.

Keywords:

TYPE: Deep friction massage

MeSH: Education, history, utilization

FOCUS: Massage for general sports health

AGE: Not specified

AREA: Not specified

DISEASE: N/A

SPORTS: Applicable

COUNTRY: USA, English

DATABASE: SPORT DISCUS/HERACLES

The Effect of Therapeutic Massage on H-Reflex Amplitude in Persons With a Spinal Cord Injury

NAMES: Goldberg J, Seaborne DE, Sullivan SJ, Leduc BE

INSTITUTION: Ecole de Readaptation, Faculte de Medecine, Universite de Montreal, Quebec.

SOURCE: Physical Therapy 74(8):728-37, 1994 August.

DESCRIPTION: Comparative Study. Journal Article, 34 references.

Synopsis:

This study investigates the effects of therapeutic massage on a sample of persons with a spinal cord injury. Two studies were undertaken. The first looked at whether the recorded response (H-reflex amplitude) to massage with the subjects in the supine position was similar to that recorded in previous studies in which subjects were tested in the prone position. Study Two looked at the therapeutic effect of massage on H-reflex amplitude in persons spinal cord injuries. The results of Study One showed that massage applied with the subjects in the supine position decreased the H-reflex amplitude during the massage, with a 56 per cent decrease recorded. Study Two demonstrated a 27 per cent mean group decrease in the H-reflex peak-to-peak amplitude during the massage for all subjects, with significant variations in individual responses. No long term effects were noted.

Keywords:

TYPE: Swedish (one-handed petrissage)

MeSH: Utilization

FOCUS: Rehabilitation of spinal cord injury

AGE: Adults

AREA: Triceps surae muscle group

DISEASE: N/A

SPORTS: N/A

COUNTRY: Canada, English

DATABASE: MEDLINE, CINAHL

Effects of Massage on Alpha Motoneuron Excitability

NAMES: Sullivan SJ, Williams LR, Seaborne DE, Morelli M.

INSTITUTION: Department of Exercise Science, Concordia University, Montreal, Quebec.

SOURCE: Physical Therapy 71(8):555-60, 1991 August.

DESCRIPTION: Clinical Trials, Journal Article, 15 references.

Synopsis:

The study investigated the specificity of the effects of massage on spinal motoneuron excitability as measured by changes in the peak-to-peak amplitude of H-reflex recordings. H-reflexes and motoneuron responses were recorded from the distal aspects of the right triceps surae muscle of eight men and eight women with no neuromuscular impairments at the lower extremities. The H-reflexes were recorded during five control and four experimental conditions (20 trials at each condition). Each experimental condition consisted of a four-minute period of massage of the ipsilateral and contra lateral triceps surae and hamstring muscle groups. H-reflex amplitudes recorded during the experimental conditions indicate that massage of the ipsilateral triceps surae resulted in a reduction of the H-reflex in comparison with the pretest control condition and the remaining experimental conditions. The difference was significant and subsequent tests indicated a specificity of the effects of massage on the muscle group being massaged. The massage was provided by a person experienced in the technique. The results of the study indicate that massage not only reduced the level of motoneuron excitability, and consequently of muscle reflex activity, but does so in a specific manner. The inhibitory effects are specific to the other muscle group being massaged.

Keywords:

TYPE: Swedish (one-handed petrissage)

MeSH: Utilization

FOCUS: Therapeutic intervention in the alteration of the reflex activity of muscles

AGE: Adults

AREA: Triceps surae and hamstring muscles

DISEASE: N/A

SPORTS: N/A

COUNTRY: Canada, English

DATABASE: MEDLINE, CINAHL, SPORT DISCUS/HERACLES

A Prospective Randomized Three-Week Trial of Spinal Manipulation, Transcutaneous Muscle Stimulation, Massage and Corset in the Treatment of Subacute Low Back Pain

NAMES: Pope MH, Phillips RB, Haugh LD, Hsieh CY, MacDonald L, Haldeman S.

INSTITUTION: Iowa Spine Research Center, University of Iowa, Iowa City.

SOURCE: Spine. 19(22):2571-7, 1994 November 15.

DESCRIPTION: Randomized, Controlled Clinical Trial, Journal Article, 25 references.

Synopsis:

The authors determined the relative efficacy of chiropractic treatment to massage, corset and transcutaneous muscle stimulation (TMS). Although all of these treatments are used for subacute low back pain treatment, there have been few comparative trials using objective outcome criteria. Patients were enrolled for a three-week period. They were evaluated once a week by questionnaires, visual analogue scale, range of motion, maximum voluntary extension effort, straight leg raising and Biering-Sorensen fatigue test. The dropout rate was highest in the muscle stimulation and corset groups and lowest in the manipulation group. Rates of full compliance did not differ significantly across treatments. A measure of patient confidence was greatest in the manipulation group. After three weeks, the manipulation group scored the greatest improvement in flexion and pain while the massage group had the best extension effort and fatigue time, and the muscle stimulation group had the best extension. The authors concluded none of the changes in physical outcome measures were significantly different between any of the groups.

The authors report they may have biased the results because the study was associated with a chiropractic college which patients were recruited.

Keywords:

TYPE: Swedish

MeSH: Instrumentation, utilization

FOCUS: Effectiveness of four different modalities on range of motion and control of pain

AGE: Adults

AREA: Lower back

DISEASE: Subacute, low back pain

SPORTS: N/A

COUNTRY: USA, English

DATABASE: MEDLINE

The Effect of Massage on Pain in Cancer Patients

NAMES: Weinrich SP, Weinrich MC.

INSTITUTION: N/A

SOURCE: Applied Nursing Research. 3(4):140-5, 1990 November.

DESCRIPTION: Randomized, Controlled Clinical Trial. Journal article, 19 references.

Synopsis:

An experimental study was designed to test the effectiveness of massage as an intervention for cancer pain. Twenty-eight patients were randomly assigned to a massage or control group. The patients in the massage group were given a 1-minute massage to the back; the patients in the control group were visited for 10 minutes. For males, there was a significant decrease in pain level immediately after the massage. For females, there was no significant decrease in pain levels immediately after the massage. There were no significant differences between pain one hour and two hours after the massage in comparison with the initial pain for males or females. Massage was shown to be an effective short-term nursing intervention for pain in males in this sample.

Note, the massage was not delivered by a registered massage therapist.

Keywords:

TYPE: Swedish

MeSH: Psychological effects

FOCUS: Control of pain, alternative to surgery/drugs

AGE: Adults

AREA: Back

DISEASE: Cancer (pain associated with cancer)

SPORTS: N/A

COUNTRY: USA, English

DATABASE: MEDLINE, CINAHL

A Pain in the Wrist

NAMES: DeMont, J.

INSTITUTION: N/A

SOURCE: Macleans (Toronto Edition). 107(47):58-59, 1994 November 21.

DESCRIPTION: Magazine Article.

Synopsis:

Article on repetitive strain injuries and various therapies to treat them. Massage is not separated out as more or less effective than surgery, braces, acupuncture or others. Massage therapy is not the focus of the article.

Keywords:

TYPE: Not specified — reference only to "massage therapy"

MeSH: Utilization

FOCUS: Control of pain

AGE: Not specified

AREA: Wrist

DISEASE: Repetitive strain injury/carpal tunnel syndrome

SPORTS: N/A

COUNTRY: Canada, English

DATABASE: BRS-CBC

Beyond Mainstream Medicine: Alternative Therapies

NAMES: Ballon, D.

INSTITUTION: N/A

SOURCE: Flare. 16(4):54-60, 1994 April.

DESCRIPTION: Magazine Article.

Synopsis:

Article describing a range of alternative interventions including chiropractic, naturopathy, homeopathy, massage, acupuncture, shiatsu, reflexology, yoga, iridology, and aromatherapy.

Keywords:

TYPE: Swedish, acupuncture, trigger points (shiatsu), reflexology, yoga, iridology, and aromatherapy

MeSH: Psychological effects

FOCUS: Use of alternative therapies in general health

AGE: General, not specified

AREA: General, not specified

DISEASE: N/A (focus on general health)

SPORTS: N/A

COUNTRY: Canada, English

DATABASE: BRS-CBC

Alternative Medicine: Does it Play a Role in the Management of Voice Disorders?

NAMES: D'Antoni ML, Harvey PL, Fried MP.

INSTITUTION: The Voice Center, Beth Israel Hospital, Boston, MA.

SOURCE: Journal of Voice. 9(3):308-11, 1995 September.

DESCRIPTION: Survey. Journal Article, 13 references.

Synopsis:

Article defines several alternative medical practices (behavioral therapies such as massage therapy, creative visualization, Alexander mindfulness, and meditation) describes their theories and potential impact on the management of voice disorders and calls for empirical studies to follow.

The article describes laryngeal massage, believed to reduce laryngeal musculoskeletal tension and lower the position of the larynx in the neck. The massage is believed to relax spasm, promote blood flow, enhance metabolism, relieve fatigue, increase mucous secretion, lubricate the vocal folds, and invigorate elasticity and mobility of muscles and ligaments.

Keywords:

TYPE: Not specified — Laryngeal massage

MeSH: Utilization

FOCUS: Control of pain, alternative to surgery/drugs

AGE: Not specified

AREA: Larynx

DISEASE: Voice disorders

SPORTS: N/A

COUNTRY: USA, English

DATABASE: OVID-Current

The Relationship of Massage and Exercise to Mood Enhancement

NAMES: Weinberg R, Jackson A, Kolodny K.

INSTITUTION: North Texas State University, Denton, TX.

SOURCE: Sport Psychologist (Champaign, IL). 2(3):202-11, 1988 September

DESCRIPTION: One-Way Design, Controlled Clinical Trial. Journal Article, 45 references.

Synopsis:

The study assesses the relationship between exercise, massage and positive mood enhancement. Subjects were students in physical education classes (swimming, jogging, tennis and racquetball). Subjects from other classes made up a control rest condition and a massage treatment condition resulting in a one-way design. All subjects completed the profile of mood states, state anxiety and an activation checklist prior to and immediately after 30 minutes of activity. Subjects in the control rest condition read or rested for 30 minutes, while in the massage treatment condition, a certified massage therapist gave a 30 minute Swedish massage. Results indicated that the running and massage conditions consistently produced positive mood enhancement with significant decreases in tension, confusion, fatigue, anxiety, depression and anger while maintaining high levels of vigor, which is representative of positive mental health.

It appears that massage can enhance feelings of well-being. This study provides empirical evidence concerning the relationship between massage and positive physiological effects.

The authors recommend research on the relationship between massage and actual athletic performance. It would also be useful to test other types of massage than Swedish, to determine which would be most related to enhanced performance.

Keywords:

TYPE: Swedish.

MeSH: Psychological effects, utilization

FOCUS: Enhanced sports performance

AGE: Adult university students

AREA: Full body

DISEASE: N/A

SPORTS: Applicable

COUNTRY: USA, English

DATABASE: SPORT DISCUS/HERACLES

Changes in H-reflex Amplitude During Massage of Triceps Surae in Healthy Subjects

NAMES: Morelli M, Seaborne DE, Sullivan SJ.

INSTITUTION: Ecole de Readaptation, Faculte de Medecine, Universite de Montreal, Quebec.

SOURCE: Journal of Orthopaedic & Sports Physical Therapy. 12(2):55-9, 1990 August, also
Archives of Physical Medicine & Rehabilitation. 72(11):915-9, 1991 October.

DESCRIPTION: Reference Values, Journal Article, 25 references.

Synopsis:

Investigation of the effect of a six-minute manual muscle massage on the excitability of the general reflex pathway in 20 able-bodied subjects. H-reflex recordings were obtained from the right soleus muscle, the site being massaged. Skin temperature and antagonist activity were monitored in an attempt to explain the changes observed in a previous study. H-reflex amplitudes recorded during massage conditions were significantly reduced in comparison to all other conditions. This decrease could not be explained conclusively by changes in skin temperature, nerve conduction velocity, or antagonist recruitment, indicating a decrease in spinal reflex excitability attributed to massage. These results suggest the use of massage as an alternative to other therapeutic modalities such as passive muscle stretching and tendon pressure to decrease spinal motoneuron excitability.

Keywords:

TYPE: Swedish (one-handed petrissage)

MeSH: Instrumentation, utilization

FOCUS: Passive vs. active techniques

AGE: Adults

AREA: Triceps surae

DISEASE: N/A

SPORTS: N/A

COUNTRY: Canada, English

DATABASE: MEDLINE, CINAHL, SPORT DISCUS/HERACLES

Measures of Salivary Secretory Immunoglobulin A and State Anxiety After a Nursing Back Rub

NAMES: Groer M, Mozingo J, Droppleman P, Davis M, Jolly ML, Boynton M, Davis K, Kay S.

INSTITUTION: MGH Institute of Health Professions, Boston MA

SOURCE: Applied Nursing Research. 7(1):2-6, 1994 February.

DESCRIPTION: Randomized, Controlled Clinical Trial. Journal article, 15 references.

Synopsis:

This study examined the effects of a 10-minute nursing back rub on salivary secretory immunoglobulin A and state anxiety in well older adult subjects. A control group received no intervention and an experimental group receive a slow stroke effleurage back rub. Control subjects lay positioned in bed for 10 minutes and experimental subjects received the back rub. Anxiety scores decreased for both groups, but not significantly, and salivary secretory immunoglobulin concentration increased in the experimental group. The study should encourage nurses to continue to provide caring touch interventions to patients.

Keywords:

TYPE: Swedish (effleurage)

MeSH: Nursing, psychological effects

FOCUS: Treatment of non-clinical anxiety

AGE: Aged

AREA: Back

DISEASE: N/A

SPORTS: N/A

COUNTRY: USA, English

DATABASE: MEDLINE, CINAHL

Palliative Care: Get the Massage

NAMES: Wilkinson, S

INSTITUTION: N/A

SOURCE: Nursing Times. 92(34):61-4, 1996 August 21-27

DESCRIPTION: Clinical trial, Journal Article, 11 references.

Synopsis:

A paper that addresses cancer patients views on the effects of massage. The study was designed to determine the effectiveness of massage in improving the quality of life for patients with advanced cancer, and to determine the effectiveness of massage in improving the quality of life for patients with advanced cancer, and to determine patients' perceptions as to the value of massage in improving their quality of life. Generally, patients feel they benefitted from massage with relaxation a positive result, lasting after the massage. Patients also sited pain reduction, improved mobility and reduction of oedema.

Keywords:

TYPE: Swedish

MeSH: Psychological effects

FOCUS: Control of pain

AGE: Not specified

AREA: Back

DISEASE: Various cancers — head and neck, breast, lung and gynecological

SPORTS: N/A

COUNTRY: UK, English

DATABASE: MEDLINE, CINAHL

Psychophysiological Effects of Back Massage on elderly Institutionalized Patients

NAMES: Fraser J, Kerr JR.

INSTITUTION: Nursing Programme, Athabasca University, Edmonton, AB

SOURCE: Journal of Advanced Nursing. 18(2):238-45, 1993 February.

DESCRIPTION: Randomized Controlled Clinical Trial, Journal Article, 36 references.

Synopsis:

Twenty-one elderly residents participated in a study to measure the effects of back massage on anxiety levels. Subjects were randomly assigned to three groups: back massage with normal conversation, conversation only, and no intervention. Anxiety was measured prior to massage, immediately following and 10 minutes later on four consecutive evenings. With the exception of mean diastolic blood pressure, which showed no change from pre-test to post test and heart rate, which increased from post-test to delayed time interval, there was a statistically insignificant decrease in mean scores on all variables in the back massage group from pre-test to post-test and from post-test to delayed time interval. There was a statistically significant difference in the mean anxiety score between the back massage group and the no intervention group.

Keywords:

TYPE: Swedish

MeSH: Psychological effects

FOCUS: Anxiety

AGE: Aged

AREA: Back

DISEASE: N/A

SPORTS: N/A

COUNTRY: Study in Canada, Journal in England, English text.

DATABASE: MEDLINE, CINAHL

Anxiety States: A Preliminary Report on the Value of Connective Tissue Massage

NAMES: McKechnie AA, Wilson F, Watson N, Scott D.

INSTITUTION: N/A

SOURCE: Journal of Psychosomatic Research. 27(2):125-9, 1983.

DESCRIPTION: Clinical Trial. Journal Article, 8 references.

Synopsis:

Five patients who presented with symptoms of tension and anxiety were subsequently referred to a physiotherapist and treated with CTM. Psychophysiological recordings were taken before and after treatment. All patients showed a significant response to treatment in one or more of the psychophysiological parameters. Results are discussed in relation to the hypothesis that each individual has a unique stress response pattern.

Each subject was given 10 CTM treatments by a physiotherapist.

Keywords:

TYPE: Connective tissue massage

MeSH: Psychological effects

FOCUS: Psychophysiological effects of massage on anxiety

AGE: Adults, aged 25 - 56

AREA: Back.

DISEASE: N/A — non-clinical anxiety

SPORTS: N/A

COUNTRY: UK, England

DATABASE: MEDLINE

Connective Tissue Manipulation: Towards a Scientific Rationale

NAMES: Holey L.

INSTITUTION: University of East Anglia, Norwich, UK

SOURCE: Physiotherapy. 8(12):730-9, 1995 December

DESCRIPTION: Literature Review. Journal Article, 50 references.

Synopsis:

Connective tissue manipulation is a soft tissue manipulative technique that stretches connective tissue, restoring mobility at dermis/hypodermis and dermis/fascia interfaces and promoting remodeling of collagen. It is often described as a neural therapy because of its powerful reflex effects, visible skin and connective tissue zones are stimulated to influence visceral and circulatory functions. Research from several physiological fields is drawn together and evaluated in the light of observed effects of CTM.

The article reviews the technique, the scientific basis to the usefulness of the technique, and the effects of CTM. The paper is written for physiotherapists and concludes that CTM offers them a useful therapeutic tool that has particular value in that it has versatility shared by few physiotherapeutic modalities.

Keywords:

TYPE: Connective tissue manipulation

MeSH: Education, utilization

FOCUS: Control of pain

AGE: Not specified (literature review)

AREA: Not specified (literature review)

DISEASE: Circulatory disorders, chronic pain

SPORTS: N/A

COUNTRY: UK, English

DATABASE: CINAHL

Inter-rater Reliability of Connective Tissue Zones Recognition

NAMES: Holey LA, Watson MJ.

INSTITUTION: N/A

SOURCE: Physiotherapy. 8(7):369-72, 1995 July.

DESCRIPTION: Inter Rater Reliability. Journal Article, 13 references.

Synopsis:

Inter-rater reliability of the identification of the separate components of connective tissue reflex zones was measured across a group of novice practitioners of connective tissue manipulation. Percentage agreement was high but the kappa coefficient statistic that takes account of chance was low. The results suggest that a trend of agreement was demonstrated but percentage agreement score should be treated with caution unless a large group of raters is involved.

The study focussed on physiotherapists.

Keywords:

TYPE: Connective tissue manipulation

MeSH: Education

FOCUS: Inter rater reliability tests

AGE: Not specified

AREA: Connective tissue zones.

DISEASE: N/A

SPORTS: N/A

COUNTRY: UK, English

DATABASE: CINAHL

Connective Tissue Zones: An Introduction

NAMES: Holey L

INSTITUTION: School of OPT, University of East Anglia, Norwich, UK

SOURCE: Physiotherapy. 81(7):366-8, 1995 July.

DESCRIPTION: Literature Review. Journal Article, 24 references.

Synopsis:

Connective tissue zones are those based on the work of Head and McKenzie which are identified and interpreted as denoting autonomic imbalance during connective tissue manipulation. The changes that occur in the skin, sub-cutaneous fascia and muscle are described in the article and the theoretical background to their formation and treatment is also discussed.

Keywords:

TYPE: Connective tissue massage

MeSH: Utilization, education

FOCUS: Discussion of connective tissue zones, from an educational standpoint

AGE: Not specified

AREA: Case dependent

DISEASE: Autonomic imbalances

SPORTS: N/A

COUNTRY: UK, English

DATABASE: CINAHL

Effects of Sequential Connective Tissue Massage on Autonomic Nervous System of Middle Aged and Elderly Adults

NAMES: Reed BV, Held JM

INSTITUTION: Department of Physical Therapy, School of Allied Health Sciences, University of Vermont, Burlington, VT.

SOURCE: Physical Therapy. 68(8):1231-4, 1988 August

DESCRIPTION: Randomized Controlled Clinical Trial. Journal article, 15 references.

Synopsis:

The purpose of this study was to describe autonomous nervous system responses to serial connective tissue massage in healthy middle-aged and elderly subjects. Fourteen healthy subjects were randomly assigned to a CTM or placebo group. Subjects received nine treatments on alternate days over a three-week period. Each treatment was divided into 15-minute control, intervention, and recovery periods. Subjects were given CTM on the basic section, and subjects in the placebo group had sham ultrasound applied to the same area. An analysis showed no changes in the variables measured in the CTM or placebo group. The results of this study suggest that CTM has no consistent immediate or long-term effects on the autonomic nervous system in healthy middle-aged and elderly subjects.

Keywords:

TYPE: Connective tissue massage

MeSH: Utilization

FOCUS: Effect on the autonomic nervous system in healthy adults

AGE: Middle age and aged adults (mean age of 61)

AREA: Low back

DISEASE: N/A (healthy subjects)

SPORTS: N/A

COUNTRY: USA, English

DATABASE: MEDLINE, CINAHL

Effects of Connective Tissue Massage in Subacute Asthma

NAMES: Robertson A, Gilmore K, Frith PA, Antic R.

INSTITUTION: N/A

SOURCE: Medical Journal of Australia. 140(1):52-3, 1984 January 7.

DESCRIPTION: Letter. Journal Publication, 3 references.

Synopsis:

Letter to the editor about the use of CTM by physiotherapists to treat neuromuscular and vascular disorders. The authors report on a clinical trial they conducted on the use of CTM in adult asthma. The authors conclude that it was not effective.

Keywords:

TYPE: Connective tissue massage

MeSH: Contraindications, utilization

FOCUS: Treatment of asthma

AGE: Adults (mean age of 30.2 years).

AREA: Respiratory zones

DISEASE: Sub-acute asthma

SPORTS: N/A

COUNTRY: Australia, English

DATABASE: MEDLINE

Zone Therapy

NAMES: Hillman A.

INSTITUTION: N/A

SOURCE: Nursing - Oxford. 3(6):225-7, 1986 June.

DESCRIPTION: Journal Article, 2 references.

Synopsis:

The article in complementary medicine describes the technique of zone therapy. Zone therapists believe that massage of specific sites of the foot or hand alleviates symptoms and prevents disease in other specified areas of the body.

Keywords:

TYPE: Reflexology

MeSH: Utilization

FOCUS: General health

AGE: Not specified

AREA: Hand, foot (impacts all areas of the body)

DISEASE: References to benefits for migraines, sinus trouble, asthma, and anaemia

SPORTS: N/A

COUNTRY: UK, English

DATABASE: MEDLINE, CINAHL

Connective Tissue Massage

NAMES: Michalsen A, Buhning M.

INSTITUTION: Klink fur Naturheilkunde, Freie Universitat Berlin, Bundesrepublik Deutschland.

SOURCE: Wiener Klinische Wochenschrift. 105(8):220-7, 1993.

DESCRIPTION: Literature Review, Tutorial. Journal Article, 62 references.

Synopsis:

In case of acute disease, old ematous swelling of a generally soft tissue consistency can be observed in circumscribed areas. Persisting symptoms may result in induration of such tissues, associated with reduced rheology and epicritic pain if manipulated mechanically. Eventually, chronic conditions may progress to atrophy. The name CTM is based on the concept that corresponding physiological events take place in connective tissue structures and the segmentally associated organ. Clinical data on the efficacy of connective tissue massage are reviewed.

Keywords:

TYPE: Connective tissue massage

MeSH: Education, utilization

FOCUS: Effectiveness of CTM

AGE: Not specified

AREA: Back

DISEASE: N/A

SPORTS: N/A

COUNTRY: Austria, German (English abstract)

DATABASE: MEDLINE

Connective Tissue Massage

NAMES: Goats GC, Keir KA.

INSTITUTION: Occupational Therapy and Physiotherapy Development, University of East Anglia, Norwich, UK.

SOURCE: British Journal of Sports Medicine. 25(3):131-3, 1991 September.

DESCRIPTION: Literature Review. Journal Article, 26 references.

Synopsis:

Connective tissue massage can be used as a tool for diagnosis or therapy. Mechanical stimulation can increase blood flow and reduce pain in inaccessible tissues and allow the restoration of normal function. Many of the benefits of CTM are relevant to the treatment of sports injuries. The authors describe the technique, its physiological effects, indications and contraindications.

Keywords:

TYPE: Connective tissue massage

MeSH: Contraindications, education, utilization

FOCUS: Benefits in sports injury treatment

AGE: Not specified

AREA: Back

DISEASE: N/A

SPORTS: Applicable — reference to sports injuries and rehabilitation

COUNTRY: UK, England

DATABASE: MEDLINE, SPORT DISCUS/HERACLES

Increase of Plasma Beta-Endorphins in Connective Tissue Massage

NAMES: Kaada B, Torsteinbo O.

INSTITUTION: Laboratory of Clinical Neurophysiology, Rogaland Central Hospital, Stavanger, Norway.

SOURCE: General Pharmacology. 20(4):487-9, 1989.

DESCRIPTION: Clinical Trial. Journal Article, 17 references.

Synopsis:

CTM produced relief of pain and increases in microcirculation in a number of vascular beds. The concentration of plasma beta-endorphins has been measure in 12 volunteers before and 5, 30, and 90 minutes after a 30-minute session of CTM. There was a moderate mean increase in 16 per cent in beta-endorphin levels, lasting for about one hour with a maximum in the test 5 minutes after termination of the massage. It is assumed that release of beta-endorphins is linked with the pain relief and feeling of warmth and well-being associated with the treatment.

A physiotherapist provided the CTM.

Keywords:

TYPE: Connective tissue massage

MeSH: Utilization

FOCUS: Control of pain

AGE: Adults aged 23 - 61

AREA: Back

DISEASE: Myalgia

SPORTS: N/A

COUNTRY: UK, English

DATABASE: MEDLINE

Vasoactive Intestinal Polypeptides in Connective Tissue Massage. With a Note on VIP in Heat Pack Treatment.

NAMES: Kaada B, Torsteinbo O.

INSTITUTION: N/A

SOURCE: General Pharmacology. 18(4):379-84, 1987

DESCRIPTION: Clinical Trial. Journal Article, 24 references.

Synopsis:

The vasoactive intestinal polypeptide is a powerful dilatator in a number of vascular beds. Plasma VIP is increased in active physical exercise and in transcutaneous nerve stimulation. Plasma VIP gas in this study been measure during other physiotherapeutic procedures causing skin vasodilatations such as CTM and heat packs. Plasma VIP levels and skin temperature of fingers and toes were measured in 12 patient before and at various intervals following a 30 minute CTM. No significant increase in plasma VIP was found. It is suggested that somehow, VIP is more involved in the vascular response to active physical activity and peripheral nerve stimulation than to passive procedures like CTM.

A physiotherapist delivered the CTM.

Keywords:

TYPE: Connective tissue massage, hydrotherapy

MeSH: Utilization

FOCUS: Passive vs. active techniques

AGE: Adults, 23 - 61 years of age

AREA: Back

DISEASE: N/A

SPORTS: N/A

COUNTRY: UK, England

DATABASE: MEDLINE

Evaluation of the Results of Three Different Methods of Post Mastectomy Lymphedema Treatment

NAMES: Zanolla R, Monzeglio C, Calzarian A, Martino G.

INSTITUTION: Department of Pain Therapy and Rehabilitation, Istituto Nazionale Tumori, Milan, Italy.

SOURCE: Journal of Surgical Oncology. 26(3):210-3, 1984 July.

DESCRIPTION: Clinical Trial. Comparative Study. Journal Article, 17 references.

Synopsis:

The aim of this study was to evaluate pneumatic massage with uniform pressure; pneumatic massage with differentiated pressure; and manual lymphatic massage as treatment methods of post mastectomy lymphedema. The study concerned three groups of 20 mastectomized patient with secondary early developed arm lymphedema. The measurement of circumference on seven points of both arms, the self-scoring mood questionnaire, and the visual analogue scale were evaluated before, at the end, and three months after treatment. Researchers observed a permanent edema reduction, which was statistically significant, with uniform pressure pneumatic massage and with manual lymphatic massage, but not with differentiated pneumatic massage.

Keywords:

TYPE: Manual lymph drainage, pneumatic massage

MeSH: Utilization

FOCUS: Pst operative treatment

AGE: Middle aged, adult females

AREA: Arms

DISEASE: Post breast cancer mastectomy lymphedema

SPORTS: N/A

COUNTRY: USA (publication), Italy (study), English

DATABASE: MEDLINE

Effect of Manual Lymphdrainage Massage on Blood Components and Urinary Neurohormones in Chronic Lymphedema

NAMES: Kurz W, Kurz R, Litmanovitch YI, Romanoff H, Pfeiffer Y, Sulman FG.

INSTITUTION: N/A

SOURCE: Angiology. 32(2):119-27, 1981 February.

DESCRIPTION: Clinical trial. Journal article, 16 references.

Synopsis:

In an earlier paper, the authors showed that manual lymphdrainage massage of edematous limbs can result in the excretion of up to one litre of urine derived from reabsorption and transport from the intestinal fluid, simultaneously with significant changes in the excretion of urinary neurohormones. These finding indicated that histamine and serotonin were released from the edematous tissue and that circulation improved through increased output of adrenaline and noradrenaline. The results led the authors to assume that similar changes may have occurred in the blood during treatment, and induced them to study the effect of manual lymphdrainage on various blood constituents and urinary neurohormones.

The study used experienced and qualified massage therapists who provided manual lymphdrainage massage to 23 patients for 45 minutes each.

Keywords:

TYPE: Manual lymph drainage/lymphatic massage

MeSH: Utilization

FOCUS: Effect on urinary neurohormones

AGE: Adults

AREA: Legs

DISEASE: Chronic lymphedema

SPORTS: N/A

COUNTRY: USA (publication), Israel (study). English

DATABASE: MEDLINE

Fluid Forces

NAMES: Nickalls S

INSTITUTION: N/A

SOURCE: Nursing Times. 92(3):52-3, 1996 March 27 - April 2.

DESCRIPTION: Journal Article, 1 reference.

Synopsis:

A brief article that examines the used of manual lymph drainage in treating patients with lymphoedema.

Keywords:

TYPE: Manual Lymph Drainage

MeSH: Education, utilization

FOCUS: Post-surgery treatment of lymphoedema

AGE: Not specified

AREA: Case dependent

DISEASE: Lymphoedema

SPORTS: N/A

COUNTRY: UK, England

DATABASE: MEDLINE, CINAHL

On Nonoperative Management of Chronic Lymphedema

NAMES: Clodius L, Foldi E, Foldi M.

INSTITUTION: N/A

SOURCE: Lymphology. 23(1):2-3, 1990 March.

DESCRIPTION: Letter, Comment. Journal Submission, 3 references.

Synopsis:

Letter to the editor that discusses the appropriate treatment for lymphedema and complication of pneumatic pumps or general massage. The author focuses on manual lymph drainage massage and describes the technique.

Keywords:

TYPE: Manual Lymph Drainage, pneumatic massage

MeSH: Contraindications

FOCUS: Complication and adverse effects in treatment of lymphoedema

AGE: Not specified

AREA: Arms and legs

DISEASE: Lymphedema

SPORTS: N/A

COUNTRY: USA, English

DATABASE: MEDLINE

Manual Lymph Drainage in Nephrotic Syndrome During Pregnancy

NAMES: Kaaja R, Tiula E.

INSTITUTION: N/A

SOURCE: Lancet. 28669):990, 1989 October 21.

DESCRIPTION: Letter. Case History. Journal Submission, 7 references.

Synopsis:

A brief description of the use of manual lymph drainage in the treatment of local oedema in the pregnancy associated nephrotic syndrome. The author provides two case examples. In these cases, the effect of one therapy session lasted for 2 - 3 days. The oedema could be controlled by 2 to 4 sessions weekly.

Keywords:

TYPE: Manual lymph drainage

MeSH: Utilization

FOCUS: Alternative to surgery/drugs (albumin infusions and diuretics) in treatment of pregnancy-related local oedema

AGE: Adult females

AREA: Not specified

DISEASE: Nephrotic syndrome, pregnancy complications

SPORTS: N/A

COUNTRY: UK, English

DATABASE: MEDLINE

Effect of Massage and Temperature on the Permeability of Initial Lymphatics

NAMES: Shao XJ.

INSTITUTION: Faculty of Biology, Yantai Teacher' College, Shandong Province, PRC

SOURCE: Lymphology. 23(1): 48-50, 1990 March.

DESCRIPTION: Controlled Clinical Trial. Journal Article, 8 references.

Synopsis:

Discusses the effect of massage and temperature elevation on the permeability of initial lymphatics in a variety of abnormal physiologic conditions. The study was conducted on rabbits.

Keywords:

TYPE: Manual Lymph Drainage

MeSH: Utilization, veterinary

FOCUS: Effect on various conditions

AGE: Not specified

AREA: Hind limb

DISEASE: N/A

SPORTS: N/A

COUNTRY: USA (journal), PRC (study), English

DATABASE: MEDLINE

Helping Patients to Rest: Clinical Studies in Therapeutic Touch

NAMES: Heidt PR

INSTITUTION: N/A

SOURCE: Holistic Nursing Practice 5(4):57-66, 1991 July.

DESCRIPTION: Case study, Journal Article, 14 references.

Synopsis:

Description of the use of therapeutic touch as a nursing intervention with the potential to elicit a state of physiological relaxation in patients. The article presents two case studies. Th author concludes that therapeutic touch is not so much a healing at but a healing interaction significantly affecting each person involved.

Keywords:

TYPE: Therapeutic touch

MeSH: Nursing, psychological effects

FOCUS: Physiological relaxation

AGE: Adults

AREA: Not specified

DISEASE: N/A (refers to shingles, TMJ)

SPORTS: N/A

COUNTRY: USA, English

DATABASE: MEDLINE

Interventions for Decreasing Agitation Behaviors in Persons With Dementia

NAMES: Snyder M, Egan EC, Burns KR

INSTITUTION: N/A

SOURCE: Journal of Gerontological Nursing, 21(7):34-40, 1995 July.

DESCRIPTION: Journal Article, 22 references

Synopsis:

High stress is one of the possible causes of agitation behaviours in persons with dementia; use of stress management interventions may be helpful in reducing the stress level. Two nursing interventions, hand massage and therapeutic touch were effective in producing a relaxation response in persons with dementia who had a history of agitation behaviours; they did not, however, decrease agitation behaviour. Hand massage was more effective in producing relaxation than was therapeutic touch. Massage was delivered by RNs

Keywords:

TYPE: Therapeutic touch, not specified — hand massage

MeSH: Psychological effects, nursing

FOCUS: Stress reduction in persons with dementia and agitation behaviour

AGE: Adults

AREA: Hands

DISEASE: Dementia

SPORTS: N/A

COUNTRY: USA, English

DATABASE: MEDLINE, CINAHL

Touching with Intent: Therapeutic Massage

NAMES: White JA

INSTITUTION: N/A

SOURCE: Holistic Nursing Practice 2(3):63-7, 1988 May.

DESCRIPTION: Review, Journal article, 31 references

Synopsis:

Article urging nurses to provide massage for patients. The article describes types of massage, the effects it can have, and some research studies on its efficacy.

Keywords:

TYPE: Swedish (effleurage, petrissage, friction, tapotement, vibration)

MeSH: Nursing

FOCUS: Effectiveness

AGE: Adults, children, infants

AREA: Not specified

DISEASE: N/A (general conditions)

SPORTS: N/A

COUNTRY: USA, English

DATABASE: MEDLINE, CINAHL

Use of Massage in Clinical Practice

NAMES: Malkin K

INSTITUTION: N/A

SOURCE: British Journal of Nursing 3(6):292-4, 1994 March 24-April 13

DESCRIPTION: Journal Article, 7 references

Synopsis:

Moves towards holistic practice in nursing have been reflected by increasing use of complementary therapies, including massage. The use of massage is viewed here in the context of both therapeutic touch and the gate theory of pain control.

Keywords:

TYPE: Swedish

MeSH: Nursing, trends

FOCUS: Control of pain

AGE: Not specified

AREA: Not specified

DISEASE: N/A (pain control)

SPORTS: N/A

COUNTRY: UK, English

DATABASE: MEDLINE, CINAHL

PT/OT Forum. The Effects of Soft Tissue Mobilization on the Immature Burn Scar: Results of a Pilot Study

NAMES: Silverberg R, Johnson J, Moffat M.

INSTITUTION: New York Hospital-Cornell Medical Center, Rehabilitation Medicine Box 142

SOURCE: Journal of Burn Care & Rehabilitation 17 (3):252-9, 1996 May-June

DESCRIPTION: Controlled Clinical Trial, Journal Article, 31 references

Synopsis:

The purpose of this pilot study was to determine the effects of soft tissue mobilization on range of motion, scar pliability, and vascularity. Patients received either one treatment session of standard physical therapy or standard physical therapy plus 10-15 minutes of soft tissue mobilization (STM). The STM group had significant gains in wrist extension and radial deviation and the control group had significant gains in wrist extension and ulnar deviation. STM plus standard therapy did not yield significant treatment effectiveness. However, the authors conclude this may be due to the varied characteristics of the patient's burns, the design of the treatment plan and the small sample size.

Keywords:

TYPE: Swedish

MeSH: Utilization

FOCUS: Effectiveness compared to other treatments for burns

AGE: Adults

AREA: Wrist

DISEASE: Burns

SPORTS: N/A

COUNTRY: USA, English

DATABASE: CINAHL

What Could be Lighter? The Work of Milton Trager, M.D.

NAMES: Schwartz D, Ph.D.

INSTITUTION: N/A

SOURCE: Massage Magazine, (67):56-58;60, 1997 May/June

DESCRIPTION: Magazine Article, 0 references

Synopsis:

Article in Massage Magazine about Milton Trager, the founder of Trager work. The article also describes what the methods and how it works.

Keywords:

TYPE: Therapeutic Exercise (Trager® work and Mentastics®)

MeSH: Education, utilization

FOCUS: Description of Trager method and it's background

AGE: Not specified

AREA: Not specified

DISEASE: Not specified

SPORTS: N/A

COUNTRY: USA, English

DATABASE: MTABC Submission

Hands on Healing

NAMES: Griffin, K

INSTITUTION: N/A

SOURCE: Health (San Francisco, California: 1992) 9:58-63, 1995 October

DESCRIPTION: Magazine Article, 0 references

Synopsis:

Article in Health that reports on the research work of the Touch Research Institute of the University of Miami School of Medicine. Describes the benefits of massage therapy under the categories of stress reduction, strengthened immune system, faster recovery from sport activities, psychologically feeling better about your body, better sleep and reduced pain. The article also describes different types of massage and how to choose a massage therapist.

Keywords:

TYPE: Swedish, trigger point (Shiatsu), Reflexology, Aromatherapy

MeSH: Psychological effects

FOCUS: Control of pain

AGE: Not specified

AREA: Not specified

DISEASE: Colds, viruses, back pain, chronic fatigue syndrome

SPORTS: Applicable

COUNTRY: USA, English

DATABASE: BRS-SCIE

Complementary Medicine. Back to the Balance Sheet

NAMES: Booth B

INSTITUTION: N/A

SOURCE: Nursing Times 91(16):44-45, 1995 April 19-25

DESCRIPTION: Journal Article, 12 references

Synopsis:

Article in Complementary Medicine Journal that briefly describes Rolfing, Feldenkrais Method, Alexander Technique and Applied Kinesiology as methods to restore lost muscular and postural function.

Keywords:

TYPE: Rolfing; Feldenkrais Method and Alexander Technique (biomechanics); Applied Kinesiology (acupuncture and traditional Chinese medicine)

FOCUS: Utilization

AGE: Not specified

AREA: Not specified

DISEASE: Not specified

SPORTS: N/A

COUNTRY: UK, English

DATABASE: MEDLINE

Massage Therapists Press for Recognition

NAMES: King M

INSTITUTION: N/A

SOURCE: Montreal Gazette, 1989 January 11, A4

DESCRIPTION: Newspaper Article

Synopsis:

Newspaper article about the difficulty one massage therapist experienced when he relocated to Quebec, in getting people to take massage therapy seriously.

Keywords:

TYPE: Swedish

MeSH: Utilization

FOCUS: Massage therapy as a credible treatment modality

AGE: Not specified

AREA: Not specified

DISEASE: Not specified

SPORTS: N/A

COUNTRY: Canada, English

DATABASE: BRS-CBC

Alternative Medicine and General Practitioners' Opinions and Behaviour

NAMES: Verhoef MJ, Sutherland LR

INSTITUTION: N/A

SOURCE: Canadian Family Physician, 41: 1005-1011, 1995

DESCRIPTION: Cross-sectional Survey, Journal Article, 19 references

Synopsis:

Alternative medicine and general practitioners (survey of a random sample of practitioners). Massage therapy not included in list of alternative medicine.

Keywords:

TYPE: N/A

FOCUS: N/A

AGE: Not specified

AREA: N/A

DISEASE: N/A

SPORTS: N/A

COUNTRY: Canada, English

DATABASE: BRS-CBC

Vitamin T: An Extra Dimension of Health

NAMES: Bricklin M

INSTITUTION: N/A

SOURCE: Prevention (Emmaus, Pa.) 48:17-18, 1996 February

DESCRIPTION: Editorial, Journal Article

Synopsis:

Editorial in Prevention Magazine that lauds the benefits of massage therapy for premature babies, children with diabetes, asthma, and autism, patients with fibromyalgia , and for general stress reduction.

Keywords:

TYPE: Swedish

MeSH: Utilization

FOCUS: Cost effectiveness, corporations, control of pain

AGE: Children, infants

AREA: Not specified

DISEASE: Fibromyalgia, diabetes, asthma

SPORTS: N/A

COUNTRY: USA, English

DATABASE: BRS-SCIE

Massage: Kneaded or Not?

NAMES: Potera C

INSTITUTION: N/A

SOURCE: American Health, 12: 90-1, 1993 June

DESCRIPTION: Magazine Article

Synopsis:

Short article in the American Health magazine about the benefits of sports massage. Article also quotes a professor saying there is no concrete evidence that massage improves athletic performance.

Keywords:

TYPE: Swedish

MeSH: Utilization

FOCUS: Massage for sports performance

AGE: Not specified

AREA: Not specified

DISEASE: N/A

SPORTS: Applicable

COUNTRY: USA, English

DATABASE: BRS-SCIE

The Therapeutic Benefits of Massage

NAMES: Cohen J

INSTITUTION: N/A

SOURCE: American Health, 14: ;26, 1995 June

DESCRIPTION: Controlled, Clinical Trial

Synopsis:

Article in American Health on alternative medicine that cites the Touch Research Institute's studies on effectiveness of massage therapy for children with asthma, diabetes and arthritis.

Keywords:

TYPE: Swedish

MeSH: Education, trends

FOCUS: Effectiveness of alternative medicine in treatment of diseases

AGE: School-age children

AREA: Not specified

DISEASE: Asthma, diabetes, arthritis

SPORTS: N/A

COUNTRY: USA, English

DATABASE: BRS-SCIE

Costing the Curing

NAMES: Williams J

INSTITUTION: N/A

SOURCE: Physiotherapy, 81(4):247, 1995 April

DESCRIPTION: Letter

Synopsis:

Letter in April 1995 issue of Physiotherapy that comments on an earlier article on the effects of massage on single limb lymphoedema.

Keywords:

TYPE: Manual Lymph Drainage

MeSH: Utilization

FOCUS: Effectiveness in post-surgery lymphoedema treatment

AGE: Not specified

AREA: Limbs

DISEASE: Single limb lymphoedema

SPORTS: N/A

COUNTRY: UK, English

DATABASE: CINAHL

BC Government Imposes New Fees (on patients of chiropractors, massage therapists, physiotherapists, podiatrists and naturopaths)

NAMES: Melcombe L

INSTITUTION: N/A

SOURCE: Healthsharing, 8(4): 7, 1987 fall

DESCRIPTION: Magazine Article

Synopsis:

Article in Healthsharing magazine on introducing user fees in the BC Health Care System.

Keywords:

TYPE: Not specified — massage therapy in general

MeSH: Economics, trends

FOCUS: Health care system changes

AGE: Not specified

AREA: N/A

DISEASE: N/A

SPORTS: N/A

COUNTRY: Canada, English

DATABASE: BRS-CBC

Health Care After the Year 2000: Reading the Entrails

NAMES: McSherry, J

INSTITUTION: N/A

SOURCE: Canadian Speeches, 8(3):12-18, 1994 June

DESCRIPTION: Speech

Synopsis:

1994 Speech to the Canadian Club of Kingston Ontario on how our declining ability to continue to pay for the present system of Canadian health care will make sweeping changes inevitable. Focuses on Ontario and predicts cost containment will occur through a combination of choice, personal, responsibility and enhances supplementary benefits. The author does not believe governments will extend public funding to cover supplementary practices like massage, even though studies show one third of Americans have used at least one unconventional therapy over a one-year period (1994).

Keywords:

TYPE: Not specified

MeSH: Economics, trends

FOCUS: Cost effectiveness

AGE: N/A

AREA: N/A

DISEASE: N/A

SPORTS: N/A

COUNTRY: Canada, English

DATABASE: BRS-CBC

Recipes for Rehabilitation: Chiropractic, Massage Therapy, and Physiotherapy Can Play an Important Role in Helping Injured Parties Return to Normal Function

NAMES: Collins P

INSTITUTION: N/A

SOURCE: Canadian Insurance, 99(12): 14-15, 1994 November

DESCRIPTION: Magazine Article

Synopsis:

Article in Canadian Insurance (1994) discusses the impact changes to Ontario automobile insurance under Bill 164 had to treatment: chiropractors, massage therapists and physiotherapists are better placed than physicians to assess the impact of an automobile injury and are more likely to see the injured person regularly and for longer periods than physician. The article defines the differences in the scope of practice between physiotherapy, chiropractic and massage therapy.

Keywords:

TYPE: Deep friction massage

MeSH: Utilization

FOCUS: Treatment of automobile injuries, impact of changes in insurance regulations

AGE: Not specified

AREA: Not specified

DISEASE: Automobile injuries

SPORTS: N/A

COUNTRY: Canada, English

DATABASE: BRS-CBC

The Use of Therapeutic Massage as a Nursing Intervention to Modify Anxiety and the Perception of Cancer Pain

NAMES: Ferrell-Torry AT, Glick OJ.

INSTITUTION: College of Nursing, University of Iowa.

SOURCE: Cancer Nursing, 16(2): 93-101, 1993 April

DESCRIPTION: Review. Journal Article, 41 references.

Synopsis:

Study examines the effects of therapeutic massage on pain perception, anxiety and experiencing significant cancer pain. Thirty-minutes of massage was given on two consecutive evenings to nine hospitalized males with cancer and experiencing pain. The subjects self-reports of pain and relaxation were recorded before and immediately after the massage. Physiologic measures were taken before and immediately after. Massage therapy significantly reduced the subjects' level of pain perception and anxiety, while enhancing their feelings of relaxation. All physiological measures tended to decrease from baseline. The authors conclude that therapeutic massage is a beneficial nursing intervention that promotes relaxation and alleviates the perception of pain in hospitalized cancer patients. All massage was delivered by the primary investigator, an RN. The massage consisted of 30 minutes of effleurage and petrissage to the feet, back, neck, and shoulders, and myofascial trigger point massage on six points located in the upper, middle and lower trapezius muscle region.

Note: there was no control group.

Keywords:

TYPE: Myofascial trigger points, Swedish

MeSH: Nursing, psychological effects

FOCUS: Effectiveness in control of pain, anxiety, relaxation

AGE: Adult and aged males (23 - 77)

AREA: Feet, back, neck, and shoulders; upper, middle and lower trapezius muscle

DISEASE: Cancer

SPORTS: N/A

COUNTRY: USA, English

DATABASE: MEDLINE

Trigger Point Massage Therapy

NAMES: Peppard A.

INSTITUTION: N/A

SOURCE: Physician and Sportsmedicine 11(5): 159;162, 1983 May

DESCRIPTION: Magazine Article, 5 references.

Synopsis:

Article on the use of trigger point massage to reduce pain from myofascial injuries or sports injuries. The article describes how to find the points and how to apply the technique.

Keywords:

TYPE: Myofascial trigger points

MeSH: Education

FOCUS: Technique description for use in control of pain from sports-related and other injuries

AGE: Not specified

AREA: Trapezius muscle

DISEASE: N/A

SPORTS: Applicable — sports injuries

COUNTRY: USA, English

DATABASE: SPORT DISCUS/HERACLES

The Effectiveness of Massage Therapy Intervention on Reducing Anxiety in the Workplace

NAMES: Shulman KR, Jones GE.

INSTITUTION: Bowling Green State University

SOURCE: Journal of Applied Behavioral Science, 32(2): 160-173, 1996 June

DESCRIPTION: Randomized Controlled Clinical Trial. Journal Article, 25 references.

Synopsis:

This study evaluated the effectiveness of an on-site chair massage therapy program in reducing anxiety levels of employees. A quasi-experimental pre-test/post-test control group design was used to determine changes in anxiety levels due to massage therapy. Eighteen subjects participated for 6 weeks. Fifteen control group subjects participated in break therapy. For 15 minutes weekly, subjects either received a massage or were allowed a break. Stress levels were measured on a self-assessment questionnaire. Significant reductions in anxiety levels were found for the massage group. Massage was administered by registered massage therapists.

Keywords:

TYPE: Swedish

MeSH: Psychological effects, utilization

FOCUS: Corporations; effectiveness in stress/anxiety reduction

AGE: Adults (mean age = 40)

AREA: Not specified — chair massage

DISEASE: N/A

SPORTS: N/A

COUNTRY: USA, English

DATABASE: Referenced from MEDLINE article

Staying Current with Contraindications to Massage Therapy

NAMES: Alexander D.

INSTITUTION: N/A

SOURCE: Massage Therapy Journal, 32(3):37-40, 1993 Summer

DESCRIPTION: Magazine Article, 13 references.

Synopsis:

Article in Massage Therapy Journal in which the author believes many contraindications studied in school have no scientific basis. He argues that rather than memorize a list of contraindications, a massage therapist should be alert to possible indications of undiagnosed pathology. After a thorough literature review, the author found only two situations that can be seen to be dangerous: (1) medical doctors performing highly specialized manipulations that most massage therapists would avoid (carotid sinus, ocular and prostatic massage), and (2) treatments by untrained people.

Keywords:

TYPE: Swedish

MeSH: Contraindications, trends

FOCUS: Education

AGE: Not specified

AREA: Not specified

DISEASE: N/A

SPORTS: N/A

COUNTRY: USA, English

DATABASE: MTABC submissions

Insurance Trends and the Impact on the Massage Industry

NAMES: Sohnen-Moe C.

INSTITUTION: N/A

SOURCE: Massage Therapy Journal, 32(4):145-146, 1993 Fall

DESCRIPTION: Magazine Article.

Synopsis:

Article in Massage Therapy Journal that looks at the pros and cons of massage therapy paid for through insurance companies.

Keywords:

TYPE: Not specified

MeSH: Economics

FOCUS: Corporations

AGE: Not specified

AREA: Not specified

DISEASE: N/A

SPORTS: N/A

COUNTRY: USA, English

DATABASE: MTABC submissions

Local Massage After Vaccination Enhances the Immunogenicity of Diphtheria-tetanus-pertussis Vaccine

NAMES: Hsu C, Huang L, Lee C, Lin T, Lee P, Chen J.

INSTITUTION: Department of Pediatrics, Taipei Municipal Maternal and Child Health Hospital

SOURCE: Pediatric Infectious Disease Journal, 14(7):567-572, 1995 July

DESCRIPTION: Randomized Controlled Clinical Trial. Journal Article, 26 references.

Synopsis:

The authors examine the effect of local massage on adverse reactions and immunogenicity of diphtheria-tetanus-pertussis vaccine. The group recovering the massage had more frequent local pain and fever. However, they developed significantly higher antibodies against the diseases.

Keywords:

TYPE: Swedish

MeSH: Adverse effects, immunology, utilization

FOCUS: Effectiveness

AGE: Infants

AREA: Arm — local massage around injection site

DISEASE: Diphtheria-tetanus-pertussis

SPORTS: N/A

COUNTRY: USA, English

DATABASE: BRS-SCIE

Massage for the Masses

NAMES: D'Urso MA

INSTITUTION: N/A

SOURCE: Health, 19(4):63-7; 89, 1987 April

DESCRIPTION: Magazine Article

Synopsis:

Popular article on massage therapy as a health treatment people can benefit from. Describes Swedish massage techniques.

Keywords:

TYPE: Swedish

MeSH: Education, psychological effects, utilization

FOCUS: Technique description

AGE: Not specified

AREA: Not specified

DISEASE: N/A

SPORTS: N/A

COUNTRY: USA, English

DATABASE: CINAHL, BRS-SCIE

Effects of Whole Body Massage on Serum Protein, Electrolyte and Hormone Concentrations, Enzyme Activities, and Hematological Parameters.

NAMES: Arkko PJ, Pakarinen AJ, Kari-Koskinen O.

INSTITUTION: N/A

SOURCE: International Journal of Sports Medicine, 4(4):265-7, 1983 November.

DESCRIPTION: Clinical Trial, Journal Article, 16 references.

Synopsis:

The effects of whole body massage on blood parameters which are known to be altered in response to active muscular work, were studied in healthy males. The men received vigorous one hour massages. Blood samples were taken 2, 24 and 48 hours later. The rises in the activities of creatine kinase, lactate dehydrogenase and its isoenzymes LDH4 and LDH5 and in the concentrations of serum potassium are indicative of increased permeability of the muscle cells. No statistically significant changes were seen for other parameters.

Keywords:

TYPE: Swedish

MeSH:

FOCUS: Effect on blood parameters

AGE: Adult males

AREA: Whole body

DISEASE: N/A

SPORTS: Applicable

COUNTRY: Germany, English

DATABASE: MEDLINE

Vibratory Massage and Short-term Recovery From Muscular Fatigue

NAMES: Cafarelli E, Sim J, Carolan B, Liebesman J

INSTITUTION: Department of Physical Education, Faculty of Science, York University, Toronto.

SOURCE: International Journal Sportsmedicine, 11(6):474-478, 1990 December

DESCRIPTION: Controlled Clinical Trial. Journal Article, 21 references.

Synopsis:

Percussive vibratory massage has long been purported to offset the negative effects of muscular exercise. The authors tried to determine the effect of this type of massage on recovery from repeated submaximal contractions. The results showed there was no significant difference in rate of fatigue in either static or following dynamic exercise between the control and vibrated conditions. Although rate of fatigue was the same in all experimental conditions, T_{lim} (when subjects can no longer produced required measure) occurred sooner following dynamic exercise because the initial MVC was significantly lower than static. The authors concluded that short term recovery is not augmented by massage.

Keywords:

TYPE: Swedish (percussive vibratory massage)

MeSH: Utilization

FOCUS: Effectiveness in offsetting negative effects of exercise

AGE: Adult males

AREA: Anterior thigh muscle

DISEASE: N/A

SPORTS: Applicable

COUNTRY: Germany, English

DATABASE: SPORT DISCUS/HERACLES

Improved Serum Insulin Profiles in Diabetic Individuals Who Massaged Their Insulin Injection Sites

NAMES: Dillon RS

INSTITUTION: N/A

SOURCE: Diabetes Care, 64(4):399-401, 1983 July-August

DESCRIPTION: Controlled Clinical Trial. Journal Article, 12 references.

Synopsis:

Eight insulin-dependent diabetic patients were studied on two consecutive mornings when they injected their usual morning mixtures of insulin. One morning they massaged their injection site 15 minutes after injection. Thirty minutes after the massage, free insulin levels rose higher and serum glucose levels fell lower than on the control study day.

Keywords:

TYPE: Swedish

MeSH: Utilization

FOCUS: Effectiveness

AGE: Not specified

AREA: At injection site

DISEASE: Diabetes mellitus

SPORTS: N/A

COUNTRY: USA, English

DATABASE: MEDLINE

Warm-up, Stretching and Massage Diminish Harmful Effects of Eccentric Exercise

NAMES: Rodenburg JB, Steenbeek D, Schiereck P, Bar PR

INSTITUTION: Department of Medical Physiology, Utrecht University, The Netherlands

SOURCE: International Journal of Sports Medicine, 15(7)414-9, 1994 October

DESCRIPTION: Randomized Controlled Clinical Trial, Journal Article, 32 references.

Synopsis:

The effect of combination of a warm-up, stretching exercises and massage on subjective scores for delayed onset of muscle soreness was studied. Fifty people, randomly divided into a treatment and a control group, performed eccentric exercises with the forearm flexors for 30 minute. The treatment group also performed a warm-up, stretching before and massage afterwards. The combination of a warm-up stretching and massage reduced some negative effects but the results are inconsistent. Massage was delivered by a physiotherapist.

Keywords:

TYPE: Swedish

MeSH: Utilization

FOCUS: Effectiveness in preventing delayed onset of muscle soreness

AGE: Adult males

AREA: Forearm

DISEASE: N/A

SPORTS: Applicable

COUNTRY: Germany, English

DATABASE: MEDLINE

Effleurage Massage, Muscle Blood Flow and Long-term Post-exercise Strength Recovery

NAMES: Tiidus PM, Shoemaker JK

INSTITUTION: Department of Physical Education, Wilfred Laurier University, Waterloo, Ontario.

SOURCE: International Journal of Sports Medicine, 16(7):478-83, 1995 October

DESCRIPTION: Randomized Controlled Clinical Trial. Journal Article, 34 references.

Synopsis:

Manual massage is commonly assumed to enhance long term muscle recovery from intense exercise. The authors tested this by daily, for 4 days, massaging the quadriceps muscles of one leg on subjects who previously completed an intense bout of eccentric quadriceps work with both legs. It was concluded that massage was not an effective treatment modality for enhancing long term restoration of post-exercise muscle strength and its use for this purpose in athletic settings needs to be questioned.

Keywords:

TYPE: Swedish

MeSH: Utilization

FOCUS: Effectiveness in sports and post-exercise muscle recovery

AGE: Adults

AREA: Quadriceps

DISEASE: N/A

SPORTS: Applicable

COUNTRY: Germany, English

DATABASE: MEDLINE

The Effects of Three Modalities on Delayed Onset Muscle Soreness

NAMES: Weber MD, Serevedio FJ, Woodall WR

INSTITUTION: School of Health Related Professions, Department of Physical Therapy, University of Mississippi Medical Center, Jackson, MS.

SOURCE: Journal of Orthopedic and Sports Physical Therapy, 20(5):236-42, 1994 November

DESCRIPTION: Randomized Controlled Clinical Trial. Journal Article, 42 references.

Synopsis:

The purpose of the study was to test the impact of therapeutic massage, upper body ergometry, or microcurrent electrical stimulation on muscle soreness and force deficits evident following a high-intensity eccentric exercise bout. Forty females were randomly assigned to one of three treatment groups or to a control group. Statistical analysis showed significant increases in soreness rating and significant decreases in force generated when the 0 hour was compared with 24 and 48-hour measures. Further analysis indicated statistically non-significant differences between massage, microcurrent stimulation, upper body ergometry, and control groups.

Keywords:

TYPE: Swedish (effleurage, petrissage), MENS, therapeutic exercise

MeSH: Equipment, utilization

FOCUS: Effectiveness in treatment of delayed onset of muscle soreness, comparison of modalities

AGE: Adult females

AREA: Upper body, biceps

DISEASE: N/A

SPORTS: Applicable

COUNTRY: USA, English

DATABASE: CINAHL

Changes in Magnitude of Relative Elongation of Falx Cerebri During the Application of External Forces on the Frontal Bone of an Embalmed Cadaver

NAMES: Kostopoulos MA, Keramidas MS

INSTITUTION: N/A

SOURCE: Physical Therapy Forum, pp.9-12, 1991 April 5

DESCRIPTION: Journal Article, 12 references.

Synopsis:

Article that offers validation to the scientific basis of cranio-sacral therapy. The study suggests that when a controlled external force is applied on the frontal bone of an embalmed cadaver, this force may be transmitted to the falx cerebri causing a relative elongation of it. The results support the contention that cranial sutures are mobile even after death. The mobility issue is essential in the model used to develop the theories that underline cranio-sacral therapy. Some believe that cranial sutures are only moveable in infants.

Keywords:

TYPE: Cranio-sacral

MeSH: Instrumentation, utilization

FOCUS: Technique description, attempt to prove the theory of technique

AGE: Adult male

AREA: Frontal bone

DISEASE: N/A

SPORTS: N/A

COUNTRY: USA, English

DATABASE: The Upledger Institute

The Therapeutic Value of the Craniosacral System

NAMES: Upledger, JE

INSTITUTION: The Upledger Institute, Inc.

SOURCE: The Upledger Institute, Inc

DESCRIPTION: Published Manuscript with course listings

Synopsis:

Article that defines cranio-sacral systems and therapy, describes how it is done, and the history of where it came from.

Keywords:

TYPE: Cranio-sacral

MeSH: Education, history, utilization

FOCUS: Technique description

AGE: Not specified

AREA: Head, neck, spinal cord

DISEASE: N/A

SPORTS: N/A

COUNTRY: USA, English

DATABASE: The Upledger Institute

Scientific Approach to the Assessment and Management of Activity-related Spinal Disorders: A Monograph for Clinicians. Report of the Quebec Task Force on Spinal Disorders.

NAMES: Spitzer WO, LeBlanc FE, Dupuis M

INSTITUTION: Institute for Workers' Health and Safety of Quebec

SOURCE: Spine, 12(7S):S1-S59, 1987 September

DESCRIPTION: Literature Review. Journal Article, 769 references.

Synopsis:

Monograph for clinicians on disorders of the spine. The Task Force created criteria for scientific admissibility, then reviewed world literature and developed a series of recommended practices regarding treatment. A quality evaluation of the literature was performed by the Task Force. Two hundred, fifty two of the 721 publications were rejected in the evaluation process. The Task Force then classified the remaining studies as the intervention was:

- (1) demonstrated useful through randomized controlled trials
- (2) demonstrated useful through non-randomized controlled studies
- (3) considered useful in current practice, but without scientific proof
- (4) not demonstrated useful
- (5) contraindicated

Keywords:

TYPE: Not specified — massage therapy in general

MeSH: Contraindications, standards, trends, utilization

FOCUS: Control of pain, cost effectiveness, passive vs. active techniques

AGE: Not specified

AREA: Spine

DISEASE: Spinal disorders

SPORTS: N/A

COUNTRY: Canada, English

DATABASE: MTABC Submissions

Research and Observations Support the Existence of a Craniosacral System

NAMES: Upledger, JE

INSTITUTION: The Upledger Institute Inc.

SOURCE: Upledger Institute Enterprises, 1995, 19 pp.

DESCRIPTION: Literature Review. Published Manuscript, 224 references.

Synopsis:

Cranio-sacral therapy is said to enhance self-healing abilities as well as provide symptomatic relief from a wide variety of dysfunctions and disabilities. The author reviews much of the theoretical background and research that support the existence of the cranio-sacral system. The author concludes that positive patient outcomes as a result of cranio-sacral therapy should weigh greater than data from designed research protocols involving human subjects, as it is not possible to control all of the variables of such studies. The author briefly reviews 17 studies that he had no involvement in, 4 studies by dentists and a number of studies that he was directly involved in.

Keywords:

TYPE: Cranio-sacral

MeSH: Utilization

FOCUS: Effectiveness

AGE: Not specified

AREA: Not specified — varies

DISEASE: Applicable

SPORTS: N/A

COUNTRY: USA, English

DATABASE: The Upledger Institute

The Use of Complementary Therapies in Treating Cancer Patients

NAMES: White P

INSTITUTION: The Hong Kong Polytechnic University, Department of Radiography

SOURCE: Complementary Therapies in Medicine, 6:10-13, 1998

DESCRIPTION: Questionnaire survey, Journal article, 5 references

Synopsis:

This study identifies the number of oncology departments in England and Wales offering the use of complementary therapies in the treatment of cancer patients. Therapeutic radiography managers of the 55 oncology departments in England and Wales were mailed a questionnaire to identify which complementary therapies are practised by in-house therapists or by external complementary practitioners. A 100% return rate of the questionnaire identified that 38 oncology departments were offering at least one complementary therapy in the management of cancer patients. Of the 20 therapies identified, six were most commonly used, namely aromatherapy, relaxation therapy, massage, reflexology, visualization and acupuncture.

The authors conclude that complementary therapies have an increasing role in the management of cancer patients, with several therapies being offered.

Keywords:

TYPE: Not specified

MeSH: Trends, Psychological effects

FOCUS: Treatment, Effectiveness, Relaxation

AGE: Adults

AREA: Not specified

DISEASE: Cancer

SPORTS: N/A

COUNTRY: UK, Wales

MEDLINE: Supplied by MTA

**Added May, 1999

Massage as a Respite Intervention for Primary Caregivers

NAMES: MacDonald, G

INSTITUTION: Oregon School of Massage, Portland, Oregon

SOURCE: The American Journal of Hospice and Palliative Care, 43-7, 1998 January/February

DESCRIPTION: Clinical trial (No control group) , Journal article, 10 references

Synopsis:

Thirteen adults received a series of massages in an effort to reduce the stress and fatigue that compromises their ability to act as caregivers for terminally ill loved ones. The average number of massages in a series was six, with a few participants receiving eight or nine. Data from caregivers who only received one or two sessions were not included. Prior to receiving their first massage and following their last, recipients were asked to rate four items – emotional stress, physical stress, physical pain and sleep difficulty.

Eleven of the 13 caregivers (85 per cent) reported experiencing a decrease in emotional stress and physical stress. Physical pain decreased for 77 per cent of the recipients, while sleep difficulties were reduced for 54 per cent.

Keywords:

TYPE: Swedish (jostling, compression), Trigger point (shiatsu), Reiki, Myofascial release, Trigger point therapy, Energy work (Polarity therapy)

MeSH: Utilization

FOCUS: Effectiveness, Stress, Relaxation

AGE: Adults females, mostly seniors over 60

AREA: Neck, shoulders, back

DISEASE: None – stress, fatigue

SPORTS: N/A

COUNTRY: USA

MEDLINE: Supplied by MTA

**Added May, 1999

Clinical Experiences Using Pneumatic Massage Therapy for Edematous Limbs Over Last 10 Years

NAMES: Yamazaki Z, Idezuki Y, Nemoto T, Togawa T

INSTITUTION: Second Department of Surgery, University of Tokyo, Tokyo, Japan

SOURCE: Journal of Vascular Diseases, 154-163, 1988 February

DESCRIPTION: Clinical trial (No control group), Journal article, 8 references

Synopsis:

This study examines the use of an automated pneumatic massager in treating patients with peripheral lymphedema. Over the course of fifteen months, twenty-six patients received an automated pneumatic massage to improve the lymph and venous circulation in the edematous limb. Satisfactory results were obtained, including decrease in swelling, pain and induration. A decrease in the rate of swelling was observed in 14 cases. Seven patients reported no change in the rate of swelling and 5 reported an increase. Electrical impedance plethysmographic analysis of peripheral lymph volume and blood flow indicated that pneumatic massage was effective in the treatment of edema in the limbs. This improvement was maintained by repeated daily pneumatic massage and ordinary conservative treatment.

Keywords:

TYPE: Pneumatic massage

MeSH: Utilization

FOCUS: Treatment, Effectiveness – controlling swelling, post-surgery

AGE: Adults

AREA: Arm, lower extremities, edematous limb

DISEASE: Cancer (uterine, breast, rectal and urologic malignancies)

SPORTS: N/A

COUNTRY: Japan

MEDLINE: Supplied by MTA

**Added May, 1999

Massage Benefits for Children with Asthma

NAMES: Field T, Henteleff T, Hernandez-Reif M, Martinez E, Mavunda K, Kuhn C, Schanberg S

INSTITUTION: Touch Research Institute, University of Miami School of Medicine, Miami, Florida
Duke University Medical School, Durham, North Carolina

SOURCE: Journal of Pediatrics, 132 (5): 854-8, 1998 May

DESCRIPTION: Randomized Controlled Trial, Journal Article, 12 References

Synopsis:

Thirty-two children with asthma (16 four-to eight-year-olds and 16 nine-to 14-year-olds) were randomly assigned to receive either massage therapy or relaxation therapy. The children's parents were taught to provide one therapy or the other for 20 minutes before bedtime each night for 30 days. The younger children who received massage therapy showed an immediate decrease in behavioural anxiety and cortisol levels after massage. Also, their attitude toward asthma, their peak air flow and other pulmonary functions improved over the course of the study. The older children who received massage therapy reported lower anxiety after the massage. Their attitude toward asthma also improved over the study, but only one measure of pulmonary function (forced expiratory flow 25% to 75%) improved. The reason for the smaller therapeutic benefit in the older children is unknown; however, it appears that daily massage improves airway caliber and control of asthma.

Keywords:

TYPE: Not specified

MeSH: Utilization, Psychological effects

FOCUS: Treatment, Alternative to drugs

AGE: Children

AREA: Face, head, neck, shoulders, arms, hands, legs, back, feet

DISEASE: Asthma

SPORTS: N/A

COUNTRY: USA

MEDLINE: Supplied by MTA

**Added May, 1999

Massage Therapy Reduces Pain Perception and Anxiety Levels of Male Cancer Patients

NAMES: Ferrell-Torry A, Glick O

INSTITUTION: College of Nursing, University of Iowa, Iowa City, Iowa

SOURCE: Cancer Nursing, 16 (2): 93-101, 1993

DESCRIPTION: Clinical trial (No control group), Journal article, 41 references.

Synopsis:

The purpose of this exploratory study was to examine the effects of therapeutic massage on pain perception, anxiety and relaxation levels in hospitalized patients experiencing significant cancer pain. Thirty minutes of therapeutic massage was administered on two consecutive evenings to nine hospitalized males diagnosed with cancer and experiencing cancer pain. The objective physiologic measures of heart rate, respiratory rate and blood pressure were obtained before, immediately after, and, finally, ten minutes after the massage. Massage therapy significantly reduced the subjects' level of pain perception (average of 60%) and anxiety (average 24%) while enhancing their feelings of relaxation by an average of 58%. In addition to these subjective measures, all physiological measures (heart rate, respiratory rate and blood pressure) tended to decrease from baseline, providing further indication of relaxation. In conclusion, although the exact mechanism is not known, therapeutic massage is a beneficial nursing intervention that promotes relaxation and alleviates the perception of pain and anxiety in hospitalized cancer patients.

Keywords:

TYPE: Swedish (Effleurage, Petrissage) and Myofascial release, Trigger point therapy

MeSH: Psychological effects, Nursing, Utilization

FOCUS: Relaxation, Anxiety, Control of pain

AGE: Adults, male

AREA: Feet, back, neck, shoulders

DISEASE: Cancer

SPORTS: N/A

COUNTRY: USA

MEDLINE: Supplied by MTA

**Added May, 1999

Effects of Massage Therapy on Depressed Adolescent Mothers

NAMES: Field T, Grizzle N, Scafidi F, Schanberg N

INSTITUTION: Touch Research Institute, University of Miami School of Medicine, Miami, Florida

SOURCE: Adolescence, 31(124): 903-911, 1996 Winter

DESCRIPTION: Randomized Clinical Study, Journal Article, 17 references

Synopsis:

Thirty-two depressed adolescent mothers received ten 30-minute sessions of massage therapy or relaxation therapy over a five week period. Subjects were randomly assigned to each group. Although both groups reported lower anxiety following their first and last therapy sessions, only the massage therapy group showed behavioural and stress hormone changes, including a decrease in anxious behaviour, pulse and salivary cortisol levels. A decrease in urine cortisol levels suggested lower stress following the five-week period for the massage therapy group.

Keywords:

TYPE: Swedish

MeSH: Psychological effects, Utilization

FOCUS: Treatment, Stress, Anxiety

AGE: Adolescent females

AREA: Forehead, neck, shoulders, arms, hands, torso, legs, feet

DISEASE: Depression

SPORTS: N/A

COUNTRY: USA

MEDLINE: Supplied by MTA

**Added May, 1999

Effectiveness of Neuromuscular Release Massage Therapy on Chronic Obstructive Lung Disease

NAMES: Beeken J, Parks D, Cory J, Montopoli G

INSTITUTION: University of Wyoming, Laramie

SOURCE: Clinical Nursing Research, 7(3): 309-325, 1998 August

DESCRIPTION: Case study, Journal article, 27 references

Synopsis:

The purpose of the study was to examine neuromuscular massage therapy (NRMT) as an intervention for individuals with chronic obstructive lung disease (COLD) to improve pulmonary function, respiratory muscle strength and quality of life. Variables were measured with thoracic gas volume, peak flow, oxygen saturation, blood pressure, heart rate, forced expiratory volume in one second, forced vital capacity, and quality of life to determine if improvement occurred with 24 treatments of NRMT. Four of five participants had an increase in thoracic gas volume, peak flow and FVC. Paired differences test resulted in significant changes in heart rate, oxygen saturation and time of breath hold. Repeated measured analysis of variance indicated a significant interaction between participant and time for heart rate, oxygen saturation, and systolic blood pressure. The results suggested that individuals with COLD do benefit from NRMT, but the exact physiological mechanism for the changes warrants additional study.

Keywords:

TYPE: Neuromuscular massage therapy

MeSH: Utilization

FOCUS: Treatment, Effectiveness – improving pulmonary function, respiratory muscle strength and quality of life

AGE: Adults

AREA: Chest

DISEASE: Chronic obstructive lung disease (COLD)

SPORTS: N/A

COUNTRY: USA

MEDLINE: Supplied by MTA

**Added May, 1999

Factors that Predict which Preterm Infants Benefit Most from Massage Therapy

NAMES: Scafidi F, Field T, Schanberg S

INSTITUTION: Department of Pediatrics, Touch Research Institute, University of Miami Medical School, Miami, Florida

SOURCE: Developmental and Behavioral Pediatrics, 14 (3): 176-180, 1993 June

DESCRIPTION: Randomized Controlled Clinical Trial, Journal article, 14 references

Synopsis:

Ninety-three preterm infants were randomly assigned to a massage therapy group or a control group once they were considered medically stable. The treatment group received three daily 15-minute massages for ten days. The massage therapy infants gained significantly more weight per day than did the control group infants. Treatment and control groups were divided into high and low weight gainers based on the average weight gain for the control group. Seventy per cent of the massage therapy infants were classified as high weight gainers whereas only 40 per cent of the control infants were classified as high weight gainers. Discriminant function analyses determining the characteristics that distinguished the high from the low weight gainers suggested that the control infants, who, before the study, consumed more calories and spent less time in Intermediate care, gained more weight. In contrast, for the massage therapy group, the pattern of greater caloric intake and more days in Intermediate care before the study along with more obstetric complications differentiated the high from the low weight gainers, suggesting that the infants who had experienced more complications before the study benefited more from the massage therapy.

Keywords:

TYPE: Swedish (stroking), Joint mobilization (flexion, extension)

MeSH: Utilization

FOCUS: Effectiveness – weight gain for preterm infants

AGE: Pre-term neonates

AREA: Whole body

DISEASE: Premature birth

SPORTS: N/A

COUNTRY: USA

MEDLINE: Supplied by MTA

**Added May, 1999

Massage Therapy Improves Behaviour in Neonates Born to HIV-Positive Mothers

NAMES: Frank Scafidi, Tiffany Field

INSTITUTION: Touch Research Institute, University of Miami School of Medicine, Miami, Florida

SOURCE: Journal of Pediatric Psychology, 21 (6): 889-897, 1996

DESCRIPTION: Randomized Controlled Clinical Trial, Journal article, 30 references

Synopsis:

Twenty-eight neonates born to HIV-positive mothers were randomly assigned to a massage therapy or control group. The treatment infants were given three 15-minute massages daily for ten days. The massaged group showed superior performance on almost every Brazelton newborn cluster score and had greater daily weight gain at the end of the treatment period unlike the control group who showed declining performance.

Keywords:

TYPE: Swedish (stroking), Joint mobilization (flexion, extension)

MeSH: Utilization

FOCUS: Effectiveness – improving performance of neonates born to HIV-positive mothers (reduce stress, increase weight gain, increase cognitive and developmental performance)

AGE: Neonates

AREA: Whole body

DISEASE: Developmental difficulties in neonates born to HIV-positive mothers

SPORTS: N/A

COUNTRY: USA

MEDLINE: Supplied by MTA

**Added May, 1999

Benefits of Massage Therapy on Juvenile Rheumatoid Arthritis

NAMES: Field T, Hernandez-Reif M, Seligman S, Krasnegor J, Sunshine W

INSTITUTION: Touch Research Institute, University of Miami School of Medicine, Miami Florida

SOURCE: Journal of Pediatric Psychology, 22(5): 607-617, 1997

DESCRIPTION: Randomized Controlled Clinical Trial, Journal article, 16 references

Synopsis:

Twenty children with mild to moderate juvenile rheumatoid arthritis were massaged by their parents 15 minutes a day for 30 days. The children's anxiety and stress hormone (cortisol) levels were immediately decreased by the massage, and over the 30-day period their pain decreased on self-reports, parent reports, and their physician's assessment of pain (both the incidence and severity) and pain-limiting activities.

Keywords:

TYPE: Not specified

MeSH: Utilization

FOCUS: Treatment, Control of pain, Anxiety

AGE: Children (4-16)

AREA: Legs, arms, face, stomach

DISEASE: Juvenile rheumatoid arthritis

SPORTS: N/A

COUNTRY: USA

MEDLINE: Supplied by MTA

**Added May, 1999

Labor pain is Reduced by Massage Therapy

NAMES: Field T, Hernandez-Reif M, Taylor S, Quintino O, Burman I

INSTITUTION: Touch Research Institute, University of Miami School of Medicine, Miami, Florida
Educating Hands School of Massage Therapy, Miami, Florida

SOURCE: Journal of Psychosomatic Obstetrics and Gynaecology, 18: 286-291, 1997

DESCRIPTION: Randomized Controlled Clinical Trial, Journal article, 22 references

Synopsis:

Twenty-eight women were recruited from prenatal classes and randomly assigned to receive massage in addition to coaching and breathing from their partners during labour, or to receive coaching in breathing alone (a technique learned in prenatal classes). The massaged mothers reported a decrease in depressed mood, anxiety and pain, and showed less agitated activity and anxiety and more positive effects following the first massage during labour. In addition, the massaged mothers had significantly shorter labour, a shorter hospital stay and less postpartum depression.

Keywords:

TYPE: Swedish (stroking)

MeSH: Utilization

FOCUS: Control of pain, Anxiety, Stress, Alternative to drugs

AGE: Pregnant women

AREA: Head, shoulder, back, hands and feet

DISEASE: Childbirth

SPORTS: N/A

COUNTRY: USA

MEDLINE: Supplied by MTA

**Added May, 1999

Burn Injuries Benefit from Massage Therapy

NAMES: Field T, Peck M, Krugman S, Tuchel T, Schanberg S, Kuhn C, Burman I

INSTITUTION: Touch Research Institute, University of Miami School of Medicine, Miami, Florida

SOURCE: Journal of Burn Care & Rehabilitation, 19 (3): 241-4, 1998 May/June

DESCRIPTION: Randomized Controlled Clinical Trial, Journal article, 13 references

Synopsis:

Twenty-eight adult patients with burns were randomly assigned to either a massage therapy group or a standard treatment control group before debridement. The massage therapy group subjects received a 20-minute massage once a day for one week. State anxiety and cortisol levels decreased, and behaviour ratings of state, activity, vocalizations and anxiety improved after the massage therapy sessions on the first and last days of treatment. Longer-term effects were also significantly better for the massage therapy group, including decreases in depression and anger, and decreased pain on the McGill Pain Questionnaire, Present Pain Intensity scale, and Visual Analogue Scale. Although the underlying mechanisms are not known, these data suggest that debridement sessions were less painful after the massage therapy sessions due to a reduction in anxiety, and that the clinical course was probably enhanced as a result of a reduction in pain, anger and depression.

Keywords:

TYPE: Swedish

MeSH: Utilization, Psychological effects

FOCUS: Alternative to drugs, Treatment, Effectiveness, Control of pain, Relaxation, Anxiety

AGE: Adults

AREA: Face, chest, stomach, arms, legs

DISEASE: Burns

SPORTS: N/A

COUNTRY: USA

MEDLINE: Supplied by MTA

**Added May, 1999

The Use of Alternative Health Care by a Family Practice Population

NAMES: Drivdahl C, Miser W.F.

INSTITUTION: Department of Family Practice, Madigan Army Medical Centre, Tacoma, Washington

SOURCE: Journal of the American Board of Family Practice, 11(3): 193-9, 1998 May/June

DESCRIPTION: Questionnaire survey, Journal article, 20 references

Synopsis:

This study examined the characteristics of family practice patients using alternative medicine, the problems that led them to use it, and their satisfaction with its use. A confidential questionnaire was mailed to 250 randomly selected adults enrolled in a large military family practice clinic, with a final response rate of 71 per cent. More than 28 per cent of patients used some forms of alternative medicine. The typical user was 30 to 49 years old, female, white and well-educated. Common methods used were chiropractic (64 per cent), massage therapy (36 per cent), herbal therapy (32 per cent), and acupuncture (16 per cent). The most common problems for which patients sought alternative care were back pain (56 per cent), other musculoskeletal pain (22 per cent), and stress or other psychosocial problems (20 per cent). Fewer than one half were satisfied with their alternative health care, although 82 per cent reported at least some improvement in their conditions.

Keywords:

TYPE: Not specified

MeSH: Trends, Utilization

FOCUS: Control of pain, Treatment

AGE: Adults

AREA: Not specified

DISEASE: Back pain, headaches, dysmenorrhea, musculoskeletal pain

SPORTS: N/A

COUNTRY: USA

MEDLINE: Supplied by MTA

**Added May, 1999

Massage Therapy Improves Circulation and Self-Esteem

NAMES: Allen B, Nelson D

INSTITUTION: Hillsdale Extended Care Hospital, San Mateo, California

SOURCE: Provider: 50, 1993 August

DESCRIPTION: Case study

Synopsis:

The authors note that, when conscious and caring physical contact is limited, residents in nursing facilities may experience a diminished quality of life, lessened desire to interact with others and a weakened cognitive state. The article describes the benefits of massage therapy, including improved circulation, improved digestion, ease of pain by loosening tight or cramping muscles, and improved rest. The authors outline the steps the director of a senior's facility would take to offer massage therapy to its residents.

Keywords:

TYPE: Therapeutic touch

MeSH: Trends, Utilization, Nursing, Psychological effects

FOCUS: Relaxation, Effectiveness, Control of pain

AGE: Seniors

AREA: Not specified

DISEASE: Not specified

SPORTS: N/A

COUNTRY: USA

MEDLINE: Supplied by MTA

**Added May, 1999

Manual Massage and Recovery of Muscle Function Following Exercise

NAMES: Tiidus P

INSTITUTION: Department of Physical Education, Wilfred Laurier University, Waterloo, Ontario, Canada

SOURCE: Journal of Sports Physio Therapy: 25(2): 107-112, 1997 January

DESCRIPTION: Literature review, 40 references

Synopsis:

There is currently little scientific evidence that manual massage has any significant impact on the short-term or long-term recovery of muscle function following exercise or on the physiological factors associated with the recovery process. This paper reviews current scientific evidence on the use of manual massage to affect 1) muscle damage caused by eccentric muscle action; 2) retention and recovery of muscle strength and performance following "eccentric-mechanical" muscle damage; 3) reduction of delayed onset muscle soreness following "eccentric-mechanical" muscle damage; and 4) recovery of muscle strength and performance following anaerobic exercise.

The article concludes that there is very little evidence to suggest that manual massage has a significant impact on the recovery of muscle function following exercise or on any of the physiological factors associated with the recovery process.

Keywords:

TYPE: Swedish (Effleurage, Petrissage, Tapotement)

MeSH: Utilization

FOCUS: Sports, Physiological effects, Effectiveness – Treating muscle soreness and loss of muscle strength

AGE: Adults

AREA: Not specified

DISEASE: Eccentric muscle action

SPORTS: Muscle soreness

COUNTRY: Canada

MEDLINE: Supplied by MTA

**Added May, 1999

Research in Complementary Medicine and the Work of the Research Council for Complementary Medicine (RCCM)

NAMES: Vickers A

INSTITUTION: Information Service, Research Council for Complementary Medicine (RCCM)

SOURCE: Midwives: 14-6, 1995 January

DESCRIPTION: Case study

Synopsis:

This article describes the work of the Research Council for Complementary Medicine, specifically its promotion of research into complementary therapies and the dissemination of research results. The article cites the benefits of complementary therapies through the various stages of pregnancy and delivery, and includes the findings of Fields et al. on the use of massage on premature neonates.

The article concludes that, although there is insufficient evidence to prove that complementary therapies are of benefit for analgesia during labour, they may improve the birth experience, reduce morning sickness during pregnancy, and benefit preterm infants.

Keywords:

TYPE: Not specified

MeSH: Trends, Utilization

FOCUS: Control of pain, Effectiveness – reducing discomfort during pregnancy

AGE: Adults, Neonates

AREA: Not specified

DISEASE: Pregnancy

SPORTS: N/A

COUNTRY: UK

MEDLINE: Supplied by MTA

**Added May, 1999

Complementary Therapies in Terminal Care: Massage Therapy – An Added Dimension in Terminal Care

NAMES: Zuberbueler E

INSTITUTION: Family Hospice of San Antonio, Texas

SOURCE: The American Journal of Hospice & Palliative Care: 13(2):50 March/April

DESCRIPTION: Editorial

Synopsis:

The article describes the benefits of massage therapy in caring for terminal patients, including pain management, increased range-of-motion, and reduced anxiety and fear. The article also contains a list of contraindications, including varicose veins and areas of broken skin that may be spread by increased contact.

Keywords:

TYPE: Not specified

MeSH: Trends, Utilization, Contraindications

FOCUS: Control of pain, Effectiveness, Palliative care

AGE: Adults

AREA: Not specified

DISEASE: Not specified

SPORTS: N/A

COUNTRY: USA

MEDLINE: Supplied by MTA

**Added May, 1999

Adolescents with Attention Deficit Hyperactivity Disorder Benefit From Massage Therapy

NAMES: Field T, Quintero O, Hernandez-Reif M, Koslovsky G

INSTITUTION: Touch Research Institute, University of Miami School of Medicine, Miami, Florida

SOURCE: Adolescence: 33 (129): 103-8, Spring 1998

DESCRIPTION: Randomized Clinical Trial, Journal article, 14 references

Synopsis:

Twenty-eight adolescents with attention deficit hyperactivity disorder were provided either massage therapy or relaxation therapy for 10 consecutive school days. The massage therapy group, but not the relaxation group, rated themselves as happier and observers rated them as fidgeting less following the sessions. After the two week period, their teachers reported more time on task and assigned them lower hyperactivity scores based on classroom behaviour.

Keywords:

TYPE: Swedish

MeSH: Trends, Utilization

FOCUS: Treatment, Effectiveness, Alternative to drugs

AGE: Adolescent males

AREA: Neck, shoulders, back

DISEASE: Attention Deficit Hyperactivity Disorder

SPORTS: N/A

COUNTRY: USA

MEDLINE: Supplied by MTA

**Added May, 1999

Physicians' Perspective on Massage Therapy

NAMES: Verhoef M, Page S

INSTITUTION: Department of Community Health Sciences, Faculty of Medicine, University of Calgary, Calgary, Alberta, Canada

SOURCE: Canadian Family Physician: 44: 1018-20, 1023-24, 1998 May

DESCRIPTION: A random, cross-sectional mailed survey

Synopsis:

A questionnaire was mailed to a random sample of 300 family physicians currently practising in Alberta. The survey contained questions about sociodemographic and practice characteristics, perceived knowledge of massage therapy, opinions about the usefulness and legislation (government regulations) of massage therapy, and referral behaviour.

Fifty-four percent of physicians completed and returned the questionnaire. The results demonstrated a discrepancy between the physicians' knowledge of massage therapy and their opinions of, and referrals to, the profession. Physicians who referred patients to massage therapy generally held more positive opinions and had more knowledge of the discipline.

Keywords:

TYPE: Not specified

MeSH: Trends, Utilization

FOCUS: Treatment, Effectiveness

AGE: Not specified

AREA: Not specified

DISEASE: Not specified

SPORTS: N/A

COUNTRY: Canada

MEDLINE: Supplied by MTA

**Added May, 1999

Effect of a Back Massage and Relaxation Intervention on Sleep in Critically Ill Patients

AMES: Culpepper-Richards K

INSTITUTION: University of Arkansas College of Nursing and Veterans Affairs Medical Centre, Little Rock, Arkansas

SOURCE: American Journal of Critical Care: 7(4):288-299, 1998 July

DESCRIPTION: Randomized Controlled Clinical Trial, Journal Article, 44 references

Synopsis:

Critically ill patients are deprived of sleep and its potential healing qualities, although many receive medications to promote sleep. This study aims to evaluate holistic nonpharmacological techniques designed to promote sleep in a critical care practice. Sixty-nine male subjects were randomly assigned to a 6-minute back massage; a teaching session on relaxation and a 7.5-minute audiotape at bedtime consisting of mental imagery and relaxing background music; or the usual nursing care.

The results of this study support that back massage, as an alternative or adjunct to pharmacological treatment, is a clinically effective nursing intervention for the promotion of sleep.

Keywords:

TYPE: Swedish (Effleurage)

MeSH: Trends, Utilization

FOCUS: Treatment, Effectiveness, Nursing, Alternative to drugs, Relaxation

AGE: Adult males

AREA: Back, neck, shoulders

DISEASE: Cardiovascular illness

SPORTS: N/A

COUNTRY: USA

MEDLINE: Supplied by MTA

**Added May, 1999

Early Mobilization of Acute Whiplash Injuries

NAMES: Mealy K, Brennan H, Fenelon G C C

INSTITUTION: Department of Orthopaedics, St. James's Hospital, Dublin, Ireland

SOURCE: British Medical Journal: Vol. 292: 656-7, 1986 March

DESCRIPTION: Randomized Controlled Clinical Trial, Journal Article, 9 references

Synopsis:

Acute whiplash injuries are a common cause of soft tissue trauma for which the standard treatment is rest and initial immobilization with a soft cervical collar. Because the efficacy of this treatment is unknown, a randomized study in 61 patients was carried out comparing the standard treatment with an alternative regimen of early, active mobilization. Results showed that eight weeks after the accident, the degree of improvement seen in the actively treated group compared with the group given standard treatment was significantly greater for both cervical movement and intensity of pain.

Keywords:

TYPE: Joint mobilization

MeSH: Trends, Utilization

FOCUS: Treatment, Effectiveness, Control of Pain

AGE: Adult

AREA: Neck

DISEASE: Whiplash

SPORTS: N/A

COUNTRY: Ireland

MEDLINE: Supplied by MTA

**Added July, 1999

Early Mobilization and Outcome in Acute Sprains of the Neck

NAMES: McKinney L A

INSTITUTION: Accident and Emergency Department, Royal Victoria Hospital, Belfast, Northern Ireland

SOURCE: British Medical Journal: Vol. 299: 1006-8, 1989 October

DESCRIPTION: Single Blind Randomized Clinical Trial, Journal Article, 8 references

Synopsis:

The goal of the study was to assess the long term effects of early mobilization exercises in patients with acute sprains of the neck after traffic accidents. Two hundred and forty-seven patients entered the hospital within 48 hours after sustaining a non-contract flexion-extension sprain of the neck and were randomized to receive one of three treatments – rest, physiotherapy or advice on self-mobilization. The results showed no significant decrease in symptoms between patients who received rest versus physiotherapy, but did show significantly fewer symptoms for those patients who received advice on early mobilization.

Keywords:

TYPE: Joint mobilization

MeSH: Trends, Utilization

FOCUS: Treatment, Effectiveness, Control of Pain

AGE: Adult

AREA: Neck

DISEASE: Whiplash

SPORTS: N/A

COUNTRY: Ireland

MEDLINE: Supplied by MTA

**Added July, 1999

Cervical Spine Disorders: A Comparison of Three Types of Traction

NAMES: Zylbergold R, Piper M

INSTITUTION: Department of Physical Medicine, Royal Victoria Hospital and School of Physical and Occupational Therapy, McGill University, Montreal, Quebec

SOURCE: Spine: 10 (10): 292: 867-871, 1985

DESCRIPTION: Randomized Clinical Trial, Journal Article, 19 references

Synopsis:

A randomized clinical trial was conducted to evaluate the efficacy of three commonly employed forms of traction in the treatment of cervical spine disorders. One hundred consenting men and women with disorders of the cervical spine were randomly assigned to one of four treatment groups – static traction, intermittent traction, manual traction and no traction. All patients, regardless of group assignment, were seen twice weekly. Although the entire cohort of neck patients, regardless of group assignment, improved significantly on all the outcome variables over the six-week period, patients receiving intermittent traction performed significantly better than those assigned to the no traction group in terms of pain, forward flexion, right rotation and left rotation.

Keywords:

TYPE: Not specified

MeSH: Trends, Utilization

FOCUS: Treatment, Effectiveness, Control of Pain

AGE: Adult

AREA: Neck , spine

DISEASE: Spine disorders

SPORTS: N/A

COUNTRY: Canada

MEDLINE: Supplied by MTA

**Added July, 1999

Bulimic Adolescents Benefit from Massage Therapy

NAMES: Field T, Schanberg S, Kuhn C, Field T, Fierro K, Henteleff T, Mueller C, Yando R, Shaw S, Burman I

INSTITUTION: Touch Research Institute, University of Miami School of Medicine, Florida 33101, USA

SOURCE: Adolescence, 33 (131): 555-63 Fall 1998

DESCRIPTION: Randomized Controlled Clinical Trial, Journal Article, 24 References

Synopsis:

Twenty-four female adolescent bulimic patients at a residential treatment centre were randomly assigned to a massage therapy or a standard treatment (control) group. The massage therapy group received a massage two days per week for five weeks. The massages were conducted by massage therapists. To be successful, treatment for bulimia must alleviate depressive symptoms and alter any neuroendocrinological abnormalities. The results of this study indicated that the massaged patients showed immediate reductions (both self-report and behaviour observation) in anxiety and depression. By the last day of therapy, they had lower depression scores, lower cortisol (stress) levels, higher dopamine levels, and improvement on several other psychological and behavioural measures. These findings suggest that massage therapy is effective as an adjunct treatment for bulimia.

Keywords:

TYPE: Swedish

MeSH: Psychological Effects, Treatment Outcome

FOCUS: Anxiety, Depression, Stress

AGE: Adolescents (16 to 21 years of age)

AREA: Supine and prone positions: various

DISEASE: Bulimia

SPORTS: N/A

COUNTRY: USA

DATABASE: MEDLINE

Children with Cystic Fibrosis Benefit from Massage Therapy

NAMES: Hernandez Reif M, Field T, Krasnegor J, Martinez E, Schwartzman M, Mavunda K

INSTITUTION: Touch Research Institute, University of Miami School of Medicine, Department of Pediatrics, Florida 33101, USA

SOURCE: Journal of Pediatric Psychology 24(2): 175-81 April 1999

DESCRIPTION: Randomized Controlled Clinical Trial, Journal Article, 25 References

Synopsis:

The objective of this study is to measure the effects of parents giving massage therapy to their children with cystic fibrosis. Twenty children aged five to 12 with cystic fibrosis and their parents were randomly assigned to a massage therapy or reading control group. Parents in the treatment group were asked to conduct a 20-minute massage every night at bedtime for one month. They were trained by massage therapists. Parents in the control group were instructed to read for 20 minutes a night. On days one and 30, parents and children were asked questions relating to present anxiety levels. Children were asked questions about mood and their peak air flow was measured. Parents and children in the massage therapy group showed reduced anxiety. Mood and peak air flow readings also improved for children in the massage therapy group. Future studies might explore longer effects of massage therapy on pulmonary function and gastrointestinal symptoms.

TYPE: Swedish

MeSH: Treatment Outcome, Psychological Effects

FOCUS: Anxiety, Physiological Effects

AGE: Children (five to 12 years of age)

AREA: Face/head, neck, abdomen, arms, legs, feet, back

DISEASE: Cystic Fibrosis

SPORTS: N/A

COUNTRY: USA

DATABASE: MEDLINE

The Effects of Effleurage Backrub on the Physiological Components of Relaxation: A Meta-analysis

NAMES: Labyak SE, Metzger BL

INSTITUTION: Department of Psychiatry and Human Behavior, Brown University, Providence, RI, USA

SOURCE: Nursing Research 46(1): 59-62 Jan/Feb 1997

DESCRIPTION: Journal Article, Meta-analysis, 15 references

Synopsis:

Backrub massage has largely disappeared from the therapeutic repertoire of acute care nurses in the modern health care environment. The purpose of this study was to reevaluate the efficacy of massage and its role as a nursing therapy. Meta-analysis was used to integrate statistically the findings of nine studies which examined the physiological effects of effleurage backrub on systolic blood pressure (SBP), diastolic blood pressure (DBP), heart rate (HR) and respiratory rate (RR). The meta-analysis also looked at how the findings differed by gender and the presence of cardiovascular disease. Results showed that effleurage backrub is associated with a reduction in HR and RR and that the consistently positive effects include a reduction in HR and RR across all subjects. In contrast, the positive effects of backrub on SBP and DBP appear to be gender-specific. Regardless of the length of the backrub, male subjects achieved a greater overall reduction in SBP and DBP, suggesting that males are more positively responsive to effleurage. While effleurage backrub produces moderately positive therapeutic effects on cardiovascular parameters in post-MI subjects, the immediate rise in blood pressure and HR in coronary artery bypass surgery patients suggests that massage may be contraindicated in these individuals within the first 48 hours of surgery. Overall, the findings suggest that effleurage backrubs of at least three minutes in duration are a non-pharmacological form of nursing therapy that promotes biological and subjective relaxation and that it is time to reconsider revitalizing this traditional nursing activity.

Keywords:

TYPE: Swedish

MeSH: Nursing

FOCUS: Physiological Effects, Relaxation

AGE: Adults

AREA: Back

DISEASE: Various, Cardiovascular

SPORTS: N/A

COUNTRY: USA

DATABASE:

MEDLINE

Adolescents with Attention Deficit Hyperactivity Disorder Benefit from Massage Therapy

NAMES: Field TM, Quintino O, Hernandez Reif M, Koslovsky G

INSTITUTION: Touch Research Institute, University of Miami School of Medicine, Florida
33101, USA

SOURCE: Adolescence 33(129): 103-8 Spring 1998

DESCRIPTION: Randomized Controlled Clinical Trial, Journal Article, 14 References

Synopsis:

Attention Deficit Hyperactivity Disorder is a condition affecting as many as three to six per cent of all youth. It is characterized by developmentally inappropriate degrees of inattention, impulsiveness and hyperactivity. Overactivity is typically the most prominent feature. In this study, 28 male adolescents with attention deficit hyperactivity disorder were given either 15-minute massage therapy or relaxation therapy (progressive muscle relaxation sessions) for 10 consecutive school days. The massage therapy group rated themselves as happier and observers rated them as fidgeting less following the sessions. After the two-week period, their teachers reported more time on task and assigned them lower hyperactivity scores based on classroom behaviour. No changes were noted in the relaxation therapy group.

Keywords:

TYPE: Swedish

MeSH: Treatment Outcome

FOCUS: Relaxation, Alternative to Drugs

AGE: Adolescents

AREA: Various

DISEASE: Attention Deficit Hyperactivity Disorder (ADHD)

SPORTS: N/A

COUNTRY: USA

DATABASE: MEDLINE

Mastectomy, Body Image and Therapeutic Massage: A Qualitative Study of Women's Experience

NAMES: Bredin M

INSTITUTION: Macmillan Practice Development Unit, Centre for Cancer and Palliative Care Studies, Institute of Cancer Research at the Royal Marsden Hospital NHS Trust, London, UK

SOURCE: Journal of Advanced Nursing 29(5): 1113-1120 May 1999

DESCRIPTION: Journal Article, 28 references

Synopsis:

Despite the wealth of literature concerning the impact of breast loss on a woman's body image, sexual and psychological adjustment, there have been few studies within the medical and nursing literature directly quoting a woman's private perspective; how in her words she experiences her changed body. Furthermore, there is a lack of evidence-based interventions for addressing the problem of altered body image; healthcare professionals often feel at a loss in knowing how to help women cope. In this study in-depth interviews were undertaken to explore three women's experiences of breast loss with particular focus on body image. A second phase piloted a massage intervention as a means of helping them to adjust to living with their changed body image. Each woman participated in two one-hour, semi-structured interviews and six sessions of therapeutic massage conducted by the researcher, a nurse. Listening to their experience, in combination with the therapeutic massage, allowed deep access and insight into the nature of the women's trauma. The experiences of the three women in this study suggest there may be a group of women whose needs are overlooked and who, despite their prosthesis and reassurances that they are disease-free, opt to conceal the problems they have in living with a changed image. The availability of a body-centred therapy might help with certain aspects of adjustment as revealed by this study.

Keywords:

TYPE: Swedish

MeSH: Psychological Effects, Nursing

FOCUS: Post-surgery

AGE: Adult females

AREA: Various – foot, arm, face or back

DISEASE: Mastectomy, Breast Cancer

SPORTS: N/A

COUNTRY: England

DATABASE: CINAHL

Effect of a Back Massage and Relaxation Intervention on Sleep in Critically Ill Patients

NAMES: Richards KC

INSTITUTION: University of Arkansas College of Nursing and Veterans Affairs Medical Center, Little Rock, Arkansas

SOURCE: American Journal of Critical Care 7(4): 288-99, July 1998

DESCRIPTION: Journal Article, Research, 44 references

Synopsis:

Critically ill patients are deprived of sleep and its potential healing qualities, although many receive medications to promote sleep. No one has adequately evaluated holistic nonpharmacological techniques designed to promote sleep in critical care practice. This study was conducted to determine the effects of a 1) back massage and 2) a combination of muscle relaxation, mental imagery and a music audiotape on the sleep of older men with a cardiovascular illness who were hospitalized in a critical care unit. Sixty-nine patients were randomly assigned to one of three groups. A control group received routine nursing care before bedtime and a six-minute rest period at bedtime. Group two received a six-minute back massage (effleurage). Group three received a teaching session on relaxation and a 7.5-minute audiotape at bedtime consisting of progressive muscle relaxation, mental imagery and relaxing background music. Because the intervention, if found effective, was to be used by practising nurses, no special massage training other than basic nursing education was acquired. Polysomnography was used to measure one night of sleep for each patient. Results showed improved quality of sleep among the back massage group. Descriptive parameters revealed that patients in the back-massage group experienced higher quality and quantity of sleep than did patients in the control group. Sleep efficiency index was 14.7% higher in the massage group than in the control group. The relaxation-audiotape intervention did not have a statistically significant effect on sleep. The study encourages further research using a larger sample, female patients and combinations of interventions (i.e. music and massage). In the meantime, this study concludes that the use of back massage, as an alternative or adjunct to pharmacological treatment, is a clinically effective nursing intervention for promotion of sleep.

Keywords:

TYPE: Swedish

MeSH: Nursing, Treatment Outcome

FOCUS: Alternative to Drugs, Effectiveness, Physiological Effects, Sleep

AGE: Adult males aged 55 to 79 years

AREA: Back

DISEASE: Cardiovascular disease

SPORTS: N/A

COUNTRY: USA

DATABASE: CINAHL

Pain and Tension Are Reduced Among Hospital Nurses After On-site Massage Treatments: A Pilot Study

NAMES: Katz J, Wowk A, Culp D, Wakeling H
INSTITUTION: Department of Psychology, The Toronto Hospital, Toronto, Ontario, Canada
SOURCE: Journal of the PeriAnesthesia Nursing 14(3): 128-33, June 1999
DESCRIPTION: Journal Article, Pilot Study, 14 references

Synopsis:

Tension and pain are common occupational hazards of modern-day nursing, especially given recent changes to the health care system. The aims of the pilot study were to evaluate the feasibility of carrying out a series of workplace-based massage treatments and to determine whether massage therapy reduced pain and stress experienced by nursing staff at a large teaching hospital. Twelve hospital staff (10 registered nurses and two non-medical ward staff) who worked in a large tertiary care centre volunteered to participate. Participants received up to eight, workplace-based, 15-minute Swedish massage treatments provided by registered massage therapists. Pain, tension, relaxation and the Profile of Mood States were measured before and after each massage session. Pain and intensity and tension levels were significantly lower after massage. In addition, relaxation levels and overall mood state improved significantly after treatments. The results of this pilot study support the feasibility of an eight-session, workplace-based massage therapy program for pain and tension experienced by nurses working in a large teaching hospital. Further research is warranted to study the efficacy of workplace massage in reducing stress and improving overall mood.

Keywords:

TYPE: Swedish
MeSH: Nursing, Psychological Effects
FOCUS: Control of pain, Stress
AGE: Adults
AREA: Not specified
DISEASE: N/A
SPORTS: N/A
COUNTRY: Canada
DATABASE: CINAHL

Benefits of Massage Therapy for Hospitalized Patients: A Descriptive and Qualitative Evaluation

NAMES: Smith MC, Stallings MA, Mariner S, Burrall M

INSTITUTION: University of Colorado Health Sciences Center, Denver, Colorado, USA

SOURCE: Alternative Therapies, 5(4): 64-71, July 1999

DESCRIPTION: Journal Article, descriptive and qualitative evaluation, 27 references

Synopsis:

The objective of this research was to evaluate the outcomes for patients of a massage therapy program in an acute care setting. Surveys and narrative reports were completed by 70 patients, 14 health care providers and four massage therapists. One hundred thirteen patients in a large university hospital received one to four 30-40 minute massage treatments during the course of their hospital stay (up to two weeks). Therapeutic massage was provided by certified massage therapistS who were nurses or who had completed a program of study in hospital-based massage therapy. Patients who received massage therapy during their hospital stay were asked to complete a post-treatment questionnaire near the time of their discharge, as well as narrative descriptions of their experience. Health care providers and massage therapists were also asked to complete separate questionnaires. Narrative data were coded into eight categories: pain, sleep, tension/anxiety, body awareness, physical functioning, psychological support, enhancing healing and value. The most frequently identified outcomes were increased relaxation (98%), a sense of well-being (93%) and positive mood change (88%). More than two-thirds of patients attributed enhanced mobility, greater energy, increased participation in treatment and faster recover to massage therapy. More than one-third stated that benefits lasted more than one day.

The data clearly supported the value of this hospital-based massage therapy program.

Keywords:

TYPE: Swedish

MeSH: Treatment Outcome, Psychological Effects

FOCUS: Effectiveness, Relaxation, Psychological Effects

AGE: Not specified

AREA: Not specified

DISEASE: Various – treatment performed on the solid-organ transplant, orthopedic/rehabilitation and neuroscience units

SPORTS: N/A

COUNTRY: USA

DATABASE: Unknown

Pregnant Women Benefit from Massage Therapy

NAMES: Field T, Hernandez-Reif M, Hart S, Theakston H, Schanberg S, Kuhn C

INSTITUTION: Touch Research Institute, University of Miami School of Medicine, Florida, USA

SOURCE: Journal of Psychosomatic Obstetrics and Gynecology 20(1): 31-8, Mar 1999

DESCRIPTION: Clinical trial, journal article, randomized controlled trial, 40 references

Synopsis:

Twenty-six pregnant women in their second trimester were assigned to a massage therapy or a relaxation therapy group for five weeks. The therapies consisted of 20-minute sessions twice a week. The massages were conducted by trained massage therapists. The relaxation group was given instructions on how to conduct progressive muscle relaxation sessions while lying on the massage table. The subjects were asked to conduct these sessions at home. Subjects were assessed before and after the sessions on the first and last days for immediate effects (anxiety status, mood, and leg and back pain) and longer-term effects (depression, perinatal anxieties and attitudes, maternal-fetal attachment, maternal feelings and social support, sleep effectiveness, content in urine for cortisol, catecholamines and serotonin). Following delivery, obstetric complications and perinatal factors were quantified. Both groups reported feeling less anxious after the first session and less leg pain after the first and last session. Only the massage therapy group, however, reported reduced anxiety, improved mood, better sleep and less back pain by the last day of the study. In addition, urinary stress hormone levels (norepinephrine) decreased for the massage therapy group and the women had fewer complications during labour and their infants had fewer postnatal complications (e.g. less prematurity). Overall the results provide additional support for the psychotherapeutic benefits of massage during pregnancy.

Keywords:

TYPE: Swedish

MeSH: Treatment Outcome, Psychological Effects

FOCUS: Anxiety, Control of Pain, Sleep, Physiological Effects

AGE: Adults

AREA: Head and neck, back, arms, hands, legs, feet

DISEASE: Pregnancy

SPORTS: N/A

COUNTRY: England

DATABASE: MEDLINE

Massage Therapy for Patients Undergoing Autologous Bone Marrow Transplants

NAMES: Ashes TA, Tope DM, Pinkson B, Walch S, Hann D, Whedon M, Dain B, Weiss JE, Mills L, Silbarfarb PM

INSTITUTION: Center for Psycho-Oncology Research, Dartmouth-Hitchcock Medical Center, One Medical Center Drive, Lebanon, NH, USA

SOURCE: Journal of Pain and Symptom Management 18(3): 157-63 September 1999

DESCRIPTION: Journal Article, Clinical Trial, 19 references

Synopsis:

The purpose of this study was to examine the impact of massage therapy on psychological, physical and psychophysiological measures in patients undergoing autologous bone marrow transplantation (BMT). Patients scheduled to undergo BMT were randomly assigned to receive either a) massage therapy consisting of 20-minute sessions of shoulder, neck, head and facial massage or b) standard treatment. The 16 patients in the massage therapy group received up to nine 20-minute massages during their hospital stay (about three per week). All massages were done by a trained healing-arts specialist with more than 10 years experience in treating medically ill, hospitalized patients. Patients in the standard treatment group received the usual care offered to patients in the autologous BMT program. The overall effects of massage therapy were assessed pretreatment, midtreatment and predischage by having patients complete the following measures: State-Trait Anxiety Inventory, Beck Depression Inventory, Brief Profile of Mood States, State Form of the STAI, Numerical Scales of Emotional Distress, Fatigue, Nausea and Pain and Psychophysiological Measures. The results support the positive effects of massage in patients undergoing an extremely stressful procedure, both psychologically and physiologically. The strongest effects were seen immediately after massage where patients experienced a reduction in diastolic blood pressure, nausea, distress and anxiety, especially at the midtreatment assessment. The overall effects of massage on anxiety, depression and mood were less robust. However, the massage group scored significantly lower on the State Anxiety Inventory than the standard care group at the midtreatment assessment. The two groups together showed significant declines through time on scores from the Profile of Mood States and State and Trait Anxiety Inventories.

Keywords:

TYPE: Swedish/Esalen

MeSH: Psychological Effects, Treatment Outcome

FOCUS: Anxiety, Effectiveness, Physiological Effects, Stress

AGE: Adults

AREA: Upper body

DISEASE: Autologous bone marrow transplants – breast cancer, non-Hodgkin’s lymphoma, acute myelogenous leukemia, Hodgkin’s disease and ovarian cancer

SPORTS: N/A

COUNTRY: USA

DATABASE: CINAHL

Treatment Review: Manual Lymph Drainage

NAMES: Little L, Porche DJ
INSTITUTION: Department of Rehabilitation, Touro Infirmary, New Orleans, Louisiana, USA
SOURCE: Journal of the Association of Nurses in AIDS Care 9(1): 78-81, January 1998
DESCRIPTION: Journal Article, 9 references, resource list

Synopsis:

This treatment review provides nurses in HIV/AIDS care with basic information on the use of and nursing implications for manual lymph drainage (MLD). Persons with HIV/AIDS may receive this complementary therapy to treat persistent generalized lymphadenopathy as a complication to HIV disease. The article provides an overview of the lymphatic system and the history of MLD. It then describes MLD technique, its indications and contraindications. Nurses are provided with a list of items to assess, instructions to include during client education for patients receiving MLD therapy, and outcomes to evaluate following treatment.

The reader is advised there is a paucity of scientific data to validate the effectiveness of MLD.

Keywords:

TYPE: Manual Lymph Drainage
MeSH: Nursing
FOCUS: Technique Description, Treatment, Review
AGE: N/A
AREA: Not specified
DISEASE: HIV-related lymphadenopathy
SPORTS: N/A
COUNTRY: USA
DATABASE: MEDLINE

Manual Lymphatic Drainage for Chronic Post-mastectomy Lymphoedema Treatment

NAMES: Fiaschi E, Francesconi G, Fiumicelli S, Nicolini A, Camici M

INSTITUTION: Rehabilitation and Physical Therapy Unit, S. Chiara Hospitals, Oncological Consulting Room and Medical Semeiology, Pisa University, Italy

SOURCE: Panminerva Medica 40: 48-50, 1998 March

DESCRIPTION: Journal Article, 6 references

Synopsis:

This study evaluated chronic post-mastectomy lymphoedematous tissue and the effects of manual lymphatic drainage (MLD) with and without compressive bandage. Chronic post-mastectomy lymphoedema (CPL) is a complication of surgical treatment, radiography and/or chemotherapy which occurs in 20-70% of patients. In this study, 10 women afflicted with CPL for breast cancer were treated with MLD following the Leduc method, with and without compressive bandage. The arms were measured before and after physical therapy and results were expressed as a percentage decrease. Physical therapy comprised 10 one-hour treatments, first using MLD only, then MLD plus compressive bandage (one hour of low-intensity pressotherapy). The circumference of the arms was measured at the palm, wrist, forearm and upper arm. The lymphoedematous arm was compared to the healthy control arm. The total percentage decrease of the whole limb after MLD treatment was just over 30% (a total absolute reduction of the whole limb of 1.4 centimetres). When the compressive bandage was used this percentage increased to 41%. The study concludes that pressotherapy is necessary to increase the results obtained by MLD. Isotonic remedial exercises performed while wearing the bandages may also be useful.

Keywords:

TYPE: Manual Lymph Drainage

MeSH: Utilization

FOCUS: Post-surgery treatment of lymphoedema

AGE: Adult females (40-70 years of age)

AREA: Arm

DISEASE: Chronic post-mastectomy lymphoedema

SPORTS: N/A

COUNTRY: Italy, English

DATABASE: MEDLINE

Indications and Risks of Manual Lymphatic Drainage In Head-neck Tumors

NAMES: Preisler VK, Hagen R, Hoppe F

INSTITUTION: Klinik und Poliklinik für Hals-, Nasen- und Ohrenkrankheiten, Universität Würzburg

SOURCE: Laryngorhinootologie. 77(4): 207-12, 1998 April

DESCRIPTION: Retrospective study, abstract only available in English, full text available in German, 26 references

Synopsis:

Secondary lymphedema of the head and neck can develop as a result of obstruction of lymphatic channels following the surgical removal of lymph nodes and fibrosis due to irradiation. This can be treated with manual lymph drainage. An increase of tumor recurrence due to this therapy is at controversial discussion. In this retrospective study, 191 patients treated for head and neck cancer were questioned on occurrence of lymphedema and therapy with MLD. Of these patients, 100 had received MLD, while 91 had not. The MLD and control groups did not differ significantly concerning stage of cancer, histopathological grading, the *in sano/non in sano* resection of the primary tumor and a lymphangiosis carcinomatosa. In 37 patients, a tumor recurrence or local metastases was reported; 18 of these people had received lymphatic drainage and 19 belonged to the control group. The study did not find an increased tumor recurrence rate among patients who underwent MLD therapy. Moreover, the study suggests MLD improves the quality of life after cancer. As little data are available for cases with *non in sano* surgery and tumors with lymphangiosis carcinomatosa, these cases should be excluded from lymphatic drainage therapy. A spreading of occult tumor cells in these patients might be possible.

Keywords:

TYPE: Manual Lymph Drainage

MeSH: Utilization, Treatment Outcome

FOCUS: Physiological Effects

AGE: Not specified

AREA: Head, neck

DISEASE: Lymphedema, carcinoma

SPORTS: N/A

COUNTRY: Germany

DATABASE: MEDLINE

Physicians' Perspectives on Massage Therapy

NAMES: Verhoef MJ, Page SA

INSTITUTION: Department of Community Health Sciences, Faculty of Medicine, University of Calgary

SOURCE: Canadian Family Physician, 1998 May, 44, 1018-20, 1023-24

DESCRIPTION: Journal article, 20 references

Synopsis:

Researchers funded by the Massage Therapist Association of Alberta used a random, cross-sectional survey to examine the knowledge, opinions and referral behaviour of family physicians with respect to massage therapy. A self-report survey was mailed to 300 family practices in Alberta; 54% (161) completed it. Of these, 68% indicated they had minimal or no knowledge of massage therapy. For example, most physicians (72%) were unaware of the educational standards for massage therapists. Conversely, most believed they as physicians should have some knowledge of massage therapy and a greater percentage (83%) believed it was a useful adjunct to their own practice. Moreover, 71% had referred patients to massage therapists in the previous year, though 50% referred 10 patients or fewer yearly. The three most common indications for referral were (tension) headaches (31%), chronic pain (31%) and motor vehicle accidents (28%). Most physicians (72%) perceived increasing demand for massage therapy from their patients. About half supported government regulation of massage therapy.

Keywords:

TYPE: Not specified

MeSH: Trends

FOCUS: Attitude of Health Personnel, Physicians' Practice Patterns

AGE: Physicians' mean age: 43

AREA: N/A

DISEASE: N/A

SPORTS: N/A

COUNTRY: Canada, English

DATABASE: MEDLINE

Massage: Exploring the Benefits

NAMES: Bray R
INSTITUTION: The Caludon Centre, Coventry Healthcare NHS Trust, UK
SOURCE: Elderly Care 11(5): 15-17, Jul-Aug 1999
DESCRIPTION: Journal Article, Review, 11 cited references

Synopsis:

In this regular column on complementary therapy in nursing practice, the writer explores whether massage therapy can be used to promote well-being in older people. Massage therapy is defined, and its psychological and physiological benefits are outlined. Research into the effectiveness of massage in treating certain conditions and illnesses, including arthritis, chronic pain and stress, is cited. The article concludes that the literature supports the positive effects massage has on older people, including the ability for some to reduce their medications for a variety of conditions. It suggests a comprehensive assessment is essential in determining how an individual can be treated and what benefits they could receive from massage therapy.

Keywords:

TYPE: Not specified
MeSH: Nursing, Psychological Effects, Utilization
FOCUS: Review, Physiological Effects
AGE: Aged
AREA: Not specified
DISEASE: Arthritis, Rheumatism
SPORTS: N/A
COUNTRY: UK
DATABASE: CINAHL

Massotherapy: 48 Cases of Anxiety Syndrome Treated by Massage

NAMES: Chen Z, Chen Z

INSTITUTION: First Hospital Affiliated to Tianjin TCM College

SOURCE: Journal of Traditional Chinese Medicine 18(4): 282-284, December 1998

DESCRIPTION: Journal Article, 2 references (not translated)

Synopsis:

Anxiety is routinely treated with tranquilizing agents and psychotherapy. Because some patients experience listlessness and fatigue due to long-term dependence on the drugs, this study looked at 48 adult patients who were treated with massage. Anxiety syndrome is defined according to traditional Chinese medicine as being characterized by mental tension, restlessness, fatigue, and extensive functional impairment of the vegetative nervous system. The treatment regimen is described in detail, though many technical terms are in Chinese. Out of the 48 cases the article reports that six patients were cured by one therapeutic course, one course being a series of specific maneuvers applied during 10 sessions every other day. Fifteen were cured by two therapeutic courses, 19 by three courses and eight by four courses. One case study is described in detail. In the discussion following, greater detail is provided on the therapeutic effects of massage as applied according to the principles of traditional Chinese medicine.

Keywords:

TYPE: Not specified

MeSH: Massage Therapy, Psychological Effects

FOCUS: Alternative to Drugs, Anxiety, Technique Description

AGE: Adults

AREA: Various – primarily abdomen, back and head

DISEASE: Anxiety disorders

SPORTS: N/A

COUNTRY: China, English

DATABASE: MEDLINE

ARTICLE 164

The Effect of Joint Mobilization as a Component of Comprehensive Treatment for Primary Shoulder Impingement Syndrome

NAMES: Conroy DE, Hayes KW

INSTITUTION: Northwestern University Medical School, Programs in Physical Therapy, Chicago, IL, USA

SOURCE: Journal of Orthopedic Sports and Physical Therapy 28(1): 3-14 July 1998

DESCRIPTION: Journal Article, Randomized Clinical Trial, 69 references

Synopsis:

Primary shoulder impingement syndrome is a common shoulder problem which, if treated ineffectively, can lead to more serious pathology and expensive treatment. This study examined whether subjects receiving joint mobilization and comprehensive treatment (hot packs, active range of motion, physiologic stretching, muscle strengthening, soft tissue mobilization and patient education) would have improved pain, mobility and function compared with similar patients receiving comprehensive treatment alone. Subjects were eight men and six women with primary shoulder impingement syndrome. Following random assignment to experimental and control groups, three blinded evaluators tested 24-hour pain, pain with subacromial compression test, active range of motion and function before and after nine treatments performed by an experienced physical therapist. The experimental group experienced less pain over a 24-hour period and on the subacromial compression test, but no differences in range of motion and function compared with the control group. The experimental group improved on all variables, while the control group improved only on mobility and function. Age, side of dominance, duration of symptoms, treatment attendance, exercise quality, and adherence had no effect on the outcomes. Results may be affected by inadequate sample size, minimal capsular tightness, insensitive functional scale, nonspecific motion measurements, position at which mobilization treatment was given or a strong effect of comprehensive treatment. Further studies are needed to explore treatment strategies for shoulder impingement syndrome.

Keywords:

TYPE: Joint Mobilization, Physical Therapy

MeSH: Treatment Outcome

FOCUS: Control of Pain, Range of Motion, Comparison of Techniques or Modalities

AGE: Adults

AREA: Shoulder

DISEASE: Shoulder Impingement Syndrome

SPORTS: N/A

COUNTRY: USA

DATABASE: MEDLINE

The Effectiveness of Chiropractic Management of Fibromyalgia Patients: A Pilot Study

NAMES: Blunt KL, Rajwani MH, Guerriero RC

INSTITUTION: Canadian Memorial Chiropractic College, Toronto, Ontario, Canada

SOURCE: Journal of Manipulative and Physiological Therapeutics 20(6): 389-99
July/August 1997

DESCRIPTION: Journal Article, Randomized Clinical Trial, 104 references

Synopsis:

To demonstrate the effectiveness of chiropractic management for fibromyalgia patients using reported pain levels, cervical and lumbar ranges of motion, strength, flexibility, tender points, myalgic score and perceived functional ability as outcome measures. Twenty-one fibromyalgia patients attending a university-based rheumatology clinic received spinal manipulation, soft tissue therapy, passive stretching and education at the chiropractors' discretion. Treatment was administered three to five times a week for four weeks. A control group was put on a "waiting list" for four weeks, then received four weeks of chiropractic treatment (before/after design). Chiropractic management improved patients' cervical and lumbar ranges of motion, spinal flexibility (as measured by the straight leg raise) and reported pain levels. These changes were judged to be clinically important within the confines of our sample only. Further study with a minimum sample size of 81 patients is recommended to determine if these findings are generalizable to the target population of fibromyalgia sufferers.

Keywords:

TYPE: Chiropractic, Physical Therapy

MeSH: Treatment Outcome

FOCUS: Control of Pain, Effectiveness, Physiological Effects, Range of Motion

AGE: Adults

AREA: Various

DISEASE: Fibromyalgia

SPORTS: N/A

COUNTRY: Canada

DATABASE: MEDLINE

A Controlled Investigation of Bodywork in Multiple Sclerosis

NAMES: Johnson SK, Frederick J, Kaufman M, Mountjoy B.

INSTITUTION: Department of Psychology, University of North Carolina at Charlotte, 28223, USA

SOURCE: Journal of Alternative and Complementary Medicine 5(3): 237-243, June 1999

DESCRIPTION: Journal Article, Randomized Clinical Trial, 19 references

Synopsis:

This trial looked at whether a course of Feldenkrais bodywork would result in significant improvement in physical, mood symptoms and functioning in multiple sclerosis (MS) patients beyond the effects observed using a sham condition (nontherapeutic bodywork). Twenty subjects were recruited at a regional MS clinic and randomly assigned to one of two groups in a crossover design to control for order effects of treatment. Half of the subjects received eight weeks of 45-minute sham sessions followed by eight weeks of Feldenkrais sessions. The other half of the subjects received Feldenkrais sessions first and then sham. All subjects completed the outcome measures (nine-hole pegboard test of hand dexterity, Hospital Anxiety and Depression Scale, MS self-efficacy scale, MS Symptom Inventory, MS Performance Scales and the Perceived Stress Scale) prior to the first course of treatment, in between Feldenkrais and sham, and at study completion. Subjects received treatment in a bodywork practitioner's office. The only significant differences were observed for perceived stress and lowered anxiety after Feldenkrais sessions. Trends toward higher self-efficacy after both Feldenkrais and sham sessions were not significant. MS symptoms, levels of functional ability and upper extremity performance were not affected by Feldenkrais or sham sessions. The study concludes the beneficial effect on stress and anxiety scores indicates that bodywork treatment could provide an effective coping strategy for MS patients bothered by stress and anxiety symptoms. This is particularly important given that stress has been implicated in both onset and disease activity in MS.

Keywords:

TYPE: Feldenkrais

MeSH: Psychological Effects, Treatment Outcome

FOCUS: Anxiety, Physiological Effects, Stress

AGE: Adults

AREA: Not specified

DISEASE: Multiple Sclerosis

SPORTS: N/A

COUNTRY: United States

DATABASE: MEDLINE

The Effectiveness of Acupressure in Improving the Quality of Sleep of Institutionalized Residents

NAMES: Chen ML, Lin LC, Wu SC, Lin JG
INSTITUTION: Department of Nursing, National Taipei Nursing College, Taiwan
SOURCE: Journal of Gerontology: MEDICAL SCIENCES, 1999 Aug, 54:8, M389-94
DESCRIPTION: Clinical Trial, Randomized Controlled Trial, Journal Article, 23 references

Synopsis:

Elderly people often suffer from disturbed sleep. This study tested the effectiveness of acupressure in enhancing the quality of sleep of institutionalized residents. The Pittsburgh Sleep Quality Index (PSQI) questionnaire was used as a screening tool to select 84 subjects with sleep disturbance. These subjects were randomly assigned to an acupressure group, a sham acupressure group and a control group. The same massage routine was used for the acupressure and sham acupressure groups, with the difference that five acupoints to enhance sleep were chosen for the acupressure group, while non-acupoints were used for the sham group. Only conversation was employed in the control group. Although there were some differences in PSQI scores after intervention in all three groups, improvements were greatest in the acupressure group, which experienced a significant reduction in the frequencies of nocturnal awakening and night wakeful time. The study confirmed the effectiveness of acupressure in improving the quality of sleep of elderly people and offered a non-pharmacological therapy method for sleep-disturbed elderly people.

Keywords:

TYPE: Acupressure
MeSH: Treatment Outcome
FOCUS: Effectiveness, Alternative to Drugs
AGE: Aged
AREA: Five acupressure points
DISEASE: Sleep disorders
SPORTS: N/A
COUNTRY: USA, English
DATABASE: MEDLINE

External Stimuli in the Form of Vibratory Massage After Heart or Lung Transplantation

NAMES: Doering TJ, Fieguth HG, Steuernagel B, Brix J, Konitzer M, Schneider B, Fischer GC

INSTITUTION: Department of Study – Ambulance/Rehabilitation, Medical School of Hannover, Germany

SOURCE: American Journal of Physical Medicine & Rehabilitation, 1999 Mar, 78:2, 108-10

DESCRIPTION: Journal Article, Pilot Study, 9 references

Synopsis:

This pilot study examined the influence of manual vibratory massage on the pulmonary function of postoperative patients who were receiving mechanical ventilation, with special interest being focused on pulmonary ventilation and perfusion and cerebral blood flow velocity. Manual vibratory massage was performed postoperatively in the intensive care unit on eight patients: three had undergone heart transplants, three lung transplants and two coronary artery bypass grafting. The vibratory massage was performed with a frequency of eight to 10 vibrations for 15 minutes, 7.5 minutes on each side of the thorax. For 10 minutes before, during and after the massage respiration parameters and the cerebral blood flow velocity were recorded. Improvements of most parameters of ventilation were seen. The study showed that manual vibratory massage has statistically significant effects on tidal volume and pulmonary vessel resistance. It may prove in future to be a good method to positively influence ventilation perfusion mismatch. It was not specified who performed the vibratory massage.

Keywords:

TYPE: Vibratory Massage

MeSH: Utilization

FOCUS: Post-surgery

AGE: Adults

AREA: Thorax

DISEASE: Heart and lung transplantation, coronary artery bypass

SPORTS: N/A

COUNTRY: USA, English

DATABASE: MEDLINE

ARTICLE 169

Effect of Combined Kinetic Therapy and Percussion Therapy on the Resolution of Atelectasis in Critically Ill Patients

NAMES: Raouf S, Chowdrey N, Raouf S, Feuerman M, King A, Sriraman R, Khan FA
INSTITUTION: Division of Pulmonary Diseases, Nassau County Medical Center, East Meadow, NY
SOURCE: Chest, 1999 June 115 (6): 1658-66, June 1999
DESCRIPTION: Clinical Trial, Journal Article, Randomized Controlled Trial, 61 references

Synopsis:

Some critically ill patients have difficulty in mobilizing their respiratory secretions. These patients can develop pulmonary atelectasis that may result in hypoxemia. There are some data to show that atelectasis may be prevented by kinetic therapy (KT), or turning a patient from side to side using special beds. This study examined the role of KT combined with mechanical percussion in 24 hospitalized patients with respiratory failure, either mechanically ventilated or spontaneously breathing. Seventeen patients were treated with KT combined with mechanical percussion. Seven patients received manual repositioning and manual percussion every two hours from nursing staff. Partial or complete resolution of atelectasis was seen in 14 of 17 patients in the test group as compared with one of seven in the control group. The research showed that KT and mechanical percussion therapy resulted in significantly greater partial or complete resolution of atelectasis as compared with conventional therapy. There was also improvement of oxygenation and a reduced need for bronchoscopy in the group receiving both kinetic therapy and percussion therapy.

Keywords:

TYPE: Percussion Therapy
MeSH: Physical Therapy
FOCUS: Effectiveness
AGE: Adults
AREA: Chest
DISEASE: Atelectasis
SPORTS: N/A
COUNTRY: United States
DATABASE: MEDLINE

ARTICLE 170

Cervical Spine Disorders: A Comparison of Three Types of Traction

NAMES: Zylbergold RS, Piper MC

INSTITUTION: Department of Physical Medicine, Royal Victoria Hospital and the School of Physical and Occupational Therapy, McGill University, Montreal, Quebec

SOURCE: Spine 10(10): 867-71 1985

DESCRIPTION: Journal Article, Randomized Clinical Trial, 19 references

Synopsis:

A randomized clinical trial was conducted to evaluate and compare the efficacy of three commonly employed forms of traction in the treatment of cervical spine disorders. One hundred consenting men and women with disorders of the cervical spine were randomly assigned to one of four treatment groups: static traction, intermittent traction, manual traction or no traction. All patients were seen twice weekly. Each group received neck care instruction, moist heat for 15 minutes, an exercise program consisting of range of motion and isometrics. The various forms of traction were applied for 15 minutes each visit. Although all patients, regardless of group assignment, improved significantly on all the outcome variables over the six-week period, the use of traction enhanced patient outcomes in terms of mobility in forward flexion, right rotation and left rotation. Traction patients also were less likely to require further treatment and used less medication following the six-week trial than their no-traction counterparts. Only intermittent traction resulted in a significant decrease in neck pain, as well as enhancing movement. The results indicate that traction should be considered an efficacious component in the treatment of cervical disorders. And when traction is indicated, intermittent traction may be the preferred treatment.

Keywords:

TYPE: Traction

MeSH: Treatment Outcome

FOCUS: Comparison of Techniques, Effectiveness, Pain Control

AGE: Adults

AREA: Cervical spine

DISEASE: Cervical spine disorders – cervical disc disease, osteoarthritis, spondylosis and strains

SPORTS: N/A

COUNTRY: Canada

DATABASE: N/A

ARTICLE 171

Management of Shoulder Dysfunction With an Alternative Model of Orthopedic Physical Therapy Intervention: A Case Report

NAMES: Holmes CF, Fletcher JP, Blaschak MJ, Schenck RC

INSTITUTION: Department of Physical Therapy, University of Central Arkansas, Conway
72035, USA

SOURCE: Journal of Orthopaedic Sports and Physical Therapy 26(6): 347-54 December
1997

DESCRIPTION: Journal Article, Case Study, 34 references

Synopsis:

One common approach to patient care in dealing with many musculoskeletal dysfunctions involves two to three patient visits to physical therapy per week over a period of weeks. Some patients may benefit from an alternative, graduated treatment model involving a minimal number of office visits, intensive patient education, a home program of therapeutic exercise and specific manual interventions. Patient education focuses on home program compliance and empowerment of the patient by adjusting office visits as needed based on patient progress rather than multiple patient contacts in the first weeks. This emphasis may prevent the development of an external locus of control in which the patient is dependent upon the therapist for management of his or her condition. This case study is an example of the use of this alternative treatment model for the resolution of shoulder impingement syndrome and adhesive capsulitis in a 53-year-old woman. A comprehensive program of patient education and home exercise was initiated during the first visit. Joint mobilization and active exercise were performed at each subsequent visit. The patient was seen a total of six times over a period of approximately 10 1/2 weeks, followed up via telephone at one month after the last treatment and reexamined after one year. The objective exam revealed no abnormalities after the last visit or after one year. The patient subjectively reported compliance with the home program for six months after the last visit. This model of patient care was successful for the patient described in this case study. The treatment approach may have contributed to the development of an internal locus of control by allowing the patient to be as actively involved as possible in the treatment of her condition. In addition, this approach is timely when one considers current reimbursement systems. Though successful with this patient, this graduated treatment model is not intended to be applicable to every patient with this diagnosis.

Keywords:

TYPE: Physical Therapy, Exercise Therapy,

MeSH: Patient Education, Treatment Outcome

FOCUS: Effectiveness, Rehabilitation

AGE: Female adult

AREA: Shoulder

DISEASE: Shoulder impingement syndrome, Adhesive Capsulitis

SPORTS: N/A

COUNTRY: USA

DATABASE: CINAHL

Intensive Training, Physiotherapy or Manipulation for Patients with Chronic Neck Pain

NAMES: Jordan A, Bendix T, Nielsen H, Hansen FR, Host D, Winkel, A
INSTITUTION: Medical Orthopedic Department, RHIMA Center, Copenhagen, Denmark
SOURCE: Spine 23 (3): 311-8, February 1988
DESCRIPTION: Randomized Controlled Clinical Trial, Journal Article, 38 references

Synopsis:

This study compared the effectiveness of three commonly used treatment interventions – intensive training of the cervical musculature, physiotherapy and spinal manipulative care – on 119 patients with persistent neck pain. Group one underwent intensive training under the guidance of a physiotherapist for one hour to one hour 15 minutes two times a week for six weeks. Group two received 45 minutes of individual physiotherapy, including hot packs, massage, ultrasound, manual traction and manual passive mobilization twice a week for six weeks. Group three received an individual treatment program from a chiropractor involving high-velocity, low-amplitude spinal manipulation, manual traction and manual treatment of “tender” muscles. Patients in groups two and three also received instruction in the exercise program undertaken by group one and all patients participated in 1.5 hours of “neck school.” Measures of self-reported pain, disability, medication use, patients’ perceived effect and physicians’ global assessment were conducted at enrollment and at completion of the study. Four and 12-month follow-up questionnaires were sent by mail.

Results showed no clinical difference between the three treatments. All three groups demonstrated significant improvements regarding self-reported pain and disability on completion of the study and improvements were maintained throughout the follow-up period. Medication use was also significantly reduced in all groups. Future studies will be necessary to delineate ideal treatment strategies.

Keywords:

TYPE: Physical Therapy, Exercise Therapy
MeSH: Treatment Outcome
FOCUS: Comparison of Techniques or Modalities
AGE: Adults
AREA: Neck
DISEASE: Chronic neck pain
SPORTS: N/A
COUNTRY: Denmark, English
DATABASE: MEDLINE

Treatment for Lymphedema of the Arm – the Casley-Smith Method: A Noninvasive Method Produces Continued Reduction

NAMES: Casley-Smith JR, Boris M, Weindorf S, Lasinski B

INSTITUTION: Lymphoedema Association of Australia, Malvern, South Australia

SOURCE: Cancer Supplement 83(12): 2843-60 December 15, 1998

DESCRIPTION: Journal Article, Review, Case Studies, 55 references

Synopsis:

This article gives an outline of the Casley-Smith method for the treatment of lymphedema of the arm. It includes a brief summary of the development of manual techniques and the terminology applied to them. The four principles of this method are skin care, manual lymphatic drainage, compression in the form of bandaging and/or garments, and exercise. The massage techniques, especially where they differ from other schools, are described in some detail, as are the principles that apply in compression and maintenance of reduction in lymphedema. The results of this method have been analyzed both in Australia and in the United States and are discussed briefly. Mention is made of the benefits of the benzopyrones, which have been used for many years, when added to the above treatment. Both benzopyrones and exercise will produce a continued reduction after the treatment course. They are particularly useful in a less compliant patient. It is stressed that the effect of patient compliance, particularly after treatment, makes a great difference to the ongoing success of the regime. A comparison is drawn between the efficacy of various current treatments and their cost. This shows that this combined and conservative method of treatment should be considered before recourse to pumps or surgery. The latter seldom achieve the results of decongestive lymphatic drainage and, in the long term, they are more expensive. Certain preventive measures may be indicated following mastectomies, for example. Prevention of the onset of lymphedema is extremely important. However, a return to as normal a lifestyle as possible by the patient is also essential. The earlier treatment begins after the onset of lymphedema, the better the prognosis for the patient.

Keywords:

TYPE: Complex Lymphatic Therapy, Physical Therapy, Exercise Therapy

MeSH: Treatment Outcome

FOCUS: Technique Description, Effectiveness, Physiological Effects, Cost Effectiveness, Post-surgery

AGE: Aged

AREA: Limbs

DISEASE: Lymphedema, Breast Neoplasms

SPORTS: N/A

COUNTRY: Australia

DATABASE: MEDLINE

Early Mobilisation and Outcome in Acute Sprains of the Neck

NAMES: McKinney LA

INSTITUTION: Accident and Emergency Department, Royal Victoria Hospital, Belfast, Northern Ireland

SOURCE: British Medical Journal 299: 1006-8, 21 October 1989

DESCRIPTION: Journal Article, Randomized Prospective Study, 8 references

Synopsis:

In the short term, research has shown that early mobilisation improves mobility and reduces pain in acute neck sprains (see Early Mobilisation of Acute Whiplash Injuries, Article 175). The objective of this study was to assess its long-term effectiveness in patients with acute sprains of the neck two years after injury. Two hundred and forty seven patients entering the emergency department of an urban hospital within 48 hours of sustaining a non-contrast flexion-extension of the neck in road accidents were randomised to receive one of three treatments: active physiotherapy, advice on self-mobilisation, or rest for 10-14 days followed by mobilisation. All patients were fitted with a soft foam collar and were given an analgesic. The patients were examined initially and at monthly intervals for three months, during which time they became familiar with a visual analogue scale for assessing pain. Two years after injury the patients were contacted by letter and asked to complete a questionnaire, indicating the duration of their pain and stiffness. Those with persistent pain were asked to record its severity on a visual analog scale. Of the 167 patients who responded, the percentage of patients still with symptoms was not significantly different in those receiving rest (46%) or physiotherapy (44%), but in those receiving advice on early mobilisation it was significantly lower (23%). Of the 104 patients without symptoms, 90% recovered within six months and 60% within three months. Patients without symptoms who received advice or physiotherapy wore a collar for a significantly shorter time than those with persistent symptoms. The study concluded that advice to mobilise in the early phase after neck injury reduces the number of patients with symptoms at two years and is superior to manipulative physiotherapy. Prolonged wearing of a collar is associated with persistence of symptoms.

Keywords:

TYPE: Physical Therapy, Diathermy, Hydrotherapy, Traction, Exercise Therapy

MeSH: Treatment Outcome

FOCUS: Comparison of Techniques or Modalities, Passive vs. Active Techniques, Effectiveness

AGE: Adults

AREA: Neck

DISEASE: Acute neck sprain

SPORTS: N/A

COUNTRY: Northern Ireland

DATABASE: MEDLINE

Early Mobilisation of Acute Whiplash Injuries

NAMES: Mealy K, Bennan H, Fenelon GCC

INSTITUTION: Department of Orthopaedics, St James's Hospital, Dublin 8, Ireland

SOURCE: British Medical Journal 292: 656-7, 1986 March 8

DESCRIPTION: Randomized Trial, Journal Article, 9 references

Synopsis:

Acute whiplash injuries are a common cause of soft tissue trauma for which the standard treatment is rest and initial immobilization with a soft cervical collar. Because the efficacy of this treatment is unknown researchers carried out this randomized study to compare the standard treatment with an alternative regimen of early active mobilisation. Sixty-one patients presenting to the emergency department with acute whiplash injuries were studied over three months. Cervical mobility and intensity of pain were assessed and the patients were randomized to receive active treatment (31 patients) or standard treatment (30). The group assigned to receive active treatment received applications of ice in the first 24 hours and then neck mobilization using the Maitland technique and daily exercises of the cervical spine. Local heat was applied after each treatment. Daily exercises were performed every hour at home, within the limits of pain. Those given standard treatment received a soft cervical collar and were advised to rest for two weeks before beginning gradual mobilization. Four and eight weeks after the accident both groups were assessed for residual pain and cervical movement by a researcher unaware of which group each patient was in. Results showed that at both four and eight weeks after the accident the degree of improvement seen in the actively treated group was significantly greater than the group given standard treatment for both cervical movement and intensity of pain.

The study concluded that initial immobility after whiplash injuries gives rise to prolonged symptoms. More rapid improvement can be achieved by early active management without any consequent increase in discomfort.

Keywords:

TYPE: Joint Mobilization, Exercise Therapy

MeSH: Utilization, Treatment Outcome

FOCUS: Comparison of Techniques or Modalities, Control of Pain, Passive vs. Active Techniques

AGE: Adults

AREA: Cervical spine

DISEASE: Acute whiplash injuries

SPORTS: N/A

COUNTRY: Ireland

DATABASE: Not specified

Randomized Trial Comparing Interferential Therapy With Motorized Lumbar Traction and Massage in the Management of Low Back Pain in a Primary Care Setting

NAMES: Werners R, Pynsent PB, Bulstrode CJ
 INSTITUTION: Orthopaedic Primary Care Centre, Dinslaken, Germany
 SOURCE: Spine, 1999 Aug, 24:15, 1579-84
 DESCRIPTION: Randomized Controlled Trial, Journal Article, 33 references

Synopsis:

A randomized trial was conducted to compare the effectiveness of interferential therapy with motorized lumbar traction and massage management for low back pain in a primary care setting. These methods of low back pain management are common in Germany, though no reports of previous randomized trials for interferential therapy were found by the authors of this study. A total of 152 consenting patients were recruited from people seeking treatment from an orthopedic practitioner. These patients were randomly assigned into one of two groups. Each patient completed a pre-treatment interview using a computer-based questionnaire. Disability was measured using the Oswestry Disability Index. Pain was measured using a visual analog scale in the form of a thermometer, with a score of 0 (no pain) to 100 (unbearable pain). All patients received six 10-minute treatment sessions over a period of 14 to 21 days. One group received treatment using a standard motorized traction system. The other group received standard electrotherapy, with two electrodes placed paravertebrally with the cathode in the pain area. Oswestry Disability Index and pain scores were obtained immediately after and at three months after treatment.

The results showed a progressive fall in these scores in patients with low back pain treated with either therapy. There was no difference in the improvement between the two groups at the end of treatment. The authors conclude that IT therapy is no more (or less) effective than traction with massage. Although there is evidence from several trials that traction alone is ineffective in the management of low back pain, the authors cannot conclude that traction with massage is ineffective.

Keywords:

TYPE: Traction, Interferential Therapy
 MeSH: Treatment Outcome
 FOCUS: Comparison of Techniques, Control of Pain
 AGE: Adults (20 to 60 years of age)
 AREA: Low back
 DISEASE: N/A
 SPORTS: N/A
 COUNTRY: Germany, English
 DATABASE: MEDLINE

Randomized Trial Comparing Interferential Therapy With Motorized Lumbar Traction and Massage in the Management of Low Back Pain in a Primary Care Setting

NAMES: Werners R, Pynsent PB, Bulstrode CJ
INSTITUTION: Orthopaedic Primary Care Centre, Dinslaken, Germany
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Keywords:

TYPE: Traction, Interferential Therapy
MeSH: Treatment Outcome
FOCUS: Comparison of Techniques, Control of Pain
AGE: Adults (20 to 60 years of age)
AREA: Low back
DISEASE: N/A
SPORTS: N/A

COUNTRY: Germany, English

DATABASE: MEDLINE

ARTICLE 178

Massage Therapy Effects

NAMES: Field T

INSTITUTION: Touch Research Institute, University of Miami School of Medicine, and Nova Southeastern University, USA

SOURCE: American Psychologist 53(12): 1270-1281 December 1998

DESCRIPTION: Journal Article, Literature Review, 66 references

Synopsis:

Field briefly documents the history of massage therapy. It goes on to review studies done in the past 30 years which document that massage therapy can facilitate growth, reduce pain, increase alertness, diminish depression and enhance immune function. The massage therapy technique used in all of the studies reviewed, unless otherwise specified, involved deep tissue manipulation with presumed stimulation of pressure receptors. Adult sessions involved eight sessions of 30 minutes duration. Child sessions were performed by parents on a nightly basis for 30 days for 15 minutes duration. Studies are grouped thematically by the primary objective of treatment as follows: facilitating growth (in animal models, preterm infants, cocaine-exposed infants, HIV-exposed infants, full-term infants and pregnancy); reducing pain during painful procedures (childbirth labour, debridement for burn patients and postoperative pain); reducing pain in chronic pain conditions (juvenile rheumatoid arthritis, fibromyalgia, lower back pain and migraine headaches); reducing neuromuscular problems (multiple sclerosis and spinal cord injury); enhancing attentiveness (attention deficits); alleviating stress depression and anxiety (post-traumatic stress disorder, psychiatric patients, eating disorders, chronic fatigue and depression); autoimmune disorders (diabetic children and asthmatic children); immune disorders (HIV-positive adults and breast cancer). For many of these studies, models are proposed for potential underlying mechanisms. Limitations of and future directions for research in massage therapy are also discussed.

Keywords:

TYPE: Not specified

MeSH: Treatment Outcome, Psychological Effects, Physical Effects

FOCUS: Review

AGE: All ages

AREA: Various

DISEASE: Various

SPORTS: N/A
COUNTRY: USA
DATABASE: Unknown

Randomized Trial Compared Traditional Chinese Medical Acupuncture, Therapeutic Massage, and Self-care Education for Chronic Low Back Pain

NAMES: Daniel C. Cherkin, PhD; David Eisenberg, MD, Karen J. Sherman, PhD, William Barlow, PhD, Ted K. Kaptchuk, OMD, Janet Street, RN, MN, PNP, Richard A. Deyo, MD, MPH

SOURCE: Arch Intern Med / Vol 161, April 2001

DESCRIPTION: Clinical trial, Journal Article, 28 references

Synopsis:

Two-hundred and sixty two patients, aged 20 – 70, who had persistent back pain were randomized to receive Traditional Chinese Medical acupuncture, therapeutic massage, or self-care educational materials.

Up to 10 massage therapy or acupuncture visits were permitted over 10 weeks. Follow-up was available for 95% of patients after four, 10 and 52 weeks and was assessed by telephone interviewers masked to treatment group.

Symptoms and dysfunction were primary outcomes observed. Secondary outcomes include disability, utilization, and cost. Other secondary outcomes measured use of medication and satisfaction with overall care for the back problem.

After 10 weeks, 74% of patients rated massage as very helpful compared with 46% for acupuncture. Of those using self-care materials only 17% and 26% considered the book and videotapes, respectively, very helpful.

Outcomes observed for massage and acupuncture at 10 weeks remained relatively unchanged at one year. Massage was superior to acupuncture in its effect on symptoms and function. However, substantial improvements in the self-care group during this period were noted.

The results of this study suggest that massage is an effective short-term treatment for chronic low back pain with benefits that persist for at least one year. Self-care educational materials had little early effect but by year one were almost as effective as massage. The study was unable to identify any subgroups that were especially likely to benefit from one or both of these therapies. The persistent effects and substantially lower utilization of care for the massage group suggest that the initial costs might be offset by reductions in subsequent care.

Keywords:

TYPES: Swedish, deep-tissue, neuromuscular and trigger and pressure point techniques

MeSH: Psychological effects

FOCUS: Low back pain treatment using complementary and alternative medical therapies

AGE: 20 – 70 years old

AREA: Lower back

DISEASE: Lower back pain

SPORTS: N/A

COUNTRY: US

DATABASE: MEDLINE

Cancer Patients Benefit From Foot Massage

NAMES: Laurie Grealish, R.N., M.N., Angela Lomasney, R.N., R.M., Barbara Whiteman, R.N.

SOURCE: Cancer Nursing, Vol. 23, No 3, 2000

DESCRIPTION: Descriptive study, 26 references

Synopsis:

A descriptive study of 87 subjects; a 10-minute foot massage – 5 minutes per foot – was found to have a significant immediate effect on the perceptions of pain, nausea and relaxation when measured with a visual analog scale. The use of foot massage as a complementary method is recommended as a relatively simple nursing intervention for patients experiencing nausea or pain, related to the cancer experience.

Patients underwent research conditions (massage) on two occasions and acted as their own control on a third occasion. Participants were assigned randomly to one of three factor-control groups. Heart rate and subjective data were collected at two intervals – before massage and 10 – 20 minutes after completion. On the control nights, participants were asked to remain in bed and complete a quiet activity after the pre-intervention data were collected. Then 20 – 30 minutes later, post-intervention data were collected.

During the massage sessions participants were asked to position themselves comfortably in their beds, or they were assisted with this procedure. The experiment proceeded on three consecutive evenings between 7 and 8 pm. Evenings are quiet times in the ward, with few interruptions for medically related care/procedures.

Having the experimental conditions at the same time on three consecutive nights controlled the influence of regular medications for pain and nausea on the findings.

Results were calculated before and after each session with pain, nausea and relaxation being subjective scores of 0 to 100. Patients reported a significant decrease in levels of both pain and nausea and finding produced evidence of higher relaxation rates.

Keywords:

TYPES: Slow firm or gentle strokes toward the heart, from the base of the toes up the foot and lower leg to the knee.

MeSH: Psychological effects

FOCUS: To measure the effect of foot massage on the subjective experiences of pain, nausea and relaxation among Cancer patients

AGE: N/A

AREA: Foot

DISEASE: Cancer

SPORTS: N/A

COUNTRY: US, Australia

DATABASE: MEDLINE

Nonoperative Treatment of Ipsilateral Fractures of the Scapula and Clavicle

NAMES: Scott G. Edwards, M.D., A. Paige Whittle, M.D. and George W. Wood, II M.D.

SOURCE: The Journal of Bone and Joint Surgery, Inc, 82:774 (2000)

DESCRIPTION: Descriptive study, 18 references

Synopsis:

Thirty-six consecutive patients with a floating shoulder injury were treated at the Regional Medical Centre in Memphis, Tennessee, between 1992 and 1996.

All fractures were treated, for comfort, with either a sling or a shoulder immobilizer. All patients were weaned from any form of immobilization over a period of three to eight weeks. Early physical therapy was begun as soon as associated injuries allowed, with the period between the injury and the therapy ranging from three days to two weeks. The therapy protocol was initiated with pendulum exercises and progressed as tolerated to passive and active-assisted and active range-of-motion exercises of the shoulder, elbow, wrist and hand. Resistance exercises were delayed until there was early radiographic evidence of healing.

At an average of twenty-eight months postoperatively, the senior author examined the patients. Shoulder abduction and flexion were measured, and abduction strength was evaluated with the use of two clinical methods. Three scoring systems were used for measurement. With the first method, the examiner compared the injured side with the uninjured side by providing resistance with both of the patient's shoulder in 90 degrees of abduction. If both shoulders demonstrated complete symmetry of abduction strength, a score of 5 was given. If any asymmetry was detected, a score of 4 was given. With the second method, the patient was asked to hold progressively increasing weight with the shoulder in 90 degrees of abduction. The heaviest weight that the patient could hold was recorded.

Patients also were questioned about pain, their perception of the appearance of the extremity and their overall satisfaction with the outcome.

Nineteen of the twenty pairs of fractures had united uneventfully by one year. At the final evaluation, none of the fractures were found to have displaced compared with the alignment at the initial presentation.

Keywords:

TYPES: Physical Therapy

MeSH: Utilization

FOCUS: To analyze the functional and radiographic results of nonoperative treatment of ipsilateral fractures of the clavicle and scapula.

AGE: 16 – 86, average 40 years old

AREA: Shoulders, elbow, wrist and hand

DISEASE: Fractures of the scapula and clavicle – floating shoulder injuries

SPORTS: N/A

COUNTRY: USA

DATABASE: MEDSCAPE

Practice Patterns of Massage Therapists

NAMES: Anne C.C. Lee, B.S.E., Kathi J. Kemper, M.D., M.P.H.

SOURCE: The Journal of Alternative and Complementary Medicine, Volume 6, No 6, December 2000

DESCRIPTION: Survey, Journal article, 8 references

Synopsis:

The survey was a cross-sectional survey of Licensed Massage Therapists (LMTs) in the Boston Metropolitan Area from August to November 1998. One hundred and fifty subjects were selected by computer randomization among those listed in the Boston Metropolitan Yellow Pages.

The three-page questionnaire included fill-in-the-blank items on: (1) demographics: age, race and gender; (2) professional status: educational degrees, massage school, length of training and society memberships; (3) practice characteristics: solo versus group practice, weekly patient load, visit length and frequency; (4) fee and insurance: visit fee, insurance reimbursement, acceptance of a sliding scale and / or Medicaid patients.

Of the 82 responses on average, they graduated in 1991 and the mean age of respondents was 41 years old. The majority (59%) was in group practice with other LMTs, acupuncturists, psychologists, estheticians, or providers of yoga. While almost half performed home visits, only 12% provided services in hospitals or nursing homes. Approximately half of LMTs offered sliding scales, but only 11% accepted Medicaid patients. Thirteen percent practiced within an HMO. Swedish massage was the most common massage technique (90%). More than 50% of respondents practiced trigger point massage, sports massage, myofascial release, or aromatherapy.

The survey showed that most massage therapists are Caucasian, female and practice in groups. Requirements for the licensure and accreditation of massage therapists vary geographically; the Boston sample had approximately 1,000 hours of clinical training. Visits average \$60 for a 50-60 minute session; 95% of patients paid out-of-pocket. LMTs rarely treat children despite the fact that a substantial body of research supports the use of massage therapy for a number of pediatric conditions.

Keywords:

TYPES: Swedish massage, trigger point massage, sports massage, myofascial release, or aromatherapy

MeSH: Instrumentation, utilization

FOCUS: To describe the practice patterns of licensed massage therapists.

AGE: Mean age was 41 years old.

AREA: N/A

DISEASE: N/A

SPORTS: N/A

COUNTRY: USA

DATABASE: MEDSCAPE

Effectiveness of Manual Physical Therapy and Exercise in Osteoarthritis of the Knee

NAMES: Gail D. Deyle, MPT; Nancy E. Henderson, PhD, MPT; Robert L. Matekel, MPT; Michael G. Ryder, MPT; Matthew B. Garber, MPT; and Stephen C. Allison, PhD, MPT, ECS

SOURCE: Annals of Internal Medicine, Vol 132

DESCRIPTION: A randomized, controlled trial, Journal article, 40 references.

Synopsis:

In this study, 83 patients with osteoarthritis of the knee were randomly assigned to either receive treatment or a placebo. The treatment group received a combination of manual physical therapy and supervised exercise. The placebo group received ultrasound at sub-therapeutic intensity. Neither group was aware of the treatment that the other group was receiving.

The treatment group received manual therapy, applied to the knee as well as to the lumbar spine, hip and ankle as required, and performed a standardized knee exercise program in the clinic and at home. Both groups were treated at the clinic twice weekly for 4 weeks.

A timed six-minute walk measured the functional exercise capacity of the knee and it was reviewed at four weeks, eight weeks and at one year. A post-treatment retest was scheduled by the testers at least two days after the last clinic treatment and at the same time of day as the pretreatment test to allow full strength recovery and account for daily fluctuations in pain and stiffness. Both groups of patients returned for additional tests at one year. At this visit the number of patients in each group who required knee surgery was recorded. Orthopedic surgeons, who were unaware of group assignment or the details of the study, made the decisions for surgery.

Of the 83 patients initially enrolled in the study 33 in treatment group and 36 in placebo group completed all treatment and testing. In the treatment group, the average distance walked in 6 minutes improved by 12.3% at 4 weeks and by 13.1% at 8 weeks. The average distance walked by the placebo group did not meaningfully change.

Clinically and statistically significant improvements at four weeks and eight weeks were seen in the treatment group but not the placebo group. At one year, patients in the treatment group had significant gains over baseline; 20% of patients in the placebo group and 5% of patients in the treatment group had undergone knee arthroplasty.

A combination of manual physical therapy and supervised exercise yields functional benefits for patients with osteoarthritis of the knee and may delay or prevent the need for surgical intervention.

Keywords:

TYPES: Physical therapy

MeSH: Psychological effects

FOCUS: The effectiveness of physical therapy for osteoarthritis of the knee

AGE: 49 – 72 years old

AREA: Knee, lumbar spine, hip and ankle

DISEASE: Osteoarthritis of the knee

SPORTS: N/A

COUNTRY: Canada

DATABASE: MEDSCAPE

ARTICLE 184

Lower Back Pain is Reduced and Range of Motion Increased after Massage Therapy

NAMES: Maria Hernandez-Reif, Tiffany Field, Josh Krasnegor and Hillary Theakston

SOURCE: Intern. J. Neuroscience, 2001, Vol 106

DESCRIPTION: Randomized study, Journal article

Synopsis:

Twenty-four adults with lower back pain were randomly assigned to a massage therapy or a progressive muscle relaxation group. Massage and relaxation sessions were 30 minutes long, twice a week for five weeks.

On the first and last day of the five-week study participants completed questionnaires, provided a urine sample and were assessed for range of motion. Stress, anxiety, pain and sleep levels were also assessed.

Treatment effects were evaluated for reducing pain, depression, anxiety and stress hormone and sleeplessness and for improving trunk range of motion associated with chronic low back pain.

By the end of the study, the massage therapy group, as compared to the relaxation group, reported experiencing less pain, depression, anxiety and improved sleep. They also showed improved trunk and pain flexion performance, and their serotonin and dopamine levels were higher.

The study showed that massage therapy is effective in reducing pain, stress hormones and symptoms associated with chronic low back pain.

Keywords:

TYPES: N/A

MeSH: Psychological

FOCUS: Massage therapy versus relaxation for treating lower back pain

AGE: Average age 39.6 years

AREA: lower back – techniques applied to whole back, legs, knees, neck muscles

DISEASE: Lower back

SPORTS: N/A

COUNTRY: USA

DATABASE: MEDSCAPE

Benefits of massage therapy and use of a doula during labor and childbirth

NAMES: Phyllis Keenan, MS, CMT, PMT

SOURCE: Alternative Therapies, January 2000, VOL. 6, NO.1

DESCRIPTION: Literature Review, Journal Article 8 pages, 40 references

Synopsis:

The article reviews the most recent literature on touch support and one-to-one support during labor and childbirth. The positive and negative aspects of the traditional birth attendant are presented. Research in one-to-one care and touch support during labor is examined with respect to husband/partner, nurses, nurse-midwives and doulas. According to recent studies, women supported by doulas or midwives benefit by experiencing shorter labors and lower rates of epidural anesthesia and cesarean section deliveries. Also, a smaller percentage of their newborn experience fetal distress and/or are admitted to neonatal intensive care units. Women whose husbands or partners massage them during labor experience shorter labors. Nursing one-to-one support results in no significant obstetric outcomes. Antenatal perineal massage was found to reduce the rates of tears, cesarean section and instrumental deliveries. Research in perineal massage during labor has shown no benefit.

Keywords:

TYPES: Touch, relaxation techniques

MeSH: Psychological effects

FOCUS: Effectiveness of massage therapy and doula use during labor and childbirth

AGE: Child bearing age

AREA: Back, neck, shoulders, hands, face, perineal

DISEASE: Pregnancy, labor

SPORTS: N/A

COUNTRY: USA, English

DATABASE: Touch Research Institute publication listings

German study reviewing massage and exercises for chronic lower back pain

NAMES: A. Franke, S. Gebauer, K. Franke, T. Brockow

SOURCE: Forsch Komplementarmed Klass Naturheilkd 2000 (*German publication, study written in German*)

DESCRIPTION: Randomized controlled clinical trial

Synopsis:

This study aimed to quantify the effectiveness of therapeutic 'acupuncture' massage according to Penzel versus Swedish massage and individual medical exercises versus group exercise in lower back pain sufferers.

One hundred and nine patients participated in a complex in-patient rehabilitation program. They were randomized to four groups in a 2x2 factorial design. Functional ability/disability and pain intensity were the main outcomes measured and pre- and post-changes were evaluated, as was lumbar motility.

Because of some differences between groups at baseline, group-standardized outcomes were used for analysis. Acupuncture massage showed beneficial effects for both disability and pain compared with Swedish massage.

Given the fact that even the treatments, considered to be the best available, achieved at best moderate effects. The observed effects, sized with acupuncture massage are promising and warrant further investigation in further studies. In contrast to common view, individual exercises were not found to be superior to group exercises in the present study.

Keywords:

TYPES: Swedish massage, acupuncture massage

MeSH: Physiological effects

FOCUS: Comparing acupuncture massage to Swedish massage

AGE: N/A

AREA: Lower back

DISEASE: Lower back pain

SPORTS: N/A

COUNTRY: USA, English

DATABASE: MEDLINE

Massage for promoting growth and development of preterm and/or low birth weight infants

NAMES: Vickers A, Ohlsson A, Lacy JB, Horsley A

SOURCE: Cochrane Library, Issue 3, 2001

DESCRIPTION: Literature review

Synopsis:

This review looks at the effect of massage interventions to promote growth of preterm and low birth weight babies. Massage interventions improved daily weight gain by 5 grams, however there is no evidence that gentle, still touch is of benefit. Massage intervention also appeared to reduce length of stay in hospital by 4.6 days, though there are methodological concerns about the blinding of this outcome.

There was also some evidence that massage interventions have a slight, positive effect on postnatal complications and weight at 4 – 6 months. However, serious concerns about the methodological quality of the included studies, particularly with respect to selective reporting of outcomes, weakened credibility in these findings.

Preterm and low birth weight infants receiving massage interventions – rubbing, stroking and kinaesthetic stimulation – gained more weight per day than controls. Infants receiving gentle, still touch without stroking or rubbing experienced no weight gain advantage. This analysis, however, has been influenced by one study.

Evidence that massage for preterm infants is of benefit for developmental outcomes is weak and does not warrant wider use of pre-term infant massage. Future research should assess the effects of massage interventions on clinical outcome measure and on process-of-care outcomes.

Keywords:

TYPES: Rubbing, stroking and kinaesthetic stimulation

MeSH: Physiological effects

FOCUS: Massage vs routine care of pre-term and low birth weight babies

AGE: <37 weeks, or <2500g at gestation

AREA: Full body

DISEASE: Pre-term and low weight birth infants

SPORTS: N/A

COUNTRY: USA, English

DATABASE: *Cochrane Library*

Effectiveness of massage therapy for subacute low-back pain

NAMES: Michele Preyde
SOURCE: Canadian Medical Association Journal, June 27, 2000
DESCRIPTION: A randomized controlled trial, 28 references

Synopsis:

This study compared the effectiveness of comprehensive massage therapy, two separate components of massage therapy and a placebo for the treatment of sub-acute low back pain.

There were 107 subjects randomly assigned to one of four groups: comprehensive massage therapy (soft-tissue manipulation, remedial exercise and posture education), soft-tissue manipulation only, remedial exercise with posture education only or a placebo of sham laser treatment.

Two primary outcome measures were functionality and pain relief. Two secondary outcome measures were anxiety and lumbar range of motion. At the end of the treatment the soft-tissue manipulation group had significantly better scores than the sham laser group on the PPI. At follow-up the soft-tissue manipulation group was not distinguishable from the exercise group; both group means were statistically better than the mean for the sham laser group on the RDQ. At the end of treatment and at follow-up the comprehensive massage therapy group had significantly better scores than the sham laser group on state anxiety, whereas no other group did. The mean scores on the pain indexes for all the groups were lower at the end of treatment than at baseline. All subjects' reported levels of pain in the comprehensive massage therapy group decreased in intensity from baseline to post treatment, which did not occur in any other group. At the one-month follow-up, 63% of the subjects in the comprehensive massage therapy group reported no pain, as compared with 27% in the soft-tissue manipulation group, 14% in the exercise group and 0% in the sham laser group.

Keywords:

TYPES: Soft-tissue manipulation, remedial exercise and posture education
MeSH: Physiological effects
FOCUS: Effect of massage therapy for subacute low back pain
AGE: 18 – 81 years, 46 years mean age
AREA: Lower back
DISEASE: Subacute low-back pain
SPORTS: N/A
COUNTRY: USA, English
DATABASE: Touch Research Institute publication listings

Anorexia and Massage

NAMES: Sybil Hart, Ph.D., Tiffany Field, Ph.D., Maria Hernandez-Reif, Ph.D., Graciela Nearing, Psy.D., Seana Shaw, M.D.

SOURCE: Journal of Treatment and Prevention, 37 references, Spring 2001

DESCRIPTION: Clinical study

Synopsis:

In this study, women diagnosed with anorexia nervosa who received massage therapy reported decreased anxiety and improved moods immediately following their first and last massage. A reduction in salivary cortisol (stress) values following the first massage corroborated the self-reports of reduced anxiety. These findings also parallel previous massage therapy findings for adolescents diagnosed with bulimia, suggesting that touch therapy has positive and immediate benefits for attenuating stress levels, stress hormones and depressed mood in girls and women with eating disorders.

The study also revealed an increase in dopamine values for the women receiving massage therapy. Dopamine depletion has been associated with a decrease in food intake and has been implicated in anorexia nervosa and feeing behaviors. Weight gain was not reported in this study, however, because the scores on the Eating Disorder Inventory were improved for the women in the massage therapy group it suggests that when massage therapy is combined with standard care more appropriate eating behaviors might begin to emerge.

The findings from this study reveal that massage therapy attenuated anxiety, depressed mood, eating disorder symptoms, poor body image and biochemical abnormalities for women diagnosed with anorexia nervosa. The compelling findings along with previous findings on massage therapy effects for adolescents with bulimia suggest that massage therapy added to standard care may be effective for healing mind and body issues for individuals with eating disorders.

Keywords:

TYPES: Touch therapy

MeSH: Psychological effects

FOCUS: Effect of massage therapy on women suffering anorexia

AGE: Mean age 25 years

AREA: Full body

DISEASE: Anorexia

SPORTS: N/A

COUNTRY: USA, English

DATABASE: Touch Research Institute publication listings

Effect of massage therapy on premenstrual symptoms

NAMES: M. Hernandez-Reif, A. Martinez, T. Field, O. Quintero, S. Hart and I. Burman

SOURCE: Journal of Psychosomatic Obstetrics & Gynecology, March 2000

DESCRIPTION: Clinical study, 39 references

Synopsis:

Twenty-four women who fulfilled the DSM-IV diagnostic criteria for premenstrual dysphoric disorder were recruited from gynecological practices. Participants were separated into two groups, massage therapy and relaxation therapy. Assessments were completed during the week prior to the onset of menstruation. Before the massage and relaxation sessions on the first and last day of the study, self-rating scales were given and a visual analog scale (VAS) on perceived pain intensity.

The data reflect an immediate decrease in anxiety after the first massage therapy or relaxation session for women with premenstrual dysphoric disorder. Anxiety also decreased on the last session but only for the massage therapy group. A marked improvement in mood for the women in the massage therapy group was also noted after the first and last massage session and is of particular clinical importance because depressed mood is a major symptom of PMS and the more serious premenstrual dysphoric disorder.

Overall, the present findings suggest that massage therapy may be an effective long-term support for aid reduction and water retention, and short-term for decreasing anxiety and improving mood for women with premenstrual dysphoric disorder.

Based on these findings, massage therapy benefits would be expected to generalize to the milder PMS. Massage therapy treatment is also compelling because it has no side effects.

Keywords:

TYPES: Swedish massage

MeSH: Physiological effects

FOCUS: To examine the effects of massage therapy on women who suffer premenstrual syndrome

AGE: 19–45 years, mean 33 years

AREA: Neck, head, back, shoulder, arm, hand, stomach, thigh, ankle, Achilles tendon, calf, toes

DISEASE: Premenstrual syndrome

SPORTS: N/A

COUNTRY: USA, English

DATABASE: Touch Research Institute publication listings

HIV adolescents show improved immune function following massage therapy

NAMES: Miguel A. Diego, Tiffany Field, Maria Hernandez-Reif, Kimberly Shaw, Lawrence Friedman and Gail Ironson

SOURCE: Intern J. Neuroscience, 2001, Vol. 106

DESCRIPTION: Clinical study, 23 references

Synopsis:

HIV positive adolescents recruited from a large urban university hospital's outpatient clinic were randomly assigned to receive massage therapy or progressive muscle relaxation two-times per week for 12 weeks. To assess treatment effects, participants were assessed for depression, anxiety and immune changes before and after treatment. Adolescents who received massage therapy versus those who experienced relaxation therapy reported feeling less anxious and they were less depressed and showed enhanced immune function by the end of the 12-week study. Immune changes included increased Natural Killer cell number. In addition, the HIV disease progression markers CD4/CD8 ratio and CD4 number showed an increase for the massage therapy group only.

Following three months treatment, the HIV positive adolescents who received massage therapy reported feeling less depressed than the adolescents who participated in progressive muscle relaxation sessions. In addition, the adolescents in the massage therapy group showed improved immune function supporting previous research on decreased depression and improved immune function following massage therapy.

Keywords:

TYPES: Swedish massage

MeSH: Physiological effects

FOCUS: To measure the effects massage therapy has on adolescents with HIV

AGE: 13 – 19 years old, 17 years, mean age

AREA: Back, shoulder, neck, upper arm, hips

DISEASE: HIV

SPORTS: N/A

COUNTRY: USA, English

DATABASE: MEDLINE

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

As a certified medical massage therapist, I am opposed to Medicare's proposed policy to eliminate any provider except physical therapists from providing "incident to" medical professional's services to patients.

All qualified health care providers should be allowed to provide services to patients with a physicians prescription or under their supervision.

Submitter : Mrs. Linda Mac Dougall Date & Time: 09/21/2004 03:09:27

Organization : Mac Dougall Consulting

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

We beg you to NOT pass this policy whereby a physician can only refer "incident to" services to physical therapists. All qualified health care providers should be allowed to provide services to patients with a physician's prescription or under their supervision.

This is a discriminatory practice by the government itself when it is the government that should be setting the example. People deserve choice in their care and care providers and little is given already. Why would you take a step to limit this choice further?

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

706 Broadway Street
Eau Claire, WI 54703

September 7, 2004

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1429-P
P.O. Box 8012
Baltimore, MD 21244-8012

Re: Therapy ? Incident To

Dear Sir/Madam:

As a future Certified Athletic Trainer (ATC) and possible future patient, I feel compelled to write this letter in opposition of proposal CMS-1429-P. I am concerned that this proposal would limit patient access to qualified health care providers of 'incident to' services, such as ATCs, in physician offices and clinics; thereby, reducing the quality of health care for physically active patients. Furthermore, limiting access to qualified health care providers will cause delays in the delivery of health care, which in turn will increase health care costs and tax an already heavily burdened health care system.

Athletic training is the health care profession that specializes in the prevention, assessment, treatment and rehabilitation of injuries to athletes and others who are engaged in everyday physical activities. Athletic trainers are multi-skilled health care professionals who can, and are, making significant contributions to health care. Athletic trainers are highly educated and fully qualified health care providers, evident in their recognition by the American Medical Association as an allied health care profession. If this proposal would pass, it would threaten the employment of many athletic trainers who are employed as physician extenders in clinics and physician offices. Therefore this proposal threatens my future employment in those settings and the value of my degree in Athletic Training. With this type of limitation artificially placed on the provision of 'incident to' services by qualified (through accredited academic programs in athletic training, a national board examination, and state practice acts) health care providers the CMS will only add to the skyrocketing health care costs, put qualified people out of work, and reduce the overall quality of health care in the United States.

In conclusion, I believe that the CMS-1429-P proposal must be rejected in order to protect the rights (the right to choose and the right for quality care) of our patients and my right as a future health care practitioner.

Sincerely,

Andrew Bieze
Athletic Training Student
University of Wisconsin-Eau Claire

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I would encourage you to vote against this measure, which if enacted would take away the ability of trained professionals, like myself, to take care of their athletes/patients. Licensed,certified Athletic Trainers are professionals who have completed at least 5 years of college education along with hundreds of hours of field experience,both in clinical settings and with teams in their settings,ie:gymnasiums,field houses,athletic fiels. We use our skills to help prevent and treat athletic injuries. The clinical aspect of our profession is a important part of the whole picture,taking care of our athletes/patients. Please do not take away this very important aspect of our care giving. Our athletes/patients are the ones who will suffer. Thank you for your consideration of this matter.

Sincerely,

Anne M. Abbott,LATC

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file

Attachment # 2298

Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Attention: CMS-1429-P, P.O. Box 80122
Baltimore, MD 21244-8012

CMS:

I write on behalf of the 90 members of the Rhode Island Athletic Trainers Association to react to, and comment on, your recently issued document concerning proposed policy changes, most specifically those relating to “incident to” billing of outpatient therapy service. We as certified athletic training professionals, deeply committed to our profession and respectful of those many individuals who have placed their trust in our competence and in our care, would like to take this opportunity to once again defend our position in the health care system, a position which we deem necessary, vital, and beneficial. And, as you are undoubtedly aware, this most positive of congregate opinions is shared by the myriad athletes and patients who we have treated over the years and who we are now treating and will continue to treat, not to mention the generations of patients yet to come.

We in the Rhode Island athletic training community are deeply distressed by the potential implications for our profession of the policy changes you propose. We are most particularly concerned about the impact, under the proposal you have promulgated, on certified athletic trainers providing on-site rehabilitation services, home program instruction, or lifestyle/fitness routines.

Let me cite some specific examples of the benefit brought to the people of Rhode Island, to the professional athletes who play here, and to the students and student-athletes who attend universities and colleges within Rhode Island. As athletic trainers we are able to implement the health care process quickly, allowing for care to begin immediately. As such, our athletes are able to return to activity quickly and in good form. Also, we have prevented unnecessary emergency room visits by evaluating injuries and referring people for follow-up and testing accordingly. This saves not only time and money but assists with the visit load many hospitals and physicians are currently burdened by.

Having cited these specifics, let me say that our more general concerns include our contention that the changes you are proposing would create a monopoly in the nation’s clinics and this monopoly would not include athletic trainers, but rather physical therapists, occupational therapists, and speech and language pathologists. Further, we contend that the changes would substantially constrict athletic training career opportunities and thus, in the near-term, cause our profession to be detrimentally impacted by a slowing-down of new talent into the profession.

You should also be aware that the Rhode Island Athletic Trainers Association endorses the argumentation put forth regarding your proposed policy changes by NATA, the membership body representing certified athletic trainers [ATCs] worldwide.

To reiterate the NATA position points:

1.] "Incident to" has, since the inception of the Medicare program in 1965, been utilized by physicians to allow others, under the direct supervision of the physician, to provide services as an adjunct to the physician's professional services. A physician has the right to delegate the care of his or her patients to trained individuals (including certified athletic trainers) whom the physician deems knowledgeable and trained in the protocols to be administered. The physician's choice of qualified therapy providers is inherent in the type of practice, medical subspecialty and individual patient.

2.] There have never been any limitations or restrictions placed upon the physician in terms of who he or she can utilize to provide ANY "incident to" service. Because the physician accepts legal responsibility for the individual under his or her supervision, Medicare and private payers have always relied upon the professional judgment of the physician to be able to determine who is, or is not, qualified to provide a particular service. It is imperative that physicians continue to make decisions in the best interests of the patients.

3.] In many cases, the change to "incident to" services reimbursement would render the physician unable to provide his or her patients with comprehensive, quickly accessible health care. The patient would be forced to see the physician and separately seek therapy treatments elsewhere, causing significant inconvenience and additional expense to the patient.

4.] The United States is experiencing an increasing shortage of credentialed allied and other health care professionals, particularly in rural and outlying areas. If physicians are no longer allowed to utilize a variety of qualified health care professionals working "incident to" the physician, it is likely the patient will suffer delays in health care, greater cost and a lack of local and immediate treatment.

5.] Patients who would now be referred outside of the physician's office would incur delays of access. In the case of rural Medicare patients, this could not only involve delays but also, as mentioned above, cost the patient in time and travel expense. Delays would hinder the patient's recovery and/or increase recovery time, which would ultimately add to the medical expenditures of Medicare.

6.] Curtailing to whom the physician can delegate "incident to" procedures will result in physicians performing more of these routine treatments themselves. Increasing the workload of physicians, who are already too busy, will take away from the physician's ability to provide the best possible patient care.

7.] Athletic trainers are highly educated. All certified or licensed

athletic trainers must have a bachelor's or master's degree from an accredited college or university. Foundation courses include: human physiology, human anatomy, kinesiology/biomechanics, nutrition, acute care of injury and illness, statistics and research design, and exercise physiology. Seventy (70) percent of all athletic trainers have a master's degree or higher. This great majority of practitioners who hold advanced degrees are comparable to other health care professionals, including physical therapists, occupational therapists, registered nurses, speech therapists and many other mid-level health care practitioners. Academic programs are accredited through an independent process by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) via the Joint Review Committee on educational programs in Athletic Training (JRC-AT).

8.] To allow only physical therapists, occupational therapists, and speech and language pathologists to provide "incident to" outpatient therapy services would improperly provide these groups exclusive rights to Medicare reimbursement. To mandate that only these practitioners may provide "incident to" outpatient therapy in physicians' offices would improperly remove the states' right to license and regulate the allied health care professions deemed qualified, safe and appropriate to provide health care services.

9.] Centers for Medicare & Medicaid Services, in proposing this change, offers no evidence that there is a problem that is in need of fixing. By all appearances, this is being done to appease the interests of a single professional group who would seek to establish themselves as the sole provider of therapy services.

10.] Centers for Medicare & Medicaid Services does not have the statutory authority to restrict who can and cannot provide services "incident to" a physician office visit. In fact, this action could be construed as an unprecedented attempt by CMS, at the behest of a specific type of health professional, to seek exclusivity as a provider of therapy services.

11.] Independent research has demonstrated that the quality of services provided by certified athletic trainers is equal to the quality of services provided by physical therapists.

12.] Athletic trainers are employed by almost every U.S. post-secondary educational institution with an athletic program and every professional sports team in America to work with athletes to prevent, assess, treat and rehabilitate injuries sustained during athletic competition. In addition, dozens of athletic trainers accompanied the U.S. Olympic Team to Athens, Greece this summer to provide these services to the top athletes from the United States. For CMS to even suggest that athletic trainers are unqualified to provide these same services to a Medicare beneficiary who becomes injured as a result of walking in a local 5K race and goes to their local physician for treatment of that injury is outrageous and unjustified.

We can understand the need for you at CMS to ensure that your payment systems are updated to reflect changes in medical practice and the relative value of services. In fact we collectively applaud this updating. But not to the detriment of a respected and beneficial profession [athletic training] and not to the potential

diminution of health care for the many, many individuals which that profession serves.

We may be small in geographic stature here in Rhode Island but we are large when it comes to athletic training competence and we are capable of roaring rather loudly and making our communal voice heard. Nothing like a leaflet or an infocard on the seat of every fan attending every athletic event in all the athletic venues throughout the State to underline our message and make it heard via the e-mails and in the postal boxes in Washington.

I thank you for listening to our advocacy and I look forward to a fair hearing and a just outcome.

Cordially,

Jennifer L. Brodeur, MS, L/ATC
Assistant Athletic Trainer Providence College
President-Elect Rhode Island Athletic Trainers' Association
549 River Avenue
Providence, Rhode Island 02918

cc:

U.S. Senator Jack Reed
U.S. Senator Lincoln D. Chafee
U.S. Representative Patrick J. Kennedy
U.S. Representative James R. Langevin
Governor Donald L. Carcieri
R.I. Commissioner of Education Peter McWalters
R.I. Commissioner of Higher Education Jack R. Weaver
R.I. Director of Human Services Jane A. Hayward
R.I. Director of Health Dr. Patricia A. Nolan
Presidents, all Rhode Island colleges and universities
Athletic Directors, all Rhode Island colleges and universities

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 10-19

SECTION 302

Re:302

