

1                                   **POSITION STATEMENT PROPOSAL ON LOW BACK PAIN**  
2  
3

4   **CONTACT INFORMATION**

5       Name: Ann Blair Kennedy                                   AMTA ID: 91404                                   Chapter: SC  
6       Day Phone: 864-923-4456                                   Evening Phone: 864-923-4456  
7       Email: [abkamta@thekennedys.us](mailto:abkamta@thekennedys.us)  
8

9   **Delegate:**

10      Name: Debra B. Gallup                                   AMTA ID: 111555                                   Chapter: SC  
11      Day Phone: 803-318-1664                                   Evening Phone: 803-318-1664  
12      Email: [debra@amta-sc.org](mailto:debra@amta-sc.org)  
13  
14

15                                   **POSITION STATEMENT PROPOSAL ON LOW BACK PAIN**  
16  
17

18   **BACKGROUND INFORMATION**

19  
20   According to the National Institute of Neurological Disorders and Stroke, “Americans spend at least \$50  
21   billion each year on low back pain, the most common cause of job-related disability and a leading  
22   contributor to missed work. Back pain is the second most common neurological ailment in the United  
23   States.”<sup>1</sup>

24   Research has shown that massage can:

- 25           • decrease low back pain <sup>2, 3, 4, 5, 6, 7, 8, 9,</sup>
  - 26           • decrease disability associated with low back pain <sup>2,3, 6, 7, 8, 9</sup>
  - 27           • demonstrates decreased pain and disability over time <sup>2, 3, 4, 5, 6, 8</sup>
  - 28           • decrease anxiety/depression associated with low back pain <sup>4, 5, 7, 9</sup>
- 29  
30

31   **RATIONALE**

32  
33   Research indicates that therapeutic massage decreases low back pain, therefore those with low back pain  
34   can benefit from massage therapy given by professional massage therapists working within their scope of  
35   practice.  
36

37   The position statement supports portions of the AMTA Core Values as follows:

- 38           • We are a diverse and nurturing community working with integrity, respect and dignity.
- 39           • We embrace consistency in education.
- 40           • We endorse professional standards.
- 41           • We believe in the benefits of massage.

42   The position statement supports portions of the Vision Statement of AMTA:

- 43 • AMTA members are devoted to professionalism and excellence in massage therapy  
44 practice.
- 45 • Quality research is the foundation for evidence-informed massage therapy education and  
46 practice.
- 47 • AMTA supports its members in expanding their knowledge through quality education.
- 48 • Massage therapy is easily accessible.
- 49 • Massage therapy is a vital component of health care and wellness.

50  
51 The position statement supports portions of the AMTA Strategic Plan Goals and Objectives as follows:  
52

53 ***ADVOCACY AND INFLUENCE***

54 Goal: The health care and wellness industry accepts the value of massage therapy.

55 Objective: Increase understanding of the benefits of massage therapy through education of the  
56 health care and wellness industry.

57  
58 ***INDUSTRY RELATIONSHIPS***

59 Goal: AMTA is a respected leader within the health care and wellness industry.

60 Objective: Increase collaboration between AMTA, its members and other health care and wellness  
61 industry leaders.

62  
63 ***RESEARCH***

64 Goal: AMTA members are aware of the importance of scientific research to the massage therapy  
65 industry.

66 Objective: Increase the opportunities for members to access massage therapy scientific research  
67 through AMTA sources.

68  
69 **POSITION STATEMENT**

70  
71 It is the position of the American Massage Therapy Association (AMTA) that massage therapy  
72 can be effective in reducing low back pain.

73  
74 **REFERENCES**

75  
76 1. National Institutes of Health. (2011). "Low Back Pain Fact Sheet" *NINDS*. NIH Publication No.  
77 03-5161. Retrieved on August 5, 2011, from National Institute of Neurological Disorders and  
78 Stroke Web site: [http://www.ninds.nih.gov/disorders/backpain/detail\\_backpain.htm](http://www.ninds.nih.gov/disorders/backpain/detail_backpain.htm)

79  
80 2. Cherkin, D.C., Sherman, K.J., Kahn, J., Wellman, R., Cook, A.J., Johnson, E., Erro, J., Delaney,  
81 K., Deyo, R.A. (2011). A comparison of the effects of 2 types of massage and usual care on  
82 chronic low back pain: a randomized, controlled trial. *Ann Intern Med*,155(1):1-9.

83  
84 Background: Few studies have evaluated the effectiveness of massage for chronic low  
85 back pain.

86  
87 Objective: To compare the effectiveness of 2 types of massage and usual care for chronic  
88

89 back pain.

90  
91 Design: Parallel-group randomized, controlled trial. Randomization was computer-  
92 generated, with centralized allocation concealment. Participants were blinded to massage  
93 type but not to assignment to massage versus usual care. Massage therapists were  
94 unblinded. The study personnel who assessed outcomes were blinded to treatment  
95 assignment. (ClinicalTrials.gov registration number: NCT00371384)

96  
97 Setting: An integrated health care delivery system in the Seattle area. Patients: 401 persons  
98 20 to 65 years of age with nonspecific chronic low back pain.

99  
100 Intervention: Structural massage (n = 132), relaxation massage (n = 136), or usual care  
101 (n = 133).

102  
103 Measurements: Roland Disability Questionnaire (RDQ) and symptom bothersomeness  
104 scores at 10 weeks (primary outcome) and at 26 and 52 weeks (secondary outcomes).  
105 Mean group differences of at least 2 points on the RDQ and at least 1.5 points on the  
106 symptom bothersomeness scale were considered clinically meaningful. Results: The  
107 massage groups had similar functional outcomes at 10 weeks. The adjusted mean RDQ  
108 score was 2.9 points (95% CI, 1.8 to 4.0 points) lower in the relaxation group and 2.5  
109 points (CI, 1.4 to 3.5 points) lower in the structural massage group than in the usual care  
110 group, and adjusted mean symptom bothersomeness scores were 1.7 points (CI, 1.2 to 2.2  
111 points) lower with relaxation massage and 1.4 points (CI, 0.8 to 1.9 points) lower with  
112 structural massage. The beneficial effects of relaxation massage on function (but not on  
113 symptom reduction) persisted at 52 weeks but were small.

114  
115 Limitation: Participants were not blinded to treatment.

116  
117 Conclusion: Massage therapy may be effective for treatment of chronic back pain, with  
118 benefits lasting at least 6 months. No clinically meaningful difference between relaxation  
119 and structural massage was observed in terms of relieving disability or symptoms. Primary  
120 Funding Source: National Center for Complementary and Alternative Medicine  
121

- 122 3. Hsieh, L.L., Kuo, C.H., Lee, L.H., Yen, A.M., Chien, K.L., Chen, T.H. (2006). Treatment of low  
123 back pain by acupressure and physical therapy: randomised controlled trial. *BMJ*, 332(7543):696-  
124 700.

125 OBJECTIVE: To evaluate the effectiveness of acupressure in terms of disability, pain  
126 scores, and functional status. DESIGN: Randomised controlled trial.

127 SETTING: Orthopaedic clinic in Kaohsiung, Taiwan. PARTICIPANTS: 129 patients with  
128 chronic low back pain.

129 INTERVENTION: Acupressure or physical therapy for one month.

130 MAIN OUTCOME MEASURES: Self administered Chinese versions of standard  
131 outcome measures for low back pain (primary outcome: Roland and Morris disability  
132 questionnaire) at baseline, after treatment, and at six month follow-up.

133 RESULTS: The mean total Roland and Morris disability questionnaire score after  
134 treatment was significantly lower in the acupressure group than in the physical therapy

135 group regardless of the difference in absolute score (- 3.8, 95% confidence interval - 5.7 to  
136 - 1.9) or mean change from the baseline (- 4.64, - 6.39 to - 2.89). Acupressure conferred  
137 an 89% (95% confidence interval 61% to 97%) reduction in significant disability  
138 compared with physical therapy. The improvement in disability score in the acupressure  
139 group compared with the physical group remained at six month follow-up. Statistically  
140 significant differences also occurred between the two groups for all six domains of the  
141 core outcome, pain visual scale, and modified Oswestry disability questionnaire after  
142 treatment and at six month follow-up.

143 CONCLUSIONS: Acupressure was effective in reducing low back pain in terms of  
144 disability, pain scores, and functional status. The benefit was sustained for six months.

145  
146  
147

- 148 4. Walach, H., Güthlin, C., König, M. (2003). Efficacy of massage therapy in chronic pain: a  
149 pragmatic randomized trial. *J Altern Complement Med*, 9(6):837-46.

150 BACKGROUND: Although classic massage is used widely in Germany and elsewhere for  
151 treating chronic pain conditions, there are no randomized controlled trials (RCT).

152

153 DESIGN: Pragmatic RCT of classic massage compared to standard medical care (SMC) in  
154 chronic pain conditions of back, neck, shoulders, head and limbs.

155

156 OUTCOME MEASURE: Pain rating (nine-point Likert-scale; predefined main outcome  
157 criterion) at pretreatment, post-treatment, and 3 month follow-up, as well as pain adjective  
158 list, depression, anxiety, mood, and body concept.

159

160 RESULTS: Because of political and organizational problems, only 29 patients were  
161 randomized, 19 to receive massage, 10 to SMC. Pain improved significantly in both  
162 groups, but only in the massage group was it still significantly improved at follow-up.  
163 Depression and anxiety were improved significantly by both treatments, yet only in the  
164 massage group maintained at follow-up.

165

166 CONCLUSION: Despite its limitation resulting from problems with numbers and  
167 randomization this study shows that massage can be at least as effective as SMC in  
168 chronic pain syndromes. Relative changes are equal, but tend to last longer and to  
169 generalize more into psychologic domains. Because this is a pilot study, the results need  
170 replication, but our experiences might be useful for other researchers.

171

172

- 173 5. Brady, L.H., Henry, K., Luth, J.F. 2nd, Casper-Bruett, K.K. (2001). The effects of shiatsu on  
174 lower back pain, *J Holist Nurs*, 19(1):57-70.

175 Shiatsu, a specific type of massage, was used as an intervention in this study of 66  
176 individuals complaining of lower back pain. Each individual was measured on state/trait  
177 anxiety and pain level before and after four shiatsu treatments. Each subject was then  
178 called 2 days following each treatment and asked to quantify the level of pain. Both pain  
179 and anxiety decreased significantly over time. Extraneous variables such as gender, age,

180 gender of therapist, length of history with lower back pain, and medications taken for  
181 lower back pain did not alter the significant results. These subjects would recommend  
182 shiatsu massage for others suffering from lower back pain and indicated the treatments  
183 decreased the major inconveniences they experienced with their lower back pain.  
184

- 185 6. Cherkin, D.C., Eisenberg, D., Sherman, K.J., Barlow, W., Kaptchuk, T.J., Street, J., Deyo, R.A.  
186 (2001). Randomized trial comparing traditional Chinese medical acupuncture, therapeutic  
187 massage, and self-care education for chronic low back pain. *Arch Intern Med*, 161(8):1081-8.

188 BACKGROUND: Because the value of popular forms of alternative care for chronic back  
189 pain remains uncertain, we compared the effectiveness of acupuncture, therapeutic  
190 massage, and self-care education for persistent back pain.  
191

192 METHODS: We randomized 262 patients aged 20 to 70 years who had persistent back  
193 pain to receive Traditional Chinese Medical acupuncture (n = 94), therapeutic massage (n  
194 = 78), or self-care educational materials (n = 90). Up to 10 massage or acupuncture visits  
195 were permitted over 10 weeks. Symptoms (0-10 scale) and dysfunction (0-23 scale) were  
196 assessed by telephone interviewers masked to treatment group. Follow-up was available  
197 for 95% of patients after 4, 10, and 52 weeks, and none withdrew for adverse effects.  
198

199 RESULTS: Treatment groups were compared after adjustment for prandomization  
200 covariates using an intent-to-treat analysis. At 10 weeks, massage was superior to self-care  
201 on the symptom scale (3.41 vs 4.71, respectively; P =.01) and the disability scale (5.88 vs  
202 8.92, respectively; P<.001). Massage was also superior to acupuncture on the disability  
203 scale (5.89 vs 8.25, respectively; P =.01). After 1 year, massage was not better than self-  
204 care but was better than acupuncture (symptom scale: 3.08 vs 4.74, respectively; P =.002;  
205 dysfunction scale: 6.29 vs 8.21, respectively; P =.05). The massage group used the least  
206 medications (P<.05) and had the lowest costs of subsequent care.  
207

208 CONCLUSIONS: Therapeutic massage was effective for persistent low back pain,  
209 apparently providing long-lasting benefits. Traditional Chinese Medical acupuncture was  
210 relatively ineffective. Massage might be an effective alternative to conventional medical  
211 care for persistent back pain.  
212

- 213 7. Hernandez-Reif, M., Field, T., Krasnegor, J., Theakston, H. (2001) Lower back pain is reduced  
214 and range of motion increased after massage therapy. *Int J Neurosci*, 106(3-4):131-45.

215 STUDY DESIGN: A randomized between-groups design evaluated massage therapy  
216 versus relaxation for chronic low back pain.  
217

218 OBJECTIVES: Treatment effects were evaluated for reducing pain, depression, anxiety  
219 and stress hormones, and sleeplessness and for improving trunk range of motion  
220 associated with chronic low back pain.  
221

222 SUMMARY of BACKGROUND DATA: Twenty-four adults (M age=39.6 years) with  
223 low back pain of nociceptive origin with a duration of at least 6 months participated in the  
224 study. The groups did not differ on age, socioeconomic status, ethnicity or gender.  
225

226 METHODS: Twenty-four adults (12 women) with lower back pain were randomly  
227 assigned to a massage therapy or a progressive muscle relaxation group. Sessions were 30  
228 minutes long twice a week for five weeks. On the first and last day of the 5-week study  
229 participants completed questionnaires, provided a urine sample and were assessed for  
230 range of motion.

231  
232 RESULTS: By the end of the study, the massage therapy group, as compared to the  
233 relaxation group, reported experiencing less pain, depression, anxiety and improved sleep.  
234 They also showed improved trunk and pain flexion performance, and their serotonin and  
235 dopamine levels were higher.

236  
237 CONCLUSIONS: Massage therapy is effective in reducing pain, stress hormones and  
238 symptoms associated with chronic low back pain.

239  
240 PRECIS: Adults (M age=39.6 years) with low back pain with a duration of at least 6  
241 months received two 30-min massage or relaxation therapy sessions per week for 5 weeks.  
242 Participants receiving massage therapy reported experiencing less pain, depression,  
243 anxiety and their sleep had improved. They also showed improved trunk and pain flexion  
244 performance, and their serotonin and dopamine levels were higher.

- 245  
246 8. Preyde, M. (2000). Effectiveness of massage therapy for subacute low-back pain: a randomized  
247 controlled trial. *CMAJ*, 162(13):1815-20.

248 BACKGROUND: The effectiveness of massage therapy for low-back pain has not been  
249 documented. This randomized controlled trial compared comprehensive massage therapy  
250 (soft-tissue manipulation, remedial exercise and posture education), 2 components of  
251 massage therapy and placebo in the treatment of subacute (between 1 week and 8 months)  
252 low-back pain.

253  
254 METHODS: Subjects with subacute low-back pain were randomly assigned to 1 of 4  
255 groups: comprehensive massage therapy (n = 25), soft-tissue manipulation only (n = 25),  
256 remedial exercise with posture education only (n = 22) or a placebo of sham laser therapy  
257 (n = 26). Each subject received 6 treatments within approximately 1 month. Outcome  
258 measures obtained at baseline, after treatment and at 1-month follow-up consisted of the  
259 Roland Disability Questionnaire (RDQ), the McGill Pain Questionnaire (PPI and PRI), the  
260 State Anxiety Index and the Modified Schober test (lumbar range of motion).

261  
262 RESULTS: Of the 107 subjects who passed screening, 98 (92%) completed post-treatment  
263 tests and 91 (85%) completed follow-up tests. Statistically significant differences were  
264 noted after treatment and at follow-up. The comprehensive massage therapy group had  
265 improved function (mean RDQ score 1.54 v. 2.86-6.5,  $p < 0.001$ ), less intense pain (mean  
266 PPI score 0.42 v. 1.18-1.75,  $p < 0.001$ ) and a decrease in the quality of pain (mean PRI  
267 score 2.29 v. 4.55-7.71,  $p = 0.006$ ) compared with the other 3 groups. Clinical  
268 significance was evident for the comprehensive massage therapy group and the soft-tissue  
269 manipulation group on the measure of function. At 1-month follow-up 63% of subjects in  
270 the comprehensive massage therapy group reported no pain as compared with 27% of the  
271 soft-tissue manipulation group, 14% of the remedial exercise group and 0% of the sham  
272 laser therapy group.

273  
274 INTERPRETATION: Patients with subacute low-back pain were shown to benefit from  
275 massage therapy, as regulated by the College of Massage Therapists of Ontario and  
276 delivered by experienced massage therapists.  
277

- 278 9. Field, T., Hernandez-Reif, M., Diego, M., Fraser, M. (2007). Lower back pain and sleep  
279 disturbance are reduced following massage therapy. *JBMT*, 11(2) 141-145.

280 Summary: A randomized between-groups design was used to evaluate massage therapy  
281 versus relaxation therapy effects on chronic low back pain. Treatment effects were  
282 evaluated for reducing pain, depression, anxiety and sleep disturbances, for improving  
283 trunk range of motion (ROM) and for reducing job absenteeism and increasing job  
284 productivity. Thirty adults (*M* age=41 years) with low back pain with a duration of at least  
285 6 months participated in the study. The groups did not differ on age, socioeconomic status,  
286 ethnicity or gender. Sessions were 30 min long twice a week for 5 weeks. On the first and  
287 last day of the 5-week study participants completed questionnaires and were assessed for  
288 ROM. By the end of the study, the massage therapy group, as compared to the relaxation  
289 group, reported experiencing less pain, depression, anxiety and sleep disturbance. They  
290 also showed improved trunk and pain flexion performance.  
291

- 292 10. Bronfort, G., Haas, M., Evans, R., Leiniger, B., Triano, J. (2010). Effectiveness of manual  
293 therapies: the UK evidence report. *Chiropr Osteopat*.18(1):3..

294 ABSTRACT: BACKGROUND: The purpose of this report is to provide a succinct but  
295 comprehensive summary of the scientific evidence regarding the effectiveness of manual  
296 treatment for the management of a variety of musculoskeletal and non-musculoskeletal  
297 conditions.  
298

299 METHODS: The conclusions are based on the results of systematic reviews of  
300 randomized clinical trials (RCTs), widely accepted and primarily UK and United States  
301 evidence-based clinical guidelines, plus the results of all RCTs not yet included in the first  
302 three categories. The strength/quality of the evidence regarding effectiveness was based on  
303 an adapted version of the grading system developed by the US Preventive Services Task  
304 Force and a study risk of bias assessment tool for the recent RCTs.  
305

306 RESULTS: By September 2009, 26 categories of conditions were located containing RCT  
307 evidence for the use of manual therapy: 13 musculoskeletal conditions, four types of  
308 chronic headache and nine non-musculoskeletal conditions. We identified 49 recent  
309 relevant systematic reviews and 16 evidence-based clinical guidelines plus an additional  
310 46 RCTs not yet included in systematic reviews and guidelines. Additionally, brief  
311 references are made to other effective non-pharmacological, non-invasive physical  
312 treatments.  
313

314 CONCLUSIONS: Spinal manipulation/mobilization is effective in adults for: acute,  
315 subacute, and chronic low back pain; migraine and cervicogenic headache; cervicogenic  
316 dizziness; manipulation/mobilization is effective for several extremity joint conditions;  
317 and thoracic manipulation/mobilization is effective for acute/subacute neck pain. The  
318 evidence is inconclusive for cervical manipulation/mobilization alone for neck pain of any

319 duration, and for manipulation/mobilization for mid back pain, sciatica, tension-type  
320 headache, coccydynia, temporomandibular joint disorders, fibromyalgia, premenstrual  
321 syndrome, and pneumonia in older adults. Spinal manipulation is not effective for asthma  
322 and dysmenorrhea when compared to sham manipulation, or for Stage 1 hypertension  
323 when added to an antihypertensive diet. In children, the evidence is inconclusive regarding  
324 the effectiveness for otitis media and enuresis, and it is not effective for infantile colic and  
325 asthma when compared to sham manipulation. Massage is effective in adults for chronic  
326 low back pain and chronic neck pain. The evidence is inconclusive for knee osteoarthritis,  
327 fibromyalgia, myofascial pain syndrome, migraine headache, and premenstrual syndrome.  
328 In children, the evidence is inconclusive for asthma and infantile colic.  
329

330 11. Last, A.R., Hulbert, K. (2009). Chronic low back pain: evaluation and management. *Am Fam*  
331 *Physician*, 79(12):1067-74.

332 Chronic low back pain is a common problem in primary care. A history and physical  
333 examination should place patients into one of several categories: (1) nonspecific low back  
334 pain; (2) back pain associated with radiculopathy or spinal stenosis; (3) back pain referred  
335 from a nonspinal source; or (4) back pain associated with another specific spinal cause.  
336 For patients who have back pain associated with radiculopathy, spinal stenosis, or another  
337 specific spinal cause, magnetic resonance imaging or computed tomography may establish  
338 the diagnosis and guide management. Because evidence of improved outcomes is lacking,  
339 lumbar spine radiography should be delayed for at least one to two months in patients with  
340 nonspecific pain. Acetaminophen and nonsteroidal anti-inflammatory drugs are first-line  
341 medications for chronic low back pain. Tramadol, opioids, and other adjunctive  
342 medications may benefit some patients who do not respond to nonsteroidal anti-  
343 inflammatory drugs. Acupuncture, exercise therapy, multidisciplinary rehabilitation  
344 programs, massage, behavior therapy, and spinal manipulation are effective in certain  
345 clinical situations. Patients with radicular symptoms may benefit from epidural steroid  
346 injections, but studies have produced mixed results. Most patients with chronic low back  
347 pain will not benefit from surgery. A surgical evaluation may be considered for select  
348 patients with functional disabilities or refractory pain despite multiple nonsurgical  
349 treatments.

350