

- 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

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