

# Hidden in plain sight

## Optimising the role of remedial massage therapy in the future health and disability system

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### The remedial massage therapist workforce

According to Statistics NZ, 2,349 people work as massage therapists in New Zealand. Massage in New Zealand is unregulated but many Professional remedial massage therapists<sup>1</sup> choose to belong to Massage New Zealand (MNZ) which acts a self-regulatory. Massage New Zealand (MNZ) is a member of Allied Health Aotearoa New Zealand (AHANZ) and, as such, it is required to have a code of ethics, a defined general scope of practice or standards of practice, competence standards and a mechanism for monitoring compliance, and a robust public complaints process.

### Current remedial massage therapist contribution

According to the 2013 Census, most professional massage therapists are self-employed, working in the private sector and many supplement their income with other work. Utilisation of remedial massage therapy is primarily self-funded, presenting an important barrier to access for many New Zealanders. This is despite increasing recognition of benefits as evidenced by growing demand through insurance companies and sometimes ACC.

### Optimal remedial massage therapist input

Remedial Massage therapy is included in integrative medicine in world-leading health centres<sup>2</sup>. It is a safe intervention that can promote a positive experience of care and provide a more holistic approach to wellbeing. Remedial massage therapy can be appropriately offered in response to patient choice through referral when other health professionals (allied and biomedical) identify the potential benefits it may provide.

As chronic pain is significantly more common in areas of high socioeconomic deprivation, and among populations with higher levels of comorbidity, increasing access to remedial massage therapy could be an important equity investment.

### Barriers and enablers

Remedial massage therapist input is currently sub-optimal due to:

- A lack of publicly-funded roles for remedial massage therapists in tier 1 and integrated care settings.
- Existing primary care ownership and governance models that favour GP professional dominance and reinforce staffing models in which allied health are seen as an unnecessary cost.
- Primary care payments that are insufficient to cover the full cost of interdisciplinary care for people with chronic conditions and complex social factors and do not reward integrated tier 1 teams for achieving good outcomes in these populations.

<sup>1</sup> Remedial Massage Therapy consists of patient assessment followed by the application of remedial massage and non-hands-on components including: health promotion and patient education for the purpose of self care and health maintenance. Remedial massage can help alleviate Musculoskeletal disorders associated with stress and anxiety, physical manifestation of mental distress, muscular injury and many persistent pain syndromes. Outcomes can be influenced by therapeutic relationships and settings.

<sup>2</sup> Mayo Clinic. 2021. "Massage: Get in touch with its many benefits" <https://www.mayoclinic.org/healthy-lifestyle/stress-management/in-depth/massage/art-20045743>



- A lack of understanding of the capabilities skills and areas of expertise, of remedial massage therapists within the health and disability system.

### Evidence base (sample)

- A 2004 Cochrane Systematic Review found that massage of pre-term or low-weight infants improved daily weight gain, resulting in a reduction in the length of hospital stay by 4.5 days<sup>3</sup>. These impacts were echoed by a 2013 meta-analysis<sup>4</sup>.
- A US economic model indicated that savings from using remedial massage therapy instead of opioids to manage pain could be as much as US\$25.99 billion per year<sup>5</sup>.
- A meta-analysis of remedial massage for depression indicates that massage therapy significantly alleviates symptoms of depression<sup>6</sup>. Other studies have shown these effects in pregnant and post-natal women<sup>7</sup>, and similar effects for PTSD<sup>8</sup>.
- Mayo Clinic has led the integration of massage therapy into the hospital setting since 2002, providing inpatient and outpatient massage therapy to thousands of people each year.
- The importance of massage therapy being offered by remedial massage therapists is highlighted by evidence, such as a literature review which identified the very rare implication of remedial massage therapists in adverse events while reporting a wide range of adverse events for massage therapy delivered by untrained/unqualified providers (including cerebrovascular accidents, pulmonary embolism, and nerve damage).<sup>9</sup>

### Recommendations

Increased input from remedial massage therapists in integrated care teams can support a more person-centred, equitable, high quality and cost-effective integrated health and disability system. To address the critical barriers and enable an optimal use of remedial massage therapists, we recommend the following changes:

- Invest in more research to better identify the benefits, cost-effectiveness and potential return on investment of remedial massage in the New Zealand context.
- Address professional, governance, funding and payment barriers to increased collaborative interdisciplinary care in tier 1 settings, including by explicitly recognising and paying for collaborative interdisciplinary approaches.
- Educate health care professionals about the role and potential benefits of remedial massage therapy for pain management and mental health.
- Implement referral protocols to support appropriate referrals to remedial massage therapy.

<sup>3</sup> Vickers, A., Ohlsson, A., Lacy, J.B. & Horsley, A. (2004). Massage for promoting growth and development of preterm and/or low birth-weight infants. *Cochrane Database Syst Rev*, (2):CD000390

<sup>4</sup> Wang, L., He, J.L. & Zhang, X.H. (2013). The efficacy of massage on preterm infants: A meta-analysis [Electronic version]. *Am J Perinatol*, doi: 10.1055/s-0032-1332801

<sup>5</sup> American Massage Therapy Association. 2018. "Massage Therapy in Integrative Care & Pain Management".

<sup>6</sup> Hou WH, Chiang PT, Hsu TY, Chiu SY, Yen YC (2010). Treatment effects of massage therapy in depressed people: a meta-analysis. *J Clin Psych* 71:894-901

<sup>7</sup> Field T, Diego M, Hernandez-Reif M, Medina L, Delgado J, Hernandez A (2012) Yoga and massage therapy reduce prenatal depression and prematurity. *J Bodyw Mov Ther* 16:204-209

<sup>8</sup> Kahn JR, Collinge W, Soltysik R, Post-9/11 Veterans and Their Partners Improve Mental Health Outcomes with a Self-directed Mobile and Web-based Wellness Training Program: A Randomized Controlled Trial, *J Med Internet Res*. 2016 Sep 27;18(9):e255

<sup>9</sup> Ernst, E. 2003. "The Safety of Massage Therapy." *Rheumatology* 42 (9): 1101–6. <https://doi.org/10.1093/rheumatology/keg306>.

