The College of Massage Therapists of BC thanks the BC Liberal government for mounting this innovative conversation on Health. It affords members of the public, associations and colleges like our own, the opportunity to contribute to a dialogue with the government of BC concerning the future of health care in this province. We acknowledge this honour and privilege.

ACKNOWLEDGEMENT OF BC GOVERNMENT SUPPORT FOR MASSAGE THERAPY

To begin its submission to the Conversation on Health, the College of Massage Therapists of BC (CMT) would like to thank the government for its acknowledgement of our health profession for over sixty years. Today BC’s Registered Massage Therapists (RMTs) are the only ones fully integrated into the provincial health care system in all of Canada. The BC government has a right to be proud of its record of inclusion of massage therapy among its complementary health professions. Currently this profession in BC enjoys some of the world’s highest educational and licensing standards, as well as being respected as a leader in massage therapy in North America.

BC GOVERNMENT / MASSAGE THERAPY - HISTORICAL PERSPECTIVE

1946 - LEGISLATION

The BC government was one of the first Canadian provinces to include massage therapy under provincial legislation in 1946. Massage therapy from its inception has had a history of being used as a rehabilitative and therapeutic modality. The first BC legislated RMTs helped provide remedial therapy for returning injured World War II veterans. Today BC RMTs provide skilled treatment of musculoskeletal disorders for a broad spectrum of the population.

1968 - BC MEDICAL SERVICES PLAN

In 1968 the BC government again led the way, not only in Canada but all of North America, by including massage therapy in its’ government-funded health care insurance plan. In so doing, by implication, it recognized massage therapy as medically necessary and deserving of public funding.

1968-1980’s - PHYSICIANS’ REFERRALS TO RMTs

From 1968 on BC RMTs developed a relationship with physicians that was unique in Canada. At that time massage therapy services were funded in BC by the Medical Services Plan (MSP) only if a physician referred the patient for massage therapy. Consequently, RMTs over time developed close communication with the BC medical profession. Physicians began to refer increasing numbers of patients with challenging soft tissue disorders for treatment by BC RMTs. It was evident that physicians respected the knowledge and care provided to their patients by RMTs.

1983 - 1999 - BC’s TEACHING COLLEGES

Due to the full participation of BC RMTs in BC’s traditional medical system, and the need for BC RMTs to continue to work closely with other regulated health professions, demand for an extended RMT training programme developed. RMTs needed an increasing knowledge and skill sets to practice massage therapy safely and effectively. Sophisticated orthopaedic testing and the latest evidenced based massage therapy techniques from Europe and North America were included in the curriculum of BC’s first teaching college, the West Coast College of Massage Therapy (WCCMT), which opened in 1983.

In response to further demand, the Okanagan Valley College of Massage (OVCMT) was opened in Vernon in 1994 and a subsidiary campus of WCCMT opened in Victoria in 1999.
Because of its medical model BC massage therapy diverged more and more from other Canadian provincial jurisdictions. BC’s educational and licensing standards, the highest in Canada, indeed in North America, are unmatched to this day.

1994 - BC’s HEALTH PROFESSIONS ACT

The BC government again advanced recognition of massage therapy in Canada by creating a new regulatory body, the College of Massage Therapists (CMT), under the auspices of its new Health Professions Act (HPA) in 1994. The HPA required the CMT to establish committees to continue developing policy and guidelines in areas such as accreditation, registration, scope of practice, unauthorized practice, quality management, inquiry, discipline, legislation, communications, and patient relations for the profession.

New legislation, bylaws and a formalized code of ethics and practice standards were also developed. Continuing education requirements and mandatory malpractice insurance were instituted to protect the public.

1996 - THREE YEAR CURRICULUM

Higher registration standards came into effect as the nature and scope of RMT work evolved. 1996 saw the implementation of a landmark new 3000 hour training programme for BC RMTs, again confirming it as North America’s most sophisticated and developed RMT educational programme. The new programme is essentially equivalent to a three year university level programme. New registration examinations were keyed to curriculum outcomes and reflected the results of job studies, with focus on the relevance of current massage therapy practice.

2007 – THOMPSON RIVERS UNIVERSITY DEGREE PROGRAMME - A BREAKTHROUGH FOR MASSAGE THERAPY IN BC

Thompson Rivers University (TRU) has instituted a new Bachelor of Health Science (BHSc) degree programme. Massage therapy teaching colleges have long wanted recognition of educational transfer credits towards recognized university degrees for their graduates. In 2007 TRU formally articulated agreements with BC’s OVCMT and WCCMT teaching colleges, laying out the conditions for massage therapy students to earn transfer credits toward TRU’s Bachelor of Health Science degree.

PUBLIC INTEREST – THE GUIDING PRINCIPLE

Under the HPA, the primary duty of a health profession college at all times is “to serve and protect the public.” The government appoints public representatives to all health profession college boards to ensure that this is the primary focus of the boards and their committees. Such knowledgeable board members have contributed enormously to the development and professionalization of the BC massage therapy profession.

THE CMT AND THE CONVERSATION ON HEALTH - FOUR QUESTIONS

The Conversation on Health website suggests respondents address these four questions:

1. What is good health and how can we encourage it?
2. What future role do you see for our health system?
3. What are the key issues?
4. What do we need to do to make sure our health system will be there for when our children and grandchildren need it?
This CMT brief will address these four questions in turn.

1. **WHAT IS GOOD HEALTH?**

One of the most succinct and well-worded definitions of good health must be that of the World Health Organization: "A state of optimum physical, mental, and social well-being and not merely the absence of disease and infirmity."

**AND HOW CAN WE ENCOURAGE IT?**

The practice of massage therapy has a focus on encouraging patients to strive for optimum physical health, not just their recovery from disease and infirmity. RMTs promote not only rehabilitation, but also recommend active modalities like exercises and ergonomics in response to patients’ increasingly sedentary lifestyles. They support patients in working toward a balance in the physical, mental, emotional and spiritual facets of their lives, recognizing the interdependence of these elements in the achievement and maintenance of good health.

As RMTs on average see patients for 30-45 minutes of one on one care, they are able to form unique relationships with their patients and provide patient education in healthy lifestyle choices that other providers may not be able to do due to time constraints.

Recent scientific evidence has shown that massage therapy, as a hands-on modality, also enhances patient emotional and social well being through the medium of caring touch and by the compassionate listening provided by its trained practitioners.

2. **WHAT FUTURE ROLE DO YOU SEE FOR OUR HEALTH SYSTEM?**

We see the BC health care system as being a major contributor to health in the population. As a society we must also address wider ranging factors essential to good health. The Ottawa Charter for Health Promotion lists as fundamentals for health: "peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice and equity."

The provincial and federal governments and their various ministries all work toward the provision of these fundamentals of health for all people in BC and Canada. The CMT supports the governments in continuing to recognize all these health fundamentals, and the prevention of disease in its vision for the future of our health care system.

3. **WHAT ARE THE KEY ISSUES?**

The CMT suggests three of the key issues in the future of our health care system may be:

a) Accessibility  
b) Affordability  
c) Sustainability

**HOW CAN WE HELP?**

The CMT and its members envision working as partners with the BC government in addressing these important factors in maintaining our health care system. Here’s how we can help:

a) **ACCESSIBILITY**

It is a still a basic right that all BC residents, regardless of financial status, have access to the same quality health care. RMTs throughout the province provide massage therapy services for a broad range of the population. 25% of BC residents who fall into the lower income spectrum currently have some coverage for massage therapy through the Medical Services Plan (MSP). Though MSP fees do not reflect the current RMT professional fee schedule, some RMTs offer a sliding fee scale. This enables people with disabilities, seniors on limited incomes, residents of group homes and the working poor to receive needed massage therapy treatment. Some RMTs in this way contribute to accessibility of health care.

Working or retired patients who are financially secure pay RMTs at their private fee rate. For many of these patients extended health care plans reimburse some portion of complementary health care practitioner fee, including massage therapy.
Massage therapy is a cost-effective modality for the government. The poorer members of society have some subsidy from MSP and RMTs themselves while the government does not pay massage therapy fees directly for society’s more affluent members.

One of the main issues in the provincial government being able to continue to provide universal health care is affordability. More extensive use of safe, cost-effective modalities such as massage therapy could save the medical system enormous sums of money.

b) AFFORDABILITY

Health care must be affordable for the government and the taxpayer. The CMT maintains that massage therapy can contribute to significantly decreasing the costs of musculoskeletal treatment and care. RMTs are legislated as primary healthcare providers, with the training to diagnose and treat soft tissue disorders. As patients do not need to see a physician in order to be referred to an RMT for treatment, costs of patient visits to physicians are decreased. It has been reported that 27.8% of physician visits are related to musculoskeletal issues though only 2.26% of their medical school curriculum is devoted to musculoskeletal conditions. (S.J.Pinney, 2001).

A widespread programme of government sponsored public education would encourage patients with soft tissue complaints to first seek massage therapy treatments from BC’s Registered Massage Therapists. For common soft tissue injuries and conditions, this could potentially save the medical system thousands of dollars in physician visits, and the over-prescription of expensive painkiller and anti-inflammatory medications. There is clinical evidence proving that massage therapy is effective in treating pain and disability related to the low back, the neck, osteoarthritis, depression, headaches and many other conditions commonly seen by family physicians and in the workplace. When massage therapists work closely with referring physicians and other members of the healthcare team in treating pain and disability related to soft tissue, there is a potential to decrease the number of costly patient visits to specialists, or referrals for expensive CT and MRI scans. The Washington, DC-based Institute of Medicine in its “Crossing the quality chasm: a new health system for the 21st century”, in fact, suggests moving toward a collaborative, multidisciplinary team model of health care, where non-physicians play a more central role (IOM, 2001).

One of massage therapy’s greatest benefits is that it is a drug-free therapy. One of the most extensive addiction problems in our society is that of addiction to prescription medications. Prescription medication addiction impacts patients’ physical and psychological health, creates family and community social problems, and may contribute to an escalating motor vehicle accident rate.

The medical system must also field the cost of iatrogenic drug-created conditions, medical conditions created by the overuse and interaction of prescription medications. The cost of abuse of prescription drugs to our medical system, and to society in general, is very high. (Vancouver Sun, July 25, 2007).

Again the CMT stresses that through a wide spread programme of government education the use of less expensive modalities like massage therapy could be promoted for treatment of many soft tissue conditions. Instead of costly visits to doctors and use of potentially addictive medications, many conditions like headaches, arthritis, back and joint pain, muscle strains and sprains can be treated by RMTs - safely, effectively and at a far lower cost to the health care system.

c) SUSTAINABILITY

How do we sustain our health care system?
The health budget of 13.1 billion dollars represents 42 percent of the Province’s annual budget, an increase from 35% 10 years ago. If the health budget continues to grow as it has in the past, it could consume over 70 percent of the total provincial budget by 2017. This could squeeze out necessary funding for other critical government services such as education, highways and social services. (Ministry of Health, Sept 2006).

How can we envision a system that can be sustained? Sustainability is inextricably bound up with affordability. The health care system must be cost efficient if it is to be sustainable. It seems we must intelligently investigate and implement the use of less costly alternatives to an increasingly expensive, technological and drug-oriented approach to health care. Massage therapy, as outlined in the previous sections on accessibility and affordability, can contribute by providing a therapy for many soft tissue conditions that is safe, effective and cost-effective.
Encouraging wellness reduces the strain on the health care system. The 2002 Romanow report noted a lack of focus on prevention and wellness in our health care system. (Romanow, 2002.) For a sustainable health care system, as a society we must continue to promote increased personal responsibility for health, and prevention of disease and dysfunction. All the factors of healthy lifestyles must be addressed: “a nutritious low-fat diet; enough exercise; sound sleep; avoiding misuse of tobacco, alcohol and other drugs (including prescription medications); motor vehicle and traffic safety; stress reduction; and healthy (safer) sexual practices. Prevention is often a hard sell that takes both personal and community action.” (Windblad, 2007, www.millzyswarehouse.co.uk/hnf/Whatsgoodhealthpart1html).

A recent pilot study by the Occupational health and Safety Agency for Healthcare in BC (OHSAH) and Vancouver Coastal Health tested massage therapy treatment to enhance wellness for healthcare workers at GF Strong with positive results that are expected to help with issues of job satisfaction, recruitment and retention as well as preventing soft tissue injury. A worker comment: It was mentally refreshing to know that someone out there cares for our well-being, from this I gained strength and encouragement to carry out highly physical and mentally challenging job tasks. (Massage on the Job: The Impact of a Wellness Intervention on Workplace Health, OHSAH, March 2007).

4. WHAT DO WE NEED TO DO TO MAKE SURE OUR HEALTH SYSTEM WILL BE HERE FOR WHEN OUR CHILDREN AND GRANDCHILDREN NEED IT?

We need to make sure the system is sustainable. Greater use of massage therapy services can help reduce dependence on expensive medical, high tech and drug-oriented treatment. Reduced costs mean more chance of long term sustainability for the health care system for the generations to come. We need to focus on a greater emphasis on prevention of disease and injury, and promotion of healthy, physical lifestyles. We need to proactively manage chronic disease. Bradley at al in their 1990 Ontario Health Survey reported that musculoskeletal problems are the most common cause of chronic health problems in the general population (Bradley, 1990). This is where massage therapy can assist the public, by encouraging health, not just treating disease and injury.

The CMT would like to reiterate its stance of partnership with the government with the shared goals of helping reduce costs and providing our top quality health care modality for the medical system.

MASSAGE THERAPY AND THE BC GOVERNMENT - TODAY AND THE FUTURE

Massage therapy can contribute to the health of BC residents in all stages of life, from providing perinatal care to pregnant women and young children, to care for the dying.

The government has fostered the growth and development of massage therapy in BC from the first legislation in 1946 to its current respected status provincially, nationally and internationally. The CMT is confident that the current BC government will continue to legitimize the massage therapy profession by providing an infrastructure that protects the public and assists the public in differentiating between RMTs and unregistered practitioners.

ASSETS A MEDICALLY ORIENTED MASSAGE THERAPY PROFESSION BRINGS TO THE BC AND FEDERAL HEALTH CARE SYSTEM

1. MASSAGE THERAPY – FULLY INTEGRATED INTO THE MEDICAL MODEL OF HEALTH CARE

Massage therapy has been included in BC’s provincial medicare scheme since its inception in 1968. Currently 25% of BC residents enjoy some coverage from MSP for their massage therapy treatments, while most BC extended health care plans recognize massage therapy and reimburse fees for massage treatments as a complimentary health care service. WorkSafeBC covers the massage therapy treatment of injured workers province wide while the government-run automobile insurance plan (ICBC) also covers massage therapy treatments for those injured in motor vehicle accidents. The Department of Veterans’ Affairs and the RCMP fully cover their members.

There are RMTs providing care in nearly every city, town and small community throughout the province.
2. BC MASSAGE THERAPY – WORLD WIDE REPUTATION

In 1990 the Massage Therapists Association commissioned and produced the landmark text entitled “A Physician’s Guide to Therapeutic Massage,” by Dr. John Yates. Second (1999) and third editions (2004) have subsequently been published. It may be the most comprehensive single publication on the subject of massage. It describes the scientific evidence of the physiological effects of massage therapy. It has been ordered from countries all around the world, and places BC massage therapy among the forefront in terms of international respect in its field.

The “In Touch Research Symposium” in 1999 in Vancouver, a major gathering of researchers on massage therapy, was hosted by the BC MTA and focussed more international attention on BC’s massage therapists. This initiated the International Symposium on the Science of Touch in Montreal in 2002 and 2004 and sparked massage therapy research around the world.

BC massage therapists, though relatively few in number, (currently 1871 active members) have had an international impact. Much of this developed due to provincial government support, and massage therapy’s history as an accepted profession within the BC health care system.

3. RESEARCH AND EVIDENCE BASED MEDICINE

The CMT is committed to promoting best practices based on the best available scientific evidence. Following are a few brief examples of research involving massage therapy.

One of BC’s teaching colleges, the Okanagan Valley College of Massage Therapy (OVCMT) recently completed a randomized controlled clinical trial (RCT), in partnership with UBC Okanagan and under the leadership of Dr. Julie Dias. The use of massage therapy was tested for decreasing pain and enhancing function for patients with osteoarthritis of the hip. This study is the first of its kind in the world and the remarkable results make a very strong case for using massage therapy to maintain and enhance the quality of life for patients on the waiting list for total hip replacements. One of the major findings of this research study was that patients treated with massage therapy were able to significantly decrease use of prescription medications for their osteoarthritis pain. Other findings were that the amount and quality of sleep improved and the ability to cope with activities of daily living improved. An unanticipated finding was that study subjects were angry with their physicians for not referring them to massage therapy sooner. (CMT Research Committee, CMT 2006 annual report, p.14).

The Archives of Internal Medicine (2001, Apr 23; 161(8); 1081-8) documents another study on treatment of low back pain, done by the Seattle-based Centre for Health Studies. It compared traditional Chinese medical acupuncture, massage therapy, and self-care education for chronic low back pain. The study concluded: “The massage therapy group used the least medications and had the lowest costs of subsequent care…. Massage therapy was effective for persistent low back pain, providing long-lasting benefits…. Massage therapy might be an effective alternative to conventional medical care for persistent back pain.”

Research presented at the last two BC Society for Integrative Oncology conferences supported massage therapy’s efficacy in cancer treatment relating to patient quality of life and symptom management. One research study presented showed that hospital stays for paediatric bone marrow transplant patients were reduced by 2 -18 days when compared with the control group which did not receive massage therapy treatments. (MTA Outreach Committee report, March 2007, p.5)

A more extensive summary of current massage therapy research and best practice guidelines is provided in the appendix, prepared by the CMT Research Committee.

4. RMTs IN HOSPITALS AND OTHER HEALTH CARE FACILITIES

BC RMTs are to be found working in BC hospitals, extended health care facilities, senior care homes and group homes for the physically and mentally challenged. They work with physicians, registered nurses, physiotherapists, occupational therapists, licensed practical nurses and licensed care aides to provide care for those who are unable to attend RMT clinics in their communities.

One BC RMT, who treats a severely handicapped non-verbal Cerebral Palsy patient by doing home visits to her group home, reports: “A’s care aides tell me that since she has been receiving massage therapy she has gained mobility in her arms and hands. She moves more freely, and is able to assist us with turning and dressing her. She exhibits less self-soothing behaviours, and is more relaxed and happy.”
Another RMT treats an elderly post-stroke patient at an Extended Care Unit. He says his patient tells him that massage therapy treatment has restored function to his shoulder and arm, and that he has been able to raise his arm again to hug his wife.

Such evidence, though of anecdotal nature, confirms some of the medical efficacy of massage therapy and its unique quality of compassionate care.

An innovative, hospital oriented massage therapy/oncology project was pioneered by Rhonda Hicks, RMT, at the Smithers General Hospital. She has developed relationships with the Northern Health Oncology teams in the community’s systemic chemotherapy programs. She is included as a team member in the programme, along with GPs, Oncologists, oncology nurses and respective surgeons. She provides massage therapy for cancer patients during and after their cancer treatments, enhancing their ability to cope with conventional oncology therapy by improving their comfort level. As part of her work on the MTA Outreach Committee, Ms Hicks plans to pursue building a specialization oncology-massage therapy programme in BC. She will focus on integrative cancer care including massage therapy in hospitals. She wants BC massage therapists recognized as qualified, respected and preferred health care professionals, trained to support oncology patients throughout their cancer care and post cancer treatment recovery (MTA Outreach Committee report, March 2007, p.5).

5. 2010 OLYMPICS

BC RMTs will take centre stage in treatment of Olympic athletes, support staff, visiting media and personnel. It is estimated that the Vancouver Olympic Committee will require the services of over four hundred BC RMTs. RMTs from BC provided care to athletes at the Salt Lake City Olympics with excellent results and will be mentoring the RMT community in BC for 2010. The CMT, in its’ commitment to ensuring safety of the public, has agreed it would be reasonable to welcome suitably qualified massage practitioners from other jurisdictions, and allow them to work at the Games under the direct supervision of BC RMTs, as short-term CMT Honorary Registrants, for the time period of the Olympics and Para Olympics only.

6. RECOVERY

There is significant scientific evidence that massage therapy is valuable in treating patients in recovery from drug or alcohol addiction or eating disorders, and from physical, emotional or sexual abuse. Working as part of a team with physicians and mental health professionals, massage therapists contribute to recovery with skilled touch that helps repair tissues damaged by chemical addictions or eating disorders by enhancing circulation and immune function. For those patients whose bodies have been traumatized by physical or sexual abuse, the positive, comforting, non-sexual touch provided by trained RMTs can relieve physical tension and improve general health. Research now supports the long known theory that positive touch is essential to physical wellness.

The Utopia Academy, BC’s newest massage therapy school, has recently partnered with the BC Centre for Excellence in Women’s Health to trial the application of massage therapy to provide treatment for substance addicted pregnant women and new mothers. This program is under the supervision of senior scientists working at BC Women’s Hospital.

Massage therapy, in combination with skilled counselling and interaction with support groups, has aided many patients in recovery to reclaim physical and emotional health.

7. FEDERAL INTERACTION – AGREEMENT ON TRADE AND MUTUAL RECIPROCITY

BC CMT is also on the forefront federally in promoting high educational and licensing standards for all RMTs across Canada. BC, Ontario, and Newfoundland/Labrador, the three provinces where massage therapy is regulated, have all signed the Agreement on Internal Trade (AIT). It was initiated to improve the movement of goods and services within Canada. Removal and prevention of barriers to mobility of health care professionals, including massage therapists, between the provinces and territories is mandated by the AIT. BC has been involved in this federal initiative to establish consistent standards for the currently regulated provinces.

The CMT has fully participated in AIT meetings, promoting adoption of BC’s high standards of education as a benchmark for all other provinces. The CMT believes that adoption of BC’s standards Canada-wide would ensure the country a world-class massage therapy profession.
8. PERINATAL/PAEDIATRIC CARE

Massage therapy has long been used to treat women during and after pregnancy. It provides a non-drug means of treatment for the tensions and physical demands on women’s bodies when they are carrying and nursing babies. It is safe and effective for low back and shoulder/neck pain, and can be used during labour as a comforting and positive antidote to the physical strains of labour and delivery. BC RMTs are trained in physical techniques to treat women during a time when it is particularly important to avoid the use of medications, contributing to the safety of both maternal and foetal health. Research studies from the Touch Research Institute of Florida also confirm the efficacy of massage therapy for treating fragile premature babies.

9. GERIATRIC/HOSPICE CARE

As greater and greater numbers of BC residents move into their senior years there will be a need for more RMTs to provide gentle and comforting care to the elderly, the seriously ill and the dying. Trained and skillful touch can reduce pain and discomfort in many ways, physically and emotionally. Massage therapy can relieve muscle tension and tissue swelling caused by fluid retention in those patients who are bedridden. RMTs’ attentive and empathetic touch can promote calming of the nervous system, more relaxed breathing, and deeper rest. Patients who are less anxious may experience decreased physical pain. In situations where the patient is in hospital or a hospice for care in the last stages of life, massage therapy can again provide caring and comforting touch. Along with hearing, touch is one of the last senses to be present in the dying. Massage can be a means of letting the patient know that someone is there for them, calming and reassuring them in the final moments of life.

CONCLUSION

The BC government has helped create a massage therapy profession that contributes to the health of patients from the beginning to the end of life.

This province, with over sixty years of development and government support, has produced a massage therapy profession that has standards unequalled in Canada and North America.

The College of Massage Therapists of BC asks the provincial government to promote use of our services widely and wisely, so that our health care system itself can continue to be healthy and long-lived, universally available, affordable for taxpayer and government alike, and sustainable into the future, for our children, our grandchildren and all the generations after.
APPENDIX FOR CMT CONVERSATION ON HEALTH BRIEF

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