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QUALITATIVE STUDY

Process for massage therapy practice and essential assessment



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KEYWORDS

Massage therapy; Qualitative research; Outcome and process assessment; Professional practice; Practice guideline; Grounded theory **Summary** *Background:* Little evidence exists about processes in massage therapy practice. Investigating current frameworks is warranted. This qualitative study is a secondary data analysis using grounded theory to understand how massage therapy experts describe massage therapy practice.

Methods: 31 massage therapy experts were invited to a 2-day symposium to discuss best practices for the profession. Through qualitative analysis, memoing, and discussion, the data were summarized into themes.

Results: Three themes were identified around massage therapy practice: 1) client centered, 2) structure for practice, and 3) influencing factors. Each theme is clarified and expanded. Discussion: Conceptual models were developed for research and clinical practice and a definition for massage therapy practice was identified. Challenges and limitations are discussed. Conclusion: The goal of providing these models is to give massage therapists tools to deliver the best possible care. The models need testing to see if they help advance the profession.

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Background

Large numbers of individuals seek massage therapy for wellness/disease prevention purposes (American Bodywork and Massage Professionals, 2013; American Massage Therapy Association, 2015; Harris et al., 2012) and research supports consumer-reported benefits including physical and psychological improvements. Research indicates massage therapy helps with anxiety (Bauer et al., 2010; Beider and Moyer, 2007; Chang et al., 2002; Moyer, 2008; Moyer et al., 2004; Sherman et al., 2010), depression (Ahles et al., 1999; Brattberg, 1999; Ernst, 2009; Moyer, 2008; Moyer et al., 2004), pain (Cheng and Huang, 2014; Jane et al., 2011; Moraska and Chandler, 2009; Moyer et al., 2004; Perlman et al., 2012; Richards et al., 2000; van den Dolder and Roberts, 2003), stress (Lindgren et al., 2010: Noto et al., 2010: Suzuki et al., 2010), quality of life (Keir, 2011; Pan et al., 2013; Sturgeon et al., 2009; Wändell et al., 2012; Widerström-Noga and Turk, 2003), as well as other conditions in varying populations. Massage therapy therefore can have a profound effect on health and wellness; however, little evidence exists in the scientific literature about processes that occur in clinical practice.

Investigating current massage therapy practice frameworks is warranted to determine whether the frameworks and models for practice should be revised or updated. A previous paper clarified the definitions of massage, massage therapy, and the contextual elements that may impact massage therapy practice (Kennedy et al., 2015). For example, many people use the terms 'massage' and 'massage therapy' interchangeably even though the terms seem to reflect different concepts. This previous study indicates that while massage "is a patterned and planned soft tissue manipulation..."; massage therapy is more complex including elements of health messaging, therapeutic relationships, communication, and the therapeutic context (Kennedy et al., 2015). This study builds on the previous study by focusing more specifically on massage therapy practice as a process.

Conceptual models and frameworks help visualize and understand complex concepts and processes. Conceptual models and frameworks can be used in clinical practice and to develop clinical practice guidelines (Gallani et al., 2013; Jones et al., 2002; Koh et al., 2013). Some clinical practice guidelines for massage therapy discuss best treatment options; however, few, if any, discuss the importance of, or processes for, clinical assessment and evaluation (Brosseau et al., 2012a, 2012b). In other health related professions with clinical practices, client/patient assessment and evaluation are considered a vital tool in identifying contraindications for treatment, risk factors, and client's goals. Assessment and evaluation are used to inform clinical decision-making and treatment planning (Braun et al., 2014: Cristian et al., 2005: Mather and Jaffe, 2011: Munk and Boulanger, 2014; Vos et al., 2015). Research indicates clearly defined assessments can lead to a more meaningful evaluation (Bonwich and Reid, 1991). Often times, the terms assessment and evaluation are used interchangeably; however, they are two separate concepts. Assessment is defined here as information and knowledge gathering to assist in evaluation (Alkin, 2011; Bonwich and Reid, 1991; Mather and Jaffe, 2011). Evaluation is defined as the use of information from assessment to guide clinical decision-making and the development of plans of care (Bonwich and Reid, 1991; Mather and Jaffe, 2011; Patton, 2011).

In addition to assessment and evaluation within clinical practice, identification of other phases of practice is needed for massage therapists to bring the best possible care to their clients. Others have suggested massage therapy treatment has four phases including evaluate, plan, treat, and discharge (Andrade, 2014; Baskwill, 2011). However, these frameworks may more accurately describe steps or processes within practice rather than massage therapy treatment phases and may not include all necessary elements of practice.

Project overview

In 2010, the Massage Therapy Foundation (MTF) Best Practices Committee (BPC) held a 2-day symposium in conjunction with the Highlighting Massage Therapy in Complementary and Integrative Medicine Research conference in Seattle, Washington. A World Café style (Brown, 2005) format guided the discussions of Best Practices for massage therapy in treating low back pain and stress. During this symposium, the participants' discussion focused more on processes for massage therapy than on specific conditions. Therefore, the purpose of this cross-sectional grounded theory study (Glaser and Strauss, 2009; Licqurish and Seibold, 2011) is to understand how experts in the field of massage therapy describe massage therapy practice as a process.

Methods

A full presentation of the methods reported elsewhere (Kennedy et al., 2015) are summarized here. Purposive sampling identified 31 invited participants with expertise in the field of massage therapy based on their experience as a practitioner, educator, and/or researcher. The symposium yielded approximately 45 h of recorded discussions.

Two researchers coded the data and used QSR NVivo 10 for qualitative coding, analysis, and data management (QSR International Pty Ltd., 2012). The data were summarized into themes through an iterative process of qualitative data analysis, memoing (Miles, 1994), and discussion between the researchers.

The findings were presented in web conferences to a subset of nine participants who agreed with the conclusions drawn from the symposium data (Kennedy et al., 2015). The University of South Carolina IRB approved this project. All transcripts withheld participants' names to protect anonymity.

Results

The symposium planners' goal was to create best practices for massage therapy treatment of low back pain and stress; however, the symposium participants felt that a discussion about the foundations and fundamentals of massage and massage therapy were needed first (Kennedy et al., 2015). The participants' discussion focused on and elucidated essential elements of the process for massage therapy practice. Three themes were identified for massage

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