



Treating individuals with amputations in therapeutic massage and bodywork practice: A qualitative study



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ABSTRACT

Introduction: Best practices for massage therapy and bodywork (TMB) treatment of individuals with amputations are not well established. Although anecdotal observations are available, they have limited applicability for informing effective massage therapy and bodywork approaches for individuals with amputations. This study is part of a multifaceted research program seeking to establish a foundation for education and investigation of TMB for amputation related conditions/symptomology. The purpose of this study was to understand how TMB practitioners approach and treat individuals with amputations and their perceptions of outcomes. The TMB practitioner perspective is important in informing the development of a TMB practice framework for people with amputation.

Methods: The methodology of this study was informed by the phenomenological approach to qualitative inquiry. Semi-structured telephone interviews were conducted between June and September 2015, recorded and transcribed. Analysis consisted of descriptive coding and themes emerged through an iterative process. Codes and themes were discussed and verified with the research team. Participants were invited to review developed themes to indicate the extent to which results accurately encompassed their experiences as TMB practitioners.

Results: Twenty-five community practicing, professional TMB practitioners from 16 states consented to participate and all completed one interview. Analysis identified four themes which indicated TMB practitioners: value touch and consider it a core aspect of treatment for individuals with amputations; operate under a core belief that individuals with amputations greatly benefit from TMB; and consider relief that stems from TMB to be multidimensional, including physical, mental, and emotional aspects; and, certain components of treatment approach are unique to amputation clients.

Conclusions: Findings support that individuals with amputation benefit from TMB, at least from the perspective of TMB practitioners. Findings of this exploratory research identify important questions regarding approaches to treatment and potential TMB effectiveness hypotheses for amputation populations. Next steps will consider TMB approach and effects from the perspective of those with amputation(s).

1. Introduction

Over 1.5 million people live with an amputation in the United States, with this rate projected to more than double by 2050.¹ Individuals living with amputation(s) face many chronic or reoccurring conditions and/or symptoms such as residual limb pain, functional impairment, and phantom limb pain.^{2–4} Treatment options for amputation related pains are primarily pharmacological; not optimal due to associated side-effects making such treatment increasingly unpopular

for many patients and providers.⁴ For example, the current pharmacological approaches for phantom limb pain are mainly opioid and anticonvulsant drugs³ which demonstrate only modest effects with many patients reporting they do not receive satisfactory pain relief through their treatment regime.^{4–6} Patients and providers are increasingly seeking non-pharmacological approaches to treat and manage amputation related pain. As such, development of non-pharmacological therapeutic approaches to address amputation related pain^{2,3,6–8} and other related sequelae is important and a priority for organizations such

Abbreviations: TMB, therapeutic massage and bodywork; VA ASoC, Veteran's Administration Amputation System of Care; REDCap, Research Electronic Data Capture; VAS, visual analog scale

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as the Veteran's Administration Amputation System of Care⁹ and pain advocates.¹⁰

Therapeutic massage and bodywork (TMB) is self-reported by those with amputation as moderately to extremely effective,⁶ but no research to date has been specifically designed to examine its efficacy or effectiveness. No established TMB treatment approaches, guidelines or best practice for individuals with amputations is evident in the literature. Anecdotal observational information and case specific examples for TMB in regards to individuals with amputation are available in trade periodicals and provide important insight as to the occurrence of such practice.^{11,12} However, these are of limited use to most amputation stakeholders wishing to seek, identify, or research effective care for amputation related conditions and symptomology due to resource accessibility or perceived threats to source reliability or credibility.¹³ Evidence informed practice is built from clinical experience, patient preferences, and the best research evidence available.¹⁴ Although a recent TMB case report featured beneficial treatment for a foot amputee's low back pain¹⁵ and two studies specifically feature TMB use related to mastectomy,^{16,17} no specific research literature was identified regarding use of TMB specifically for limb amputation pain and related issues.

The current study's purpose was to begin addressing the identified literature gap and explore current approaches in TMB practice addressing amputation related sequelae and the potential effect or benefit of such treatments. The following research questions were addressed:

- What amputation related sequelae do TMB practitioners address in their practices?
- How and why do TMB practitioners approach and treat amputation related sequelae?
- What kind of results do practitioners perceive their amputation clients to have from the TMB treatments and to what do they attribute the results?

2. Methods

The methodology for this qualitative study was informed by phenomenological research design which allows for an in-depth understanding of phenomena, or experienced reality (e.g., event or situation).¹⁸ For this study, the examined phenomenon is the experience professional TMB practitioners have providing massage to amputation clients. Interviews were conducted with participants to gather information regarding their experience providing massage to amputation clients. Data gathered in these interviews provides several thematic descriptions of the shared, lived experiences of these TMB practitioners.¹⁹ All study activity was reviewed and approved by the Indiana University (IU) Office of Research Compliance (protocol #1505574988). Recruitment and data collection took place from June to September 2015.

2.1. Participants

People were eligible to participate in the study if they were professional TMB practitioners who were 1) community practicing, 2) had provided at least one treatment for an individual with at least one amputation, and 3) practice in either Canada or the United States. For the purposes of this study, professional TMB practitioners were defined as those who are practicing massage therapy combined or not with other bodywork techniques or modalities who self-report compliance with recognized and organizational professional standards (e.g., AMTA, AMBP, NCBTMB) and are in good standing with local, state/province, national regulating bodies for licensure, certification, registration, or otherwise, according to their residence. For the purposes of this study, practitioner was broadly defined in an effort to reflect the diverse, unstandardized, and inconsistent credentialing and definitions for therapeutic massage professionals.

2.2. Recruitment

TMB practitioners were informed about the study via digital fliers distributed by social media (i.e., Facebook), Massage Therapy Foundation networking mechanisms and other convenience/snowball sampling strategies.²⁰ Potential participants were asked to contact the researchers via office phone or email and initially, all who inquired and met inclusion criteria were enrolled. When inquiries became robust, the recruitment approach was modified in order to generate a diverse sample that would capture a broad range of experiences. The researchers purposively enrolled participants based on geographic location, gender, time in practice, and amount of amputation related therapeutic work experience. All interested individuals were from the United States and first categorized by geographic location region: West, Midwest, South, or Northeast. Within each region, purposive sampling aimed to match each individual with an "opposite" within that region based on gender, time in practice, and experience with amputation clients (i.e., matching a male with extensive experience of working with amputation clients with a male individual with relatively little to no experience) to get as diverse sample as possible from those who expressed interest. This type of purposive sampling sought to ensure a range of viewpoints and perspectives from those completing the online survey. Those interviewed received an electronic \$20 Amazon gift card honorarium.

2.3. Data collection

Semi-structured in-depth interviews were used to explore the perceptions and experiences of massage therapists who have worked with amputation clients. In order to refine interview questions and procedures¹⁸ as well as timing and understandability, the interview guide (Appendix A) underwent peer debriefing²¹ with a massage therapy practitioner and research professionals familiar with amputation related sequelae in a clinical setting. Study participants completed one semi-structured individual telephone interview. All interviews were conducted by one of the study's principle investigators (SS). Each interview was recorded with a secured audio recording device and transcribed verbatim by SS (first 10) and a professional transcriptionist for the remainder for expediency to facilitate data analysis. SS randomly checked five of the professional transcripts for accuracy.

2.4. Data analysis

Analysis began with multiple readings of each transcript to gain awareness and general understanding of participant perceptions and experiences. While transcriptions were read, notes and general comments were made to recognize and filter researcher's judgments or interpretations and to initiate coding. Study co-PIs (SS and NM) led coding and thematic development, with regular input and feedback from the other research team members (AKR and TS) throughout the process. Study co-PIs coded the first four interviews separately to establish inter-rater comparability. This process was repeated for the next four transcripts. Once coding agreements were reached, a framework was developed, reviewed by all, and applied to code the remaining transcripts (completed by SS).

Inductive data coding and analysis were applied.¹⁸ Significant statements that provided a better understanding of how participants experienced the phenomenon were highlighted and used to develop clusters of meaning that eventually developed into themes. Developed themes provide a composite description that presents the phenomenon's essence of TMB for amputation clients.¹⁸ To organize transcripts, aid with code development, and identify patterns among coded segments, the software package MAXQDA was used.²²

2.5. Member checking

Participants were invited to review developed themes to determine

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