Referral to Massage Therapy in Primary Health Care: A Survey of Medical General Practitioners in Rural and Regional New South Wales, Australia

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Abstract

Objectives: Massage therapists are an important part of the health care setting in rural and regional Australia and are the largest complementary and alternative medicine (CAM) profession based on both practitioner numbers and use. The purpose of this study was to survey medical general practitioners (GPs) in rural and regional New South Wales, Australia, to identify their knowledge, attitudes, relationships, and patterns of referral to massage therapy in primary health care.

Methods: A 27-item questionnaire was sent to all 1486 GPs currently practicing in rural and regional Divisions of General Practice in New South Wales, Australia. The survey had 5 general areas: the GP's personal use and knowledge of massage, the GP's professional relationships with massage practice and massage practitioners, the GP's specific opinions on massage, the GP's information-seeking behavior in relation to massage, and the GP's assumptions on massage use by patients in their local areas.

Results: A total of 585 questionnaires were returned completed, with 49 survey questionnaires returned as "no longer at this address" (response rate of 40.7%). More than three-quarters of GPs (76.6%) referred to massage therapy at least a few times per year, with 12.5% of GPs referring at least once per week. The GP being in a nonremote location (odds ratio [OR], 14.28; 95% confidence interval [CI], 3.7-50.0), graduating from an Australian medical school (OR, 2.03; 95% CI, 1.09-3.70), perceiving a lack of other treatment options (OR, 2.64; 95% CI, 1.15-6.01), perceiving good patient access to a wide variety of medical specialists (OR, 11.1; 95% CI, 1.7-50.0), believing in the efficacy of massage therapy (OR, 2.75; 95% CI, 1.58-4.78), experiencing positive results from patients using massage therapy previously (OR, 13.95; 95% CI, 5.96-32.64), or having prescribed any CAM previously (OR, 1.83; 95% CI, 1.03-3.27) were all independently predictive of increased referral to massage therapy among the GPs in this study.

Conclusions: There appears to be substantial interface between massage therapy and GPs in rural and regional Australia. There are high levels of support for massage therapies among Australian GPs, relative to other CAM professions, with low levels of opposition to the incorporation of these therapies in patient care. (J Manipulative Physiol Ther 2013;36:595-603)

Key Indexing Terms: *Massage; General Practice; Primary Health Care; Referral and Consultation*

Complementary and alternative medicine (CAM) forms a substantial part of the health care sector in Australia, with CAM practitioners accounting for up to half of all health consultations.[1] Massage therapies are among the most commonly used forms of CAM in Australia,[1,2] and massage therapists are among the largest group of CAM providers. The Australian Bureau of Statistics estimates that there are 8199 persons who report

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Paper submitted November 5, 2012; in revised form September 23, 2013; accepted September 23, 2013.

0161-4754

http://dx.doi.org/10.1016/j.jmpt.2013.09.003

massage therapy as their primary source of income in Australia.[3] However, professional associations representing massage therapists represent more than 15 000 practitioners, although there is likely to be some overlap relating to dual memberships.[4,5] Such numbers would place massage therapists above chiropractors and naturopaths as the largest professional group providing CAM therapies in Australia.[6]

Physical therapies, both manipulative and nonmanipulative, provided by massage, remedial, or tactile therapists are also popular forms of CAM in terms of referral by medical practitioners. Although previous investigation suggests Australian medical general practitioners (GPs) have a preference for referring to other medical providers who perform CAM therapies such as acupuncture, naturopathy, or herbal medicine, there appears to be no such preference in relation to providers of physical CAM therapies such as massage, chiropractic, and osteopathy.[7] In addition, national surveys indicate that Australian GPs tend to view nonmanipulative manual therapies (ie, massage and remedial therapies such as Bowen therapy) as both therapeutically valuable and safe, whereas they may view manipulative manual therapies (such as chiropractic and osteopathic manipulation) as therapeutically useful but also potentially harmful.[7,8]

There are levels of support among Australian GPs for further incorporation of massage therapy into primary health care. A national survey in 2005 found that 17% of Australian GPs had received some formal training in massage and remedial therapies and 11% used these therapies in their clinical practice.[8] This study also found that 35% expressed an interest in further training in this area, and 29% of GPs who had not practiced these therapies would consider doing so if appropriate. In addition, half of GPs in this study thought it would be appropriate for GPs to practice massage, remedial, and tactile therapies and for Medicare (the Australian government public health insurer) to pay for massage therapy.[8]

In addition to conventional medical provider delivery of massage therapy, there also exists a great deal of crossover of massage, remedial, and tactile therapies in other CAM professions. A naturopathic workforce study found that Australian naturopaths devoted approximately one-third of their practice time to physical therapies (both manipulative and nonmanipulative).[9] A workforce study of Chinese medicine in Australia found that 27.5% of Chinese medicine practitioners identified physical therapies as a substantial part of their practice.[10] There is also not always a clear distinction between the nonmanipulative and soft tissue work done by osteopaths and chiropractors and that performed by massage, remedial, and tactile therapists, with a focus on manipulative therapies often delineating occupational boundaries.[11] As in many jurisdictions with universal health care, GPs (also analogous to family physicians in other jurisdictions) form an integral gatekeeper role in the publicly subsidized universal health system in Australia, with public subsidies for specialist medical and allied health practitioners usually dependent on GP referral. The availability of limited public subsidies for allied health practitioners such as chiropractors, osteopaths, and physiotherapists may therefore affect how Australians use massage, remedial, and tactile therapies because massage therapists do not attract public subsidies for their services. However, unlike Chinese medicine practitioners, chiropractors, osteopaths, and naturopaths, massage therapists are not generally considered to be primary health care providers in most jurisdictions,[12] and tend to focus treatment on a limited range of musculoskeletal conditions,[13] leading to an adjunctive rather than competitive role with conventional health care providers. Although classified and categorized as CAM, there may also be little difference between the users of conventional medicine and those of massage therapy. Robinson[14] found that holistic health care beliefs among users of massage therapy in Australia were not different from nonusers of CAM or from users of other CAM therapies and were more likely to use massage therapy for specific health issues as opposed to treatment of chronic problems. This more focused and conventional role, compared with other CAM providers, may be one reason why the interface between massage therapy practitioners and conventional medical providers has largely escaped detailed examination, despite the substantial therapeutic footprint of these practitioners in Australia.

Table 1. *Referral rates of rural GPs to massage, remedial, and tactile therapists (nonmanipulative) in the past 12 months*

Referral rate	Frequency (%)
At least weekly	73 (12.5)
At least monthly	119 (20.3)
A few times per year	256 (43.8)
I have not referred but would consider	75 (12.8)
I would never refer	53 (9.1)
I do not know of any practitioners	9 (1.5)

A growing body of Australian and international research is uncovering differing patterns of CAM consumption and use across geographical areas, with increased use in rural communities when compared with urban populations,[15] a pattern that seems particularly pronounced in manipulative and body-based CAM therapies.[16,17] There is high use of massage therapy in rural and regional Australia, with studies indicating use rates of 17% to 50% in these communities.[14,18,19] There appears to be no substantial difference in use between rural and urban areas for most remedial therapies, although Bowen therapy use has been reported as higher among rural residents.[14,20] High use of massage therapy in rural and regional communities may be related to high accessibility of massage therapists in these areas, with at least part-time massage services available in most rural communities.[20]