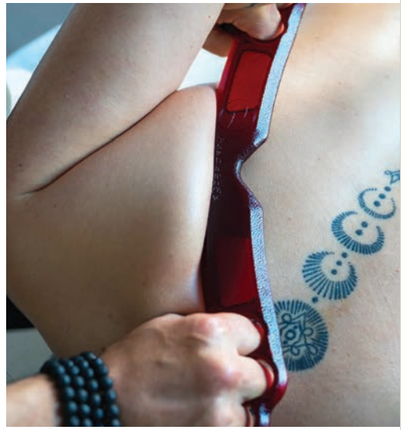
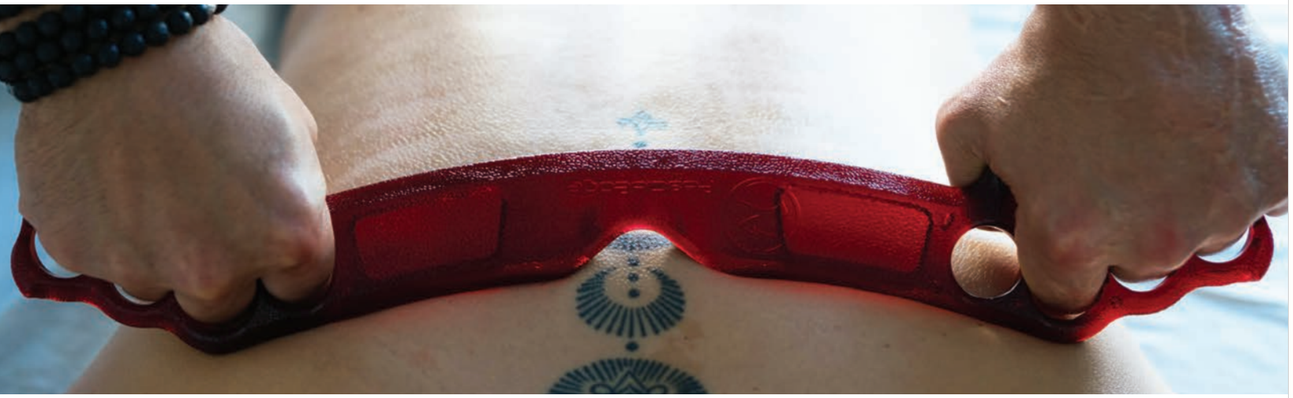
The RMTBC REVIEW

Massage Therapy in BC

MASSAGE THERAPY & CANADIANS' HEALTH CARE NEEDS 2020

SPRING ISSUE 2020





Inside

THE RMTBC REVIEW | SPRING 2020

REGISTERED MASSAGE THERAPISTS
ASSOCIATION OF BRITISH COLUMBIA

Suite 180, Airport Square
1200 West 73rd Avenue, Vancouver BC V6P 6G5
P: 604-873-4467 F: 604-873-6211 T: 1 888 413-4467

E: info@rmtbc.ca

www.rmtbc.ca

Advertising Enquiries

Maureen Fleming
maureen@rmtbc.ca

Association

RMT Magazine is published twice a year for Registered Massage Therapists (RMTs). It provides a voice for RMTs and acts as a source for the latest research. It is a vehicle for the general population to understand and respect the valuable work of RMTs. Funding is provided by the RMTBC and through advertising revenue.

Follow us on social media @rmtbc

RMT Rehabilitation

Treating the Persistent Pain Patient

By Eric Purves

The objectives for rehabilitation in musculoskeletal medicine is to restore a patient to their former capacity by therapeutic means or to improve physical function so they can return to meaningful and constructive activity. For acute pain management with moderate limitations to functional activity, a therapist can follow a relatively linear process of assessing for any major health concerns and then safely treat and guide the patient to their desired level of recovery.

The majority of musculoskeletal concerns RMTs encounter are relatively benign and will resolve on their own. A majority of spinal pain presentations are not a medical emergency and with time they will subside with simple advice and self-management suggestions. Two questions to consider; if most musculoskeletal complaints are not a major concern, then why does approximately 20% of Canada's population live with persistent pain? Why, when patients have received treatments from numerous healthcare providers (HCPs) is their suffering and quality of life still negatively impacted?

"If most musculoskeletal complaints are not a major concern, then why does approximately 20% of Canada's population live with persistent pain?"

Educational limitations for treating persistent pain

Principles of effective persistent pain management are often absent within manual therapy training. Primary RMT education emphasizes tissue-based treatment interventions with focus on correcting anatomical dysfunctions. Musculoskeletal (MSK) assessments are used to identify areas of pain and dysfunction and then specific manual and movement interventions are applied in an effort to correct these perceived problems. Unfortunately, the longer someone experiences pain, the less valid standard MSK assessments and treatments become.

The standard biomechanical process of assessment, treatment and management when treating a patient who lives with disabling persistent pain is often unhelpful because it misses the entirety of the person's experience. Adopting a more encompassing biopsychosocial (BPS) conceptual framework changes clinical reasoning and decision making to deliver more effective evidence informed treatments. Changing to a BPS framework becomes increasingly important with presentations of persisting pain after standard orthopaedic assessment and treatment protocols are followed and symptomatic changes, or quality of life improvements are absent or minimal.

Adopting a new narrative around pain

Pain is a strong sensory experience and massage can help to temporarily decrease pain sensitivity. To achieve better rehabilitation outcomes requires expanding thinking from pain as a single sensory experience and understanding what that experience means to the person and how it is impacting their quality of life. Reconceptualizing the therapeutic narrative from fixing anatomical and movement dysfunctions to evidence informed BPS management strategies needs to be the established norm for allied health providers. To assess and reason in a BPS framework requires a solid foundation in understanding the complexities of pain.

Foundational pain knowledge simplifies treatments by providing a better understanding of the person's experience, it promotes better communication, and empowers people to take a more active role in their recovery.

"RMTs need to be aware of psychosocial factors and how these can influence patients' barriers & facilitators to recovery."

Research does not support the fixing of painful problems with aggressive interventions like surgery or injections. Patient centred shared decision making and interdisciplinary care has the strongest evidence for managing persistent pain. Passive interventions like massage, joint mobilization, acupuncture or electrical modalities can help manage symptoms. There is only anecdotal evidence to suggest these results on their own can provide anything more than short term analgesia. Placing these interventions into perspective highlights their effectiveness as an adjunct to coincide with more evidence informed treatment options.

A core competency for RMTs is to adopt an evidence-based practice. HCPs have an ethical obligation to assess current evidence and adopt into practice to the best of their ability. The RMT culture and treatment environment is different from other HCPs. RMTs spend significantly more time with their patients which creates the opportunity to establish a profound therapeutic alliance. This can facilitate a path of self-efficacy and meaningful recovery and guide the patient away from searches for a quick cure through intervention shopping.

Eric Purves

Eric Purves is a RMT who has been practicing since 2006. His passion to move the profession towards an evidence informed direction inspired him to complete his masters degree in rehabilitation science at UBC. Eric joined the education faculty at PainBC in 2016 where he teaches courses for RMTs on persistent pain. He also instructs courses throughout North America on pain management, research literacy, and principles of therapeutic movement. Eric lives in Victoria, BC and is the co-owner of Achieve Health. You can reach Eric through his website www.ericpurves.com or by email: hello@ericpurves.com

For persistent pain populations, the focus for rehabilitation should be on using psychosocially informed self-management strategies. A psychologically informed practice is a logical extension of an evidence-based practice (EBP) framework. RMTs need to be aware of psychosocial factors and how these can influence patients' barriers and facilitators to recovery. Pain catastrophizing, unhelpful beliefs and fears about the body and encouraging healthy behaviours around pain and function are all achievable clinical objectives that RMTs can influence. This does not mean RMTs need to be trained as counsellors or social workers. There is inherent value in understanding the basic impacts of psychosocial factors and how RMTs can effectively influence those to aid in recovery while staying within scope of practice. Psychosocial influences can be a significant predictor to treatment outcomes. Ignoring psychosocial factors to health leaves HCPs incomplete in optimum management of persistent pain presentations. This goes against the core principles of what HCP's are supposed to do, help patients using current best evidence, combined with personal experiences and patient values.

Rehabilitation basics for persistent pain populations

By reconceptualizing the meaning of persistent pain and aligning treatment and management principles with similar frameworks to how other chronic health conditions are managed could have a positive effect on reducing health care utilization, improve workplace productivity, and establish a better quality of life.

Rehabilitation of the persistent pain patient should focus on self-management, lifestyle alterations, social engagement and exercise. These strategies increase the likelihood for functional improvements and better quality of life. Similar approaches are successfully used in the management of diabetes, respiratory illnesses, heart disease and autoimmune diseases. Moving the focus towards management of symptoms and not chasing to fix them, the persistent pain patient increases their chance at accomplishing meaningful quality of life improvements.

By following the research, it becomes more evident that what is manually done 'to' the patient is of minor importance to overall outcomes. The therapeutic relationship developed, the patient's narrative, their thoughts, beliefs and perceived control for managing symptoms, has an effect greater than any manual intervention.

Touch is therapeutic, it feels good, that is the foundation of the RMT profession. Being more effective in rehabilitating the persistent pain patient requires the re-focusing of treatment objectives to concentrate on understanding what the pain experience means to the patient and looking to achieve specific, measurable and reasonable functional improvements that are consistent with their personal objectives.

[i] O'Sullivan, P., Caneiro, J., O'Sullivan, K., & Okeefe, M. (2016). Unravelling the complexity of low back pain. Journal of Orthopaedic Sports Physical Therapy. 46(11), 932-937.
[ii] Schopflocher, D., Jovey, R., & Taenzer, P. (2011). The prevalence of chronic pain in Canada. Pain Research and Management 16(6), 445-450.
[iii] Mailis, A., & Taenzer, P. (2012). Evidence based guideline for neuropathic pain interventional treatments: Spinal cord stimulation, intravenous infusions, epidural injections and nerve blocks. Pain Research and Management, 17(3), 150-158.
[iv] Chou, R., Loeser, J., Owens, D., Rosenquist, R., ... Wall, E. (2009). Interventional therapies, surgery, and interdisciplinary rehabilitation for low back pain: An evidence based clinical practice guideline for the American Pain Society. Spine 34(10), 1066-1077.

RMT Spotlights

In the following articles, we are pleased to profile two well known long time RMTs in British Columbia, one who has chosen to retire after a busy, successful career and another who will probably never retire and is an icon in her northern community. Matt Furlot is leaving the profession at the relatively young age of 45 and Mavis Brown became an RMT in 1987 after raising her family and is still going strong. Their stories are inspiring and a testament to the many rewards of a career as an RMT.

MAVIS BROWN

The rich life of a RMT in Northern BC

Since 1987, Mavis Brown has been practicing massage therapy in the remote northern town of Fort Nelson. Fort Nelson is 500 miles north of Prince George and when she started her practice there was only one RMT in Prince George and none north of there. To say Mavis has had an extraordinarily interesting life is a bit of an understatement.

Mavis was born and raised on a farm, at Delburne, a small community in central Alberta close to Red Deer. She and her husband moved to the Alaska Highway in 1957 and lived in a five-family highway maintenance camp. In 1965 they moved into Fort Nelson so the children could attend school as she didn't think she was the best or most patient mom to teach them.

Prior to her career as an RMT, Mavis worked at various jobs including substitute teaching in her small community. She also sold post cards of the Alaska Highway for many years that showed the highway over a 600-mile stretch. One of her favorite jobs was pumping gas at the local truck stop in the days when you went to the vehicle, pumped the gas, washed the windows, checked the oil and actually had a conversation with the travellers.

Mavis became interested in registered massage therapy when she experienced foot reflexology and consequently massage therapy. Her positive results led her to believe that massage therapy seemed perfect to help people get healthy and assist in resolving various health situations.

In 1985, with her four children grown, Mavis decided to pursue the study of Massage Therapy at the West Coast College of Massage Therapy in Vancouver, graduating in 1987. That fall, back in Fort Nelson, she rented space in a building owned by one of the town's doctors and continued to work from there until 2018. She consequently purchased

Photos couretsy of Mavis Brown and the Fort Nelson Heritage Museum Website.

a building on the main street which allowed her to locate the clinic on the ground floor with wheelchair accessibility

To quote Mavis:

"I'd like to begin by saying that I believe this is the very best career choice for me (and many others) where we can exercise our belief that we are meant to be healthy, mostly by holistic means. That includes the food choices that are best for each person, work and exercise that is fulfilling and healthy. Working towards this is a life- long goal.

In the past 32 years, I've been lucky to have some good therapists work with me and although they have all moved on, each one added to my knowledge and I'm grateful.

To continue my education and ensure I am up to date with the latest research and knowledge I have taken courses at least every two years since my graduation. A few years ago, someone presented with a huge arm—lymphatic drainage problem but I wasn't able to help them at the time. When the "Chikly Health Institute's brochure arrived dealing with lymphatic drainage, I jumped at the opportunity to learn this technique and many others.

Over the years, our town had a big sawmill, but it closed in 2008. Many of those workers went into the bush to work for the natural gas companies but, alas, many of those have also closed, so now our community is going through hard times. Due to this down-turn, many businesses closed, and many houses are for sale. Regardless of the economy, we plan to stay in Fort Nelson forever. My spouse, Marl Brown, is the founder and curator of our local museum. I can't think of anywhere else I'd rather live. I try to help out wherever I can in the community which includes providing treatments to patients in our local hospital which I do not charge for.

If you know anyone who is thinking about massage therapy as a career, it is certainly worth exploring. In my opinion, it's one of the best and most rewarding occupations. You can set your hours of work, time, and place. You can also retire when you want and although I'm likely one of the oldest RMT's in B.C., that is not in my plan yet.

If you are driving up the Alaska Highway, come and visit. We could talk about the other benefits of being a massage therapist."

Mavis Brown RMT

RMT Spotlights

Profiling two RMTs in BC

Matt Furlot became an RMT in BC in 1997. An innovator and leader in the profession, his career included working with the NBA Vancouver Grizzlies, CFL BC Lions, MLS Whitecaps; medical manager of the 2010 Winter Olympics and Paralympics; founder of the Legacies Health Centres; educator in sports therapy, aquatic therapy, and business development; and author of several articles in medical journals and Amazon Bestselling co-Author of "Business Success Stories". Matt is also the Chief of Training and Professional Development for West Vancouver Fire & Rescue.

MATT FURLOT

On a diverse career and retiring at the age of 45

After selling my business (Legacies Health Centre) nearly 2 years ago but continuing as Company President, my wife and I have recently officially retired from the company we started. Retirement was welcomed, and we are excited to focus on our family and slowing down. We purchased a vineyard in the Okanagan and will spend the next few years planning the build of the estate house.

We were vacationing in Victoria just recently, and enjoying a drink at "Bard & Banker" where I couldn't help but overhear the table next to us. The conversation was very familiar, and the challenges of a recent neurology exam were being discussed. Sure enough, these were two "3rd Term students" at the local WCCMT campus. I introduced myself, and it wasn't long before I was being asked some common questions:

Why are you retiring at only 45?

Well it's not because I'm burned-out physically from massage therapy... but I am tired. I think that's probably normal for anything you commit yourself to wholeheartedly. I love the profession, and I have not lost my admiration for what the power of massage therapy can achieve. I've had so many patients over the years where I made a real difference... a life-changing difference, and that's through the incredible healing power of massage therapy. I've practiced for 22 years, and I've loved every day of it. But I also have other passions, and at this time I feel I can leave on my terms and, as George Costanza from Seinfeld said, "leave on a high note."

How did you get all those opportunities to work in professional sports? How can I do that?

I think back on this a lot: was it luck or ability? I think it was both. I was very lucky to meet the right people early in my career, and they took a chance on

Photos courtesy of Matt Furlot. Previous page: BC Lions. Above: National Bobsled. Below: Matt on "Furlot Family Vineyards", in Summerland with wife Marsha.

me. But it was then up to me, and I had to prove myself to them and step-up. I had to challenge myself and work hard to be the "expert," which takes a lot of studying and a lot of practice. But it was worth it, and it's amazing how quickly you can out-pace the pack when you focus and work hard at something. For example, early in my career (late 90's) I was passionate about learning everything possible about Aquatic Therapy, and how I could incorporate this into my practice. I took the highest level of training possible, which at the time was through the Aquatic Therapy and Rehab Institute in the US, and studied with the author of the leading textbook "Aquatic Exercise Therapy." It wasn't long before I was the leading expert in Aquatic Therapy, and that led to opportunities like teaching at UBC, and being sought after by teams like the Vancouver Grizzlies and dozens of Olympic Teams. I taught aquatic therapy to RMTs for years, under a company I co-founded called Aquanetics. My point is, when you learn everything there is about a topic, and become the expert, opportunities can't help but come your way. So as cliché as it sounds, follow your passion, and be relentless.

After 22 years, isn't your body sore?

[laughing again] Here's probably the biggest piece of advice I can share, and if you can understand it, it will change everything for you: **treat the injured tissue**. That's it, and yes, it is that simple! Treat the injured tissue. That's why people are seeking your services, because they're injured or have something sore (which is injured tissue!). But so many RMTs (and mean the vast majority) treat the healthy tissue. I don't know why, and it baffles me why they do this. There is no need to treat healthy tissue. You need to learn the difference. And here's the great thing: injured tissue takes very little pressure. If you're focussing on injured tissue in treatment two things are happening: the patient is getting better, and you are saving **your** body. You're working smarter, not harder. Because the reverse is also true, working on healthy tissue does not get the patient better, and it takes a ton of effort from you as a therapist to apply pressure against pliable non-painful healthy tissue. Haven't you had patients who ask for "more pressure"? Maybe re-evaluate the health of the tissue you're working on. Be the therapist and treat the injury, otherwise you're just a bodyworker. And here's another great thing that happens when you treat the injured tissue: your patients get better and you get known for it.

What was the greatest highlight of your career?

I've had a lot of different experiences, with lots of variety over the years. But my highlight would have been creating Legacies Health Centre and opening their 4 locations. It was quite a journey and took 14 years, but for me the highlight was creating a winning team of practitioners and bringing them all together under the single focus of helping patients recover. No company in Canada has really done what we did at Legacies, where we truly created an interdisciplinary team by bringing together over 6 allied professions. **Massage Therapy Canada** featured our clinic just this past summer in their national magazine, and examined how we did this so differently than most clinics. In the end, and indirectly through the team I developed, we helped over 1 Million people get better. Some of them were professional athletes, some were celebrities and some even Olympians; but most of them were just every-day people in our communities. All these people suffered from an injury of some sort, but are now better because of what I started so many years ago. And better yet, Legacies continues today helping people after I've retired from it, and is now in the hands of a new management team. When I think about it, that's a pretty cool legacy to leave.

From top: Olympic Games, Dr. Sukh Mann, team practitioner, and Matt Furlot, Medical Manager. Aquatic therapy practice, Matt with patient. Matt teaching at WCCMT. Delivered a baby, Firefighter. Matt's sports therapy practice.

Do you have any regrets?

Not at all. If anything, I'm a little sad to leave the profession. But I'm mostly proud. I'm excited to retire, and grow grapes on my vineyard in the Okanagan. I'm also continuing with the Fire Department as Chief of Training and Professional Development and I will continue to teach at UBC in the Master's Physiotherapy Program. And even though I'm stopping treating patients, I'm sure I'll still continue to assist businesses and RMTs that reach out to me... that's in my nature, and I love seeing people get the rewards in life that I've been able to achieve.

***

Our conversation continued for a while, and drifted between the student's excitement for their new career choice and their upcoming exams. It was a wonderful way for me to come to terms with my retirement and speaking with these two young students gave me great optimism for the future of the profession.

MASSAGE THERAPY & CANADIANS'

HEALTH CARE NEEDS 2020

THE HEALTH CARE LANDSCAPE IN CANADA IS CHANGING RAPIDLY AS FORCES, SUCH AS AN AGING POPULATION, INCREASINGLY COMPLEX HEALTH ISSUES AND TREATMENTS, AND ECONOMIC PRESSURE TO REDUCE HEALTH CARE COSTS, BEAR DOWN ON THE SYSTEM. A COHESIVE NATIONAL RESEARCH AGENDA FOR MASSAGE THERAPY (MT) IS NEEDED IN ORDER TO ENSURE MAXIMUM BENEFIT IS DERIVED FROM RESEARCH ON TREATMENT, HEALTH CARE POLICY, AND COST EFFECTIVENESS.

Trish Dryden, M.Ed, RMT[1] Bryn Sumpton, B.Sc.N.[2] Stacey Shipwright, BA, RMT[1] Janet Kahn, PhD, EdM, LMT[3] and Barbara (Findlay) Reece, RN, BSN[4]

A one-day invitational summit was held in Toronto, Ontario to build strategic alliances among Canadian and international researchers, policy makers, and other stakeholders to help shape a national research agenda for MT.

Although this incredibly prescient article was published a few years ago, we bring it to your attention for a comparison of where we were and where we are now in 2020.

INTRO

PARTICIPANTS: TWENTY-SIX RESEARCHERS, POLICYMAKERS, AND OTHER STAKEHOLDERS ACTIVELY PARTICIPATED IN THE EVENTS.

INTRO

The health care landscape in Canada is changing rapidly and will continue to change over the next two decades as forces, such as an aging population, increasingly complex health issues and treatments, and economic pressure to reduce health care costs, bear down on the system[1]. Where does massage therapy (MT) fit in this changing environment, and what role can it play in providing a safe and effective option for addressing Canadians' health care needs? Those questions are likely best addressed through quality research. Clinical practice that is based on evidence is the best way to deliver care with the most cost-effective use of available resources[2].

Tremendous progress has been made in the field of MT research; however, researchers suggest that there is still a long way to go, and both the quantity and the quality of MT research need to improve[3]. Research in the field of massage therapy is still in a relatively early stage when compared to other professions and this is partly due to a lack of research infrastructure and a research tradition that has been slow to develop. There is more work to be done in educating practitioners so that they become comfortable reading and applying the MT literature[4]. Another reason for limited research uptake might be that the profession has not yet investigated topics that massage therapists view as important to the profession[5]. If massage therapists wish to provide the best possible care to their clients and want to see the profession evolve, more rigorous research is needed[6]. A cohesive national research agenda for massage therapy is needed to ensure maximum benefit is derived from research on treatment and cost effectiveness, and to inform health care policy. Developing such an agenda may also advance professionalization of massage therapy across Canada[7]. On November 2, 2012, in response to these issues, a one-day invitational summit was held to bring together a knowledgeable and invested group of 26 Canadian and international MT researchers, policy makers, and other stakeholders to create a vision for a national massage therapy research agenda.

The summit was conceived by organizers Trish Dryden, Associate Vice-President, Research and Corporate Planning, Centennial College, and Bryn Sumpton, Executive Director and CEO, Registered Massage Therapists' Association of Ontario. The summit built on current literature highlighting the need for massage therapy research, as well as previous national and international massage research agenda-setting initiatives, such as the three-day conference held by the Massage Therapy Foundation in 1999. In addition, Stacey Shipwright, Research Analyst, Centennial College, and Janet Kahn, Research Assistant Professor, Department of Psychiatry, University of Vermont, were asked by the organizers to participate in a series of pre-summit teleconferences, along with summit facilitator, Barb (Findlay) Reece, senior health care consultant, to develop the surveys, conduct content analysis on the data, attend the summit, and contribute to the final meeting report and this paper. Organized as a pre-symposium event for the 7th IN-CAM Research Symposium 2012, the summit capitalized on the biannual IN-CAM research gathering being held in the Leslie Dan Pharmacy Building on the University of Toronto campus.

METHODS & PARTICIPANTS

METHODS AND PARTICIPANTS

The primary aim of the summit was to build strategic alliances and shape future massage therapy research efforts. Jointly organized by Centennial College and the Registered Massage Therapists' Association of Ontario, it was primarily sponsored by the Dr. Rogers Prize for Excellence in Complementary and Alternative Medicine, with additional financial support from the Registered Massage Therapists' Association of Ontario, the College of Massage Therapists of Ontario, and the Newfoundland and Labrador Massage Therapists' Association. Other organizations, including the Massage Therapists' Association of British Columbia and several academic institutions, provided support by covering travel expenses for their representatives. Typically, summit proceedings include abstracts from participant presentations. This summit was organized differently; participants completed surveys prior to the summit and then engaged in facilitated discussions when they met for the one-day event. The proceedings from the summit include survey results, a framework for a national massage therapy research agenda, a grand vision of the future of MT, and a 12-month action plan, all of which are reported here.

Summit Participants

Convenience sampling was used to select participants for the summit. Participants all had a background in Massage Therapy research and included: representatives from two of the Canadian regulatory Colleges, representatives from provincial professional associations, researchers from the United States who had an understanding of the Canadian massage context, members of academia, government and policy representatives, and practitioners.

Pre-summit Activities

A modified Delphi process was used to prepare for the summit. The Delphi technique is a method for consensus-building on real-world issues with a group of experts and is used widely across disciplines[8]. Prior to the summit, workshop participants were invited to complete two online surveys. The participants were advised that their responses to the surveys would be anonymous and that only aggregated information from the surveys would be shared with summit participants. The purpose of the surveys was to encourage participants to think deeply about massage therapy research before attending the summit, to ensure that time spent during the summit was as relevant and productive as possible. The first survey asked participants to prioritize research topics, and the second survey helped to refine participants' priority topics. The survey results enabled summit participants to engage from a shared and current understanding of the MT community's priorities, perspectives, and readiness to build a national research agenda.

First Survey

The first survey was sent out eight weeks prior to the meeting, and the focus of Part A was to:

- Identify the main goals of massage therapists today that could, or should, be informed by research;
- Identify questions or concerns the Canadian public, other health care professionals, and/or policymakers in the Canadian health care system have about massage therapy that could be answered by massage therapy research;
- Consider how trends in Canadian health care delivery might align with a national massage therapy research agenda; and
- Identify types of research that could strategically advance massage therapist goals and/or address stakeholder concerns.

Part B included five general categories of massage therapy research, derived from the MT literature. Participants were asked to identify examples of research that they thought were most relevant and important to massage therapists and other stakeholders of massage therapy research, and best able to advance the goals of the massage therapy profession. These research categories were 'basic science', 'clinical', 'health services', 'the profession', and 'socio-cultural knowledge'. Refer to Table 1 for descriptions of each category. Participants were asked to rank topics that they considered were important and to add any topics they felt were missing from the list. Descriptive statistics (frequencies and means) were calculated for the survey data, and open-ended comments were analyzed using a content analysis approach. Results from the first survey were reviewed and interpreted by the organizers and facilitator, and the results were used to inform the second round of the Delphi process.

... THE SUMMIT ORGANIZERS CONDUCTED TWO PRE-SUMMIT SURVEYS TO ENSURE THAT TIME SPENT DURING THE SUMMIT WAS RELEVANT & PRODUCTIVE.

Second Survey

A second survey was sent out one month after the first, three weeks prior to the meeting. Choices made on the first survey were re-ordered on the second survey according to the aggregate degree of importance participants assigned topics in the first round. Any new suggestions from participants were added to the bottom of the list of response options. Participants were asked to rank-order their top choices, and then decide if any of the 'new choices' were important enough to move to the top of the list and be considered for discussion at the summit. As with the first survey, descriptive statistics were calculated for the survey data, and open-ended comments were analyzed using a content analysis approach. This iterative process served to confirm priorities highlighted in the first survey and provided the summit organizers with a solid foundation on which to build a summit agenda and activities that would be meaningful for the participants.

Survey Results

All participants (n=26) completed the pre-summit surveys within the requested timelines. Table 2 includes results from the two surveys. The table includes the most highly prioritized stakeholder questions, goals or trends that participants think should inform the vision for a national research agenda. It also includes the most highly prioritized "new choice" for each category identified in the second survey. The top priority response appears in bold in each category.

Table 1

Study Types to Advance the Goals of the MT Profession (Part B).

BASIC SCIENCE

- **Studies that examine questions of mechanism (psychological and physiological) of MT**
- Studies that map the systemic effects of massage therapy
- Studies that map the local effects of massage therapy

HEALTH SERVICES/TRANSLATIONAL

- **Effect of massage therapy on reducing anxiety and/or depression**
- Studies that examine massage in comparison with other treatments
- Primary prevention studies (e.g. workplace wellness, prevention of congestive heart failure)
- Effects of access to massage therapy on under-served populations [added in round two]

SOCIO-CULTURAL KNOWLEDGE

- **Perceptions of massage therapy/massage therapists by other health professionals**
- Public perceptions about massage therapy/ massage therapists
- Studies on the nature of the therapeutic encounter, including exploration of placebo, nonspecific effects, etc.
- Massage therapist knowledge of massage therapy evidence base; other health care providers "knowledge of massage therapy evidence-base; policy makers" knowledge of massage therapy evidence base [added in round two]

CLINICAL

- **Multidimensional studies that assess several types of outcomes to make the best use of resources e.g. self-report of symptom relief, practitioner observed behavior and biochemistry.**
- Studies that determine the safety of using massage therapy in specific populations or for specific conditions
- Studies that examine "optimal doses" of massage therapy
- Studies that compare the effectiveness of massage therapy to other interventions [added in round two]
- Studies that examine the psychological/ psychosocial effects of massage therapy [added in round two]

ABOUT THE PROFESSION

- **Research on the optimal education and training of a massage therapist**
- Studies of the profession of massage therapy e.g. how excellence is defined
- Perceptions of massage therapists by self and others
- Role of massage therapists as health care providers on teams in community health settings, with specific patient populations [added in round two]

The table indicates the prioritization of responses from a list of options under five broad research categories: basic science, clinical, health services/translational, the MT profession, and socio-cultural knowledge. The most highly prioritized response appears in **bold**.

... THE SUMMIT WAS FACILITATED USING "APPRECIATIVE INQUIRY" (DEFINING, DISCOVERY, DREAMING, DESIGNING) AND A SOAR FRAMEWORK (STRENGTHS, OPPORTUNITIES, ASPIRATIONS, AND RESULTS).

Respondents showed a high degree of alignment as a group in prioritizing issues that are important to Canadian massage therapists. While high-priority items are reported in the table, the top priority items (those appearing in bold) were selected as important by 90% or more of the respondents. The items also generated a wide variety of comments, specific research questions, and other creative suggestions for shaping a national research agenda.

It was interesting to note the research priorities that summit participants believed were of most importance to the broader stakeholders of massage therapy research, in contrast to their own priorities as massage therapists. Participants believe that the Canadian public, health care providers, and policymakers would be most interested in new knowledge about the safety and effectiveness of massage therapy, and which specific populations and conditions would benefit most from treatment. They thought that these priorities would take precedence over research on cost or 'fit' with other models of care.

Table 2

Summit Participant Perceived Priorities, of Questions, Goals or Trends To Inform a Vision for a National Research Agenda (Part A)

CONCERNS OF THE CANADIAN PUBLIC

- **What health concerns can massage therapy help with/ not help with?**
- How many treatments will I need and how much will it cost?
- Is it always safe?
- How does massage therapy compare to other available therapies for treating my condition? [added in round two]

CONCERNS OF HEALTH CARE PROVIDERS & POLICY MAKERS

- I**s massage therapy safe? For which conditions and populations? Under what circumstances?**
- Is massage therapy a cost-effective alternative to treatments we currently provide?
- How does massage therapy treatment integrate with or add value to the patient's other treatment plans and providers?
- How does massage therapy fit with models of integrative, patient-centered care? [added in round two]

MASSAGE THERAPIST GOALS

- **Massage therapists want to be valued as bona fide members of interprofessional health care teams and/or collaborations**
- Massage therapists want to understand more clearly how and why their work is effective or ineffective
- Massage therapists want more people to seek regular massage for health maintenance and well-being
- Massage therapists want to demonstrate that research and education leads to better outcomes for patients. [added in round two]

TRENDS IN CANADIAN HEALTH CARE

- **An aging population that aspires to a high quality of life**
- Reducing health care costs through innovative health human resource strategies
- Introducing policy to promote healthy lifestyle and disease prevention
- Reducing health care costs through innovative service delivery methods [added in round two]

The table includes the most highly prioritized stakeholder questions, goals or trends as perceived by the summit participants. It also includes the most highly prioritized "new choice" for each category identified in the second round prioritizing survey. The top priority response appears in **bold** in each category.

Survey responses related to MT's own goals indicated that massage therapists think they have a good understanding of the effectiveness of their work and would like to see more research conducted around role development and strengthening MT relationships within interprofessional teams. The participants also indicated that research regarding the utility and benefits of massage therapy in an aging Canadian population should take precedence over cost reduction in human health services and innovations in service delivery.

Part B of both surveys asked participants to prioritize responses from a list of options under five broad research categories: basic science, clinical, health services/translational, the MT profession, and sociocultural knowledge (Table 1). As in the first round of the survey, the most highly prioritized response appears in bold.

The results from the Part B categories suggest that for participants, the mechanism of MT and how it works takes priority over the impact of MT on clinical outcomes. Impact, however, is still important and participants indicated that building the evidence base on the impact of MT on depression and anxiety, for example, is still very much needed. They would like to see richer, more complex studies conducted where triangulation of methods and sources is used to gain a complete understanding of processes and outcomes. Research on optimal education and training of a massage therapist was also identified as a top priority.

It is interesting to note that there was less agreement for topics identified in the clinical, the sociocultural, and the 'about the profession' categories. None of the items presented in the clinical and sociocultural categories achieved 80% consensus, and just one item in the 'about the profession' category, related to education, achieved a rating of 88%. The issues presented in those categories were viewed as less urgent at this time.

THE SUMMIT

The Summit

The participants enjoyed a networking breakfast prior to the summit, which began at 9:00 a.m. The day was organized around a detailed, yet flexible, agenda that left room for adjustments as the work unfolded. The agenda was structured around the following main goals:

1. Propose a framework of questions to be used during the summit to build the vision for a national massage therapy research agenda.
2. Confirm the framework as the basis for a research agenda and generate ideas for relevant, powerful studies or collaborative research initiatives.
3. Explore how research opportunities can be created, and generate ideas for initiating activity.
4. Articulate the vision for a national massage therapy research agenda and develop a 12-month action plan for moving this initiative forward.

The summit was guided by an expert facilitator, Barb (Findlay) Reece, who was hired by the organizers. Reece facilitated the summit using an Appreciative Inquiry approach she had adapted(9). This approach includes a "4D" strategic planning approach (defining, discovery, dreaming, designing). The first half of the day was "generative", in that all ideas were solicited and encouraged without prioritization. From an Appreciative Inquiry perspective, these represented the "defining" and "discovery" stages of the "4D" strategic planning process.

A framework for a National MT Research Agenda

The final framework of questions that participants believed would best shape a national research agenda for massage therapy included:

- What are the main shared goals of Canadian massage therapists?
- What questions/concerns does the Canadian public have about massage therapy?
- What questions/concerns do other health professionals have about massage therapy?
- What questions do researchers (especially from outside of the massage therapy profession) have about engaging in massage therapy research?
- What questions do educators have about teaching massage therapists?
- What questions/concerns do policy-makers/research funders have about massage therapy?
- Where is there opportunity to align a research agenda with provincial massage therapy organizations and regulators, national health care goals, consumer interests, and funders current research priorities?

The second half of the day focused more on the "dreaming" and "designing" phases, and on getting the group to SOAR: capturing their strengths, concrete opportunities, aspirations, and (proposed) results. Through this facilitated, prioritizing process the group was able to articulate both a "grand vision" for massage therapy and a 12-month action plan.

SUMMIT OUTCOMES & THE GRAND VISION

SUMMIT OUTCOME: THE GRAND VISION

In the dream phase of appreciative inquiry, a large group activity towards the end of the summit, participants were asked to imagine the following scenario and contributed to a grand vision for MT through a large group-facilitated discussion.

It is five years from today, and you, as the discipline of massage therapy, have been incredibly successful in your efforts to establish and carry out a national research agenda for massage therapy in Canada. How will your world be different today than it was five years ago? What will be in place; what will be happening; what will you see, feel or hear that is different now?

Massage therapy is a viable, useful health profession that retains its unique identity and history, aligning with, but not "absorbed by", the mainstream biomedical community. Progress has been made in the various branches of MT, research, practice, and education, and strategic alliances have been formed.

RESEARCH

- A well-funded, broadly recognized, and well-respected Canadian Massage Therapy Research Foundation is established that supports four research chairs and two bachelor-level programs in massage therapy.
- There is national buy-in and collaboration across the discipline for a national research agenda that includes increased research literacy, research capacity, and professional networking opportunities.
- Knowledge translation—the synthesis, dissemination and exchange of MT knowledge—is built into all MT research.
- At least three Cochrane reviews are published that do not emphasize that more research is needed.
- Viable career paths exist for massage therapist researchers in academia and across interdisciplinary organizations.
- There is a new, accessible, online repository, developed as a tool to support members of a massage therapy practice-based research network and other research initiatives.

PRACTICE

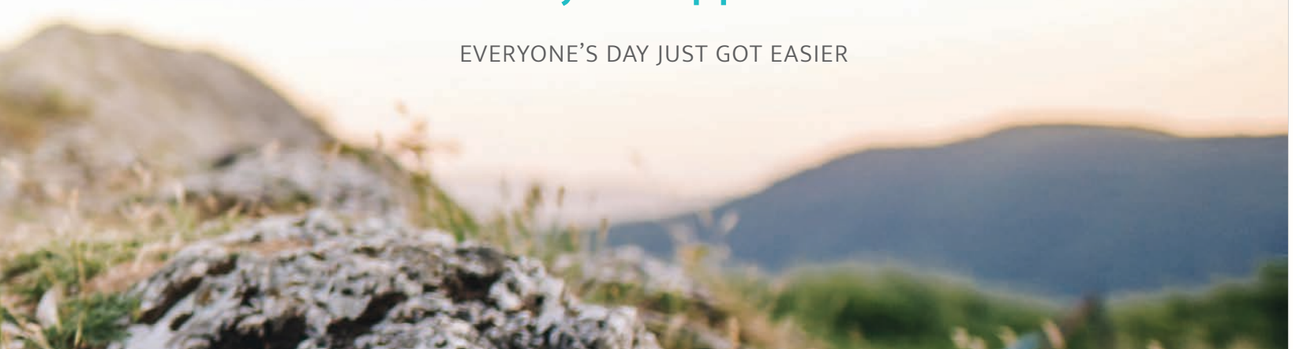
- There is a National Adverse Events Database for Massage Therapy and data are widely available.
- Regulatory bodies have few misconduct hearings.
- Massage therapy is regulated in all Canadian provinces and territories.
- Massage therapy clinics are more frequently located in interprofessional settings and massage therapists are more frequently integrated into interprofessional health care teams.
- All massage therapists know how to use mobile applications to access best practice guidelines and best evidence, such as databases, journals, and review articles, to inform their practice.
- Massage therapists are talking knowledgeably and enthusiastically about treatment outcomes and about collaborating on research. MT clinicians know how to use, record, and interpret valid outcome measures. All massage therapists read clinical case reports, and many have written one themselves.
- Massage therapy is a standard part of oncology care and pain management.
- Community-based care teams employ salaried massage therapists who provide patient education, as well as treatments.
- There is a national/international "shared communication forum" for massage therapists to come together as peer contributors.
- Massage therapists learn and use "meta-competencies" of which more conventionally perceived modalities and skills are component parts.
- Massage therapists are able to describe what they do, without relying on the word "intuition."

EDUCATION

- MT education has an academic base, and embraces technology-enabled learning, interprofessional practice, and research in order to prepare massage therapists for collaborative, patientcentered care that is integrated into health care delivery in new ways.
- Research literacy is a national standard for massage therapists and part of all core curricula.
- On entry to practice, all massage therapists can easily and readily describe what massage therapy is with reference to the evidence.
- There is a pan-Canadian strategy in effect for recognizing and bridging to practice internationally trained massage therapists.

SOCIETY/OUTREACH

- Health care policy and legislation in Canada is informed by relevant MT research.
- The Discovery Channel features massage therapy case studies in its programming.
- Organizations such as Telehealth Ontario make reference to massage therapists to provide online/ phone patient care.
- As a discipline, we have strategic two-way open lines of communication with all levels of government about public priorities.
- Canada has an EHR (electronic health record) that has been designed to capture data and treatment information that is relevant to and includes massage therapy.



The framework for the national agenda for the future is broad and comprehensive: it accounts for multiple stakeholders, the public, MTs, and other health professionals. It accounts for different branches within the discipline: clinicians, educators, and researchers. Finally, it is collaborative and strategic—it acknowledges the need to align with other groups in order to accomplish goals. The vision indicates that the summit participants are bold, visionary, and have a clear idea of where they would like the profession to be in five years' time. The vision suggests that MT must be an evidence- based profession, and that considerable work needs to be done in education and practice to achieve that goal. It also means much work is needed to build a strong foundation of evidence for practice. Individual research projects need to be supported and conducted; however, it is equally important that innovative use of technology be made to support networking and collaboration. Moving the MT national research agenda forward will depend, in part, on knowledge transfer getting input from a range of stakeholders at the research planning stage, and then sharing research results in a way that is meaningful for stakeholders and decision-makers.

SUMMIT OUTCOME:

twelve month action plan

Building a national research agenda is an ambitious initiative that, by necessity, takes place over time in several phases. This summit was intended to launch that process, not complete it. For example, the decision to have participating experts identify questions or concerns that other stakeholder groups have about massage therapy in the pre-summit surveys was made to facilitate the gathering of best information possible within the timeframe and budget of the project. Care was taken during the meeting to organize participants into breakout groups according to the stakeholder groups they identified most closely with, or had most regular interaction with. While we don't imagine that stakeholders themselves, given the opportunity, would have responded hugely differently, they may have assigned different priority to the questions and concerns identified. Participants acknowledged these types of process limitations and noted that, in subsequent phases of developing a national research agenda, it would be important to solicit feedback directly from other stakeholder groups and confirm any assumptions generated during the summit.

The dream phase was important because it contributed to the creation of a broad, shared vision of MT as a profession and what "advancement of the profession" might look like. From a vision, it is possible to start identifying a set of indicators that can be measured or observed through research towards the goal of answering stakeholder questions identified earlier in the process.

The summit concluded with the collective development of a 12-month Action Plan. Participants were asked to identify actions and volunteer themselves or organizations to keep the process moving. To be included, actions had to meet the following feasibility criteria:

i. build on strengths and opportunities the group have identified;

ii. are not contingent on a large source of new funding;

iii. are led willingly by someone/some organization; and

iv. can be achieved in 12 months.

Activities proposed for 12 month action plan (not prioritized)

- Form a special interest group for MT research under the umbrella of IN-CAM (Canadian interdisciplinary network for complementary and alternative medicine research)—an MT Special Interest Group (SIG)
- Conduct a national survey to gather information about the conditions most commonly treated by MT
- Convene a summit with MT leaders from across Canada with the goal of forming a reference point for the discipline
- Evaluate potential outcome measures and list most practical use in MT research
- Strategize around Post-secondary Strategic Mandate Agreements (Ontario government and post-secondary institution-specific) re: relevance and alignment with national MT research agenda
- Conduct a needs assessment of Canadian MT educators on the subject of teaching about MT research; build research capacity among MT students, especially those interested in research and develop skills in measurement and evaluation
- Propose the process and requirements (expertise, resources, etc.) for developing an Adverse Event Database for MT
- Recruit a minimum of 15 schools to generate cases for inclusion in a Case Study Repository

The summit was closed with a round-table exchange of closing thoughts from participants. Many shared thoughts that the day had been both productive and inspiring and that they were motivated to support next steps. They felt that the 12-month action plan was feasible and, because it was clear and realistic, it would drive much-needed action over the next year. Most participants expressed gratitude for the networking opportunity that this initiative afforded.

Next Steps

Summit participants agreed to immediately start organizing to work on several of the actions outlined in the plan; some of this work has already started. A workshop to explore interest and feasibility of creating a national special interest group for massage therapy research, held on November 3, 2012 during the IN-CAM symposium, was well-attended and the IN-CAM, MT SIG has been created and two working groups are well underway (http://www.incamresearch.ca/index.php?id=133,699,0,0,1,0). The plan is ambitious and it is essential. The plans to codify MT knowledge and establish databases for practice, the push to align with evidence-based practice, the plans to form connections with powerful groups and to seek recognition with the larger practice community are all important steps in gaining full professional status(10). Given the potential for synergy and mutual benefit, ongoing dialogue and coordination of effort between groups is recommended. Outcomes of the summit will be the focus of future papers.

THIS ARTICLE WAS FIRST PUBLISHED IN 2014 BY THE INTERNATIONAL JOURNAL OF THERAPEUTIC MASSAGE AND BODYWORK.

CONCLUSION

While there is still some way to go before MT has a solid research foundation for practice, the 2012 summit was an important step forward in achieving that goal. Priority topics that MTs believe are important to the Canadian public, other health care providers, and policy makers and MTs themselves were identified. A framework for a national MT research agenda, a grand vision for MT research, and a 12-month action plan were developed. The summit provided an excellent opportunity for key stakeholders to come together and use their experience and knowledge of MT to develop a much-needed plan for moving the MT research agenda forward.

ACKNOWLEDGEMENTS

The authors thank the individuals who participated in the 2012 invitation summit. Participants included: Alison Esser, College of Massage Therapists of British Columbia, Amanda Baskwill, Humber College, Andrea Burton, Monkeytree Creative, Ania Kania, IN-CAM, Antony Porcino, BC Cancer Agency & UBC School of Nursing, Barbara (Findlay) Reece, Consultant, Beth Barberree, Massage Therapist, Bodhi Haraldsson, Massage Therapists' Association of British Columbia, Bryn Sumpton, Registered Massage Therapists' Association of Ontario, Cathy Fournier, Massage Therapist, Christopher Moyer, University of Wisconsin-Stout, CK Andrade, Physiotherapist and Consultant, Claudette Marie Warren, Newfoundland and Labrador Massage Therapists' Association, Corinne Flitton, College of Massage Therapists of Ontario, Debra Curties, Sutherland-Chan and Donelda Gowan-Moody, University of Saskatchewan, Janet Kahn, University of Vermont Full Circle Healing Center, Jennifer Lynch, Georgian College, Martha Menard, Sigma Applied Research, Pam Fitch, Algonquin College, Paul Clifford, Fleming College, Paul Finch, Conestoga College, Piroska Kennedy, Massage Therapist, Ruth Werner, Massage Therapy Foundation, Sara Sexton, Harmony Centre Inc., Stacey Shipwright, Centennial College, Susan Addario, College of Massage Therapists of British Columbia, Trish Dryden, Centennial College, and Wendy Hunter, Centennial College (Emeritus).

The authors also wish to thank the following sponsors: Dr. Rogers Prize for Excellence in Complementary and Alternative Medicine, Registered Massage Therapists' Association of Ontario, College of Massage Therapists of Ontario, and the Newfoundland and Labrador Massage Therapists' Association.

FOOTNOTES

CONFLICT OF INTEREST NOTIFICATION

The authors are not aware of any conflicts of interest or potential conflicts of interest regarding the material in this manuscript.
The funder of the study, The Dr. Rogers Prize for Excellence in Complementary and Alternative Medicine, had no role in the design of the study; in the collection, analysis, and interpretation of the data; in the writing of the resultant articles; or in the decision to submit this article for publication.

REFERENCES

1. Leonard L. Canada's Aging Population and Public Policy: Statistical Overview. Ottawa, ON: Library of Parliament; [Accessed April 10 2013]. Publication No:2011-63-E. Available from: http://www.parl.gc.ca/content/lop/researchpublications/2011-63-e.htm. [Google Scholar]
2. Loiselle CG, Profetto-McGrath J, Polit DF, Tatano Beck C. Canadian Essentials of Nursing Research. 3rd edition. Philadelphia, PA: Lippincott Williams Wilkins; 2011. [Google Scholar]
3. Moyer CA, Dryden T, Shipwright S. Directions and dilemmas in massage therapy research: a workshop report from the 2009 North American research conference on complementary and integrative medicine. Int J Ther Massage Bodywork. 2009;2(2):15–27. [PMC free article] [PubMed] [Google Scholar]
4. Finch PM. The evidence funnel: highlighting the importance of research literacy in the delivery of evidence-informed complimentary health care J Bodywork Mov Ther 200711178–8110.1016/j.jbmt.2006.09.001 [CrossRef] [Google Scholar]
5. Porcino AJ, Boon HS, Page SA, Verhoef MJ. Exploring the nature of therapeutic massage bodywork practice Int J Ther Massage Bodywork 20136115–24 [PMC free article] [PubMed] [Google Scholar]
6. Moyer CA, Rounds J, Hannum JW. A meta-analysis of massage therapy research Psychol Bull 200413013–1810.1037/0033-2909.130.1.3 [PubMed] [CrossRef] [Google Scholar]
7. Dryden T. Integrating massage therapy research and education, Chapter 18 Dryden T, Moyer CA.Massage Therapy: Integrating Research and Practice Champaign, IL: Human Kinetics; 2012211–221 [Google Scholar]
8. Hsu CC, Sandford BA. The Delphi technique: making sense of consensus. [Accessed April 10 2013];Practical Assessment, Research Evaluation. 2007 12(10) Available from: http://pareonline.net/pdf/v12n10.pdf. [Google Scholar]
9. McKenna C, Daykin J, Mohr BJ, Silbert T. Strategic Planning with Appreciative Inquiry: Unleashing the Positive Potential to SOAR 2007. [Accessed December 5, 2013]. Available from: http://stickneyprofessionallearning.wikispaces.com/file/view/Appreciative+Inquiry+article.pdf.
10. Smith DM, Smith JM, Baxter D, Spronken-Smith R.The drive for legitimation of massage therapy in New Zealand Int J Ther Massage Bodywork 20135421–29 [PMC free article] [PubMed] [Google Scholar]

Next Yoga Teacher Training starts September 2020
14 CE Credits

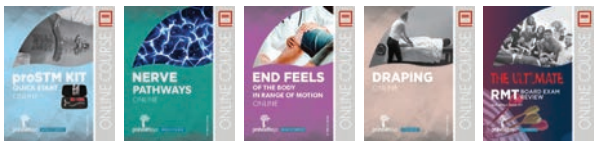
YOGA TEACHER TRAINING + RETREATS FOR RMTS

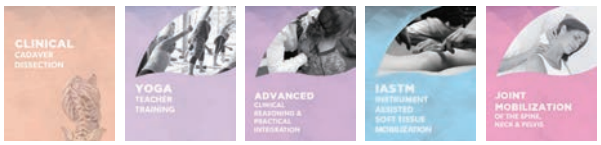
(ce accredited)

Hawaii
Costa Rica
Salt Spring Island
Colorado

find more information at:

prohealthyoga.com





prohealthsys

In print, in person & on-line - 'We've got your back'