



MASSAGE & MYOTHERAPY

AUSTRALIA

Achieving greater efficacy and utility from remedial massage therapy

A submission in response to the Draft State Insurance and Care
Governance Amendment Regulation 2022

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State Insurance Regulatory Authority
Health Outcomes Framework
WC & CTP Schemes
GPO Box 2677
Sydney NSW 2001

To whom it may concern

Thank you for the opportunity to provide Massage & Myotherapy Australia's feedback to the Draft State Insurance and Care Governance Amendment Regulation 2022, for the NSW Workers' Compensation, and Compulsory Third-Party schemes.

If further clarification is needed, please do not hesitate to contact me.

Yours sincerely



Ann Davey

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1. Background

Introduction

Massage is not a cure for physical or mental illness. However, therapeutic and remedial massage therapies, and myotherapy (massage therapy) play an important role in prevention, management and rehabilitation in the Workers' Compensation (WC) and motor accident Compulsory Third Party (CTP) schemes administered by SIRA.

On a regular basis, qualified massage therapists provide care and relief, in accordance with the *Workers' Compensation Guide for Allied Health Practitioners*.

Professional qualified massage therapists often fill the gap when clients seek alternatives to medications and other therapies because they feel that massage therapy provides a level of relief that is appropriate to their needs.

About Massage & Myotherapy Australia

Massage & Myotherapy Australia is the sector's leader and driving force towards evidenced-based massage and myotherapy services.

Massage & Myotherapy Australia is a not-for-profit organisation formed in 2003. As the leading representative body for massage therapists, remedial massage therapists and myotherapists nationwide, we currently service over 8,600 professionally-qualified member therapists.

Massage and myotherapy defined

While therapeutic and remedial massage therapy and myotherapy (massage therapy) are not cures, their interventions can help to relieve the symptoms of disease, pain and stress, and improve the limitations of mobility caused by disease or injury.

There are many confusing terms used to describe massage therapy services that are designed to assist in achieving physical and mental health. The confusion of terms has blurred the lines between quasi-massage and massage administered by a qualified professional therapist.

Massage & Myotherapy Australia describes massage therapy as manual manipulation therapies involving the deep or shallow soft tissues of the body including muscles, tendons and ligaments.

Adjunct services and techniques that extend beyond hands-on direct physical contact and that combine the use of devices or supplementary techniques, such as myofascial dry needling or aromatherapy, augment massage or soft tissue manipulation therapies, but *they are not massage*.

Clinical massage

Clinically-focused massage modalities which, depending on the condition and circumstances, can combine a variety of massage techniques to help address and describe massage that is appropriate for conditions or lifestyle issues. As with most health-related therapies, no two people respond in exactly the same way.

As a guide, therapeutic massage assists with relief from aches, pains and stress-related symptoms.

Remedial massage is used in pain management of chronic musculoskeletal conditions, postural conditions, sporting and occupational injuries.

Myotherapists, and remedial therapists with advanced training, apply the higher-level skills required for advanced assessment and treatment protocols.

Qualified therapists generally use an integrated approach, drawing on a variety of techniques and adjunct services to assist in addressing a specific condition. The following tables show some of these.

Table 1: Conditions for which massage is applied

Disease and injury	Dysfunction and pain	Emotion
palliative conditions, i.e., cancer	postural & thoracic	neural tension
muscular tears & strains	sacroiliac, lumbar & hip	tension & stress
tendonitis & tendinopathy	neck & shoulder	relaxation
surgery recovery	reduced range of motion	headaches
	reduced fitness & strength	restlessness

Table 2: Average number of sessions per condition

Complaint or condition	Number of sessions	
	Average	Median
Diabetes Effects Management	10	6
Addictions Rehabilitation Support	10	6
Cancer Treatment Issues	9	5
Other Chronic Conditions	9	5
Health and Wellness	9	5
Motor Vehicle Accident and Rehabilitation	8	6
Psychological Distress	8	6
Joint Pain and Stiffness, including Arthritis	8	5
Back Pain and/or Other Back Problems	6	4
Repetitive Strain Injury Syndromes	6	5
Neck/Shoulder Pain	5	4
Other Acute Injury or Pain Conditions	5	4
Sports Injury Management and Rehabilitation	4	4
Headaches or Migraines	4	3

2. Executive summary

Massage therapy is the most used complementary therapy for both therapeutic and remedial needs in response to pain and stress caused by chronic disease, injury and lifestyle issues.

Massage & Myotherapy Australia is very supportive of the Draft State Insurance and Care Governance Amendment Regulation 2022 (Draft Amendments), which will require more vigorous and thorough reporting on the effectiveness of treatments provided to clients.

We hope the (Draft Amendments) will lead to a deeper understanding about the appropriate use of massage therapy for the benefit of clients.

However, unfortunately, to date this has not been the case. This situation perpetuates poor levels of understanding and recognition for the training, skills and experience required to deliver efficacious massage therapies.

We believe more specific evaluation is central to addressing gaps in knowledge of other health practitioners around the use of massage therapy and when it is most effective.

To address these issues, we propose that more formal recognition of massage therapy services as a stand-alone health care service within an biopsychosocial care plan, with subsequent specific evaluation would fulfill the intent of the Draft Amendment which appears to seek more substantial information from Providers when required and achieve the Purpose of the Clinical Framework.

3. Fulfilling the Principles of the Clinical Framework

The results of inadequate reporting

In the present circumstances, the contribution or outcome of massage therapy used in SIRA-funded treatment and recovery plans is often unclear and unacknowledged.

This is because the specific modalities used for given conditions is not documented or administered as stand-alone therapies by qualified massage therapists in any care or recovery program.

While SIRA-funded remedial massage therapy is recognised as a legitimate treatment for subsidies and is provided under the guidance of Registered Health Professionals, such as a General Practitioner (GP), physiotherapists, chiropractors or osteopaths with prior-approval by an insurer, it is usually administered as an adjunct therapy, not a stand-alone therapy—with consequent limited reporting about the efficacy of the specific massage modalities used.

The lack of specific evaluation limits the understanding of massage therapies administered through the SIRA scheme as follows:

- i. the understanding of the benefit that specific condition-based massage therapy modalities afforded clients is not documented or supported by ongoing research and evaluation
- ii. the cost benefit of funding provided is unknown
- iii. the veracity of any informed decision about the value and efficacy of massage to address pain and stress is limited in scope
- iv. the potential positive effects and outcomes for clients using qualified professional massage therapists, is unknown.

Consequently, we hope the Draft Amendments will help to ensure that the remedial massage therapies provided under the scheme help to achieve the Principles of the Clinical Framework which includes:

1. Measure and demonstrate the effectiveness of treatment
2. Adopt a biopsychosocial approach
3. Empower the injured person to manage their injury
4. Implement goals focused on optimising function, participation and return to work
5. Base treatment on the best available research evidence.

The benefits of more specific reporting

We believe Registered health professionals should be required to provide specific information about the use of massage, not as an adjunct treatment in each session, but as a standalone treatment with reference to the specific modalities used for given conditions.

This will facilitate appropriate reporting and data collection that provides detailed metrics and breakdowns of services provided, which is central to addressing gaps in knowledge generation, translation, and evaluation around the use of the SIRA-funded massage therapy.

Also, given the large number of clients who choose to use massage therapy, a model that facilitates a more flexible approach to the inclusion and delivery of massage therapy would be beneficial.

For this scenario to provide an effective clinical platform for evaluation, certain conditions would apply. This would involve massage therapists with advanced training who can apply the higher-level skills required for advanced assessment and treatment protocols, and who can communicate appropriately with registered health professionals about clients' conditions and the therapies administered as well as using the correct taxonomy with researchers and other health providers.

Such a collaborative program would allow for appropriate documentation of massage therapies and the modalities applied to given conditions and enable deeper levels of reporting and analysis of the outcomes.

This would contribute greatly to improving the understanding of medical practitioners regarding the value of massage treatments funded through SIRA and help to ensure recovery and management plans are specific to the needs of the client.

Opportunity to better manage costs

Managing costs is a significant issue for all funds used for health and wellbeing support.

A breakdown of specific modalities involving allied and complementary practice would lead to a reduction in inadequate aggregated and generalised reporting of these services, and in turn help SIRA achieve a deeper understanding of the specific outcomes and related costs; and the contribution, timing and value of the individual massage modalities used. It would also improve transparency.

In the case of massage for pain relief, research already indicates that the positive psychological/physiological effects of touch and human interaction with low risk make massage an attractive and easily used response.

Appropriately, for effective reporting to be achieved, these arrangements would require massage therapy to be delivered by therapists with recognised qualifications. These are therapists who have completed Bachelor Degrees in Health Science, Advanced Diploma or Diploma and who have undertaken at least 1,000 hours of specialty training. They may also have completed the National Quality Assurance Certification program, currently administered by Massage & Myotherapy Australia. It is with these professional therapists that the opportunity lies to capture the necessary data to achieve measurable improvement at a lower cost in the delivery of massage services to clients.

In comparison to qualified professional therapists, Allied Health practitioners can administer massage under the SIRA program with as little as 200 hours of training and limited massage qualifications and experience, which is also likely to limit the benefit that massage treatments afford clients.

Additionally, a significant majority of massage delivery in Australia is self-funded.

Being a whole-system approach, massage therapy tends to require spending a longer time with each client—both a strength and a limitation.

The comparative cost of massage services when administered by a qualified massage therapist is less than when provided by Allied Health professionals.

More detailed reporting about the use of massage therapy would help to determine if it is more appropriate for these therapies to be administered by dedicated remedial massage therapists with specialised training and skills, as SIRA-approved stand-alone providers, or by Allied health practitioners.

End.