

## Massage therapy for chronic pain

### **Clinical Guidelines Massage for Low Back Pain.**

The **2017 Clinical Guidelines of the American College of Physicians** for acute, subacute, and chronic low back pain recommend clinicians and patients should select nonpharmacologic treatments as a first line of care with massage therapy included as one option.

Chou R, Deyo R, Friedly J, et al. Nonpharmacologic Therapies for Low Back Pain: A Systematic Review for an American College of Physicians Clinical Practice Guideline. *Ann Intern Med.* 2017.

Qaseem A, Wilt TJ, McLean RM, Forciea M, for the Clinical Guidelines Committee of the American College of P. Noninvasive treatments for acute, subacute, and chronic low back pain: A clinical practice guideline from the American College of Physicians. *Ann of Intern Med.* 2017.

The 2016 review by the U.S. Department of Health and Human Services Agency for Healthcare Research and Quality (AHRQ) found for chronic low back pain, effective therapies versus placebo, sham, no treatment, usual care, or wait list included massage therapy.

Chou R, Deyo R, Friedly J, Skelly A, Hashimoto R, Weimer M, et al. Noninvasive Treatments for Low Back Pain Agency for Healthcare Research and Quality (US) (AHRQ) Comparative Effectiveness Reviews. 2016;Number 169(Report No.: 16-EHC004-EF).

### **Clinical Guidelines Massage for Neck Pain**

The National Institutes of Health (NIH) National Center for Complementary and Integrative Health (NCCIH) recommended acupuncture and massage therapy for knee osteoarthritis.

Nahin RL, Boineau R, Khalsa PS, Stussman BJ, Weber WJ. Evidence-Based Evaluation of Complementary Health Approaches for Pain Management in the United States. *Mayo Clinic proceedings.* 2016;91(9):1292-1306.

### **Additional Systematic Reviews with Meta-analysis**

Sixty high quality and seven low quality studies were included in a systematic review with meta-analysis of massage therapy on pain and function across **all pain populations**. Results demonstrate massage therapy effectively treats pain compared to sham, no treatment, and active comparators. Compared to active comparators, massage therapy was also beneficial for treating anxiety and health-related quality of life.

Crawford C, Boyd C, Paat CF, et al. The Impact of Massage Therapy on Function in Pain Populations-A Systematic Review and Meta-Analysis of Randomized Controlled Trials: Part I, Patients Experiencing Pain in the General Population. *Pain Med.* 2016.

A 2015 Cochrane review update of 25 trials (n=3096) found that for acute low back pain massage was better than inactive controls in the short term. For sub-acute and chronic LBP, massage was better than inactive controls for pain and function in the short term; when compared to active controls massage was better for pain both in the short term and long term follow-up. Still the authors express little confidence that massage is an effective treatment for LBP because the improvements were primarily in the short term.

Furlan AD, Giraldo M, Baskwill A, Irvin E, Imamura M. Massage for low-back pain. *Cochrane Database Syst Rev.* 2015(9):Cd001929.

### **Extremities including Knee OA**

In a systematic review of 6 included trials (n=259) found soft tissue therapy for upper and lower extremities conditions effective for the management of plantar heel pain and lateral epicondylitis but not for subacromial impingement syndrome. Movement re-education (muscle energy technique) is effective for managing persistent lateral epicondylitis and localized relaxation massage may provide short term benefit for treating carpal tunnel syndrome when combined with multimodal care.

Piper S, Shearer HM, Côté P, Wong JJ, Yu H, Varatharajan S, et al. The effectiveness of soft-tissue therapy for the management of musculoskeletal disorders and injuries of the upper and lower extremities: A systematic review by the Ontario Protocol for Traffic Injury Management (OPTIMa) collaboration. *Man Ther.* 2016;;21:18-34.

Massage therapy has been shown to be effective for **knee osteoarthritis pain** with benefits persisting for at least 8 weeks beyond treatment period with optimal dose found to be 60 minute sessions once per week for 8 weeks.

Perlman AI, Ali A, Njike VY, et al. Massage therapy for osteoarthritis of the knee: a randomized dose-finding trial. *PLoS One.* 2012;7(2):e30248.