

Evidence Based Massage: Low Back Pain

How your local Remedial Massage Therapist fits into the primary care paradigm

Many recent studies demonstrate the efficacy of Remedial Massage Therapy in the treatment of chronic and sub-acute Low Back Pain (LBP).

In 2002, the Cochrane Collaboration published a review of massage with the objective of assessing the effects of massage therapy for non-specific LBP.¹ Eight randomised trials were featured. The authors concluded that massage therapy appeared to be beneficial for patients with subacute and chronic non-specific LBP, especially when the treatment was combined with exercises and education, and delivered by a qualified Massage Therapist. The results of one high quality study showed that the benefits of Massage Therapy last as long as one year following the end of active treatment.²

In summarising the implications for practice, the authors of the Cochrane Review made the following observation:

"Massage is beneficial for patients with subacute and chronic non-specific LBP in terms of improving symptoms and function. Massage therapy is costly, but it may save money in health care provider visits, pain medications and costs of back care services."³

In a separate review comparing the effectiveness, safety and cost of acupuncture, massage therapy and spinal manipulation for back pain, researchers concluded that the preliminary evidence suggests that massage therapy, but not acupuncture or spinal manipulation, may reduce the costs of care after an initial course of therapy.⁴ This conclusion was based on analysis of 49 randomised, controlled trials.

Remedial Massage Therapy can be utilised as part of a multi-disciplinary approach to non-specific LBP and also as an effective standalone therapy where the precise soft tissue mechanisms and etiology are known. One frequent cause of LBP is the presence of active myofascial trigger points (TrPs) in the quadratus lumborum, multifidi, gluteus medius and psoas major muscles.⁵ Remedial Massage Therapists are trained to assess and treat TrPs using a variety of manual techniques, as well as addressing restrictions and shortening in the myofascia. Given the prevalence of connective tissue induration in muscle fibre, particularly in the lower multifidus triangle, the effect of soft tissue mobilisation in prevention and rehabilitation of LBP is significant.⁶

Your local Remedial Massage Therapist can work closely with the primary care team to ensure best practice outcomes for the low back pain patient.

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Your local AMT-accredited therapist is:



¹ Furlan AD, Brosseau L, Imamura M, Irvin E
"Massage for low back pain". Cochrane Database Syst
Rev 2002: CD001929

² Cherkin DC, Eisenberg D, Sherman KJ, Barlow W,
Kaptchuk TJ, Street J, et al. "Randomized trial comparing
traditional Chinese medical acupuncture, therapeutic
massage, and self-care education for chronic low
back pain". **Archives of Internal Medicine**,
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³ Furlan et al

⁴ Cherkin DC, Sherman KJ, Deyo RA, Shekelle PG.
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safety, and cost of acupuncture, massage therapy, and
spinal manipulation for back pain". **Annals of Internal
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⁵ Travell JG, Simons DG Myofascial Pain and Dysfunction:
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extremities Lippincott Williams Wilkins; 23-131 &
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⁶ Williams, PE, Katanese, T, Lucey, EG and Goldspink, G,
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