



Massage Therapy and Home Care Packages



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About AMT



The Association of Massage Therapists (AMT) is a national non-for-profit professional association of more than 3500 massage therapists and massage therapy students. Established in 1966, AMT is the oldest association in Australia to represent massage therapists and the premier representative body for qualified therapists.

National Competency Standards for massage therapy were introduced in 2002. AMT takes a leading role in the review of training package qualifications to ensure currency and relevance. In addition, AMT's commitment to the continuing professional development of members is evidenced by its mandatory CPD program, which has been in place for 30 years.

AMT released a comprehensive Massage Therapy Code of Practice in 2013. It sets the benchmark for the safe and ethical practice of massage therapy in Australia and can be downloaded [here](#).

AMT requires all practitioner members to undergo a National Police Check every three years.

AMT established a database of massage therapy research using the NHMRC evidence hierarchy. The 2018 research database can be accessed [here](#).

AMT was at the forefront of the massage therapy industry's COVID-19 pandemic response, both globally and locally within Australia. AMT's extensive suite of COVID resources can be viewed [here](#).

Regulation of massage therapy in Australia

Massage therapy is predominantly self-regulated in Australia. There is no Statute or Act that applies solely or specifically to the practice of massage. However, massage therapists are accountable under a range of statutory codes and legislative instruments, including statutory Codes of Conduct, Public Health Acts, Health Records and Information Privacy Acts, Consumer Law, and Workplace Health and Safety Acts. You can read AMT's position statement on industry regulation [here](#).

Co-regulation of massage therapists is currently in force in four jurisdictions under a National Code of Conduct that applies to health practitioners not registered under the Australian Health Practitioner Regulation Agency (AHPRA). Massage therapists are subject to these co-regulatory arrangements in NSW, Queensland, South Australia, and Victoria. Legislation has been enacted in Western Australia to establish the same co-regulatory powers, and consultation is under way in Tasmania and Northern Territory to enact similar legislation.

Some regulation of massage therapy services also occurs through the [Rule 10 provisions in the Private Health Fund \(Accreditation\) Rules, 2011](#). Massage therapists who hold formal qualifications, are members of a professional association, and meet minimum standards of reaccreditation are eligible to provide health fund rebatable services.

National Competency Standards

National Competency Standards were introduced for massage therapy in 2002 as part of the Health Training Package. Nationally recognised massage therapy qualifications at Certificate IV, Diploma and Advanced Diploma Levels are delivered by Registered Training Organizations (RTOs) which are regulated by the government. These qualifications sit within the Australian Qualifications Framework (AQF), the national system of qualifications encompassing higher education, vocational education and training, and schools.

National competency standards are reviewed on a 5-year cycle to ensure that qualifications remain relevant and responsive to identified health care needs in Australia.

The industry is currently transitioning to a new massage therapy training package which includes the following directly relevant units of competence:

- CHCPRP005 Engage with health professionals and the health system
- CHCPOL003 Research and apply evidence to practice
- HLTMSG016 Apply principles of pain neuroscience
- CHCCCS001 Address the needs of people with chronic disease
- CHCCCS037 Visit client residence
- CHCCCS038 Facilitate the empowerment of people receiving support

Graduates of the **Certificate IV in Massage Therapy** (AQF Level 4) are competent to perform relaxation massage and treatment that enhances wellbeing and general health.

Graduates of the **Diploma of Remedial Massage** (AQF Level 5) are competent to assess and treat a wide range of presenting conditions, as well as provide general treatments that enhance wellbeing. This qualification reflects the role of remedial massage therapists who work with clients presenting with soft tissue dysfunction, musculoskeletal imbalance, or restriction in range of motion.

Graduates of **Advanced Diploma of Remedial Massage (Myotherapy)** (AQF Level 6) qualifications are competent to assess and treat complex musculoskeletal conditions.

Qualified Massage therapists have:

- a detailed knowledge of anatomy, physiology and biomechanics
- well-developed assessment, observational and palpatory skills
- expertise in a range of manual therapy techniques and approaches
- an understanding of normal function in relation to the soft tissues of the body and the ability to recognise dysfunction, including knowledge of cautions and contraindications to massage therapy.

Health fund rebates for remedial massage therapy

Private health insurance companies have been rebating remedial massage since the early 2000s.

In 2014/15, the National Health and Medical Research Council (NHMRC) conducted a review into the evidence for the efficacy and safety of natural therapies including massage therapy. [AMT's submission to the review](#) included a comprehensive database of the evidence for massage therapy in treating a range of conditions and populations. This includes evidence for the efficacy of massage therapy in treating the elderly and conditions associated with ageing.

The NHMRC review endorsed massage therapy for the purpose of private health fund rebates.

Under the [Rule 10 provisions in the Private Health Fund \(Accreditation\) Rules, 2011](#) massage therapists wishing to be private health insurance providers are required to hold membership of a professional association that:

- (a) is a national entity which has membership requirements for the profession; and
- (b) provides assessment of the health care provider in terms of the appropriate level of training and education required to practise in that profession; and
- (c) administers a continuing professional development scheme in which the health care provider is required, as a condition of membership, to participate; and
- (d) maintains a code of conduct which the health care provider must uphold in order to continue to be a member; and
- (e) maintains a formal disciplinary procedure, which includes a process to suspend or expel members, and an appropriate complaints resolution procedure.

Workers' Compensation

Remedial massage is recognised as a service within the NSW, ACT, Victorian and South Australian Workers' compensation schemes.

Professional Associations

There are several professional associations representing massage therapists in Australia:

- AMT – Association of Massage Therapists
- Massage and Myotherapy Australia
- Myotherapy Australia
- ANTA – Australian Natural Therapies Association
- ATMS – Australian Traditional Medicine Society.

These Associations have minimum entry-to-practice requirements and are recognised under the Private Health Insurance (Accreditation) Rules to represent their members to the private health insurance companies as eligible health fund providers.

Other affiliations

AMT fulfils all the requirements for affiliate membership of the Allied Health Practitioner Association (AHPA) and is currently in the process of applying for membership. The application will be presented to the AHPA Board for approval on Wednesday August 30th.

Health Practitioner Identifiers – Individual

Members of AMT qualified at Diploma level can register for a PRODA account that allows access to multiple, online government services including HPOS (Health Professionals Online Service) and to be issued a Health Practitioner Identifier (Individual) number.

Types of massage that may support functional decline due to ageing

Remedial Massage to assist in rehabilitation, pain, and injury management. A range of manual therapy techniques may be employed in treatment, such as deep connective tissue massage, Trigger Point Therapy, Muscle Energy Techniques, Direct and Indirect Myofascial Techniques, and Neuromuscular Facilitation.

Lymphatic drainage and lymphoedema management to support and enhance the primary care of patients whose lymphatic system has been compromised by a variety of chronic or acute illnesses. Following successful completion of ongoing education with approved providers, therapists may be able to register with the Australasian Lymphology Association (ALA).

Myotherapy to assess and treat myofascial pain and dysfunction.

Oncology, palliative care, and geriatric massage to support the primary care of patients with chronic illness and a broad range of quality-of-life issues provided by Diploma of Remedial Massage practitioners who have undertaken appropriate post graduate studies.

Evidence of efficacy

There is manifold evidence of the benefits of massage in the geriatric population. The evidence has been compiled in [AMT's Classified Research Database](#). The relevant research would be contextualised to the individual care needs of a recipient.

Evidence suggests that massage therapy can positively ameliorate pain, sleep, and mood states. Massage therapy has also been shown to reduce agitation in those living with cognitive impairment like Alzheimer's Disease.

Examples of research supporting the inclusion of remedial massage in Home Care Package Inclusions

1. Sharpe PA, Williams HG, Granner ML, & Hussey JR. (2012).

[Six weeks of massage therapy produces changes in balance, neurological and cardiovascular measures in older persons](#). *Int J Ther Massage Bodywork*, 5(3), 28-40

Summary: "Results suggest six weeks of TM resulted in immediate and long-term improvements in postural stability and blood pressure, compared to a controlled condition."

3. Pearlman A, Gould Fogerite S et al (2018)

[Efficacy and safety of massage for osteoarthritis of the Knee: a Randomised Clinical Trial](#)

Summary: Efficacy of symptom relief and safety of weekly massage make it an attractive short-term treatment option for knee osteoarthritis. Longer-term biweekly dose maintained improvement, but did not provide additional benefit beyond usual care post 8-week treatment.

2. Vaillant J, Rouland A, Martigné P, Braujou R, Nissen MJ, CaillatMiousse JL, Vuillerme N, Nougier V, & Juvin R: (2009).

[Massage and mobilization of the feet and ankles in elderly adults: Effect on clinical balance performance](#). *Man Ther*, 14(6), 661-664

Summary: These results emphasise the positive impact of a single session of manual therapy applied to the feet and ankles on balance in elderly subjects.

4. Munk N, Kruger, T Zanjani (2011)

[Massage therapy usage and reported health in older adults experiencing persistent pain](#)

Summary: The current study demonstrated that for older adults experiencing persistent pain, massage is associated with self-report of less limitation due to physical or emotional issues, better emotional health, more energy/less fatigue, better social functioning, and better overall health.

5. Munk N, Zanjani F (2010)
[Relationship between massage therapy usage and health outcomes in older adults](#)

Summary: When controlling for age and cumulative morbidities, older adults who reported massage therapy usage in the past year had significantly better health outcome scores in the following domains: 1) emotional well-being, 2) limitations due to physical issues, and 3) limitations due to emotional issues.

6. Ali A, Resneberger L, Weiss T R, Milak C, Perlman A I (2017)
[Massage Therapy and Quality of Life in Osteoarthritis of the Knee: A Qualitative Study](#)

Summary: Participant responses noted empowerment with an improved ability to perform activities of daily living after experiencing massage therapy. The majority of statements were consistent with their quantitative changes on standard osteoarthritis measures. Future research in pain conditions should include health-related quality of life assessments as well as outcomes related to perceived well-being, along with greater exploration of the concept of salutogenic side effects of an intervention in the context of complementary and integrative therapies.

7. Kondo H, Ogawa S, Nishimura H, Ono A (2018)
[Massage therapy for home care patients using the health insurance system in Japan](#)

Summary: This study helped to clarify the actual state of patients receiving home care massage and the details of the massage services provided. This study clearly showed the treatment effectiveness of massage, which can be used by home medical care stakeholders to develop more effective interventions.

Additional supporting documentation

AMT Code of Practice

AMT members are required to abide by the AMT Code of Practice. You can download an electronic version of the Code [here](#).

The “National Code of Conduct for unregistered Health Practitioners”

- Code of Conduct – Non-registered Health Practitioners (NSW) [Code of Conduct - Non-registered Health Practitioners - NSW Health Care Complaints Commission](#)
- Code of conduct for Unregistered Health Practitioners (SA) [Unregistered Health Practitioners | SA Health](#)
- The National Code of Conduct for Health Care Workers (Queensland) [The National Code of Conduct for Health Care Workers \(Queensland\) | Queensland Health](#)
- Code of Conduct for General Health Services (Vic) [general code of conduct - a3_2.pdf \(hcc.vic.gov.au\)](#)



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