

sitting,
standing
& bending
are all causes
of back pain.

BOUNCING BACK

read on to see how
massage therapy can
ease your clients' pain.

by Jean Ives

DEBORAH WINCKLER, a mental health therapist and doctoral candidate at the University of Nebraska Medical Center, started suffering from extreme back pain caused by a series of accidents over the span of 20 years—a car accident, plummeting down a flight of stairs, a fall from a horse, and toppling onto a step in order to shield her 23-pound toddler from taking the brunt of a fall. She eventually underwent back surgery, but the ultimate result was that she could hardly walk because of severe back pain.

Winckler is not alone when it comes to back pain. In fact, **the National Institutes of Health estimates that almost 80 percent of the population suffers from back pain. Next to the common cold, it's the leading cause of missed work days. The annual cost of treating nonspecific back pain runs to the tens of billions of dollars²—and that doesn't include the money lost to nonproductivity when people are off the job because of it.**

When you consider some of the causes of back pain—playing sports, sitting, standing, bending over, pulling, pushing, reaching, falling, being too sedentary or too active,

and having ancestors who had back problems—it's easy to see why back pain is so common.

Although preventive measures can help—**keeping your weight down, practicing proper body mechanics when you lift and move, keeping your abdominal muscles strengthened through exercise, stretching to stay limber**—many people still suffer from either chronic or occasional back pain. Treatments for it are almost as numerous as the causes—hot and cold compresses, certain types of exercise, chiropractic, over-the-counter and prescription medications, traction, behavioral modification, injections, electrical impulses, acupuncture, acupressure, physical therapy, surgery in extreme cases, and, of course, massage.

Many hospitals and chronic pain clinics consider massage therapy an integral tool for back pain relief. For people like Winckler, whether massage works for back pain isn't even a question. “My first call to Craig Seina [her massage therapist] changed my life for the better.”

THE RESEARCH TO BACK IT UP

Seina, who has been practicing in Omaha for 16 years, uses **myofascial**

massage and neuromuscular re-education when working with Winckler. “I work from the bottom of her spine to the top of her head, so her spine stretches. **We also do a lot of active and passive stretching,**” he says.

While this worked for Winckler, there isn't sufficient research to support this protocol for easing back pain, but that is starting to change. Perhaps an indicative message subtly embedded in reports about whether massage therapy helps back pain is the fact that the quality and volume of research available today is vastly superior to what was available 10 years ago. In 1999, the *Bandolier Journal*, whose tagline is “evidence-based thinking about health care,” conducted a systemic review of studies published prior to 1998 and found “insufficient evidence to determine whether massage therapy works in the treatment of low back pain.” Though not abundant, there is now evidence available that allows us to draw at least some conclusions.

Research documented in a 2001 study led by Maria Hernandez-Reif, MD, and Tiffany Field, PhD, cited benefits that included decreased chronic low back pain, reduced depression and anxiety, increased range of motion and improved sleep.³ And in a 2001 study led by Daniel Cherkin, PhD, and David Eisenberg, MD, results showed therapeutic massage to be effective for persistent low back pain. **The study also showed that the group of research subjects who received massage, as compared to traditional Chinese medical acupuncture and self-care education, used the least medication and had the lowest costs of subsequent care.**⁴

KNOW YOUR BACK

The fact that pain in one's back can be debilitating is easy to understand given the back's role in nearly every bodily sensation. Running down the center of the back is the spinal column, or spine, which houses the spinal cord. This system of bones, muscles, tissues, and nerves serves to hold the upper body's weight, to control its movement and to convey its sensations. The opportunities for trauma to affect the back and cause pain are as innumerable as the nerve roots that meander throughout the spinal cord's 30-plus vertebrae, the discs that cushion them and the ligaments and tendons that hold them in place as the spine twists, bends and stretches.⁵



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—2006, The Cochrane Database of Systematic Reviews



For the latest information about back pain, go to www.nlm.nih.gov/medlineplus/backpain.html. This site gives you access to dozens of credible links.

Other research results, conducted by Michele Preyde in 2000, cited the effectiveness of comprehensive massage therapy—soft tissue manipulation, remedial exercise, and posture education—compared to just soft tissue manipulation, just remedial exercise and posture education, or just a sham laser treatment. In the study, all subjects who received comprehensive massage therapy reported decreased pain intensity, which was not the case with the other subject categories. At the one-month follow-up, 63 percent of the subjects in the comprehensive massage therapy group reported no pain, as compared with 27 percent in the soft-tissue manipulation group, 14 percent in the exercise group and 0 percent in the sham laser group.⁶

In 2006, *The Cochrane Database of Systematic Reviews* reported a synthesis of eight randomized trials to assess the effects of massage therapy for nonspecific low back pain. The authors concluded that “[n]ew, high quality trials show that massage gives some relief from back pain that has continued for many weeks or months—and the benefit may continue at least a year after the source of massage is over. There is still not enough evidence about massage for acute back pain (back pain that started recently).”⁷ The abstract also indicated that acupressure or pressure point massage techniques might provide more relief than Swedish massage but that more research is needed to confirm this.

The call for more research is being answered in part by a new study funded by the National Center for Complementary and Alternative

Medicine (NCCAM) and conducted by co-investigators Dan Cherkin, PhD, and Janet Kahn, PhD, that will compare two massage modalities and their effectiveness for chronic low back pain. Cherkin estimates that the results from this extensive study will be available in 2010.

Research is limited and results are tentative regarding the effectiveness of massage therapy for the orthopedic patient. A review of the research conducted between January 1973 and June 2003 concluded the following: “It appears that massage therapy may be effective for [orthopedic] patients with low back problems and potentially beneficial for patients with other [orthopedic] problems. Massage therapy appears to be safe, to have high patient satisfaction, and to reduce pain and dysfunction.”⁸

While scientific research may be limited or inconclusive regarding whether massage therapy can help relieve back pain due to injury, for some back pain sufferers there is no doubt that massage is effective for their back pain.

RELIEVED CLIENTS

Sometimes back pain is the result of everyday occurrences, such as slouching at your computer or sleeping on a bad mattress. Other times it's caused by injury, or sometimes a combination of events. Sue Pariseau, 59, who recently retired from teaching high school math and coaching track and cross-country in Glen Ellyn, Illinois, hurt her back when she combined routine household chores.

“About 10 years ago, as I was talking on the phone, I reached down to lift a single bed frame and I turned at

WHEN YOU NEED TO REFER CLIENTS OUT

By Dianne Polseno, LPN, LMT

Certain structural problems of the spine and pelvis will need medical diagnosis and treatment in addition to massage. In some cases, massage should not be done at all. These include any problems with the vertebrae, intervertebral joints, discs and sacroiliac joints. They can be affected by trauma, injury, disease processes, aging degeneration and anything that can cause significant changes in their anatomy and physiology.

When these structures are compromised, several things can happen. When the vertebrae, joints and discs are involved, they can cause serious pain and dysfunction from spinal cord or nerve root irritation and compression. Affected nerve roots can trigger irritation and spasms in the muscles those nerves supply. It is not unusual for clients with these structural issues to present with moderate to severe back pain, muscle spasms and soft tissue pain patterns. Sacroiliac joint dysfunction can cause low back, buttock and lower extremity pain. Back pain can result from any of these conditions because, among other physiological reasons, pain receptors in the area will be activated. While it might be tempting to believe that massaging the soft tissue pain will be enough, massage alone cannot hope to remedy the structural issues that need medical attention and treatment.

Additionally, all of these structures are surrounded by many small and large muscles that provide support and stabilization as well as flexibility and movement. When

injury or pathological change affects these structures a reflexive splinting mechanism will be triggered, which means the surrounding muscles will tighten to protect and stabilize. Massage could actually be detrimental to reflexively splinting muscles because it could interfere with this protective mechanism. For example, relaxing muscles that are contracting to help stabilize an area could cause the area to destabilize. Consider the spinal segment that is compromised by a ruptured disc. Massaging and releasing the contracted surrounding muscles could have serious ramifications that could further compromise the disc. Or, when activity is resumed, using these newly loosened areas, further injury or a more vengeful splinting can occur. So, there are times when relaxing muscles in an area is not the appropriate or safe thing to do, and the client must be treated medically before massage can be considered or added to the treatment regimen.

Once the structural problems are dealt with by the appropriate medical professional, such as physicians, chiropractors and physical therapists, the tightened and affected muscles can be addressed, and massage therapy can be most helpful in restoring health to tissues and relieving pain. It is not uncommon for some structural issues to be resolved, sometimes for years, and soft tissue pain patterns persist from the muscles that are still tightening out of habit. These are instances when massage might well be the remedy for the back pain with which the client is presenting.

A 2001 study showed therapeutic massage to be effective for persistent low back pain. The study also showed that the group of research subjects who received massage, as compared to traditional Chinese medical acupuncture & self-care education, used the least medication & had the lowest costs of subsequent care.⁴

the same time. I kind of had the phone tucked under my neck. That's how the back pain started," Pariseau says. "Now, if I do a lot of gardening or even golf, I still feel it in my lower back. At the time I hurt my back, I went to see a chiropractor right away. Another coach at the school also recommended a massage therapist." Ten years later, Pariseau still gets a massage once a week.

The massage therapist Pariseau goes to is Mary Ashton, LMT, NCTMB, who practices in Bloomingdale, Illinois. "I always ask my clients a lot of questions when they tell me they have back pain, because where a person feels the pain isn't necessarily the source of it," Ashton says. "Because the spine is made up of a group of bones stacked upon each other, their entire support comes from the muscles surrounding them as well as the abdominals—unlike other joints in the body where larger bones make up a

greater proportion of the support structure. For example, muscles in other areas, such as the psoas and the gluteals, can contribute to and/or cause back pain."

Massage was what finally worked for Bill Holoche's back pain. In high school, he hurt his back playing baseball in Fort Mitchell, Kentucky, in 1971. "I hit the ball into right field," he says. "As I rounded first base, the right fielder threw the ball and hit me in the middle of my back. I immediately lost all the feeling in my arms and legs. The umpire came out and put ice water on my shoulders and started rubbing them. As soon as the feeling came back, I started playing again."

Throughout high school and college Holoche went to a chiropractor for adjustments for neck and middle back pain. That it was the old baseball injury that caused Holoche subsequent years of back pain wasn't pinpointed and confirmed until Holoche suffered a ski accident in 1992, some 20 years later, and had an MRI. "When the doctor told me I had trauma to the fifth thoracic vertebra, I knew exactly what he was talking about," says Holoche. "I always thought I had a neck injury from football, but that wasn't it." Instead, it was pain that stemmed from when the ball hit his middle back.

"When I went to the chiropractor, I asked him 'Why is it you give me an adjustment and everything feels good and then a day later I feel the same pain?'" says Holoche. "The chiropractor told me my muscles were in spasm and they pull on the nerves and vertebrae, and it pulls my spine out of alignment. So I

asked him if it would make sense to get a massage and loosen those muscles up." The chiropractor told him yes. Holoche, now 51, sees a massage therapist about once a month after his orthopedic physician recommended massage for long-lasting pain relief.

THE RIGHT TOUCH

Whether you have clients who want to prevent back pain from starting or who want to get rid of it once they have it, it appears that massage can help. Jeremy Miller, LMT—one of about 35 staff members in the Integrated Medicine Department of Abbott-Northwestern Hospital in Minneapolis—sees firsthand how massage helps patients. He and his colleagues serve approximately 1,000 inpatients and 500 outpatients every month. In the mornings, he works with inpatients whose back pain is secondary—that is, patients who might not have had back pain when they were admitted to the hospital, but do after lying in a hospital bed for several days. Afternoons, Miller works in the outpatient clinic, where a high proportion of the patients are there because of back pain.

"One of the neatest things about the job I do is when we go into a patient's room where they're hooked up to different monitors, I actually watch their physiology change as I give them a massage—their oxygen saturation goes up, their blood pressure comes down, and their heart rate comes down," says Miller. "Not every massage therapist has the satisfaction of watching in real time the effect massage has on his client."

For someone like Winckler, who could hardly walk because of the

WHEN NOT TO MASSAGE: CONTRAINDICATIONS FOR BACK PAIN

Severe pain needs medical evaluation before massage can be given, regardless of the onset. While massaging the soft tissues in various ways can be very effective for back pain, there are times when massage is precautionary and times when it should be avoided altogether. In general, any severe pain needs medical evaluation. Here is a list of conditions where massage is contraindicated. When in doubt, consult with the client's treating physician before massaging the area.

According to www.spine-health.com, a peer-reviewed website run by multi-specialty medical professionals, massage therapy of the lower back is contraindicated when the client has:

- * Infectious skin disease;
- * A rash;
- * An unhealed wound;
- * Just had surgery;
- * A tendency to form blood clots or uses blood thinners;
- * Circulatory ailments such as phlebitis or varicose veins;
- * Inflamed or infected injuries;
- * Areas of bleeding or heavy tissue damage;
- * Sites of recent fractures, sprains or bruises;
- * Just undergone chemotherapy or radiation therapy.

Dianne Polseno, LPN, LMT, who has been practicing and teaching massage therapy for 16 years, also recommends referring the client to a physician before giving massage for the following:

- * If the client has experienced recent trauma or an accident and has not been evaluated by a physician.
- * If the client presents with pain that had a sudden onset or occurs 24 to 72 hours after a trauma.
- * If the client is experiencing symptoms of dizziness, numbness or atrophy.

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—JEREMY MILLER, LMT



debilitating back pain, her personal situation is all the proof she needs that massage works. “I sincerely doubt I would be walking today without the expertise of my massage therapist,” she says. ■

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