

Background

Now that massage is increasingly being used as an intervention for various pain and injury conditions, there is ever more concern about making sure it is an appropriate intervention for these different conditions. In addition, throughout the health care system, there is currently more attention being placed on reducing medical errors that lead to adverse events. Contraindications provide a basic framework for understanding when, and under what circumstances, a particular therapeutic intervention is appropriate for treating the patient/client with minimal risk of injury. Therefore, contraindications serve as a guideline to help us determine if we should institute certain precautions in treatment, withhold treatment altogether, or recommend alternative treatments that would be more appropriate.

Guidelines around contraindications should be consistent in the literature that supports a profession. Variation in these guidelines can lead to inconsistent treatment and a great deal of confusion in both academic and clinical settings. In addition it is important that there be adequate evidence to support the use of various contraindications as well. This is one area where the massage therapy profession is at a disadvantage because despite an increasing number of textbooks devoted to massage, there is still a lack of supporting evidence used for making many of these decisions about contraindications.

The purpose of Batavia's paper was to investigate commonly used textbooks in the profession, and evaluate contraindications cited in those texts. The author searched all textbooks and peer-reviewed journal articles on therapeutic massage published for health care professionals within the past 10 years.

Contraindications cited in these sources were classified as relative contraindications, absolute contraindications, precautions, or contraindications and precautions. A relative contraindication is a situation where massage should not be done in certain circumstances, but could be done in other circumstances. It also refers to what type of massage is being performed. For example, one type of massage might be contraindicated for a particular condition, but another type of massage might not be. An absolute contraindication is one where massage should not be done under any circumstances. A precaution is a situation where massage can be performed, but with particular precautions related to the pathology.

Certain criteria were applied to each of the journal articles and textbooks to see if they were appropriate for inclusion in the analysis. If there were redundant sources by the same author, or no dedicated section in the book that discussed contraindications, the source was excluded from the analysis. There were 21 sources that met the final criteria for analysis and they included 8 textbooks, 8 articles, 4 book chapters, and 1 lab manual.

Sources listed anywhere from 3 to 86 contraindications

and precautions for massage. The largest and smallest number of contraindications appeared in two different physical therapy texts. The majority of sources (76%) failed to cite specific references to support the position of a described contraindication and another 76% failed to offer alternative treatment strategies for those conditions that were considered precautions or contraindications. The author also found that at least half of the therapeutic massage sources consulted failed to identify more than 90% of conditions that have some precaution or contraindication associated with them.

Discussion and Findings

In this country there is a strong movement toward evidence-based medicine which requires supporting documentation to back up clinical practice. Therefore, the number of sources that failed to cite any supporting evidence for the described contraindication is concerning. However, there may be several explanations for this. It could be that adequate research was not performed to find references for the listed contraindications. Yet, even with detailed research efforts, there is a distinct lack of research on massage from which to draw reference conclusions.

Several studies have recently appeared in the medical literature citing injuries that have occurred from massage treatments.¹ Most of these injuries related to inappropriate amounts of pressure applied during massage and not necessarily to a condition that should have been caught with a scan for contraindications. However, there are a number of endangerment sites where increased pressure can lead to a greater chance of injury and many of the consulted sources did not mention these endangerment sites in their discussion of contraindications and precautions.

While contraindications are a valuable guideline, too often they are misused and misunderstood in our educational programs. Many, if not most, massage therapy training programs are lacking in subject matter directly related to evaluating pain and injury conditions. In that situation contraindications are commonly used as a basic "laundry list" of situations or conditions to avoid when using massage. The detriment to this approach is that frequently it is not spelled out there is a difference between relative and absolute contraindications. Without that distinction most of these conditions get lumped into absolute contraindications in an effort to err on the side of safety and precaution. While this does help the practitioner keep from providing treatment in a situation where it is not appropriate, it also dramatically limits the effectiveness of clinical work.

A common example of this generalization is the contraindication that massage should not be done on an inflamed condition. Consider the situation of the ankle sprain. Inflammation following a lateral ankle sprain is often present for weeks after the injury. A practitioner who considers the contraindication to working on an inflamed condition as absolute will refrain from offering any massage treatment to

that person until the inflammation has subsided. Therefore, massage may not be offered for several weeks after the injury. However, the ideal window for using massage to help in the proper modeling of scar tissue is immediately after the acute inflammatory period has ended (around 72 hours post injury). Despite the fact that some inflammation may still be present, certain types of massage could be done at this time to help in the proper modeling of scar tissue. Therefore, this is a situation of a relative contraindication and not of an absolute one. Certain types of massage would be contraindicated at different stages after the injury, but all massage is not necessarily contraindicated.

Perhaps the primary problem that becomes clear after reading this paper is one of consistency. With such a lack of consistency it is hard for the student and practitioner of massage to know what is safe and what isn't. Too much reliance on absolute contraindications can lead to a lack of appropriate clinical judgement. Too much lenience in the description of contraindications can lead to more frequent patient/client injury and adverse treatment reactions.

The lack of consistency in these findings also poses larger problems for the educational community. It is particularly frustrating for the beginning student when s/he encounters contradictions between various sources. This situation is exacerbated due to the fact that the instructors are most likely confused with the wide variety in contraindications cited in the resources they are using to teach from. When the instructors are not consistent with information they are delivering to students, it poses a challenge for them being perceived as a credible source of information in the teaching process.

As with so many other issues, the solution to this problem lies in research. We need more clinical research to validate the contraindications that are listed in these various sources. However, in addition, we need better educational preparation of the faculty and instructors that are teaching from these materials as well. To some degree an absence of listed contraindications can be balanced by adequate knowledge of anatomy and physiology coupled with developed clinical reasoning skills.

Notes

1. Ernst, E. The safety of massage therapy. *Rheumatology (Oxford)*. 42:1101-1106., 2003.