

## **Massage therapy, functional taping and topical analgesics: a combined therapeutic approach to improving chronic low back pain; a feasibility survey.**

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**Purpose/Background:** According to the 2007 National Institutes of Health (NIH) survey on complementary and alternative medicine (CAM) use in the U.S., massage therapy was identified as the number one practitioner-based CAM expense for consumers (second overall behind product sales). In the same survey, low back pain was identified as the number one reason people seek CAM care. The introduction of a workshop training massage therapists to add functional taping and topical analgesics to their massage therapy sessions, “Elevate Your Practice Using Kinesio Tex Tape, Biofreeze®, Prossage®, and Massage”, presented a unique opportunity to survey a wide range of patients and practitioners on the feasibility and potential success of a combined therapeutic approach to treating a common health condition for Americans: chronic low back pain. Massage therapy is a recognized treatment option for low back pain. Massage therapists incorporate a variety of additional therapies within their scope of practice to massage sessions but without evidence of their added value. This survey may inform future research of the need for study of combined methods within the scope of massage practice.

**Methods:** Two workshop presenters—licensed massage therapists and certified Kinesio Taping instructors trained in the use of PHI products—trained 730 licensed or certified massage therapists in the application of combining massage therapy, topical analgesics (specifically Prossage/Biofreeze), and functional taping (specifically Kinesio Tex Tape) (M/TA/FT) for low back pain and other musculoskeletal conditions between January and May 2010. Workshop attendees were invited to participate in the feasibility survey and those interested received survey packets. Workshop presenters provided

a brief training on the survey, explained the inclusion/exclusion criteria, and reviewed the low back protocol to ensure its proper application. Participating massage therapists invited patients from their practice who currently experience low back pain to participate in the survey.

**Data Analysis:** 300 survey packets were distributed during the 12 one-day workshops. Patients and practitioners were instructed to complete separate forms rating their perceived success of treatment and satisfaction with the protocol. Sixty-three surveys were returned, five did not include a practitioner survey. Two patients did not meet the inclusion criteria and their surveys were not included in the data. In total, 61 patient surveys and 58 practitioner surveys are reflected in the data.

**Results:** Patients were asked to rate their low back pain and movement limitations on a scale of 0-10 before and after the protocol was administered. Pre-pain ranged from 3-10 of 10 and averaged 5.7. Post-pain ranged from 0-8 of 10 and averaged 2.6, with an average change of 3.1. Pre-movement limitations ranged from 2-8 of 10 and averaged 4.9. Post-movement limitations ranged from 0-8 of 10 and averaged 2.5, with an average change of 2.4. Both patients and practitioners felt the additional therapies were sensible additions to a massage session (patients: 93%, practitioners: 95%). Patients felt the combination of treatments reduced pain and improved movement, attributing the reduction in pain to M (92%), TA (66%), and FT (72%), and the improvement in movement to M (89%), TA (57%), and FT (67%). Practitioners commented on the likelihood of adding TA (90%) and FT (95%) to future massage sessions.

**Conclusion:** Satisfaction with the combination of M/TA/FT for back pain was very high.