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## 2022 ISSUE BRIEF MESSAGE IS HEALTHCARE (rev.1)

### INTRODUCTION

This issue brief is divided into two parts: A discussion pertaining to the controversy surrounding massage as healthcare and some things to consider if massage therapy integrates itself into the current healthcare system.

### PART 1: THE DEBATE IS NOT WHAT YOU THINK IT IS

Controversy exists within the massage therapy profession as to whether we are a healthcare profession or not. Framing the controversy in that way misses the mark.

First, there is no question that massage is healthcare. The most common goal that massage therapists have is that our clients feel better when they get off our tables than when they got onto them. That is the essence of healthcare. According to Merriam-Webster, the full definition is “efforts made to restore physical, mental, or emotional well-being especially by trained and licensed professionals.”<sup>1</sup> That describes massage therapy. Legislatively, many states also regulate massage therapy as a healthcare profession.

Even the name of our profession, massage *therapy*, implies a healthcare aim, as again, according to Merriam-Webster, *therapy* means “therapeutic medical treatment of impairment, injury, disease, or disorder.”<sup>2</sup>

So, the controversy is not whether we are a healthcare profession. We are one; that argument is over. The controversy is just how much we, as a profession, want to immerse or integrate our profession into the current medical system or paradigm. Some would argue that we need to go all in and take our place in the current healthcare system. There are a multitude of reasons why some massage therapists don’t want our profession to go there.

Some want nothing to do with what they call a sick care system<sup>3</sup> because of either the primary focus on treating sickness, rather than preventative care that promotes health and well-being, or because of how practitioners can lose their autonomy when integrating into the current system. Others just simply want

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<sup>1</sup> Merriam-Webster. Definition of *health care*. Retrieved on September 10, 2021 from <https://www.merriam-webster.com/dictionary/health%20care>

<sup>2</sup> Merriam-Webster. Definition of *therapy*. Retrieved on September 10, 2021 from <https://www.merriam-webster.com/dictionary/therapy>

<sup>3</sup> A great read on the issue of sick care versus healthcare can be found here: Quale, W. S. (2018, Sep 16). Time to focus on health care over sick care. *Baltimore Sun*. Retrieved from <https://www.baltimoresun.com/opinion/op-ed/bs-ed-op-0917-sick-complex-20180913-story.html>



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to rub bodies and don't want to jump through the hoops that a such an integration would entail. And yet others follow Eastern and other philosophies that do not blend well with the current healthcare paradigm. Not to mention that there is little agreement on what massage therapy's "place" in the current healthcare system should be.

USOLMT believes that the massage therapy profession is not a monolith – meaning that our entire profession must move in one direction or another. Instead, we believe that, as exemplified through the Entry-Level Analysis Project (ELAP), there is a baseline level of education necessary for the safe practice of massage. Beyond that, we support the establishment of specialties so that workers can pursue their career dreams. Work in a spa? In a medical setting? Pediatrics? Geriatrics? Oncology? Rehabilitation? Wellness? A massage therapist should be free to pursue any of those... and none of those.

Other professions have acknowledged the diversity in their ranks. In nursing, there are licensed practical nurses, registered nurses, and advanced practice nurses or nurse practitioners. You can also become a Doctor of Nursing if you like. There is a place for all. In medicine we have general practitioners, surgeons, and other physicians operating under a whole plethora of specialties. USOLMT embraces the diversity in our ranks and believes that we should pursue specialties as a profession and support us all, rather than trying to push the profession in one direction. Because after all, we are already healthcare professionals.

## **Part 2: THE IMPLICATIONS OF INTEGRATING INTO THE HEALTH CARE SYSTEM**

As already stated, there is a push to steer our profession into the current healthcare system, which ignores the diversity in our profession. For those who wish to integrate themselves into the current healthcare paradigm the following issues have arisen:

- Massage therapy should only be evidence-informed / evidence-based practice
- Aren't we essential workers? And why weren't we considered as such?
- I want to work alongside other manual therapy professions, not beneath them
- I am dissatisfied with guidance from doctors and chiropractors and
- I do not want to jump through hoops to bill insurance
- I'm dissatisfied with the term "Medical Massage" in relation to continuing education programs.

### **THE CURRENT LANDSCAPE**

#### **Work in the Hospital Setting**

Currently, there is a Veterans Administration Hospital-Based Program. Massage therapists are graded GS-5 through GS-9. These employees get benefits including retirement pay and health insurance, substantially raising their total compensation package. The pay scales for the VA program can be found here: <https://www.federalpay.org/gs/2021>.



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The VA is not the only hospital providing hospital-based massage and hiring massage therapists. There are many hospitals hiring or contracting with massage therapists to provide services to patients, and the number of hospitals hiring massage therapists is expected to continue to grow, especially if the NOPAIN Act passes in congress which seeks to provide opioid-alternative pain relief options such as massage therapy to patients post-surgery and beyond and to have these services covered by insurances such as Medicaid and Medicare.

### **Work outside the hospital setting**

Massage therapists are employed to specifically perform healthcare services in a wide variety of settings outside of a hospital setting: Outcalls as hospice employees and in chiropractic, medical, and physical therapy clinics, to name a few. Massage therapists work in a variety of massage therapy settings that cater to treating clients who have been referred by primary care providers or with clients who have self-referred because they have heard that massage therapy will help them manage their health condition. The pay and benefits are variable and may or may not include gratuity based on the setting.

### **EVIDENCE-INFORMED & EVIDENCE-BASED PRACTICE**

While there is a strong movement in the massage industry or profession to move towards scientific, evidence-based practice (EBP) or evidence-informed practice (EIP), many of us don't even know exactly what those terms mean. Often, they are used interchangeably, yet they are clearly *not* the same thing.

Evidence-based medicine as defined by Sackett et al. includes using "the best available external clinical evidence from systematic research" along with our clinical expertise.<sup>4</sup> This evidence is based on systematic reviews of randomized controlled trials: Quantitative studies whose primary goal is to reduce bias. Instead, critics of EBP support broadening the research field to include qualitative studies, "case reports, scientific principles, and expert opinion."<sup>5</sup> In short, evidence-informed practice broadens the sources we use for our decision-making and puts the client at the center of that process, rather than focusing on "the science of reducing the quantitative evidence."<sup>6</sup> Currently, the gold standard for research is the randomized controlled trial (RCT). A commentary on the shortcomings of our profession's obsession with RCTs clearly points out the limitations of such studies, the main one being that massage

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<sup>4</sup> Woodbury, M. G., & Kuhnke, J. L. (2014). Evidence-based practice vs. evidence-informed practice: What's the difference? *Wound Care Canada* (12)1; 26-29. Retrieved from <https://www.woundscanada.ca/docman/public/wound-care-canada-magazine/2014-vol-12-no-1/510-wcc-spring-2014-v12n1-research-101/file>

<sup>5</sup> Ibid.

<sup>6</sup> Ibid

therapy is a complex treatment and such studies reduce “the ability to generalize the findings of a study to the realities of practice.”<sup>7</sup>

In addition, much has been made of the Cochrane Review that studied massage therapy for low back pain.<sup>8</sup> This study was a systematic review of several RCTs that met certain criteria. The authors graded the evidence as “low” or “very low” because “most of the included studies were small and had methodological flaws.” Other Cochrane Reviews also cite the low quality of the studies included.<sup>9</sup>

We don’t discount the importance of studies. Research is necessary, and as we figure out exactly how to best study our profession, we will find more meaningful results based on higher quality studies.

However, USOLMT is concerned that advocates for EBP are using these types of low-quality studies to disparage a wide variety of modalities. For example, critics of a particular technique may ignore the positive outcomes of that technique because the explanation of the mechanism of action behind that outcome may not fall within their worldview. Or a modality is dismissed because the positive outcome may be due to a clients’ perception that the treatment will do them some good, leading to a placebo effect. Even physical therapists are acknowledging the positive outcomes that can result from the placebo effect as “more than 80% of patients [expect] that manual therapy will provide relief of symptoms” along with other outcomes.<sup>10</sup>

Because the mechanism of action is unknown for many modalities that fall under the massage therapy umbrella, it makes sense not to judge them at this time. If anything, if the outcomes are positive for those modalities, even if it is due to a placebo effect, it’s not something that we should disparage or ignore.

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<sup>7</sup> Baskwill, A. (2017). A commentary on the role of randomized controlled trials in massage therapy. *International Journal of Therapeutic Massage & Bodywork*, (10)4, 13-16. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5706535/>

<sup>8</sup> Furlan, A. D., Giraldo, M., Baskwil, A., Irvin, E., & Imamura, M. (2015). Massage for low-back pain. *Cochrane Library*. doi: <https://doi.org/10.1002/14651858.CD001929.pub3>

<sup>9</sup> Smith, C. A. Levett, K. M., Collins, C. T., Dahlen, H. G., Ee, C. C., & Sukanuma, M. (2018). Massage, reflexology and other manual methods for pain management in labour. *Cochrane Library*. doi: <https://doi.org/10.1002/14651858.CD009290.pub3>

Haraldsson, B. G., Gross, A. R., Myers, C. D., Ezzo, J. M., et. al. (2006). Massage for mechanical neck disorders. *Cochrane Library*. doi: 10.1002/14651858.CD004871.pub3

Shin, E., Seo, K., Lee, S., Jang, J., Jung, Y., Kim, M., & Yeon, J. (2016). Massage with or without aromatherapy for symptom relief in people with cancer. *Cochrane Library*. doi: <https://doi.org/10.1002/14651858.CD009873.pub3>

<sup>10</sup> Benz, L. N., & Flynn, T. W. (2013). Placebo, nocebo, and expectations: Leveraging positive outcomes. *Journal of Orthopaedic & Sports Physical Therapy*, (43)7, 439-441. doi: <https://www.jospt.org/doi/10.2519/jospt.2013.0105>



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## **AREN'T WE ESSENTIAL WORKERS?**

The concept of the “essential worker” only became apparent during the beginning of the Covid-19 crisis when massage therapy was largely shut down across the United States due to its close-contact work with clients and/or patients and classification as “personal services” rather than “healthcare providers”. The difference was apparent in Washington State where therapists are classified as “healthcare providers” and other states where massage therapists worked under the supervision or management of a Licensed Medical Professional and were allowed to continue to practice.

The fact that massage therapists were not deemed “essential workers” was offensive to many in the massage profession, who believe that their work is essential to those they serve, however, the term “essential worker” as defined by the U.S. Department of Homeland Security means those workers who conduct a range of operations and services that are typically essential to continue critical infrastructure operations. Critical infrastructure is an umbrella term encompassing sectors from energy to defense to agriculture and food supply. Put another way, “essential workers” are those who perform tasks that are necessary to sustain life.

During the pandemic, non-essential healthcare work was shut down too. Elective procedures were cancelled. At some point, however, some non-essential healthcare workers were called back to duty, such as chiropractors and physical therapists, to help with rehabilitation and pain management. Some therapists were not allowed to practice despite providing similar services.

## **WORKING ALONGSIDE, RATHER THAN BENEATH OTHER HEALTHCARE WORKERS**

Massage therapists collaborate well within an integrative healthcare team, working alongside other healthcare professionals. We collaborate with a wide variety of healthcare professionals, who each bring their area of expertise to the team. What that means is that sometimes we work at their direction (beneath them) and other times, based on our expertise, we work alongside them depending upon the situation. Even other, highly educated professionals such as physical therapists who now obtain a doctorate-level education, often work beneath the treating physician. And, to put it bluntly, if that healthcare provider is also our employer, we do work beneath them and at their direction.

Massage therapists cannot diagnose, so when working under a primary care provider’s referral, it’s critical that we understand what the diagnosis is and what outcome is expected. That also could be considered as working beneath another health care provider.

## **DISSATISFACTION WITH GUIDANCE FROM DOCTORS AND CHIROPRACTORS**

Massage therapists expressing dissatisfaction with guidance from chiropractors and doctors appear to have issues with authority figures in general. While massage therapists are specialists of the muscular system and could work autonomously in private practice without supervision, working in any business,



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whether it be healthcare related or otherwise, subjects the massage therapist to guidance from the business managers and/or owners of the practice who may be chiropractors or doctors.

### **INSURANCE BILLING**

Billing insurance is an elusive concept for most massage therapists in the United States. While therapists in Washington State have been able to bill insurance, many of the therapists who do bill insurance have expressed dissatisfaction with reduced reimbursements, reimbursements taking an extraordinarily long time to process, and issues with the learning curve for each insurance provider including coding and paperwork to process insurance claims. Many of these providers step away from insurance billing due to the extra work involved in processing claims along with the continuing reduction of the reimbursement amounts paid back to massage therapists.

### **MEDICAL MASSAGE CE PROGRAMS**

Massage therapists are offered “Medical Massage” training by way of several Continuing Education avenues, in which graduates call themselves “Medical Massage Therapists”, many stating they are certified in medical massage. Unfortunately, some only teach you how to bill insurance and give you a medical massage certificate, not certification by a credentialed, certifying body. This makes these programs equal in nature to receiving a certificate for any other modality.

On the concept of establishing worth alongside other healthcare providers, worth is defined in the dictionary as equivalent in value to the sum or item specified, as related to a product, and defined as the value equivalent to that of someone or something under consideration; the level at which someone or something deserves to be valued or rated. When a business such as a hospital or clinic establishes the pay structure of the organization, entry-level education is strongly considered, however, continuing education is rarely considered. Most organizations place value on experience and what they can evaluate in a 60-minute hands-on practical, but do not ask for proof of Continuing Education certificates or a synopsis of continuing education beyond what is shown on the resume of the massage therapist, nor does it increase the pay rate of the massage therapist.

### **IN SUMMARY**

Massage therapists pushing for the profession to integrate massage therapy into the current healthcare paradigm begs the question as to whether working alongside healthcare will produce the intended effects these massage therapists seek. The effects they seek are:

- Ease of billing insurance and reimbursement equal to the price they set themselves
- Professional autonomy inside established businesses or organizations, as employees or contractors



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- A higher rate of entry-level pay inside medical institutions, doctor's offices, health clinics, and chiropractic or equivalent offices than they would receive in their own practices or in a spa-like environment
- Medical training in entry-level education or medical certification by a credentialed certifying body in the field of Massage Therapy
- Essential Worker designation under the department of Homeland Security
- The complete elimination of any modality or practice whose positive outcomes are based on the placebo effect or whose mechanisms of action remains unknown or questionable. Massage Therapy research that produces specific, measurable, quantifiable, and consistent results in patients and/or clients
- Legislation that supports opioid-alternative pain-management strategies such as Massage Therapy in both inpatient and outpatient services

***It is unlikely that massage therapists will gain some of these effects.***

### **IMPORTANT CONSIDERATIONS**

It is important to consider the unintended effects and potential consequences of continually pushing to work alongside healthcare and to create a profession governed by healthcare rules and regulations. Therefore, USOLMT believes that instead of trying to integrate the whole profession into the current healthcare paradigm that a specialty for doing so be established, so that those who choose to can work within that system, while those who prefer not to do that work don't have to meet those same requirements or follow the same obligations. But for those who do, it's important to understand the ramifications of that choice.

- As more massage therapists gain the ability and skills to bill insurance, they subject themselves to mandatory insurance billing under healthcare regulations and the reimbursement amounts set forth by the insurance companies
- A loss of professional autonomy
- Subjection to the rules and regulations of a credentialed, certifying body of Medical Massage
- The inability to close clinics or choose not to work with other medical providers due to public health concerns such as Covid-19
- Subjection to all the rules and regulations of medical providers in the United States, including malpractice, vaccine mandates, and more
- Higher liability and malpractice insurance premiums
- Higher fees to obtain and maintain an advanced credential or specialty certificate.
- A specialty or board certification exam
- Higher academic standards to enter the specialty program





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## **SUGGESTIONS TO MOVE THE PROFESSION FORWARD ON THIS ISSUE**

- Provide State-by-State Courses for Massage Therapists on Insurance-Billing
- Provide information on which states massage therapists can and cannot currently bill insurance in a medical capacity
- Provide Courses on billing Worker's Compensation and Accident insurance Billing
- Work towards preserving the professional autonomy of independent massage practice
- Disclose publicly each association's philosophy on Medical Massage Therapy and the direction the respective association is taking to respond to this issue
- Explain what role various associations play in mitigating issues that may arise from the integration of massage therapists into the healthcare model
- Provide a database or listing of all continuing education programs and providers in the US that specifically engage in medical massage training and certificates.
- Engage with hospitals, clinic owners, other manual therapists, doctors, and physicians with the goal to provide publicly the skills and knowledge needed to work alongside and inside their establishments and connection to the resources and education to obtain these skills.

## **USOLMT'S ROLE**

USOLMT advocates for a profession that includes and acknowledges the diversity of all massage therapists and their choice of career path, rather than moving toward a one-size-fits-all approach. To that end, USOLMT is interested in forging relationships with each association working on these issues and discussing ways in which all associations involved can work together to share information, educate each other, and work towards solutions on behalf of those massage therapists interested in their career path of massage therapy as healthcare in the United States.

We would like to see more transparency and education in this area, including the history of the movement towards Massage as Healthcare and the pros and cons of working in the medical arena for Massage Therapists. We will continue to seek clarity and transparency from the institutions, associations, and organizations that govern Massage Therapy in the United States on behalf of all massage therapists.

USOLMT's main activities as an organization do not include engaging in legislative work to advance massage in the healthcare model, however, we do support those that do and will work as an advocate for our members who choose this career path, among others.