SIX STUDIES INTO MASSAGE INJURY WORLDWIDE

Gerry Pyves

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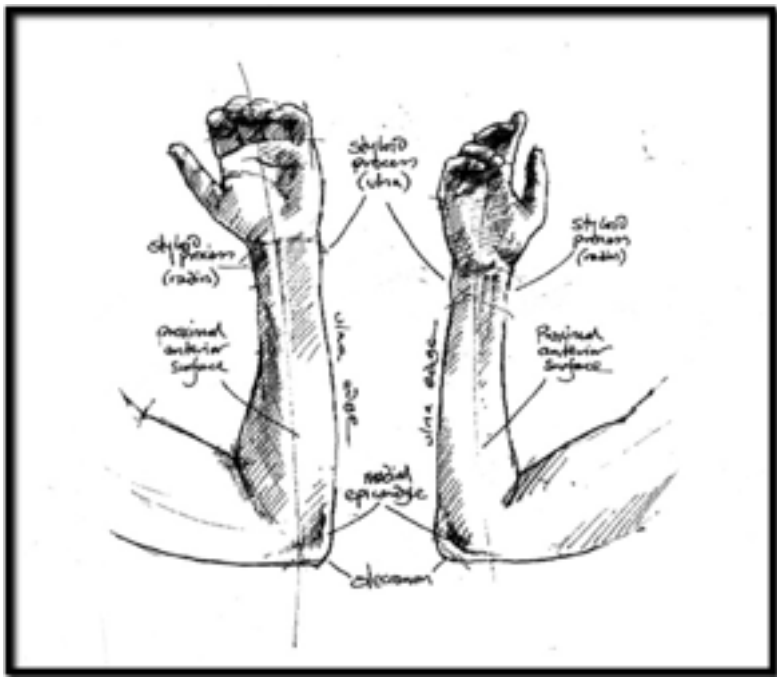


INTRODUCTION

This publication aims to summarise the six studies that have been carried out into Massage injury worldwide, all in one publication. As none of the studies saw fit to refer to each other, there is a wealth of untapped comparative information contained in these summaries. It is hoped that readers will be inspired to go on and read the originals.

Prior to this free publication it seems that this information has been largely ignored by most Massage associations and schools. Yet, despite the fact that none of these studies referenced each other, and with each using different research methodologies, a surprising similarity of results has emerged and a very clear picture of injury emerges.

The fact that so many studies done in so many different ways (whether done by Massage therapists, associations or doctors) all came up with almost identical results suggests that the picture which emerges is an accurate one. Here are some of the highlights:

Overall, if you add up all the respondents from all the studies, the health of 5,203 Massage therapists is contained in this report. Of these 4,081 reported injury - a staggering 78% of all therapists.

Overall, it is clear that there is universal agreement between all studies of a staggeringly high incidence of injury and this is largely happening to the hands and the back of Massage therapists.

Overall, it is clear that these studies corroborate that injury can happen to Massage therapists at any time in their career, with any volume of clients.

Overall, these studies corroborate that more than half of any Massage population will be experiencing injury right now.

Overall, it seems clear that it makes no difference to your likelihood of injury whether you practice either deep or light Massage or indeed, even Craniosacral therapy.

Overall, it is clear that none of the 'correct body postures' of traditional approaches to Massage make any difference to injury, neither does taking breaks between clients or carrying out shorter treatments. Those therapists who engage in self healing activities are no less likely to be injured.

Overall, it is clear that the 'shelf life' of a Massage therapist averages out at about 3 years.

Overall, it is clear that there are very few experienced therapists in the profession and one of the main reasons for this is likely to be injury. This begs the following questions:

- Who is there to lead and guide the next generation of Massage therapists?

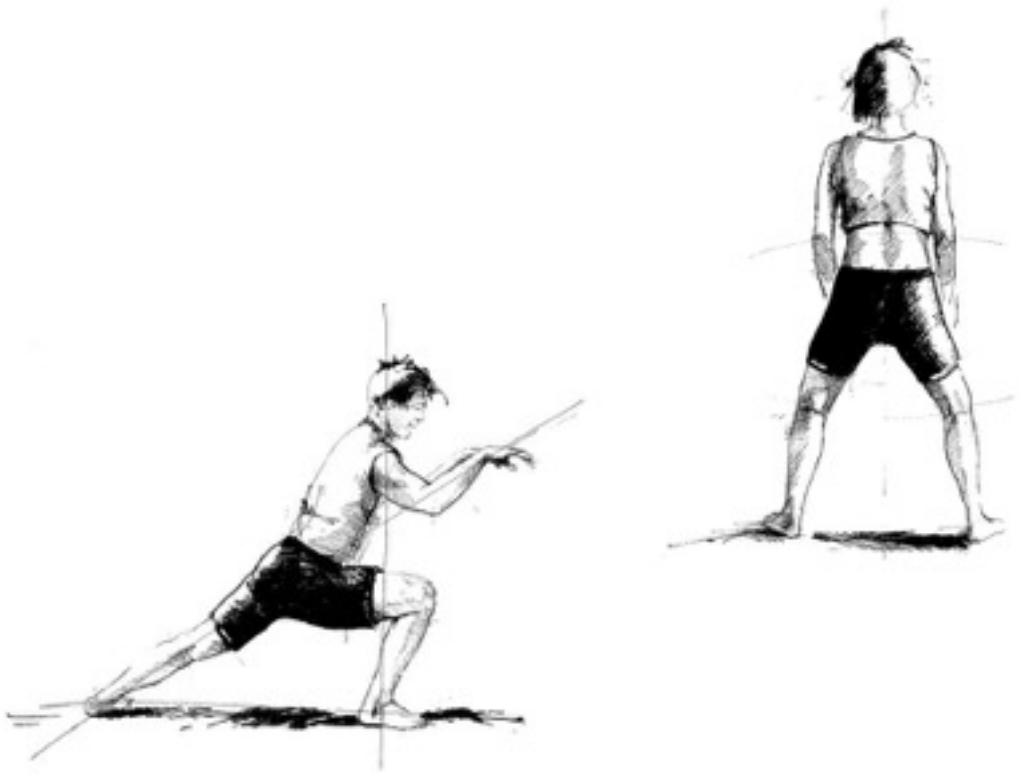
- How is industry knowledge passed on from one generation to another?
- How does the industry gain the much needed respect of other healthcare professionals if the majority are all 'beginning therapists' without a great deal of clinical experience?

Overall, the statistics regarding both the incidence of Massage injury and the amount of current injury seem to confirm this author's 7-stage model of Massage injury and the recovery times actually needed.

Another important issue to consider is which groups or organisations are investing their time and money to find out the truth about Massage injury in our profession? Sadly, the collection and analysis of this data was not initiated or carried out at the request of those who we might consider responsible for the welfare of Massage therapists.

Shockingly, not one study (0.0%) into Massage injury was carried out at the request of an established Massage Association or Massage school. These studies were carried out by:

- A research group at the University of New Brunswick (Canada) - 10% respondents worldwide)
- A group of Doctors in Taiwan (3% of respondents worldwide)
- An injured Massage therapist (Lauriann Greene - self funded) in the USA (12% of respondents worldwide)
- An injured Massage therapist (Gerry Pyves - self funded) in the UK (75% of respondents worldwide)



A SUMMARY OF THE FIRST UK SURVEY INTO MASSAGE INJURY (2000)

What follows is my summary of this study. My own comments are added in bold with my initials (GP) in front to make clear what is the report and what are my own contributions.

THE STUDY

An investigation into the links between Massage practice and musculoskeletal damage to the practitioner's hands and wrists. Report commissioned by G. Pyves and carried out by Diane Watson of DG Associates (Huddersfield UK). Available for free in the ebook *"Three UK Studies into Massage Injury 2000 - 2010" (*www.nohandsmassage.com*)*

METHOD

A postal questionnaire was sent out to 1300 Massage practitioners to explore the links between Massage and hand and wrist injury following the anecdotal reports of many therapists at training courses run by Gerry Pyves, the creator of *NO HANDS*® Massage. The survey was a 4-page document that sought to:

- *establish the extent of the damage and injury problem;*
- *establish if the damage and injury was a direct result of Massage;*
- *establish if the damage and injury related to a particular group or groups of people;*
- *establish if practitioners had altered their practise as a result of damage and injury.*

299 therapists returned the questionnaire with 33 void for a variety of reasons (not at address, not a practitioner). This gave a response rate of 23%.

RESULTS

- ***Of the 266 completed questionnaires some 78% of respondents (207 responses) reported suffering injury or damage to their hands and/or wrists.***
- ***92% of those injured reported that their pain had only started after they had started practising as a bodyworker.***
- ***Some of the injuries reported were: Carpal Tunnel Syndrome; Ganglia on the wrist and thumb; Radio-scaphoid joint; Osteo-arthritis; Tennis elbow; Neuralgia; Repetitive Strain; Clicky wrists; Strained ligaments.***

AGE RANGE FOR INJURY:

The age group with the highest incidence of injury is the 36–50 years age group. The average length of time that therapists had been practising was 7.18 yrs. The number of clients seen per week varied from 1 to 49 with an average of 10.29 sessions a week. The length of a session varied from 20 minutes to 120 minutes with the average length 60.45 minutes.

CONCLUSIONS

This study identified that *"The length of time working as a bodywork therapist does not seem to be a determinant in the injury problem. Respondents who have been practising for one or two years seem to be as likely to have suffered injury as those who have been practising for more than ten years."*

GP: This study identifies some of the key themes that are repeated in practically all subsequent studies - high injury rate and no significant changes to this observed by differences in length or size of practice.

A SUMMARY OF THE SECOND UK SURVEY INTO MASSAGE INJURY (2004)

What follows is my summary of this study. My own comments are added in bold with my initials (GP) in front to make clear what is the report and what are my own contributions.

THE STUDY

The Incidence of Injury in the Massage Profession. Report commissioned by G. Pyves and carried out by staff at *NO HANDS®* Massage under the supervision of Geraldine Scott. Available for free in the ebook *"Three UK Studies into Massage Injury 2000-2010"*

METHOD

This report is based on a survey sent out to 2000 practitioners in July 2004. The practitioners were identified through association lists that gave their contact details and were mailed randomly. 1684 practitioners returned the survey – giving this report an unprecedented significance in terms of the industry as a whole. To date this is the biggest survey into the health of the Massage industry ever taken anywhere in the world. Data was verified and checked by Dr. Peter Mackereth of Salford University. The questions used were based on the author's 7-stage model of Massage injury, including the more nebulous indicators for stage three of injury (an increase in the level of exhaustion, colds and flu's since taking up Massage).

RESULTS

Of the 1684 therapists who responded, 1364 (81%) indicated they were carrying some form of injury. *This figure was further broken down into the following sub groups:*

1. **224 therapists** had been practising for LESS THAN 2 years and were seeing LESS THAN 5 clients a week. This group was identified in the study in order to clarify the likelihood of injury with a relatively light practice and fresh to the industry. **Of these, 60% (133) indicated injury**
2. **143 therapists** had been practising for LESS THAN 2 years seeing MORE THAN 5 clients a week. **Of these 84% (120) reported injury.**
3. **400 therapists** had been practicing for MORE THAN 2 years seeing LESS THAN 5 clients a week. **Of these, 76% (305) indicated injury.** The increase in this group from the group (1) who had been seeing less than 5 clients for less than 2 years suggests a correlation between time in practice and increasing risk of injury.

4. **387 therapists** had been practising for MORE THAN 2 years and had a practice of 5 - 10 clients. **Of these 83.7% (324) indicated injury.** The small increase from the group who saw less than 5 clients a week (3) suggests a further correlation between injury and either the volume of clients or longevity of practice.

5. **451 therapists** had been practising for MORE THAN two years and had a practice MORE THAN 10 clients. **Of this group 90% (405) indicated injury.** The small increase from the group who saw less than 10 clients a week (4) further confirms a small correlation between injury and volume of clients and/or longevity of practice. *(90% INJURY RISK)*

6. **79 therapists had been practising for MORE THAN ten years and had a practice of MORE THAN clients.** Of this group 98% (77) indicated injury. The increase from the group who saw a similar number of clients per week (5) further suggests a correlation between longevity of practice and injury. *(98% INJURY RISK)*

It is clear from even this brief summary these statistics that Massage injury can happen within a short period of being in practice. The incidence of injury for practitioners who have been working for less than two year ranges from 60% - 84%. With such a high 'base line' statistic, subsequent increases due to length of practice and volume of clients are happening very close to the ceiling of 100%. Within this limitation, this study shows that this appalling 'industry base line' of injury (between 60-84%) is further increased by length of practice and volume of clients. In other words it does not appear to get better, but worse, with experience.

That said, this study demonstrates more clearly than any other that injury progresses in a logical sequence from shorter time spent practising as a Massage therapist to longer time and from fewer clients to more clients. The 'blip' in this logical progression in number 2 shows that such progression may not always be the case. This fits with the author's experience of meeting large numbers therapists who were injured in the first few years of their practice.

Overall, there is a logical and expected progression which argues the case very strongly that conventional Massage per se is injurious to practitioners, simply because the longer and more it is done the more likelihood of injury there is.

What is less expected is the very high number of practitioners exhibiting either the early or later stages of injury with only a few clients per week (1, 2, 3 and 4).

The most alarming statistic of all for the industry is that those practitioners who develop the skills and aptitude to build a significant practice beyond 10 clients a week and beyond 10 years of experience indicated the highest incidence of injury – a staggering 98%. This suggest nothing less than the extermination of a profession.

GP: these statistics bear out the anecdotal evidence of the author – probably the one Massage therapist who has presented and spoken to more Massage therapists than any other individual in the UK. These statistics may also go some way towards explaining why the Massage profession, despite being one of the most used of all the complementary therapies, tends not to be taken as seriously as other complementary therapies. This is likely to be because most of its knowledgeable and experienced practitioners have retired injured. It must also be pointed out that perhaps the highest statistic is one that could not be collected – those who were no longer practising due to injury.

A SUMMARY OF THE AMERICAN SURVEY INTO MASSAGE INJURY (2005)

What follows is my own summary of this study. My own comments are added in bold with my initials (GP) in front to make clear what is the report and what are my own contributions.

THE STUDY

Musculo-skeletal Symptoms and Injuries among experienced Massage and Bodywork Professionals Greene, L. and Goggins, R. *Massage and Bodywork* Jan 2006

PREVIOUS STUDIES

The authors reference a study into physical therapists (physiotherapists) and their assistants which found an incidence of work-related musculoskeletal injury (32 percent and 35 percent respectively). This study (Holder et al 1999) concluded that such therapists were susceptible to sustaining occupational musculoskeletal injuries because of 'lifting, bending, twisting, reaching, performing manual therapy, and maintaining awkward positions for a prolonged period of time'. Greene and Goggins point out that since many types of Massage therapy and bodywork also involve these tasks, it would be reasonable to suspect that Massage therapists and bodyworkers are also prone to work-related musculoskeletal injury.

PURPOSE OF SURVEY

The purpose of their study was to determine the incidence and prevalence of musculoskeletal occupation related injury among Massage therapists and bodyworkers. The sought to do this by examining the *"self- reported symptoms and causes during the past two years"*. They also hoped to correlate these injuries to the physical demands of the profession.

METHOD AND SCOPE

Over 1000 emails were sent to Massage therapists in the USA and the response rate was an excellent 60%. 98 percent of the respondents to this US survey had been practicing for more than five years. The respondents were selected from ABMP members randomly across all 52 states, giving it a broad spectrum that embraced different trainings from many different Massage schools.

> ***GP: The high return rate of this survey gives it a massive authority in the field. To this author it also signifies a real concern amongst Massage professionals for their health and longevity.***

RESULTS

The overall result was a 77% incidence of Massage injury:

"It would appear that the majority of Massage therapists and bodyworkers experience some type of musculoskeletal symptoms related to the work they do."

65 percent reported pain during or following Massage work within the past two years. By correctly adding in other symptoms, such as discomfort, soreness, numbness, and tingling, the authors concluded that ***"The overall percentage of practitioners reporting some type of musculoskeletal symptoms (was) 77 percent, or 465 out of the 601 respondents."***

> ***GP: This suggests that a staggering 65% of respondents were already at stage 5 or 6 of injury.***

BODY MECHANICS:

Three quarters of the respondents said they had received training in "correct body mechanics" and one quarter said they had not. What is really interesting is that both groups got injured at exactly the same rate.

"Both groups were equivalent in the percentage that sought treatment for symptoms and received an injury diagnosis" and both groups were just as likely as each other to have sought treatment from a medical professional.

The authors summarise this catastrophe for USA Massage schools by stating succinctly that *"It would appear that any advantage gained from (the use of proper) body mechanics is slight at best"*.

The authors conclude their survey with the statement *"While some education is better than none, the large number of practitioners who are still experiencing symptoms and injuries even after receiving training seems to indicate that the training is inadequate."*

> ***GP: This is a very significant statistic - that the same identical high rate of injury occurs to groups that have been trained in so called "proper body mechanics" as to those that have not. This study has finally and fully discredited the spurious nature of such claims by Massage school owners that "Our students don't get injured because we teach proper body mechanics" beyond any doubt. Such claims were described by this author as the Massage profession's futile attempt to 'square the circle' in 2000.***

LIGHT OR DEEP BODYWORK

Another revealing statistic from this survey is that those who use simple 'light' relaxation Massage techniques are no less susceptible to injury than those who use deep tissue work. Both had approximately 77% susceptibility to injury. Even more interesting (and perhaps surprising) is that those who do Reiki, Cranial and other very light therapies were still highly susceptible to injury, reporting a 60% incidence of injury.

GP: This finding is identical to all the other studies in this ebook. This suggests that it is repetition that is responsible and that heavy pressure is endemic to all Massage, whatever 'type' of Massage we call it.

NUMBER OF TREATMENTS

The authors found clear evidence that there is absolutely no relationship between the number of clients treated each day and injury, stating: *"Comparing the different ranges of hours worked, we found no clear dose-response effect."* The same was found regarding 'breaks between treatments' - no change to the incidence of injury. In fact, Greene and Goggins found a surprising lack of increase in the 21-40 treatments a week category and write: *"This does not necessarily mean that doing that much Massage work makes you healthy; it may instead be that these respondents are able to do that much Massage work because they are, in fact, in better health than the average person".*

GP: These results regarding number of clients back up all the other studies in this ebook. It is a mystery why the same inaccurate advice continues to be peddled out to Massage therapists to 'reduce hours and take breaks". To some extent the alarmingly small number of therapists who survive this industry without injury are simply those who have not been injured 'yet'. Without detailed and individual analysis of how they survive it is impossible to draw any conclusions. Greene and Goggins fail to point out that a 77% incidence of injury is a highly dangerous game of cards for anyone to be gambling their career and livelihood on.

THERAPIST ATTITUDE TO INJURY

Regarding what therapists themselves think of their injury, this study found that 85% of injured therapists stated "applying pressure" and "giving Massage" as the cause of their injuries. The authors wrote *"Most respondents identified applying pressure, giving Massage, and standing for long periods of time as the primary contributors to their injury."*

Greene and Goggins go on to identify a puzzling lack of coherence in the way that practitioners think about the physical demands of Massage in relation to their health. They point out that *"Around 80 percent of symptomatic respondents attribute their symptoms entirely to Massage work-related activities"* but that at least 41 percent of these respondents *"chose not to change the way they practice Massage as a result."* They also point out that whilst most therapists described their overall health as "good" or "very good," three-quarters of them then reported having experienced some level of musculoskeletal symptoms in the past two years.

GP: Confusing indeed!

TYPES AND SITES OF INJURY

This study found that Overuse syndrome was the most common diagnosis, followed by tendinitis/tenosynovitis and low back strain.

"The most common locations for symptoms of pain were thumbs (30 percent of respondents), wrists (27 percent), shoulders (26 percent), and low back (25 percent)."

When the authors looked at low level discomfort they found that *"The most common location for symptoms of discomfort, soreness, etc., was the low back (25 percent), followed by the shoulders (24 percent), thumbs (23 percent), neck (21 percent), and hands (21 percent). Many respondents reported pain or discomfort in more than one part of the body in the past two years."*

PRIOR INJURY

This study unearthed a very interesting statistic regarding injury. They found that over 60% of those who reported injury had sustained prior injuries from some form of accident and that these accidents half involving the neck (automobile accidents coming up highest). The authors conclude that *"It may be that these prior injuries, if not fully healed, would have made this group more susceptible to work-related musculoskeletal symptoms."*

> ***GP: the fact that many therapists take up Massage as a second or third career in later life (in this study the average age was 50 yrs old) may mean there is a greater susceptibility to injury due to prior injury. The older we get the more likely it is that we will have sustained some form of injury. It is well known that sites of injury tend to re-injure more easily.***

RECOVERY FROM INJURY

This survey found that of those who reported injury very few were free of these injuries.

- "Almost 90 percent of those who reported symptoms are still experiencing them to some degree, although for most, their symptoms seem to be at a level that allows them to continue in the profession."
- "Among those who reported initial symptoms, almost 9 out of every 10 have some type of on-going symptoms. In other words, among all survey respondents, about two-thirds of practitioners are experiencing recurring symptoms."

> ***GP: This is one of the most worrying findings of this report. My 7 stage model suggests that continuing with low level injuries is simply a precursor to more serious career threatening injuries within even a few years. These statistics appear to bear this out***

CONCLUSIONS

Greene and Goggins point out that there is a tendency among healthcare providers to focus on the well-being of the client, often to the exclusion of their own health needs. Their survey seems to bear this out with many therapists who are well informed about health discounting their own levels of injury. Regarding solutions, the authors believe that *"…specific training, work practices, and equipment may be required to help prevent injury."*

GP: The authors of this study should be applauded for bringing these valuable statistics to Massage therapists. Their results clearly add another valuable nail in the coffin of those schools and Associations that advise and teach the use of outdated and discredited Massage techniques. Greene and Goggins have finally discredited many of the profession's most common myths about reducing injury .

Here is my own summary of some of the common recommendations that can be found in Massage magazines around the world and how I believe this survey has helped to finally disprove them:

THE 7 MYTHS OF INJURY PREVENTION

1. **"Know your limitations"** - this suggests that it is the therapists fault that they are injured due to massaging beyond their limitations. This research clearly shows that therapists who only see a few clients and only do 'light' work are equally injured. In fact all the studies included in this ebook demonstrate that injury is *intrinsic* to the old fashioned ways in which Swedish Massage is taught and delivered. It has nothing to do with the therapist's 'sense of limitation'
2. **"Schedule less clients"** - This research clearly shows that therapists who only see a few clients are equally injured to those that see more. The other studies that include longevity make this crystal clear. Any practitioner with clinical experience know that seeing less clients is not a financially viable solution.
3. **"Take longer breaks"** - There was nothing in this study that demonstrated longer breaks help. The therapists who responded all took a varying amount of breaks between clients, with no reduction to their risk of injury. The Taiwan study has shown that only seeing 3-4 clients in a 9 hour day does nothing to reduce the likelihood of injury. That's a lot of breaks in a working day!
4. **"Learn proper body mechanics"** - This study has demonstrated that "proper body mechanics" as currently understood by the profession make no difference to the injury statistics.
5. **"Use knuckles"** - This is a favourite of the "proper body mechanics" and "alternative techniques" brigade. This study has proven beyond doubt that such techniques make no difference to practitioner injury. I wrote about this myth in my 2000 publication. I have yet to meet a single Massage client who wants to be "knuckled" rather than massaged and anyone doing so is likely to lose clients.
6. **"Do light or relaxation Massage or something else like Craniosacral"** - This study points out that this makes absolutely no difference to the risk of injury.
7. "**Do strengthening exercises"** - Exercising injured and inflamed parts of the body is contraindicated - something that is often ignored in the rush to "get better". This study reveals that whilst over half of the respondents stated they did strengthening exercises, 90% of those injured were still carrying injuries. This suggests that inappropriate exercising may even be responsible for the continuance of these very injuries.

A SUMMARY OF THE TAIWAN STUDY INTO MASSAGE INJURY (2006)

What follows is my own summary of this study. My own comments are added in bold with my initials (GP) in front to make clear what is the report and what are my own contributions.

THE STUDY

Prevalence and Risk Factors of Work-Related Musculoskeletal Disorders in Massage Practitioners Yuh Jang, Chia-Fen Chi, Jau-Yih Tsauo and Jung-Der Wang *Journal of Occupational Rehabilitation (NL),* Volume 16, Number 3, September, 2006

The national Taiwan University randomly selected 161 Massage therapists. Their results indicated that about **71.4%** had at least one Work related Musculoskeletal Disorder (WMSD) in 12 months.

PURPOSE

The authors correctly point out that most of the effort exerted during Massage is based on pressure focused downward to deliver compressive force. *"Massage involves the use of many body regions, with constant movement in awkward positions and with repetitive and forceful use of the forearms, wrists, hands, fingers, and thumbs. All of these elements are known risk factors for WMSDs."*

The stated purpose of this study was to determine the prevalence rates and risk factors of WMSD among Massage practitioners. They defined 'WMSD' as *"symptoms beginning after subjects started working as a Massage practitioner, symptoms occurring at least once a week or lasting for 1 week, with no history of injury to that body region."*

WHO WAS STUDIED?

A cross-sectional sample of Massage therapists was taken from randomly selected Massage centres in Taipei City. Out of 42 centres, 211 Massage practitioners were asked to participate. The eligibility criteria of the researchers was that the participants in the study must be older than 18 years and active, giving full-body treatments full time at the Massage centres during 2004. 211 practitioners were invited, and 175 (82.9%) agreed to participate.

WHAT SORT OF QUESTIONS WERE ASKED?

The doctors involved used a modification of the standardised Nordic questionnaire. This original Nordic questionnaire consisted of questions referring to symptoms found in any of 9 anatomical regions: neck, shoulders, elbows, wrists/hands, upper back, low back, hips/thighs, knees, and ankles/feet. For the purpose of this study, the authors separated wrists/hands as two different body regions and further added thumbs, lower arm, middle back, and legs, a total of 14 body

parts. The authors defined Working Musculoskeletal disorder (WMSD) as *"tenderness, pain, or discomfort that persisted for at least 1 day in the past 12 months."*

RESULTS

About 71.4% of the Massage practitioners reported at least one WMSD during the *previous 12-month period*. The frequency of body part injured is laid out below:

Percentages of participants with WMSD and injuries:

Fingers	50.3%
Thumbs	50.3%
Shoulders	31.7 %
Wrists	28.6%
Neck	25.5%
Arm, elbows	23.6%
Forearm	20.5%
Upper back	19.3%
Lower back	19.3%
Knees	13.0%
Middle back	11.2%
Hips, thighs	6.8%
Legs	6.8%
Ankles, feet	5.6%

GP: With 287% showing injury it is clear that either all therapists are averaging close to THREE injuries each or a few are averaging many times this. Of these injuries, 80% are in the hands, arms, neck and shoulders.

OTHER STUDIES

The authors point out that these results *"corroborate previous findings between manual therapy and WMSDs of the thumbs and fingers among physical therapists".* They conclude that *"repetitive and forceful use of the forearms, wrists, hands, fingers, and thumbs in Massage is the major source of musculoskeletal injuries."*

MOVEMENT COMPENSATION PROBLEMS

The authors admitted that it was very hard to identify which movements were the cause of each injury as it *"…is difficult to separate joint movements, postures, and body parts. If the practitioner has an incorrect posture in some body parts, it usually requires other parts to compensate in order to perform the task. "* They concluded that *"…if one tries to relieve symptom of a particular body part, one must not only examine the working posture of the directly involved parts but also assess other indirectly involved parts and whole body under dynamic movements to find the solution."*

GP: This section could be seen as an argument for a the creating of a completely new WHOLE BODY MOVEMENT solution to the problem of Massage injury - which explains why it took this author over 25 years to fully develop NO HANDS.

STRENGTH OF PRACTITIONERS

The authors recommended that *"…to prevent WMSDs among Massage practitioners, gradual muscle strengthening programs are needed to increase muscle power of the upper extremity, or strength limits might be set for people who want to work as Massage practitioners."*

GP: I disagree strongly with this interpretation (not part of their study) as we know for a fact that all body shapes and sizes (and strengths) can do NO HANDS. Also to suggest even gradually strengthening already overworked body parts is to INCREASE the risk of injury, in my opinion. First these injured parts require rest and then they require zero stress mobilisation and then they require gradual strengthening. This is a process that can take from 6 weeks to 2 years depending on the severity of the injury. Early exercise would only hinder this healing process.

AMOUNT OF WORK

The authors found that Massage practitioners in Taiwan *"typically work for 9 hours a day, 6–7 days a week, with an average of 3.5 h per day of direct, uninterrupted contact with clients."* The authors propose the solution of limiting this number of direct contact hours even further.

GP: Two things interest me about this. Firstly, how little actual Massage 'full time' therapists are doing in Taiwan and secondly, how they are expected to reduce their hours – earn less? Will their mortgage providers accept less payment on their house loans? This is not a workable solution and argues for a complete revolution in the way that Massage is carried out. NO HANDS® practitioners are often fully booked and able to see clients for 6-8 hours a day without any problems of injury, strain or fatigue.

THE STAGES OF INJURY

The authors found that *"Nearly one half of the Massage practitioners had thumbs and fingers symptoms in their first 5 years of practice."* They also found a particularly high prevalence of injury *"after 20 years of practice"*. They propose educating practitioners to *"Recognise the point at which fatigue starts to affect their work, and modifying Massage techniques to reduce stress on the upper extremity."* They also suggest giving employment guidance so they can change jobs!

GP: So the onset of serious injury - stage 6 in the 7-stage model - fits very well with the results of the 2010 UK study which states that "The average time for stage 6 injury is 4.2 years." Their suggestion of modifying stress on the upper extremity or suggesting career guidance simply shows their ignorance of the solutions needed for zero strain Massage - solutions which had already been published by me in 2000 - something even the most basic literature search would have revealed.

CONCLUSION

The authors concluded that Massage practitioners "are susceptible to WMSDs because of their awkward positions and repetitive and forceful motion in all body regions." They recommend "a more comprehensive biomechanical analysis for the dynamic movements in Massage." They emphasise the urgent need to develop intervention methods that reduce the risk of WMSDs in Massage practice.

> ***GP: Despite their failure to identify the existing solutions of NO HANDS® Massage, these doctors are to be applauded for bringing medical science to the issue of Massage injury and for providing an independent voice that corroborates all the other findings in this ebook. I would also like to point out that, like my own publications, an independent study by medical doctors that demonstrated 71% of practitioners doing less than 4 treatments a day get injured has not been made public by the Massage schools or associations. How is this information not conference shattering news - relevant to the livelihoods of the therapists they purport to represent?***

A SUMMARY OF THE CANADIAN STUDY INTO MASSAGE INJURY (2008)

What follows is my own summary of this study. My own comments are added in bold with my initials (GP) in front to make clear what is the report and what are my own contributions.

THE STUDY

A Survey of Musculoskeletal Injuries Amongst Canadian Massage Therapists Wayne J. Albert, Nadine Currie-Jackson, Carolyn A. Duncan. *Journal of Bodywork and Movement Therapies* (2008) 12, 86–93

PREVIOUS RESEARCH

The authors identified a previous Brunswick study that had investigated the postural and low back demands of performing a standard 45-min Massage (Albert et al., 2006). This study clearly reported that the percentage of time spent in non-neutral wrist, shoulder and trunk postures were "placing the therapists at risk for soft tissue injury" and that *"the cumulative load on the low back structures were found to be significant when extrapolated to four or five 45-min Massages performed in a day".*

They noted that another Brunswick study had compared the postural and muscular demands of the upper extremity and back when performing a 15-minute On-Site (Corporate) Massage with a client in a Massage chair and on a Massage table (Buck et al., in press). They found that *"the chair Massage required more muscular activity of the upper extremity and non-neutral postures of the wrist and shoulders. The table Massage placed greater demands on the trunk posture and musculature with similar non-neutral postures of the wrist."*

> ***GP: What is remarkable about both these studies is that no one seems to have done a calculation of the forces loading through the wrist (onto the client) and the rebounding forces coming back from the body into the wrist. This is surprising as perhaps the first and most historic piece of research into injury was a study into typists that identified a 20 tonne loading per day through the hands. Any conservative comparison of the forces going through a Massage therapists' hands every hour will produce figures in the region of 80 tonnes per hour. Quite how a group of scientists can spend all that time and money on a study and fail to notice or calculate the obvious is beyond me. It is a bit like doing a study of road accident fatality but only recording the damage to the road surface from skid marks!***

METHOD AND RESULTS

A comprehensive on line questionnaire was filled in by a representative group of 502 Massage therapists following adverts and emails to members of all provincial associations. Over half of the respondents had less than 5 years experience.

The authors wrote: *"It was encouraging to note that 87% of the RMT indicated that they received education on Self-Care/Maintenance during their education and that 92% currently engage in a Self-Care/Maintenance regime for their physical and mental well-being, which included healthy diet, vitamin and mineral supplements, regular exercise and stretching. As well, 89% indicated receiving formal training in proper Massage therapist posture during their education."*

Injury: Over **80%** of the respondents reported pain and discomfort in the wrist and thumbs and 74% sought medical treatment for these.

The authors commented that *"Although the reporting of discomfort was expected, the high prevalence of pain/discomfort reporting was surprising since a large percentage of the RMT suggested that they engaged in a regime of self-care and received education on self-care and proper technique posture."*

> ***GP: The study authors spent an inordinate amount of time focusing on the spine when this was not the major site of injury and discussing fatigue at the end of the day of seeing lots of clients - when there was no evidence that this was a factor. This study, like all the others, reveals the same problem - there is no such thing as 'proper posture' unless one abandons the hands for high stress work and makes a radical shift in the techniques used.***

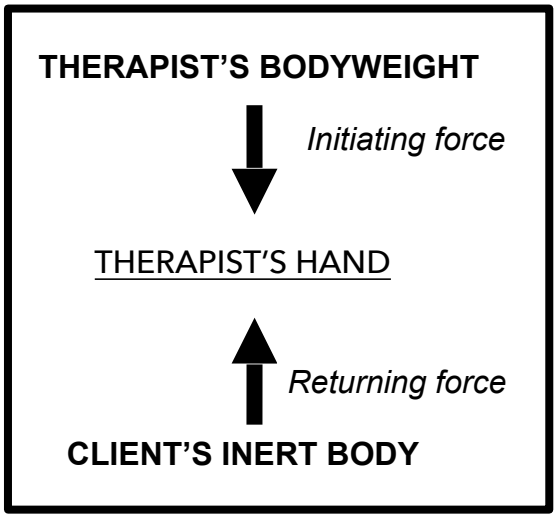
SOLUTION

This study showed that here no correlation between 'proper posture' training or self care. It also showed that there was an increased risk of shoulder injury for those that resorted to 'Massage tools'. Those therapists that used Massage aids *were* less likely to injure their wrists or thumbs but *"The incidence of shoulder pain was significantly higher for those reporting the use of Massage aids."*

CONCLUSION

The authors conclude that *"the challenge is to provide recommendations for proper technique to ensure a long and healthy career."*

> ***GP: Yet another study that proves there is no correlation between length of practice or volume of practice to Massage injury. Yet another study that demonstrates injury is intrinsic to the old fashioned approaches used by the industry. Yet another study that reveals the complete failure of Massage schools to address this problem.***



(Diagram used by the author to explain the nature of the forces involved with a static body on a Massage table)

A SUMMARY OF THE THIRD UK SURVEY INTO MASSAGE INJURY (2010)

What follows is my summary of this study. My own comments are added in bold with my initials (GP) in front to make clear what is the report and what are my own contributions.

THE STUDY

The 2010 Survey into Musculoskeletal Injury amongst Massage Therapists in the UK. This report was commissioned by G. Pyves and carried out by staff at *NO HANDS®* Massage under the supervision of Geraldine Scott. Available for free in the ebook *"Three UK Studies into Massage Injury 2000 - 2010" (*www.nohandsmassage.com*)*

METHOD:

Hard copy questionnaires were sent out to 5,224 Massage therapists who had agreed to participate in advance. This was a different group of therapists from the 2004 study. The only incentive to complete the survey was a free digital copy of this report. The questions were based on the 7-stage model of injury without the more questionable signs of stage three in order to find out if their expulsion made any significant difference to the results. Questions were only focused on the observable signs of stage 4 (aching during treatments), stage 5 (aching after treatments), stage 6 (Medical Diagnosis). Stage 7 (disability) meant that these individuals had left the profession. Questions were also asked about the practice of Reflexology carried out exclusively (without any Massage clients) or in addition to having Massage clients.

The purpose of this study was to identify if there had been any changes to the incidence of injury outside of the *NO HANDS®* Massage Association - our database was not used as we know that we have a 0% injury rate from Massage within this group. As an association predicated entirely upon zero strain and full knowledge of the early signs of injury amongst members, any issues of aches or pains from Massage are resolved immediately through postural corrections or further training. However, like any normal population group, about 1% of our members do continue to injure themselves by breaking their limbs from trampolining or playing sports etc…

RESULTS

77% of Massage therapists indicated they may have suffered from either the earlier or later stages of MusculoSkeletal injury.

These break down into the following categories of injury:

- 71% indicated they may have suffered from the fourth stage of injury (mild aches and pains whilst massaging - Micro-deformation)

- 45% indicated they may have suffered from the fifth stage of injury (increasingly severe aches and pains even after Massaging – Acute injury)
- 13% indicated they may have suffered from the sixth stage of injury (intense pain that stops you Massaging – Chronic injury)

Clearly many of those who were experiencing stage five and stage six injuries were also simultaneously experiencing stage four injuries. We also found that:

- The most common site of injury was the hand (80%), followed by the back (59%), but most therapists reported experiencing multiple locations of injury.
- Information regarding the effects of Reflexology indicates that Reflexology is at least as damaging as Massage.
- Over 60% of all therapists who were injured were experiencing injury at the time of the study.
- More than half of the respondents had less than 10 years experience of practising Massage.

GP: The decreasing percentages of the population group experiencing later stages of injury demonstrates the accuracy of the 7 stage model. In any population group, the early signs of injury are experienced by the most numbers and the later and more severe states of injury are experienced by the least. This suggests that Massage injury does progress through the 7 stages as expected from the research (see "The 7 - stage Model of Massage Injury" ebook at www.nohandsmassage.com). What is interesting about this study is that the removal of stage 3 questions made little difference to the overall figure of injury within this population of Massage therapists when compared with any other.

OTHER BOOKS/STUDIES REFERENCED

Holder, Nicole L. et al. *Cause, Prevalence and Response to Occupational Musculo-skeletal Injuries Reported by Physical Therapists and Physical Therapy Assistants* Physical Therapy. Vol. 79, Number 7, July 1999; 642-652

Pyves, G *The Principles and Practice of No Hands Massage* Shi'Zen Publications 2000

Pyves, G *The 7-stage model of Massage Injury* Free ebook www.nohandsmassage.com

Pyves, G *Three UK studies into Massage Injury* Free ebook www.nohandsmassage.com

Pyves, G *The Myth of 'Proper Body Mechanics' for Massage Therapists* Free ebook *www.nohandsmassage.com*

SIX STUDIES INTO MASSAGE PRACTITIONER INJURY – A SUMMARY

1. UK STUDY #1: 2000 **INDICATING 78% INJURY**

This study found that, of the 266 completed questionnaires, some 78% of respondents (207 responses) indicated that they were suffering injury or damage to their hands and/or wrists.

'An investigation into the links between Massage practice and musculoskeletal damage to the practitioner's hands and wrists' Pyves, G. July 2000.*available at* www.nohandsmassage.com

2. UK STUDY #2: 2004 **INDICATING 81% INJURY**

In this study, 1684 out of 2000 practitioners contacted returned the survey – giving this report an unprecedented significance in terms of the industry as a whole. Overall, this survey found that 81% of all Massage practitioners may be suffering from either the early or later stages of injury.

'*An Investigation into the Incidence of Injury in the Massage Profession'* Pyves, G. July 2004. Available at www.nohandsmassage.com

3. USA STUDY: 2005 **INDICATING 77% INJURY**

In this USA study they found that, out of 600 therapists who responded to their email, 67% of those who saw 1-10 clients a week were producing symptoms of injury, whilst 77% did so if the number of treatments rose to 11-20 per week.

'Musculoskeletal Symptoms and Injuries among experienced Massage and Bodywork Professionals' Lauriann Greene and Rick Goggins (published in Massage and Bodywork Jan 2006)

4. TAIWANESE STUDY: 2006 **INDICATING 71% INJURY**

This study was carried out at the national Taiwan University, and it randomly selected 161 visually impaired Massage therapists. Results indicated that about 71.4% had at least one Work related Musculoskeletal Disorder (WMSD) in 12 months.

'Prevalence and Risk Factors of Work-Related Musculoskeletal Disorders in Massage Practitioners' Yuh Jang, Chia-Fen Chi, Jau-Yih Tsauo and Jung-Der Wang Journal of Occupational Rehabilitation, Volume 16, Number 3, September, 2006

5. CANADIAN STUDY: 2008 **INDICATING 80% INJURY**

This study was carried out on 502 Massage therapists from across the whole of Canada and showed that 80% of Massage therapists had pain in wrists and thumbs, whilst 60% also indicated pain in their lower back.

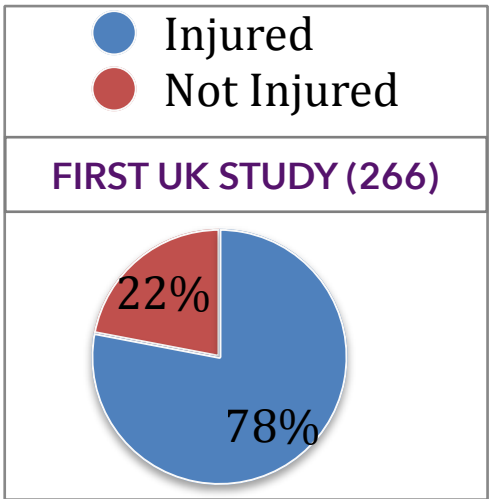
'A Survey of Musculoskeletal Injuries Amongst Canadian Massage Practitioners' Wayne J Albert, Nadine Currie-Jackson, Carolyn A. Duncan. Journal of Bodywork and Movement Therapies (2008) 12, 86-93

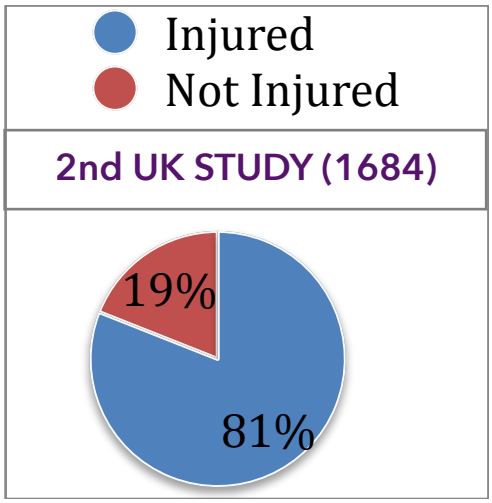
6. UK STUDY #3: 2010 **INDICATING 77% INJURY**

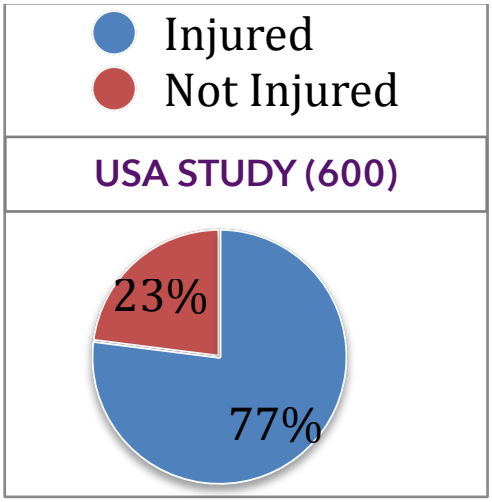
In this study, 1988 respondents indicated that 77% may be injured. Likewise 80% indicated injury to wrists and 59% injury to backs. This is now the biggest survey into the health of the Massage industry ever taken anywhere in the world. The three UK studies when combined represent the injury statistics from a population of 3,938 Massage therapists.

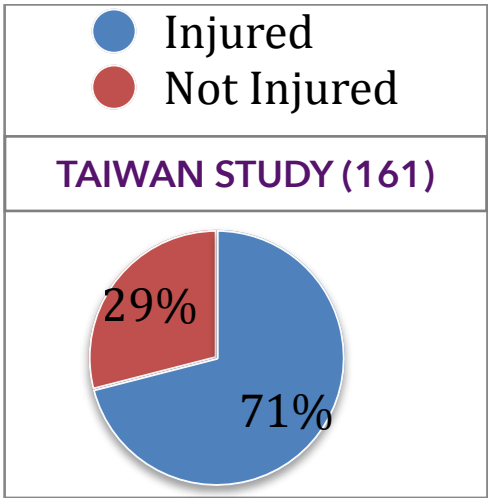
'2010 Massage Practitioner Survey' July 2010 available at www.nohandsmassage.com

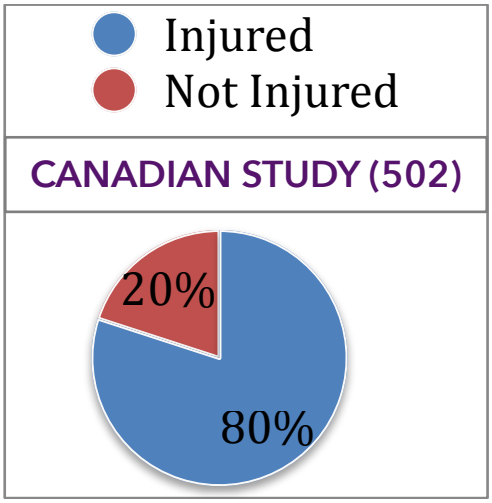
What is remarkable about these studies is that ALL THREE CONTINENTS show similar findings, despite them all using different survey methodologies, and each being carried out without any reference to the other studies!

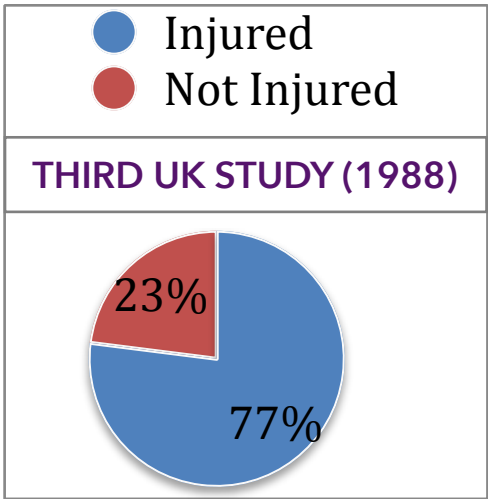

Injured
Not Injured
FIRST UK STUDY (266)
22%
78%


Injured
Not Injured
2nd UK STUDY (1684)
19%
81%


Injured
Not Injured
USA STUDY (600)
23%
77%


Injured
Not Injured
TAIWAN STUDY (161)
29%
71%


Injured
Not Injured
CANADIAN STUDY (502)
20%
80%


Injured
Not Injured
THIRD UK STUDY (1988)
23%
77%

The author, **Gerry** Pyves demonstrating powerful and deep mobilisation and stretching of the 'shoulder-neck-matrix' of muscles using the zero strain principles of *NO HANDS*® Massage.