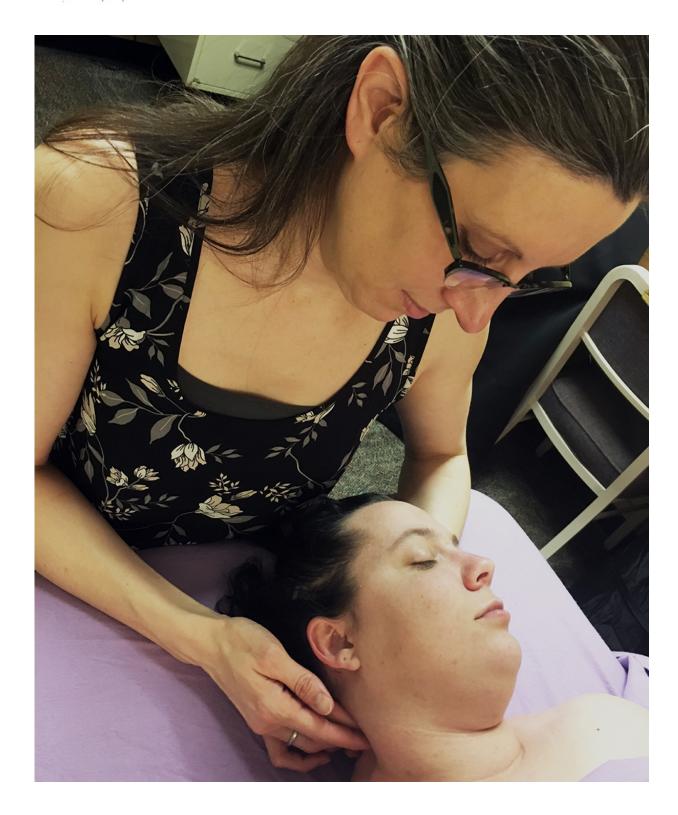


Study shows real-world massage is effective treatment for low back pain

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Massage therapist rubs patient's neck. Credit: School of Health and Rehabilitation Sciences



In the first study of its kind, researchers found real-world massage therapy to be an effective treatment for chronic low back pain.

Niki Munk, an assistant professor of health sciences in the School of Health and Rehabilitation Sciences at Indiana University-Purdue University Indianapolis and one of the co-first authors of the study, said that the study's findings are important, given the large number of people who suffer <u>low back pain</u> in the U.S.

Low back pain leads all disorders in years lost to disability in the U.S. Most patients improve rapidly, but one-third report persistent back pain, and 15 percent develop chronic low back pain with significant physical limitations.

More than 50 percent of those who participated in the study experienced clinically meaningful improvements in their low back pain with disability, according to Munk.

"The study can give primary care providers the confidence to tell patients with chronic low back pain to try massage, if the patients can afford to do so," Munk said. Generally, massage is not covered by insurance, Medicaid or Medicare.

Previous studies of the effectiveness of massage were conducted in controlled research situations. In this study, patients were referred by a physician to a massage therapist. The massage therapist designed and provided a series of 10 massages—at no cost to the patient—in a clinical treatment environment, mimicking the experience of people who choose to seek <u>massage therapy</u> in the real world.

The study also looked at different characteristics associated with patients being more likely or less likely to experience clinically meaningful change from massage. Among the study's findings:



Adults in the baby-boom and older generations tended to be much more likely to experience clinically meaningful changes.

Obese <u>patients</u> experienced significant improvements, but those improvements were not retained over time.

Patients who were taking opioids experienced improvements in their pain from disability in some cases but were two times less likely to experience clinically meaningful change compared to those who were not taking opioids.

While the study results are promising, much more work needs to be done, Munk said: "The fact of the matter is that chronic lower back pain is very complex and often requires a maintenance-type approach versus a short-term intervention option."

Additional investigation is needed to replicate the results of the initial study and to conduct a cost-benefit analysis of massage therapy, Munk said.

"Massage is an out-of-pocket cost," she said. "Generally, people wonder if it is worth it. Will it pay to provide <u>massage</u> to people for an extended period of time? Will it help avoid back surgeries, for example, that may or may not have great outcomes? These are the types of analyses that we hope will result from this study."

The study, "Real-World Massage Therapy Produces Meaningful Effectiveness Signal for Primary Care Patients with Chronic Low Back Pain: Results of a Repeated Measures Cohort Study," was published online March 14 in the journal *Pain Medicine*.

More information: William G. Elder et al. Real-World Massage Therapy Produces Meaningful Effectiveness Signal for Primary Care



Patients with Chronic Low Back Pain: Results of a Repeated Measures Cohort Study, *Pain Medicine* (2017). DOI: 10.1093/pm/pnw347

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