

PowerPoint presentie MASSAGE
dr. Anton de Wijer

Stichting Geschiedenis Fysiotherapie

1989 – 2014

urk

www.sgfinfo.nl

Massage tx



Who will refuse massage tx?



Dr Th. J.A. Terlouw

- Geschiedenis van de fysiotherapie gezien door andere ogen. 2004
- De opkomst van het **heilgymnastisch beroep** in Nederland in de 19^e eeuw. 1991 *incl masserend medicus Mezger*
- Over de manipulatietherapie is zeker het laatste woord nog niet gezegd, inleiding tot de geschiedenis van de manuele therapie in Nederland. 2010
- Kortenhoeven D. 100 jaar fysiotherapie, ontwikkeling van het wettelijk en economisch kader van een paramedisch beroepsgroep. 1989.



Bonnefantopia, 2003



Bonnefantopia, 2003

Wellness Skull, 2007



In the neck of the skull is a small bath. The head of the Skull contains a sauna. When it is working the hot steam pears out of the eye sockets.
Joep van Lieshout

Massage

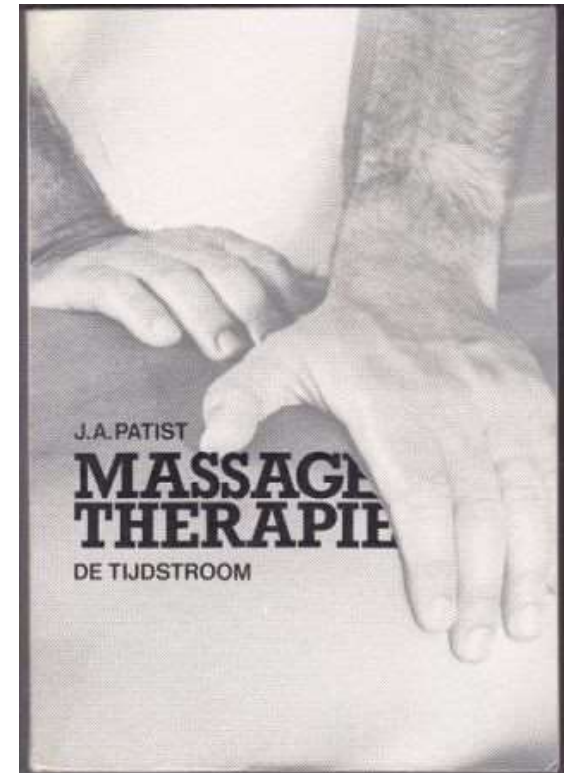
- Thanks to my teacher **Hans Patist** during my education physiotherapy 1967-71.



[Hans] J.A. Patist



[Gerrit] G. Heutink



Wordt er nog gemasseerd?

Guus Koster Fysiopraxis jan 2003

- De slinger slaat door
- Rapporten van gezondheidsraad, RIVM – andere leefstijl meer bewegen – massage past daar niet in
- Ik zie het als een start van de behandeling

Fysiotherapeutische massage, overtollige bagage?

Drie artikelen tonen een significant effect aan van massage op het welbevinden gemeten met de State Anxiety Inventory [STAI] and Profile of Mood States.

Dec 2004 Fysiopraxis Marijn Litjens et al



Massage een ondergewaardeerde interventie

rubriek opvattingen Fysiopraxis juni 2012

- De stelling is zeker waar
- Ik gebruik massage als middel om te communiceren, je moet weten wanneer het een toegevoegde waarde heeft
- Therapeuten zijn minder gewend om contact te maken
- Massage is een soort anatomie in vivo, je kunt ermee diagnosticeren en behandelen
- Massage kan een heel actieve rol van de patient vragen

Hands on, hands off? The swings in pt office

- Extremes solely passive or solely active
- Swing in the model from biological base and debates [f.e. Cyriax, Krämer// disc, facet joints, muscles] to biopsychosocial context [Engel, Waddell] modifying role / mediating roles of psychosocial features.
- Mixer and Barr 1934 classic paper surgical tx of disc prolapse challenged by Waddel 1987 a new clinical model for tx lbp.
- Pendulum swing too far? Non specific >>90% → symptomatic tx for the majority of patients →
small effects.

Hands on, hands off? The swings in pt office

- Waddell: develop a rational basis for choosing the most effective tx for individual patients.
- **This is not possible without better understanding of the biological component of the biopsychosocial model!**

- Welke factoren zijn bepalend bij pijn?
- Welke interventie is geïndiceerd?
- Wie wordt de behandelaar?

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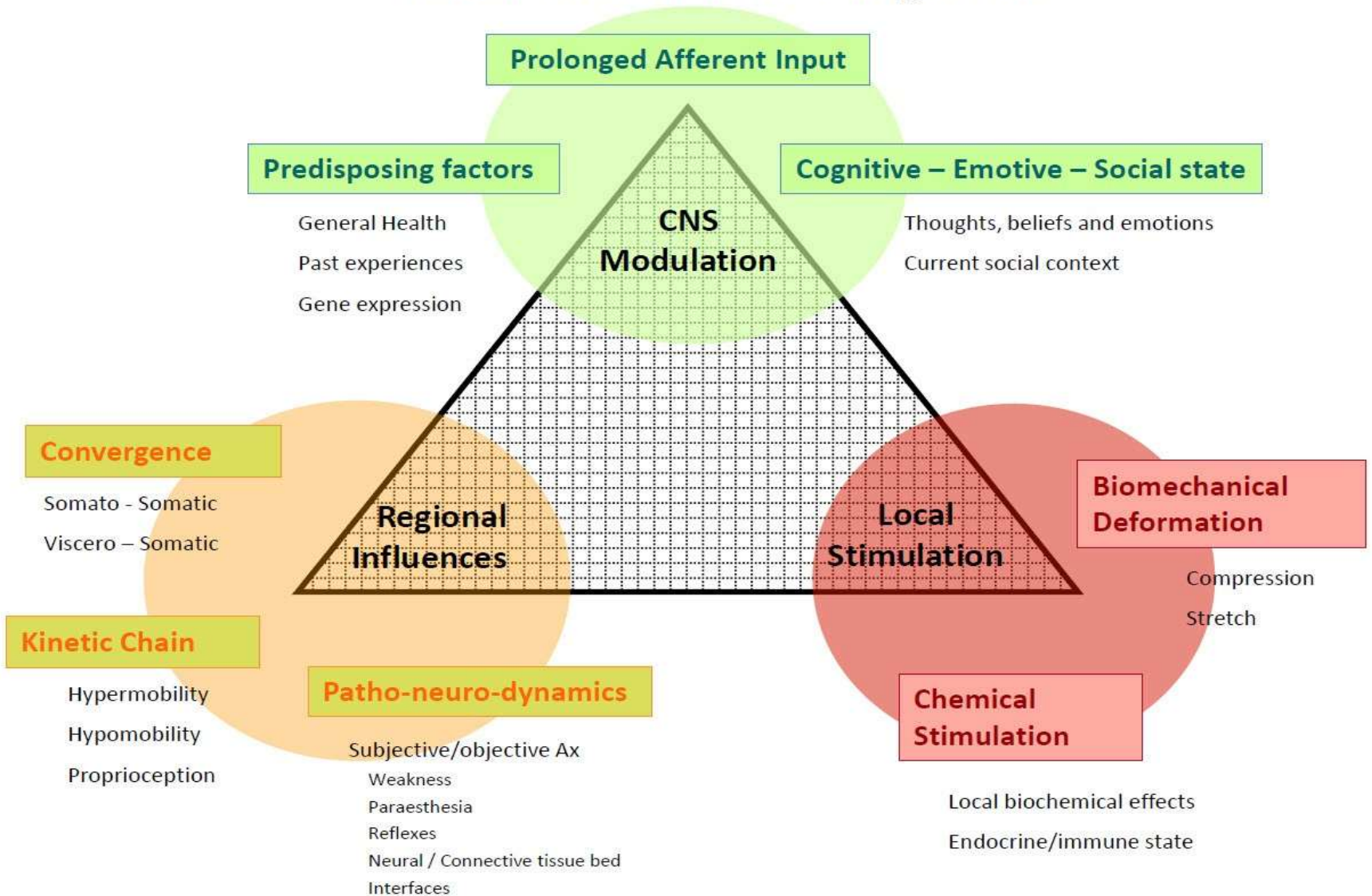
Professional issue

The Pain and Movement Reasoning Model: Introduction to a simple tool for integrated pain assessment

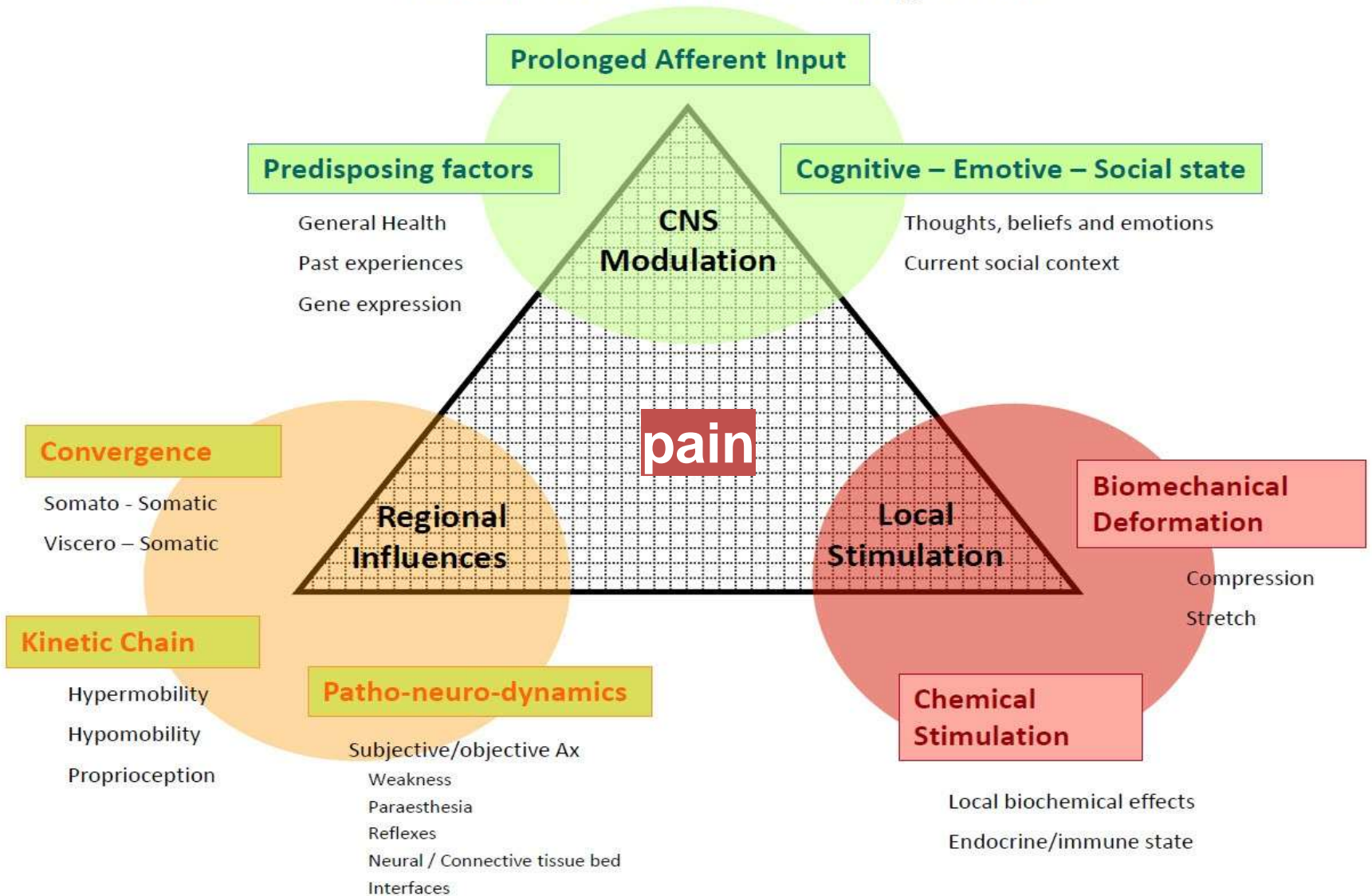
Lester E. Jones^{a,*}, Desmond F.P. O'Shaughnessy^b



Pain and Movement Reasoning Model



Pain and Movement Reasoning Model



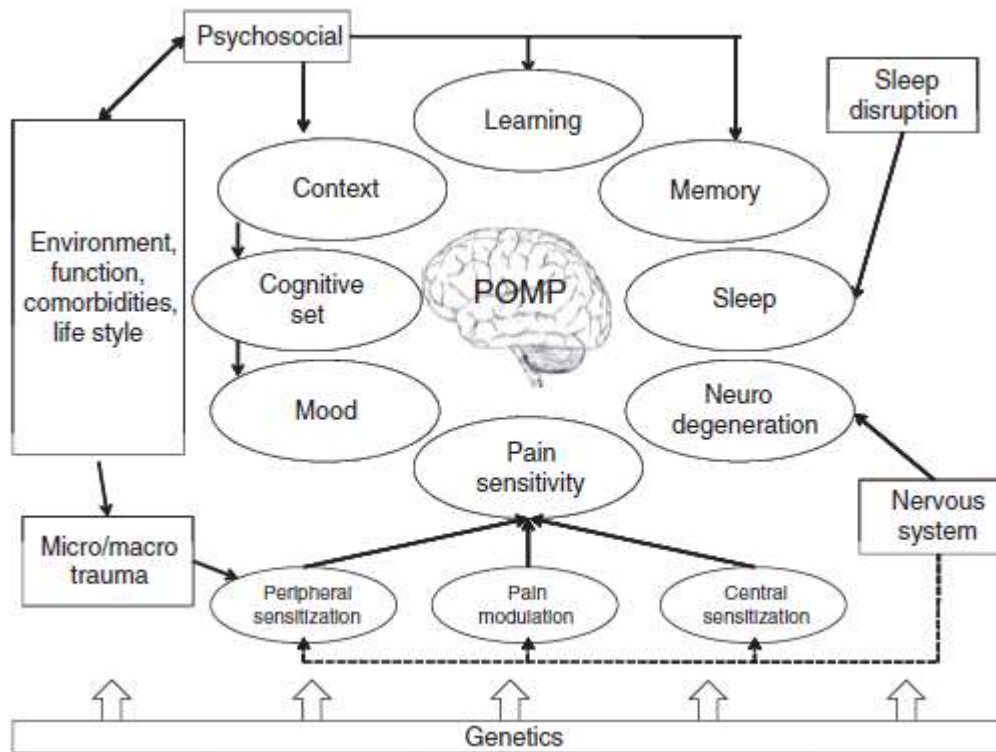
ORAL DISEASES

Oral Diseases (2011) 17 (Suppl. 1), 23–41. doi:10.1111/j.1601-0825.2011.01790.x
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ORIGINAL ARTICLE

Persistent orofacial muscle pain

R Benoliel¹, P Svensson², GM Heir³, D Sirois^{4,5}, J Zakrzewska⁶, J Oke-Nwosu⁷, SR Torres⁸, MS Greenberg⁹, GD Klasser¹⁰, J Katz¹¹, E Eliav³



Nervous system

+++ [endogenous pain modulation. Peripheral and central sensitization]

Demographics

+++ [gender]

Psychological

+++ [catastrophizing]

Comorbidity

+++

Massage tx

- **Massage** is the manipulation of superficial and deeper layers of muscle and connective tissue using various techniques, to enhance function, aid in the healing process, decrease muscle reflex activity, inhibit motor-neuron excitability, promote relaxation and well-being, and as a recreational activity.

In distinction the ancient Greek word for massage was *anatripsis*, and the Latin was *frictio*.

Massage tx

- BC 460: Hippocrates wrote "The physician must be experienced in many things, but assuredly in rubbing".
- AD 581: China establishes a department of massage therapy within the Office of Imperial Physicians.
- AD 1776 Pehr Henrik Ling, a Swedish physical therapist, and teacher of medical-gymnastics is born. Ling has often been erroneously credited for having invented "Classic Massage" aka "Swedish Massage", and has been called the "Father of Massage".

Massage tx

- AD 1878: Dutch massage practitioner Johan Georg **Mezger** takes a sub-set of techniques from Dr. Ling's system, and coins the phrase "Swedish massage system". Notably, Ling's techniques, having been borrowed by Mezger, are still known by their French names (**effleurage** (long, gliding strokes), **petrissage** (lifting and kneading the muscles), **friction** (firm, deep, circular rubbing movements), **tapotement** (brisk tapping or percussive movements), and **vibration** (rapidly shaking or vibrating specific muscles)). Each of these techniques are fundamental elements of [Tui na](#), and had been practiced in **China** for several thousand years prior.

Massage tx

- Acupressure massage
- Breast massage (Lymphatic breast massage)
- Anma massage
- Ayurvedic massage
- Balinese massage
- Barefoot deep tissue massage
- Bowen therapy
- Breema massage
- Cranial Release Technique
- Champissage massage
- Couples massage
- Deep tissue massage
- Esalen massage
- Hilot massage
- Lymphatic drainage massage
- Myofascial release massage
- Reflexology massage
- Shiatsu
- Sports massage
- Swedish massage

Many types of practices are associated with massage and include [bodywork](#), [manual therapy](#), [energy medicine](#), and [breathwork](#)

Cochrane database

- Authors' conclusions:
- Massage might be beneficial for patients with subacute and chronic non-specific low-back pain, especially when combined with exercises and education. More studies are needed to confirm these conclusions, to assess the impact of massage on return-to-work, and to determine cost-effectiveness of massage as an intervention for low-back pain.
- This record should be cited as:
- Furlan AD, Imamura M, Dryden T, Irvin E. Massage for low-back pain. Cochrane Database of Systematic Reviews 2008, Issue 4. Art. No.: CD001929. DOI: 10.1002/14651858.CD001929.pub2

effects

- Peer-reviewed medical research has shown that the benefits of massage include pain relief, reduced trait anxiety and depression, and temporarily reduced blood pressure, heart rate, and state of anxiety. Theories behind what massage might do include blocking nociception (gate control theory), activating the parasympathetic nervous system, which may stimulate the release of endorphins and serotonin, preventing fibrosis or scar tissue, increasing the flow of lymph, and improving sleep, but such effects are yet to be supported by well-designed clinical studies.

Cochrane database

- **No recommendations for practice** can be made at this time because the effectiveness of massage for **neck pain** remains uncertain.
- As a stand-alone treatment, massage for MND was found to provide an immediate or short-term effectiveness or both in pain and tenderness. Additionally, future research is needed in order to assess the long-term effects of treatment and treatments provided on more than one occasion.
- Patel KC, Gross A, Graham N, Goldsmith CH, Ezzo J, Morien A, Peloso PMJ. Massage for mechanical neck disorders. Cochrane Database of Systematic Reviews 2012, Issue 9. Art. No.: CD004871. DOI: 10.1002/14651858.CD004871.pub4

Cochrane database

- A few **non-invasive physical treatments** may be effective as **prophylactic treatments for chronic/recurrent headaches**.

Based on [trial](#) results, these treatments appear to be associated with little [risk](#) of serious [adverse effects](#). The clinical [effectiveness](#) and cost-[effectiveness](#) of non-invasive physical treatments require further [research](#) using scientifically [rigorous methods](#). The [heterogeneity](#) of the studies included in this [review](#) means that the results of a few additional high-quality trials in the future could easily change the conclusions of our [review](#).

- This record should be cited as:
- Brønfort G, Nilsson N, Haas M, Evans RL, Goldsmith CH, Assendelft WJJ, Bouter LM. Non-invasive physical treatments for chronic/recurrent headache. Cochrane Database of Systematic Reviews 2004, Issue 3. Art. No.: CD001878. DOI: 10.1002/14651858.CD001878.pub2

Cochrane database

- Relaxation techniques were more effective at reducing self-rated depressive symptoms than no or minimal treatment. However, they were not as effective as psychological treatment. Data on clinician-rated depressive symptoms were less conclusive. Further [research](#) is required to investigate the possibility **of relaxation being used as a first-line treatment in a stepped care approach to managing depression, especially in younger populations and populations with subthreshold or first episodes of depression.**
- This record should be cited as:
- Jorm AF, Morgan AJ, Hetrick SE. Relaxation for depression. Cochrane Database of Systematic Reviews 2008, Issue 4. Art. No.: CD007142. DOI: 10.1002/14651858.CD007142.pub2

A Meta-Analysis of Massage Therapy Research,

Christopher A. Moyer et al

Psychological Bulletin 2004

Single applications of MT reduced state anxiety, blood pressure, and heart rate but not negative mood, immediate assessment of pain, and cortisol level

Multiple applications reduced delayed assessment of pain. Reductions of trait anxiety and depression were MT's largest effects, with a course of treatment providing benefits similar in magnitude to those of psychotherapy.

Result meta-analysis

- This meta-analysis supports the general conclusion that MT is effective. Thirty-seven studies yielded a statistically **significant overall effect** as well as six specific effects out of nine that were examined. Significant results were found within the single-dose and multiple-dose categories, and for both physiological and psychological outcome variables. Confidence in these findings is bolstered by the results of trim and fill analyses, which indicate that the results are not unduly threatened by publication bias.

Research: Psycho-massage tx

- No study has directly compared these treatments, a comparison that would be justified given the finding that some MT effects may be very similar to those of psychotherapy. Similarly, it could be interesting to determine whether a combination of MT and psychotherapy could be significantly more effective than either alone.
- Despite the fact that MT is a treatment that relies on interpersonal contact, no research has attempted to manipulate, or even measure, the kind of psychological interactions that undoubtedly take place between the provider and recipient of MT.

Research

- (a) the amount and **types of communication**, both verbal and nonverbal, that take place between massage therapist and recipient; (b) the recipient's and therapist's **expectations** for whether treatment will be beneficial; (c) the amount of **empathy** perceived by the recipient on behalf of the therapist; (d) whether the psychological state of the therapist is of importance; and (e) whether **personality traits** of the therapist, of the recipient, or any interaction between those personality traits influence outcomes.

Research

However, whether researchers wish to study MT as a physical therapy, as a psychological one, or as both, new research should examine not merely the effects resulting from MT, but also the ways in which these effects come about. It is only by testing MT theories that a better understanding of this ancient practice will result.

Dank u voor uw aandacht

