



Massage

Other common name(s): Swedish massage, sports massage, deep tissue massage, myotherapy, massage therapy, therapeutic massage, neuromuscular therapy, trigger point massage, trigger point therapy, bodywork

Scientific/medical name(s): none

Description

Massage involves manipulation, rubbing, and kneading of the muscles and soft tissue to enhance function of those tissues and promote relaxation.

Overview

Studies of massage for cancer patients suggest massage can decrease stress, anxiety, depression, pain, and fatigue. Many health care professionals recognize massage as a useful, noninvasive addition to standard medical treatment. Therapeutic massage is most often given by trained massage therapists. Caregivers can also be trained in safe massage techniques.

How is it promoted for use?

Massage is recommended by some health care professionals as a complementary therapy. Supporters believe massage can help reduce stress, anxiety, and pain in people who have serious illnesses such as cancer. It is also known to help relax muscles. Many people find that massage brings a temporary feeling of well-being and relaxation. Massage is also used to relieve pain and stiffness, increase mobility, rehabilitate injured muscles, and reduce the pain of headaches and backaches.

Some practitioners claim massage raises the body's production of endorphins (chemicals believed to improve overall mood) and flushes the waste product lactic acid out of muscles. Proponents also claim massage promotes recovery from fatigue produced by excessive exercise, breaks up scar tissue, loosens mucus in the lungs, promotes sinus drainage, and helps arthritis, colds, and constipation.

Proponents claim a type of massage called myotherapy (see the "What does it involve?" section) can reduce 95% of all muscle-related pain and, in some cases, can take the place of pain-relieving drugs. They say the techniques used in myotherapy relax muscles and improve muscle strength, flexibility, and coordination; relieve pain; reduce the need for pain medicines; increase blood circulation; improve stamina and sleep patterns; and correct posture imbalances.

What does it involve?

There are many types of massage, including Swedish massage, sports massage, neuromuscular therapy, myotherapy, and others (see our document *Acupressure, Shiatsu, and Other Asian Bodywork*). Swedish massage is one of the most common types of massage used in the United States today, although most massage therapists combine a number of different styles and techniques.

In all forms of massage, therapists use their hands (and sometimes forearms, elbows, and massage tools) to manipulate the body's soft tissue. Massage strokes can vary from light and shallow to firm and deep and from slow steady pressure to quick tapping. The type of massage stroke will depend on the health and needs of the individual and the training and style of the massage therapist. During active treatment for cancer, special considerations may apply.

Swedish massage uses several techniques to apply pressure to muscles in order to relax them and encourage circulation. **Deep tissue massage** focuses on deep layers of muscle tissue and connective tissue with the goal of releasing chronic

tension or tightness. **Sports massage** is used in different ways depending on the sport, but the overall goals are to reduce fatigue and improve mobility.

Myotherapy and **neuromuscular therapy** focus on finding trigger points and use techniques such as deep pressure to reduce them. Trigger points are abnormally sensitive, highly irritable knots of tight muscle tissue that may cause pain or limit range of motion. These types of massage are also called trigger point therapies.

Massage usually takes place on a massage table. The client may wear minimal clothing and is covered by a sheet, light blanket, or towel. Oils or lotions are often used to keep friction from irritating the skin. Typical massage therapy sessions last from 30 minutes to an hour. Massage therapists often use soothing music and dim lighting to increase relaxation.

Some massages take place with the client fully clothed and seated on a massage chair. Chair massage focuses on the head, neck, shoulders, back, arms, and hands. These massages tend to last fifteen to thirty minutes.

Many hospitals and cancer centers now offer massage to cancer patients. When provided to patients undergoing inpatient procedures, these massages generally last a shorter time.

What is the history behind it?

Massage has been used in many ancient cultures, including those of China, India, Persia, Arabia, Greece, and Egypt. Chinese texts dating back to 2700 BC recommended massage and other types of body movements as treatments for paralysis, chills, and fever. Hippocrates, known as the father of western medicine, recommended massage for sports and war injuries.

Swedish massage, one of the most common forms of massage used today in the United States, is usually attributed to the nineteenth century Swedish physician Per Henrik Ling. A number of writings from the late 1800s discuss techniques that have been incorporated into what we call Swedish massage. In other parts of the world, these techniques are more often called classic massage.

Trigger point therapy was developed as a result of the work of Janet Travell, MD, and colleagues in the 1940s. Travell developed a technique called trigger point injections, in which pain-relieving drugs are injected directly into the tender area of painful muscles. Later therapists noted that external pressure could help relieve trigger point pain without injections. Neuromuscular techniques emerged during the last half-century in Europe and North America.

Massage therapists are licensed (or in some cases, not offered licensing) by each individual state. In 1992, the National Certification Board for Therapeutic Massage and Bodywork (NCBTMB) was set up to standardize qualifications and offer certification. While certification isn't the same as licensure it can be useful in states that don't require licensing, and the NCBTMB offered national certification. Starting in 2013, the group replaced the national certification with Board Certification, which requires more education and experience as well as an exam and background check. After completing the requirements and passing the NCBTMB exam, a person is Board Certified in Therapeutic Massage. This replaces their old national certification. These credentials must be renewed every 4 years through continuing education and practice. The NCBTMB certifying board is accredited by the Institute for Credentialing Excellence (formerly NCCA, National Commission for Certified Agencies).

In 2005, massage therapists set up the Federal-State Massage Therapy Board to work with individual states to set up a standard licensing exam. This helps to protect clients by assuring a basic knowledge level, and lets massage therapists pass one exam and be able to get a license in another state. According to their website, 40 states (plus Puerto Rico and the US Virgin Islands) have signed up to use their standard exam as of mid-2013.

In addition, massage therapists have kept asking state legislatures to require licensing in those states that don't currently require it, so that untrained people can't call themselves massage therapists. According to the American Massage Therapy Association's website in 2013, 44 states and the District of Columbia regulated massage therapists. Licensure and certification make it easier to find a professional massage therapist.

What is the evidence?

While massage appears promising for symptom management and improving quality of life, available scientific evidence does not support claims that massage slows or reverses the growth or spread of cancer. A growing number of health care professionals recognize massage as a useful addition to conventional medical treatment. In a 1999 publication, the National Cancer Institute found that about half of their cancer centers offered massage as an adjunctive therapy to cancer treatment. Some studies of massage for cancer patients suggest that it can decrease stress, anxiety, depression, pain, and

fatigue. These potential benefits hold great promise for people who have cancer, who often must deal with the stresses of a serious illness in addition to unpleasant side effects of conventional medical treatment. While some evidence from research studies with cancer patients supports the use of massage for short-term symptom relief, additional research is needed to find out if there are measurable, long-term physical or psychological benefits.

Meanwhile, most patients do indeed seem to feel better after massage, which may result in substantial relief. A 2005 review of research reported that massage therapy has been shown to reduce pain and anxiety in randomized controlled trials. Large, well-controlled studies are still needed to determine the long-term health benefits of massage.

A special type of massage called manual lymph drainage (MLD) is done as part of Complex Decongestive Therapy (CDT), which is used to treat **lymphedema** after certain cancer surgeries. CDT also includes external compression garments, special exercises, and skin care. This treatment is usually done by lymphedema specialists rather than general-practice massage therapists. Studies suggest that outcomes of this 4-part treatment can be very good if started early enough.

Are there any possible problems or complications?

People with rheumatoid arthritis, cancer that has spread to the bone, spine injuries, osteoporosis, or other bone diseases that could be worsened by physical manipulation should avoid physical manipulation or deep pressure. Manipulation of a bone that is already weakened by cancer metastasis could result in a bone fracture. People who have had radiation therapy may find even light touch on the treatment area to be uncomfortable. A few people have allergic reactions to lotions or oils used during massage, and this may be more common among patients receiving radiation treatment.

Patients with low blood platelet counts (a common side effect of chemotherapy) or who are taking blood-thinning medication such as warfarin (Coumadin) may be susceptible to easy bruising and should ask their doctor whether massage is safe for them.

Another concern for people who have cancer is that, in theory, tissue manipulation in the area of a tumor might increase the risk that cancer cells will travel to other parts of the body. It might be prudent for cancer patients to avoid massage near tumors and lumps that could be cancerous until this question is clearly answered.

People with cancer and chronic conditions such as arthritis and heart disease should consult their physicians before undergoing any type of therapy that involves manipulation of joints and muscles. Massage should be provided by a trained professional with expertise in working safely with people with cancer and with cancer survivors. It is important that the massage therapist know about your cancer and its treatment. Generally, gentle massage and bodywork can be adapted to meet the needs of cancer patients.

It is also important for people who have cancer to let their medical care provider know they are receiving massage. Family members and other caregivers can be instructed in certain massage techniques as well.

Relying on this treatment alone and delaying or avoiding conventional medical care for cancer may have serious health consequences.

To learn more

More information from your American Cancer Society

The following information on complementary and alternative therapies may also be helpful to you. These materials may be found on our Web site (www.cancer.org) or ordered from our toll-free number (1-800-227-2345).

Guidelines for Using Complementary and Alternative Therapies

Dietary Supplements: How to Know What Is Safe

The ACS Operational Statement on Complementary and Alternative Methods of Cancer Management

Complementary and Alternative Methods for Cancer Management

Placebo Effect

Learning About New Ways to Treat Cancer

Learning About New Ways to Prevent Cancer

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Note: This information may not cover all possible claims, uses, actions, precautions, side effects or interactions. It is not intended as medical advice, and should not be relied upon as a substitute for consultation with your doctor, who is familiar with your medical situation.

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