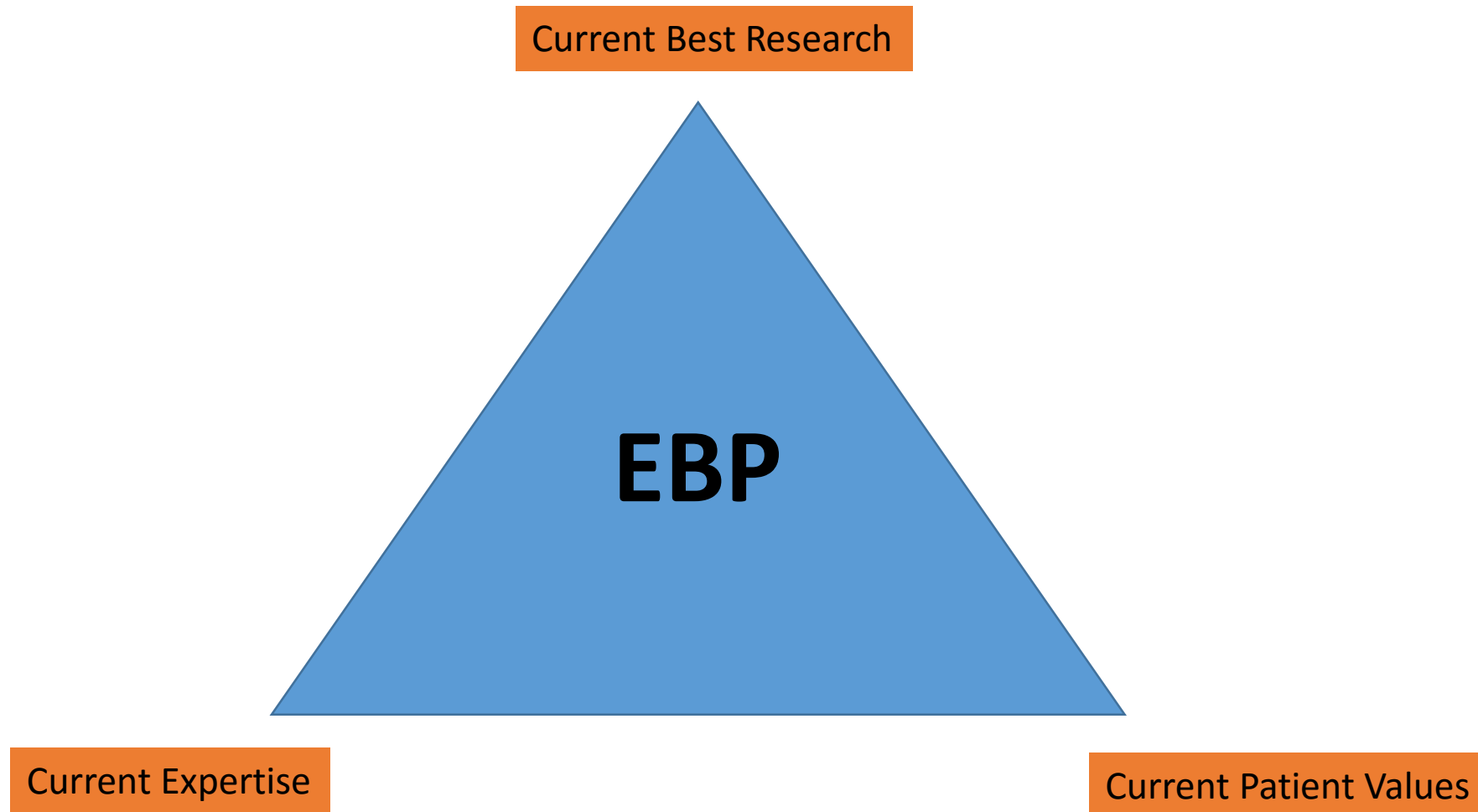


Module 1



Evidence-Based Practices

Transitioning into an MMT style practice along with Creating an Evidence Based Practice



Definitions of EBP

Sackett et al (1996) define EBP as 'the conscientious, explicit and judicious use of current best evidence in making clinical decisions about the care of individual patients'

Carnwell defines EBP as '[the] systematic search for, and appraisal of, best evidence in order to make clinical decisions that might require changes in current practice, while taking into account the individual needs of the patient.'

She adds:

'Best evidence might be defined as that which is valid and relevant to the patient.' (Carnwell, 2001)

Evidence-based Medical Massage Therapy

Process by which clinical decisions are made using:

- Best available research evidence
- Clinical expertise
- Patient preference

Developing an Outcome-Based Massage

Outcome-Based Massage (OBM) is a systematic treatment approach in which therapists provide massage interventions with the goal of achieving specified **outcomes** that are tailored to address each client's unique needs, presenting issues and preferences

Body Structures and Functions for Massage : Musculoskeletal, Neurological,

- **Neurological**
- Impaired sensation secondary to entrapment neuropathy or nerve root compression
- Pain
- **Musculoskeletal**
- Abnormal neuromuscular tone: Spasticity, rigidity, clonus
- **Systemic**
- Condition that effects the overall body system and not just a general region. Ie Fibro

Treatment for Wellness Versus the Treatment of Impairments or pathologies

- **Wellness interventions:** not concerned with addressing the client's impairments. Clients usually don't present with direct impairments.
- **The treatment of impairments:** aim is to reduce the impairments associated with medical conditions and transition the client into a wellness protocol.



Massage for Impairments: Outcomes

- Which outcomes are relevant for the client's needs and what is the intent of the intervention?

- Short Term Structural goals
- Short Term Functional goals
- Short Term Emotional goals



Specific

- Geared for the condition we are treating
- Blend with the overall goals of the client and or care team working on client
- Must provide a clear path to get client back to where they were before condition presented
- Must be relevant to the client

Measureable

- **Objectively**
- Must be actually physically measurable.. Tape, posture, balance, timed events etc
- Goals and benchmarks... sleep, driving, sitting, walking
- VAS pain scales
- **Subjectively**.... How pt feels

Action oriented

- Provide physical evidence of improvement
- Goals must be stable but plan must be changeable and dynamic
- Patient must be involved with Treatment

Realistic

- Patient must be able to achieve
- Have benchmarks and deadlines
- Must be applicable to patients condition and lifestyle
- Must be fitting with the pts condition (hip surgery)

Time Bound

- Must have a starting, and end time
- Must have re examinations
- Must have benchmarks
- Must show decrease in visit frequency along with progression
- Must include follow up with maintenance

Client Goals

Cover with Client prior to starting

If co treating must be in line with the other care team members

1. Sleep 6 hours
2. Stand for 15 min
3. Walk for 10 min
4. Drive for 30 min
5. Pick up grandkids
6. Walk around Walmart
7. Take dog for short walk
8. Sit and watch a TV program
9. Go to a movie

A. Short term goals are basically anything that the client is used to doing and did on a regular basis prior to injury.

B. Make sure that these goals are NOT subjective and can be monitored and calculated by you or the client.

C. THEN THEY MUST BE DOCUMENTED IN THE NOTES.

Massage for Wellness:

- Wellness: encompassing both a balance of “mind, body and spirit” and an individuals’ self-perception of their well-being, which is distinct from their state of “health.”
- A person can have a high level of wellness, even though he has a medical condition that leaves him with sub-optimal health
- For example, people who are living with chronic illnesses, disabilities or, medical conditions associated with age are still capable of experiencing high levels of wellness.



Translating research into practice



Skills Required for EBP

- Clearly identify practice problem or new knowledge (innovation)
- Find research literature
- Critically evaluate research findings
- Apply to practice through change process

INTERNATIONAL JOURNAL OF

Therapeutic Massage & Bodywork

RESEARCH EDUCATION PRACTICE

<http://www.ijtmb.org/index.php/ijtmb/index>

IMCJ Integrative Medicine:
A Clinician's Journal

<http://www.imjournal.com/>



<http://www.massagetherapyfoundation.org/research-tools/>

Basics of a Research Article

Location:

Title:

Background:

Purpose:

Methods:

Results:

Discussion or Conclusion:

References or Works Cited:

REFERENCES

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The Impact of the Swedish Massage on the Kinesthetic Differentiation in Healthy Individuals

Kamil Mustafa , MSc 1 * , Mariusz Pawel Furmanek , PhD 1 , Aleksandra Knapik , MSc 2 , Bogdan Bacik , PhD 1 , Grzegorz Juras , PhD 1

Background:

Swedish massage is one of the common treatments to provide optimal start and readiness of athletes. The ability of kinesthetic differentiation (KD) is crucial in sport performance. This skill allows to adapt demanded muscle forces to optimize the motor tasks, and it is responsible for the precision. In the literature, there is no evidence how Swedish massage influences the kinesthetic differentiation.

Purpose:

The objective of the study was to evaluate the impact of Swedish massage on the kinesthetic differentiation and muscle strength of hand grip.

Methods:

Thirty participants took part in this investigation (17 women and 13 men). The assessment consisted of KD tests conducted on the dominant (DH) and nondominant hand (NDH) after 15 minutes of hand and forearm Swedish massage. The procedure consisted of 13 trials for each extremity. The first three were done for 100% of the participants' capabilities (F max), the next five trials were done using 50% of maximum force (50% of F max), and in the last five trials, the participants tried to use only 50% of their previous force (1/2 of 50%). Finally, the absolute force production error (FPE) was calculated for 50% (FPE_50%) and 25% (FPE_25%).

Results:

The two-way repeated measure analysis of variance ANOVA did not reveal any statistically significant changes in maximal strength grip and KD between pre- and postmassage intervention in both DH and NDH hand. Correlations showed strong relationship between pre- and postmassage for maximum force (r = 0.92, p = .01 for DH, and r = 0.94, p = .01 for NDH), and only for the FPE_50% (r = 0.67, p = .01 for DH, and r = 0.71, p = .01 for NDH).

Conclusions:

The results obtained indicated that the application of the Swedish massage did not affect the kinesthetic differentiation in this particular young adult group.

Case Presentation

History

- 45 yo female with R shoulder/neck pain and hand numbness
- Exacerbated by external rotation and abduction of shoulder
- Computer worker
- MVA 8 days ago hit from behind
- Prescribed mm relaxants and pain meds
- VAS 8/10
- Referred from a Chiropractor
- Dx is a TOS patient/ post MVA

What tests might we do

Get any notes from referring Dr.

Cervical ROM

Cervical Compression Test

Cervical Distraction Test

Shoulder Depression Test

VAS



Sample care plan

Pt during the first month will receive MMT care for

- 3x/week for 30 min for the first 2 weeks.
- 2x/week for 30 min for the first 1 week.
- 1 hr care 1x/week for the following 2 weeks.
- 1 hr care 2x/month for 2 months

Concerns on Care plan

Money, scheduling, commitment, Re exams, notes

GOALS:

- Pt will be able to sleep undisturbed for 6 hours
- Pt will be able to walk for 20 min
- Gain normal Cervical ROM

NOTE: Once client can assume normal ROM without an increase in pain then resistant stretching and exercises can begin.

You can also list “at home instructions” for them as well in the plan and update them as they progress through the tx program.

SOAP

SOAP Note - S is for SUBJECTIVE

This initial portion of the SOAP note is made up of subjective observations. These are symptoms the client verbally expresses to the massage therapist.

SOAP Note - O is for OBJECTIVE

This part of the SOAP Note is the objective observations. These objective observations include symptoms that the massage therapists can actually see or feel. The subjective observations should include the therapist's observations about the clients clinical presentation. BOTH physical and psychological

SOAP Note - A is for ASSESSMENT

Massage Therapists use this part of the SOAP Note to document the immediate results of a treatment. At the end of a session the therapist reanalyzes and documents the changes in the client's posture and range of motion.

SOAP Note - P is for PLAN

The last part of the SOAP Note is the treatment plan. The plan should include:

Treatment Frequency Recommendations

Home Care Instructions

Recommended Exercises

Reminders for Next Session

MMT Notes

Pt states that they has been getting intermittent HAs and upper back mm spasm throughout the day but the txs seem to be helping take the edge off.

Pt presents with high R shoulder with mod TTFs and palpable TPs in the upper traps, the lower lumbar mainly on the L side is guarded but not hurting.

Ortho and Neuro Findings go here:

Myofascial Release to the neck, shoulder, chest for 30 min

Pt gained more ROM and states that the pain scale went from a 8 down to a 4 /10

Pt instructed on home care stretching along with contrast hydrotherapy showers.

Pt will be seen in office 2 more times this week then follow up with Doctor