



# **MASSAGE & MYOTHERAPY AUSTRALIA**

A submission in response to the State Insurance  
Regulatory Authority Consultation Paper

June 2021

Enhancing SIRA's research program  
Consultation Paper

23 June 2021

State Insurance Regulatory Authority  
Health Outcomes Framework  
WC & CTP Schemes  
GPO Box 2677  
Sydney NSW 2001

To whom it may concern

Thank you for the opportunity to provide Massage & Myotherapy Australia's feedback to the Consultation Paper regarding Enhancing SIRA's research program for the NSW Workers' Compensation, and Compulsory Third-Party schemes.

If further clarification is needed, please do not hesitate to contact me.

Yours sincerely



Ann Davey  
CEO

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## 1. Overview

### *Introduction*

Massage is not a cure for physical or mental illness. However, therapeutic and remedial massage therapies, and myotherapy (massage therapy) play an important role in prevention, management and rehabilitation in the Workers' Compensation (WC) and motor accident Compulsory Third Party (CTP) schemes administered by SIRA.

On a regular basis, qualified massage therapists provide care and relief, in accordance with the *Workers' Compensation Guide for Allied Health Practitioners*.

Professional qualified massage therapists often fill the gap when clients seek alternatives to medications and other therapies because they feel that massage therapy provides a level of relief that is appropriate to their needs.

### *About Massage & Myotherapy Australia*

Massage & Myotherapy Australia is the sector's leader and driving force towards evidenced-based massage and myotherapy services.

Massage & Myotherapy Australia is a not-for-profit organisation formed in 2003. As the leading representative body for massage, remedial massage and myotherapists nationwide, we currently service over 8,600 professionally-qualified member therapists.

### *Massage and myotherapy defined*

While massage therapy and myotherapy are not cures, their interventions can help to relieve the symptoms of disease, pain and stress, and improve the limitations of mobility caused by disease or injury.

There are many confusing terms used to describe massage therapy and myotherapy services that are designed to assist in achieving physical and mental health. The confusion of terms has blurred the lines between quasi-massage and massage administered by a qualified professional therapist.

Massage & Myotherapy Australia describes therapeutic and remedial massage and myotherapy as manual manipulation therapies involving the deep or shallow soft tissues of the body including muscles, tendons and ligaments.

Adjunct services and techniques that extend beyond hands-on direct physical contact and that combine the use of devices or supplementary techniques, such as myofascial dry needling or aromatherapy, augment massage or soft tissue manipulation therapies, but they are not massage.

Clinically-focused massage modalities which, depending on the condition and circumstances, can combine a variety of massage techniques to help address and describe massage that is appropriate for conditions or lifestyle issues. As with most health-related therapies, no two people respond in exactly the same way.

As a guide, therapeutic massage assists with relief from aches, pains and stress-related symptoms.

Remedial massage is used in pain management of chronic musculoskeletal conditions, postural conditions, sporting and occupational injuries.

Myotherapists, and remedial therapists with advanced training, apply the higher-level skills required for advanced assessment and treatment protocols.

Qualified therapists generally use an integrated approach, drawing on a variety of techniques and adjunct services to assist in addressing a specific condition. The following tables show some of these.

**Table 1: Conditions for which massage is applied**

Disease and injury	Dysfunction and pain	Emotion
palliative conditions, i.e. cancer	postural & thoracic	neural tension
muscular tears & strains	sacroiliac, lumbar & hip	tension & stress
tendonitis & tendinopathy	neck & shoulder	relaxation
surgery recovery	reduced range of motion	headaches
	reduced fitness & strength	restlessness

**Table 2: Average number of sessions per condition**

Complaint or condition	Number of sessions	
	Average	Median
Diabetes Effects Management	10	6
Addictions Rehabilitation Support	10	6
Cancer Treatment Issues	9	5
Other Chronic Conditions	9	5
Health and Wellness	9	5
Motor Vehicle Accident and Rehabilitation	8	6
Psychological Distress	8	6
Joint Pain and Stiffness, including Arthritis	8	5
Back Pain and/or Other Back Problems	6	4
Repetitive Strain Injury Syndromes	6	5
Neck/Shoulder Pain	5	4
Other Acute Injury or Pain Conditions	5	4
Sports Injury Management and Rehabilitation	4	4
Headaches or Migraines	4	3

## 2. Executive summary

Massage therapy is the most used complementary therapy for both therapeutic and remedial needs in response to pain and stress caused by chronic disease, injury and lifestyle issues.

Massage & Myotherapy Australia is very supportive of a research program that delivers a deeper understanding about the appropriate use of massage therapy for the benefit of clients.

As a low-risk therapy, massage is not afforded an appropriate level of recognition for the training, skills and experience required to deliver massage therapies that are efficacious.

Massage & Myotherapy Australia is encouraged by 'evaluation and impact' being the central focus of these principles, and recognition of the need to generate knowledge.

This is particularly important in developing a greater understanding of the efficacy of massage therapy administered through the SIRA scheme to achieve the most positive outcomes for customers. This is central to addressing gaps in knowledge generation, translation, and evaluation around the use of massage therapy.

The contribution or outcome of massage therapy used in SIRA-funded treatment and recovery plans is unclear and unacknowledged in the present circumstances. This is due to the specific modalities used for given conditions not being documented or administered as stand-alone therapies by qualified massage therapists in any care or recovery program. Consequently, four limitations in the understanding of massage therapies administered through the SIRA scheme arise:

- i. the understanding of the benefit that specific condition-based massage therapy modalities afford clients is not documented or supported by ongoing research and evaluation
- ii. the cost benefit of funding provided is unknown
- iii. the veracity of any informed decision about the value and efficacy of massage to address pain and stress is limited in scope
- iv. the potential positive effects and outcomes for clients using qualified professional massage therapists is unknown.

To achieve a research program that helps to address these issues, we propose that more formal recognition of massage therapy services as a stand-alone health care service would enable a research community that includes qualified professional massage therapists.

In this case, Massage & Myotherapy Australia supports involvement in a research community if research programs were undertaken to include the benefit of massage therapies as stand-alone therapies, rather than secondary therapies administered as an adjunct to medical or allied health programs.

### 3. MMA responses to the questions posed

Question 1: Do you have any comments on SIRA's current research priorities? Can they be improved, and if so, how?

Massage & Myotherapy Australia support these priorities.

Question 2: Do you have any comments on SIRA's proposed research objectives? Can they be improved, and if so, how?

Massage & Myotherapy Australia support these objectives with particular interest in finding a balance between addressing the present challenges, evidence gaps and sector needs that require immediate research investment, as well as any future and emerging issues that arise.

Question 3: Do you have any comments on SIRA's research guiding principles? Can they be improved, and if so, how?

Massage & Myotherapy Australia is encouraged by 'evaluation and impact' as the central focus of these principles, and recognition of the need to generate knowledge. This is particularly important in developing a greater understanding of the efficacy of massage therapy administered through the SIRA scheme, to achieve the most positive outcomes for customers.

Question 4: How effective do you think a research community of practice would be? Please comment on what you see as the key benefits and key challenges of a research community of practice.

The effectiveness of a research community depends heavily on who is included in the community and the contributions they can make to effective client recovery or maintenance.

In Australia, research into complementary therapies is largely funded by member organisations with limited budgets. Historically there has been little or no funding from the Medical Research Futures Fund or other government sources, despite massage therapy being extensively used by all adult age groups and in numerous government-funded programs as an adjunct service to registered health services.

The contribution or outcome of massage therapy used in SIRA-funded treatment and recovery plans is unclear and unacknowledged. This is due to the specific modalities used for given conditions not being documented or administered as stand-alone therapies by qualified massage therapists in any care or recovery program. Consequently, four limitations in the understanding of massage therapies administered through the SIRA scheme arise:

- i. the understanding of the benefit that specific condition-based massage therapy modalities afford clients is not documented or supported by ongoing research and evaluation
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- iv. the potential positive effects and outcomes for clients using qualified professional massage therapists is unknown.

Massage & Myotherapy Australia supports a research community that includes qualified professional massage therapists and if research programs are undertaken to include the benefit of massage therapies as stand-alone therapies, and not secondary or adjunct therapies to medical or allied health programs.

Question 5: How effective do you think a collaborative model would be? Please comment on what you see as the key benefits, and the key challenges, of a need and/or topic collaborative model?

Appropriate data collection that provides detailed metrics and breakdowns of services provided is central to addressing gaps in knowledge generation, translation, and evaluation around the use of massage therapy.

While SIRA-funded remedial massage therapy is recognised as a legitimate treatment for subsidies and is provided under the guidance of Registered Health Professionals, such as a General Practitioner (GP), physiotherapists, chiropractors or osteopaths with prior-approval by an insurer, it is usually administered as an adjunct therapy.

This means that remedial massage therapies are often delivered by physiotherapists, chiropractors or osteopaths as an adjunct to their therapies—not as stand-alone therapies—with consequent limited reporting about the efficacy of the specific massage modalities used.

Given the large number of clients who choose to use massage therapy, a model that facilitates a more flexible approach to funding research into massage therapy would be beneficial.

For this scenario to provide an effective clinical platform for research, certain conditions would apply. This would involve massage therapists with advanced training who can apply the higher-level skills required for advanced assessment and treatment protocols, and who can communicate appropriately with registered health professionals about clients' conditions and the therapies administered as well as using the correct taxonomy with researchers and other health providers.

Such a collaborative program would allow for appropriate documentation of massage therapies and modalities applied to given conditions and enable deeper levels of tracking analysis and reporting of the outcomes.

This would contribute greatly to improve the understanding of medical practitioners regarding the value of massage treatments funded through SIRA.

A breakdown of specific modalities involving allied and complementary practice would lead to a reduction in inadequate aggregated and generalised reporting of these services, and in turn help SIRA achieve a deeper understanding of the specific outcomes and related costs; and the contribution, timing and value of the individual massage modalities used. It would also improve transparency.

Massage & Myotherapy Australia would support a needs-based collaborative model if it addressed the issues and limitations outlined above.

Question 6: How can SIRA effectively collaborate with stakeholders to prioritise new research opportunities as they arise?

Massage & Myotherapy Australia suggests that SIRA establish dedicated topics or needs-based advisory groups, involving industry and government representatives, charged with responsibility to identify and guide research and data collection opportunities. For example, this should include separate advisory groups for Allied Health therapies and Complementary Health therapies, such as massage, and be based on the volume of demand in regard to specific condition, such a neck or back injury or immobility.



Question 7: Apart from the guiding principles, are there any other factors that SIRA should consider when determining research priorities and if so, what are they?

Managing costs is a significant issue for all funds used for health and wellbeing support.

In the case of massage for pain relief, research already indicates that the positive psychological/physiological effects of touch and human interaction with low risk make massage an attractive and easily used response.

Additionally, a significant majority of massage delivery in Australia is client or self-funded. This suggests that massage should be a priority because the sustained level of growth in the sector generally is driven by consumer demand and satisfaction, as well as the ability to choose therapists, and self-manage injury and stress.

Currently, SIRA-funded massage therapies, when approved by a General Practitioner (GP) and Insurer, must be administered by a Registered Health professional or administered by remedial massage therapists under the guidance or oversight of physiotherapists, chiropractors or osteopaths.

This can add considerable cost to the delivery of these therapies and, as mentioned previously, limits the best delivery of remedial massage modalities and confuses the accuracy of reporting and billing.

We are not suggesting that mistakes are made on purpose, but that the system does not require the accuracy in reporting needed to understand the contribution that massage therapies make in supporting GPs or Allied Health services, and hence there are limitations to the benefits and knowledge that the current arrangements afford in terms of cost, and the quality of massage delivery.

Being a whole-system approach, massage therapy tends to require spending a longer time with each client—both a strength and a limitation. Given that the comparative cost of massage services when administered by a qualified massage therapist is less than when provided by Allied Health professionals, it would be more appropriate for these therapies to be administered by dedicated remedial massage therapists with specialised training and skills, as SIRA-approved stand-alone providers.

Appropriately, for effective research to be properly supported by the SIRA scheme, these arrangements would require massage and myotherapy to be delivered by therapists with recognised qualifications. These are therapists who have completed Bachelor Degrees in Health Science, Advanced Diploma or Diploma and who have undertaken at least 1,000 hours of specialty training. They may also have completed the National Quality Assurance Certification program, currently administered by Massage & Myotherapy Australia. It is with these professional therapists that the opportunity lies for research to provide the necessary data to achieve measurable improvement at a lower cost in the delivery of massage services to clients.

*Note: In comparison to qualified professional therapists, Allied Health practitioners can administer massage under the SIRA program with as little as 200 hours of training and limited massage qualifications and experience, which is also likely to limit the benefit that massage treatments afford clients.*

Question 8: How might SIRA best involve people with lived experience in designing, translating and evaluating research?

Client exit surveys and focus groups are useful tools that might be included.

While opinion-based, they could provide useful baseline information to identify key weaknesses and strengths in current arrangements and help researchers improve and focus the design of studies based on the lived experiences of clients.

Question 9: How might SIRA strengthen the effectiveness of its knowledge implementation and translation activities?

Massage & Myotherapy Australia suggests that a research gap analysis, by an independent third party, that includes clients and their experiences may provide opportunity to add depth to the knowledge base.

Question 10: Do you have suggestions to improve SIRA's proposed approach to planning for and responding to research impact?

Massage & Myotherapy Australia acknowledges the difficulties in effectively managing the impacts of research decisions.

The success of any co-creation model depends heavily on the willingness of all parties to acknowledge and accept the views and needs of other parties that may be in competition with their priorities.

SIRA will be challenged to meet all these needs, however, SIRA has the opportunity to build an understanding among all stakeholders and determine the allocation of resources based on merit and need, including the needs of minority interests such as massage, while aligning such decisions to SIRA's priorities in terms of achieving the best outcomes for the recovery of clients.

Hence, we suggest that separate industry and government advisory groups are formed in the areas where interests may be in competition. For example, the groups could have a specific and separate focus on improving outcomes from the use of pharmaceutical, allied health, medical and surgical, and complementary health which are charged with developing valuable input around SIRA's commercial and research priorities and organisational goals.

Question 11: What evaluation tactics would be valuable in this context and why?

As per our response to Question 8, Massage & Myotherapy Australia suggest that client exit surveys and focus groups are useful qualitative tools that can add considerable depth to research projects.

Given that this kind of research is client-focused, it provides an immediate indication of the impression, feelings, strengths and shortfalls of current programs, allows direct links into existing organisational insights, and provides input into policy and operational considerations, with minimal delay.

Such research does not have to be limited to clients. It can include other health care providers and any other party involved in the evaluation of client needs and the development of appropriate responses. This will also help to identify new priority areas of research, or areas where further study and evaluation is required.

Question 12: Do you think SIRA's proposed success measures can be improved, or are there other success measures that should be included?

Yes, Massage & Myotherapy Australia supports the proposed success measures.

Question 13: How would you like to see each measure benchmarked?

Massage & Myotherapy Australia proposes that if massage-focused research is implemented with the goal of creating a deeper understanding of how and when massage therapy is to be used most effectively, a more prescriptive approach involving a preapproved schedule of modalities and scope of practice for given conditions should be used.

For massage therapists who are members of Massage & Myotherapy Australia, this could enable the creation of the following operational benchmark measures:

- time involved for assessment and payment of accounts
- simpler access for clients to receive massage as an early lower-cost intervention or treatment
- achievement of simplified and standardised massage therapy forms for application and reporting
- number and frequency of when qualified remedial massage therapists apply massage therapies
- a comparison of fees paid to all providers for given massage therapies against the outcomes achieved.
- recovery-focused case manager KPIs (key performance indicators) linked to positive client outcomes at defined stages of progress or recovery.

They would also like to see:

- stability and continuity of case managers for the duration of the treatment