NCB/MTF Research Webinar Series



Part I: Why Research?

with Donna Sarvello & Doug Nelson







Today's Presenters

Donna Sarvello, LMT, BCTMB, MBA

- VP of Educational Support, NCBTMB
- I've worked in the massage therapy profession for over 20 years
- Through research, I've found the longest earthworm grew to 22 feet (found in South Africa!)

Doug Nelson, LMT, BCTMB, CNMT

- President, MTF
- In the massage profession for 40 years
- New Cello student









Brief Intro to NCBTMB

- Non-profit organization
- Our mission: Define and advance the highest standards within the massage therapy and bodywork profession.
- Programs/opportunities NCBTMB provides:
 - Board Certification in Therapeutic Massage & Bodywork (BCTMB)
 - Specialty Certificates
 - Approved Providers for Continuing Education
 - Assigned School Code Program
- For more information, visit <u>www.ncbtmb.org</u>







Brief Intro to MTF

- Non-profit organization
- Our mission: Advancing the knowledge and practice of massage therapy by supporting scientific research, education, and community service.
- Some of the many programs/opportunities MTF provides:
 - Research projects
 - Research conferences
 - Educational programs focused on research literacy
 - Community Service grants
 - O Grants and contests for both practitioners and students
- For more information, visit <u>www.massagetherapyfoundation.org</u>







NCB/MTF Collaboration

- Both organizations are deeply committed to advancing standards
- We want to provide therapists like you with additional opportunities to enrich your understanding of research
- Over the course of this **3-Part series**, we hope to help you identify:
 - Why research is important
 - What research means to our profession and others
 - What research is (defining research)
 - How to find quality research resources
 - How to apply research to your everyday practice
 - And more!







How to Earn 1 CE Today

- MTF is an NCBTMB Approved Provider
- MTF is offering the opportunity to earn 1 CE for today's webinar (FREE!)
- Details on how to earn 1 CE for today's webinar will be provided at the end of the broadcast



• Stay tuned!







What is research and why does it matter?





Research is...

- A collection of data
 - Testing
 - Gathering evidence
 - Reviewing
 - Discussing
 - Testing results
 - Concluding

re·search /ˈrēˌsərCH,rəˈsərCH/ +)

noun

 the systematic investigation into and study of materials and sources in order to establish facts and reach new conclusions.







Research is also...



- A way of more deeply understanding the work that we do
- Letting things unfold—we do not determine the conclusions!
- A way of learning from the experience of others
- Data to stand on (for the public, healthcare providers, and other professions)





Examples of Research



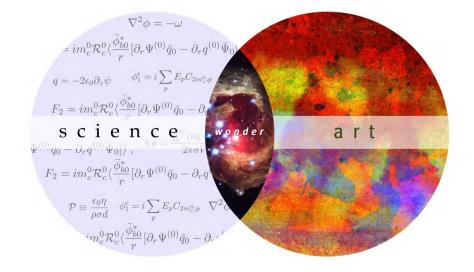
There are several examples of research out there...

- Case Reports
- Observational Studies
- Interventional Studies
- Systematic Reviews









Embracing the Science Does <u>Not</u> Mean Abandoning the Art







Why does MT research matter to other healthcare professionals?









- Other professionals refer patients/clients to massage therapists—**research data engenders trust.**
- Massage therapy works to affect change in the body we are a part of integrative healthcare.
- To fully participate in integrative health care (and we have an important contribution to offer)—we must speak the language of science.







Why does MT research matter to the public?





Why Research?



- The public is looking for **credible**, **complementary approaches** to consider. Research helps them make **informed decisions**.
- The opioid crisis is an example of how pain management is a national concern.
- Musculoskeletal issues are in the top three reasons people seek medical care. Massage has a role to play. Data changes the conversation.







Why is MT research important for the practicing therapist?





Research and You



- Clients are often most helped not by the execution of a technique, but by the *depth of understanding* of the therapist.
- In that way, research is seldom prescriptive. It gives you deeper insights, but you still have to make clinical choices.
- From case reports to randomized studies, research is a way to learn from the experiences of others. In essence, *it is shared knowledge*.
- The more therapists read and understand the literature, the more they apply critical thinking to their practice. **What am I doing and why?**







What would you say to those still not convinced why research is important?





#1: Shared Knowledge

I have been practicing for over forty years, but each week I am faced with something I have never encountered...







#1: Shared Knowledge Cont'd



When you think about your effectiveness with any specific issue, how many clients have you successfully treated using that particular approach?







#2: Higher Level of Accuracy



While we can share insights with each other, research is held to a higher standard of accuracy.







#3: Things Change!



- Rest and LBP
- Fascial Sensitivity and LBP
- Orofacial Pain and Neck
 Discomfort
- Central and peripheral sensitization







#4: The Researcher Mentality



- Thinking like a researcher can help strengthen knowledge and skills
- Think about an aspect of clinical practice that would be affected by thinking like a researcher...

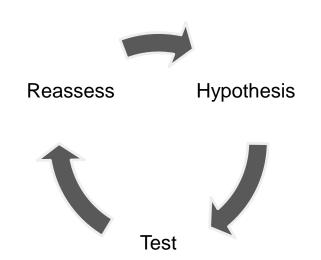






#5: Gain Deeper Understanding

- Research begins with a clear question
- What follows is an intervention based on the question
- The response is then measured
- Ask yourself: Isn't this what we do in the clinic?









#6: Shared Language w/ Others



- Shares a language with other health care professions
- If we want them to understand us and what we do, we must speak their language
- Perhaps we should first seek to understand, rather than hope to be understood.









What would motivate someone to get involved with research?





Research Motivation



In the psych realm, researchers following 11,000 therapists in a 20-year longitudinal study found that what motivated therapists was:

- Healing Involvement
 - Personally engaged, high level empathy, feeling effective, and dealing with difficulties
- <u>Currently Experienced Growth</u>
 - Sense of learning and deepening our understanding in every session





Research Motivation



It seems it boils down to...

Techniques vs. Understanding

Perhaps this is the disconnect?







Where can I go to look at things others have completed?

What does the end result look like?









INTERNATIONAL JOURNAL OF Therapeutic Massage & Bodywork RESEARCH EDUCATION PRACTICE

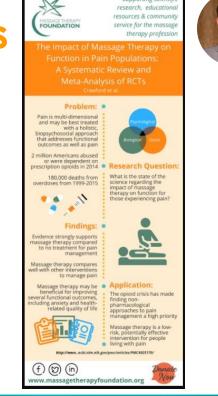
- Free, open-access journal
- The official journal of the MTF and RMTBC (Registered Massage Therapists' Association of British Columbia)
- Peer Reviewed
- PubMed indexed





Infographics/Visual Abstracts

- Share them with everyone!
 - Clients
 - Colleagues
 - Other health care providers
 - Family and friends on social media



Supporting scientific





Research Posters



Available for free!

http://massagetherapyfoun dation.org/massageresearch/research-posters/

The "4th Hamstring": Effects of Adductor Magnus Treatment on Hamstring Length During Knee Extension

Results

Nelson, Douglas LMT, and Ivaska, James LMT

goal is to create studies that deepen our

inderstanding and most importantly have direct mpact on the health of the clients we serve

Introduction	Method
The adductor magnus is often called "the 4 th hamstring." This study was designed to observe the effects of treating the adductor magnus on hamstring length measured by knee extension.	Study Design An interventional study design was implemented to determine the effects of the adductor magnus on hamstring length. A total of 80 subjects
Background: The advactor magnus is a muscle of the medial high originating at the technia tabercash and tachlopublic arrows and inserting at the lines aspers and adductor tabercle of the femar. The obstratior and solicits innervate the adductor magnus. The actions of the adductor magnus are two-foid: adduction and extension of the high. The	(m=32, T+8) were recruited at 5 different locations. Of those, 64 were placed in a treatment group (m=22, 6-37) and 18 were placed in a control group (m=5, F+1). Five therapistic were the state and the state of the state of the state treat the addition of magnitude the neuromacular techniques. A 12 inch gonometry was used to measure knee extension. A supervising therapist coversaw the instruction to ensure consistency.
adductor magnus is specifically recruited when the hip must move from flexion to extension quickly	Procedure
(i.e. exploding from the blocks in a sprint race).	 Measure hamstring length during knee extension bilaterally with hip and knee at 90 degrees flexion
Trigger points in the adductor magnus can refer pain to the groin or ischila luberosity. Often times strain to the adductor magnus will feel like a high hamstring strain. The adductor magnus is a very important muscle for track athletes and power	(see figure) • If hamstring length was restricted (<150 degrees) treat adductor magnus with cross fiber friction and digital compressions focusing on tender points for 10 minutes.
infortant muscle for eack atheors and power lifters.	Subjects in the control group were asked to lay down and relax for 10 minutes. Remeasure hamstring length.
	Treatment
	Therapists worked with the subjects for 10
And a second	minutes treating only the adductor magnus in a
Objective	side lying position with neuromuscular techniques.
The purpose of this study was to determine what effects, if any, treatment to the adductor magnus had on hamstring length. Multiple clinical observations demonstrated that treatment to the adductor magnus could increase knew extension	Agent Massuring Avenuing Argent will a gonomean. Active: Traverse of the Active: Traverse of the
range of motion. This was puzzling due to the	dipte compression with history
adductor magnus's lack of action at the knee joint.	positor.
This study hoped to determine if these	
observations were a coincidence, or if treatment to the adductor magnus may be a viable option for increasing hamstring length.	
Taking a translational philosophy in our study we were mostly concerned with the possible clinical inferences we could make from our results. Our	Den.

Treatment Group Post-treatment measures were on average 7.71 +/- 0.61 degrees increase after adductor magnus

Conclusions As the above data shows, treatment to the

adductor magnus seems to be able to increase

provides insight for the clinician when treating

shows it may be wise to address issues in the

Similarly if hamstring treatment is not producing desired results, perhaps it is important to look into

This project had shortcomings that should be addressed in future research. The number of practitioners performing the treatments may have added inconsistency to the procedure.

Furthermore, a larger control group should be used in future studies. The authors believe that it

would be prudent to add comparison groups, such as a stretching group, to a study to help determin best practice for clinicians. Acknowledgments

adductor magnus to deal with those issues.

range of motion problems at the knee. If a client presents with limited knee extension this study

hamstring length during knee extension. The treatment group received significant benefits in range of motion increases which could be treatment for the treatment group. Increase was seen in 92% of post-treatment measurements. important in any clinical treatment session. An inability to fully extend the knee could affect gait 44% returned to "normal range" (>= 150 degrees) 31% of treatment subjects increased hamstring patterns, athletic ability, and/or provide for trigge length by 10 degrees. point development and muscular discomfort The treatment group had a maximum increase of 34 degrees a median increase of 7 degrees a Coming from a translational perspective this study

mode of 8 degrees, and a minimum of a decrease of 3 degrees. Control Group Measures for the control group were on average 1.09 +/- 1.83 degrees. Only 13% of the control group returned to normal range and only 10% increased by 10 degrees

the 4th hamstring. The control group had a maximum increase of 14 degrees a median decrease of 2 degrees a mode of decrease of 17 decrease of a minimum of a decrease of 17 decreas. Looking Ahead







The authors would like to acknowledge block Blackhum The authors would like to acknowledge Nex Blackburn, Janice Vel, Josians Stahl, Jeff Brann and Sarai Houn fo their hard work on the project. The authors would also like to thank the subjects who provided their restricted hamstrings for the project.









How can our viewers earn 1 CE?





How to Earn 1 CE



First and foremost, thank you for joining us today!

To earn 1 CE for today's webinar, please visit:

http://massagetherapyfoundation.org/2019webinar/

Complete the brief form and quiz to earn 1 CE. MTF will provide Certificates of Completion via email.







Q&A Time!









How does Massage Therapy Foundation affect the massage industry?

- Sherry









Why should I become Board Certified? How does being Board Certified contribute to research?

- Charlene









I own a MT business and still practice part-time, but I want to learn how I can further contribute to research. How and where can I start?

- Deanna









How do you feel research will support massage therapy to be recognized by insurance companies?

- Anita









Where can I find opportunities to participate in research studies?

- David









Can the 1 CE from today's webinar be applied toward my Board Certification Renewal CEs?

- Michelle







When is the next NCB/MTF Webinar?





Future Webinars

We hope you will join us again for Parts II and III!

- Part II: What is Research?
 - Summer 2019
- Part III: How to Find Quality Resources
 - Fall 2019





Official dates TBA





Connect With Us

NCBTMB

- <u>ncbtmb.org</u>
- 1-800-296-0664
- info@ncbtmb.org

MTF

- <u>massagetherapyfoundation.org</u>
- <u>www.ijtmb.org</u>
- info@massagetherapyfoundation.org







THANK YOU!



