Documentation in Massage School Clinics

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Overview

Massage therapy school clinics offer a realistic experience for students to practice assessment and treatment of clients. Massage education emphasizes the use of techniques to improve movement-ability, joint range of motion, inflammation, and perception of cutaneous and somatic pain. A wide range of techniques are considered to be within the scope of massage therapy. These include modalities rooted in biomedical theory, anatomy, and physiology in a way that manipulates muscles and (e.g. Swedish, myofascial release, trigger point therapy), promotes fluid flow (e.g. lymphatic drainage, craniosacral therapy), and facilitates range of motion (stretching.) Energy-based touch therapies (e.g. reflexology, Reiki, Therapeutic Touch) including some that arise from traditional medical systems (e.g. acupressure, Shiatsu, TuiNa, Thai Massage) also fall within the scope of practice for massage professionals. While the typical focus of therapeutic massage typically references soft-tissue dysfunction, there is a broader application of massage that has yet to be adequately captured in comparative-effectiveness research.

Adults in the United States report using massage therapy as part of healthcare to promote well-being. Patients with a wide range of diseases/disorders also report using massage. This includes use of massage to alleviate pain that can be specific to a soft-tissue disorder, as well as general pain that is a complication of a more widespread disease/disorder. Massage is also used to alleviate a range of other (non-pain) symptoms that may occur as a complication of--or secondary to--a diagnosed medical condition. The scope of the massage therapy profession permits massage therapists to practice with autonomy in assessing and treating patients using various soft tissue manipulation techniques. This can—and does—result in variability within massage treatments presenting opportunity for descriptive and pragmatic research if the data sources can be organized.

Although the pool of massage research is relatively small and growing, there are challenges in the translational aspect of the research. There is evidence that massage can be used to promote relaxation, enhance feelings of well-being, and improve psycho-emotional outcomes. Yet these are indirect outcomes that may be expected from behavioral intervention as well as compassionate healthcare of any sort. Massage education emphasizes the use of techniques to improve movement-ability, joint range of motion, inflammation, and perception of cutaneous and somatic pain. Translational research that examines the comparative-effectiveness of massage techniques on these outcomes is lacking.

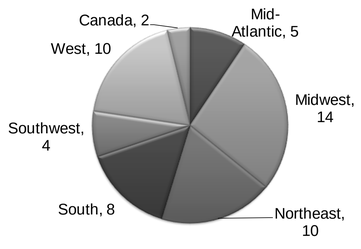
Massage school clinics provide access to massage and present a possible venue for research. While forms used in massage school clinics serve as a guide to teach students the process of documentation, they are also as health records for the clients. As such, the data they contain provides a powerful trove of research opportunity. Techniques from health informatics could be used to provide insight into the delivery of massage and effects of massage treatment. In order for that to take place, consistency in data collection and documentation is needed. The purpose of this exploratory research was to examine characteristics of forms used in massage therapy school clinics to identify potential informatics opportunities for research.

Methods

This descriptive project used content analysis to examine characteristics of massage school clinic forms. Blank health history, intake forms, and other clinic documents were obtained via an emailed recruitment announcement and general internet searches.

Information about the format and content of the forms were extracted into a dataset and coded for analysis. General characteristics of the forms and specific types of information were analyzed using descriptive statistics (SPSS version 22.) This project was reviewed and approved by the Rutgers Biomedical and Health Sciences—Newark Human Subjects Institutional Review Board (Protocol # Pro20150002374.)

Figure 1: Geographic Distribution



Results

A total of 53 massage school clinics were included in the analysis. The geographic distribution of the schools is shown in Figure 1. All of the forms requested personal/protected health information PHI, but only 8 (15.1%) forms included a HIPAA or PIPED notice. Contact information for the client's health care provider was requested on 21 (39.6%) forms, yet no indication about how that would be used was provided on the form. A waiver of liability or consent for massage statement was included on 41 (77.4%) forms indicating that students learned something about legal and ethical issues related to massage.

Checklists including medical diagnosis, disorders, signs, symptoms, and/or risk factors were used on 47 (88.7%) of the forms. The number of items on the checklists ranged from 9 to 196 (mean 42.4, S.D. 45.2). The checklist items were sorted into categories by functional health area in order to identify areas that were more likely the focus of the pre-massage assessment. (see Table 1.) On average, information about circulatory/cardiorespiratory disorders and neuro-sensory disorders was collected more than other areas.

The checklists did not differentiate between categories of information; risk factors were interspersed throughout the lists and no distinction was made between the name of a medical diagnosis and various signs/symptoms that may occur for patients with that diagnosis. History of trauma was the most frequently seen risk factor, followed by history of infection (see Table 2.) No specific questions about recent exposure to infections were found. Although respiratory disease are highly transmissible, none of the forms inquired about flu shots or tuberculosis tests. Less than half of the forms inquired about diet and physical activity; both are associated cardiovascular and metabolic disease risk which are prevalent in adults.

Client description or rating of perceived health was generally limited to the health history. Although quality of life and psychosocial assessments are among the most frequently used in massage research, less than one-third of the forms included questions or assessments. Open-ended questions about health were used on 48 (90.6%) of the forms. The number of open-ended questions ranged from 1 to 22 (mean 4.0, S.D. 3.22.) SOAP questions were used on 10 (18.9%) forms; body outlines to indicate specific problem areas on 24 (45.3%.) Together, the open-ended questions and SOAP outline indicate that students are using the forms in conjunction with a verbal interview with clients. However, it is important to note that the forms did not contain specific places to record interview answers.

Questions about general medication use were included on 44 (83.0%) forms, yet only 9 (17.0%) forms inquired about medication , and only 36 (67.9%) forms, asked specifically about other current medical care or treatment. Demographic and personal information (marital status, employer contact information) that is not relevant to massage outcomes was requested on 4 forms (7.5%.)

Table 1: Number of Disease/Disorders by Functional Health Category

	High	Low	Mean	S.D.
Circulation/ Cardiorespiratory	40	0	8.9	7.82
Neuro-Sensory (incl. Pains)	46	0	6.7	8.94
Metabolic/ Reproductive	44	0	5.0	10.97
Connective Tissue/ Skeletal/ Skin	42	0	3.5	6.02
Digestion- Elimination	22	0	3.3	6.19
Cognitive-Psycho-emotional (incl. Somatic)	24	0	3.1	4.62
Movement Ability/ROM	24	0	2.2	3.77
Autoimmune	3	0	0.4	0.71
Developmental/ Aging	0	0	0.0	0

Table 2: Risk Factor Categories

	Schools (N)	(%)
Trauma/ Accident/Surgery	44	83.0%
Infection/ Immune	42	79.2%
Allergies	30	56.6%
Genetic	7	13.2%
Diet	21	39.6%
Occupation	17	32.1%
Physical activity/ exercise/ sport	13	24.5%
Recreational Drugs/Alcohol Use	9	17.0%

Table 3: Perceived Health

	Schools (N)	(%)
Pain	46	86.8%
Discomfort	39	73.6%
Stress	17	32.1%
Anxiety	16	30.2%
Fatigue	15	28.3%
Activities of Daily Living (ADLs)	9	17.0%
Health status	8	15.1%
QOL/well-being	6	11.3%

Discussion

Massage school clinics play a valuable role in the delivery of massage. Although the primary purpose of massage school clinics is to serve as a training experience for students, there is substantial potential for the data collected in the clinic to contribute the larger pool of knowledge about massage. Both to shed insight into the health services aspects of massage and outcomes of treatments.

The present analysis sought to identify data points common across the schools, but the lack of consistency in the forms presents a challenge. More distinction between primary and secondary outcomes anticipated from massage treatment are needed. Overall the health history was broad, and there was little evidence students were taught to differentiate between a medical diagnosis and the signs/symptoms that may occur in patients with that diagnosis. In cases where massage may directly alleviate signs or symptoms, there was little evidence that data were being collected to assess direct effects of treatment.

Massage research is largely populated by assessments of indirect effects of massage (e.g. mood, anxiety, fatigue), yet very few of the forms included these types of assessments. This points to a disconnect in the potential for translation of massage research into practice and teaching. Although there is value in assessing the effects of changes in physical or psycho-emotional symptoms and ability to function or perceived well-being, none of the forms were designed to capture this information.

A limitation of this research was the use of a convenience sample of forms. While the type of detail that was subject of this research revealed inconsistencies in the forms, the basic designs of the forms were distinctly similar. All contained a combination of personal/demographic data, health history, expectations/experiences about massage. The prevalence of checklists suggests perhaps an interest in guiding students to gather information and/or readability of hand-written documents. Distinction between medical diagnosis, signs, symptoms, risk factors, and function is needed to promote critical thinking about effects of massage.

There is potential to create a massage school clinic research network. Retrospective analysis of data could answer important questions originated by the massage profession and our patients/clients. Coordination among schools and collaboration with researchers could be used to create pragmatic trials. But in order to initiate that, alignment in data collection is needed.

Selected References

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