

Chronic Pain in the US

50 million people in the US suffer from chronic pain



\$560 billion per year is the estimated cost for medical treatment and lost productivity due to chronic pain

Games T et al., 2018
Dahlhamer J et al., 2018



Chronic Pain Globally

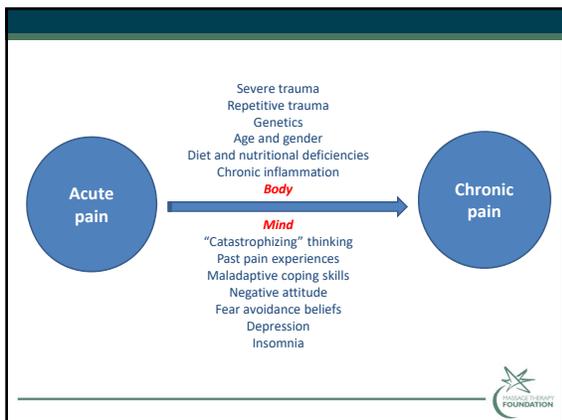
- Pain affects > 30% of people worldwide
- 10.4% to 14.3% of people live with moderate-to-severe disabling pain in UK
- Tension headache is the most common chronic condition
- Chronic low back pain is the most common cause of disability

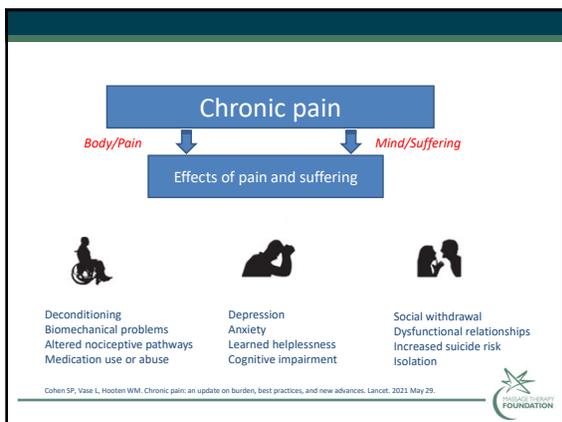


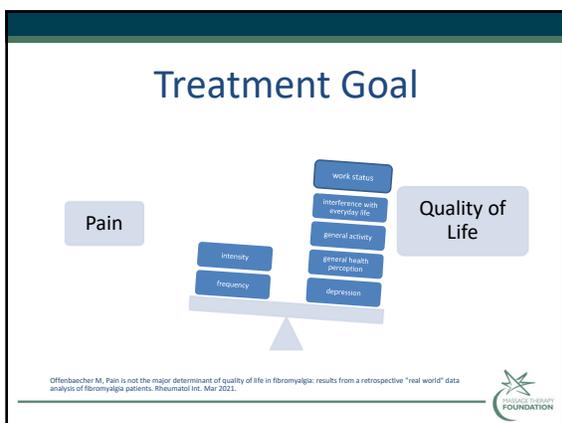


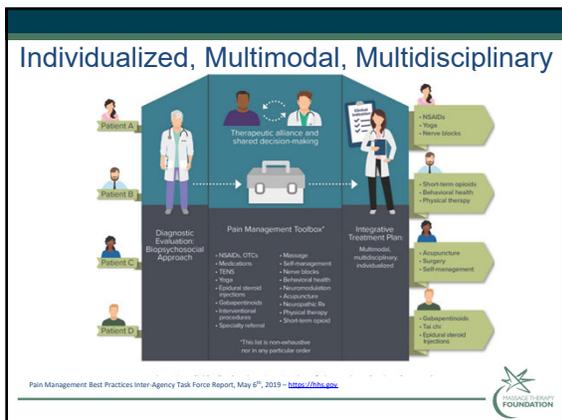
This illustration was generated from the US Department of HHS in 2019 by collecting public comments about chronic pain. These terms were extracted from those annotations, processed into a frequency table, and visualized using a software.











Group Medical Visits

More than the sum of its parts

Benefits for the patient

- Patient education
- Group support
- Experience new modalities
- Quality of care**

Benefit for the provider

- Spend more time with patients
- Remove repetition fatigue
- Leverage resources
- Quality visits**

Kirsh SR, Aron DC, Johnson KD, et al. A realist review of shared medical appointments: How, for whom, and under what circumstances do they work? BMC Health Serv Res. 2017. <http://www.jahfm.org/content/19/3/216> Group medical Visits PubMed review , 1974 to 2004.

Social Relationships and Mortality Risk: A Meta-analytic Review

There is 50% increased likelihood of survival for participants with stronger social relationships.

The influence of social relationships on risk for mortality is comparable with well-established risk factors for mortality like smoking, alcohol consumption, physical activity and BMI.

Holt-Lunstad J, Smith TB, Layton JB. Social relationships and mortality risk: a meta-analytic review. PLoS Med. 2010 Jul.

Group Medical Visits

- Model
- Team
- Setting



Kirsh SK, Atoni DC, Johnson KD, et al. A realist review of shared medical appointments: How, for whom, and under what circumstances do they work? BMC Health Serv Res. 2013. <http://www.biomedcentral.com/10.1186/1471-2288-13-276>. Group medical visits PubMed review, 1974 to 2004.



“Living Well with Chronic Pain” Group Medical Visits - Educational Piece



Live with a PURPOSE!



Acupuncture

- Is effective for the treatment of:
 - chronic headache
 - musculoskeletal pain
 - osteoarthritis pain
- Treatment effects persist over time



Vickers AJ, Acupuncture Trialists' Collaboration. Acupuncture for Chronic Pain: Update of an Individual Patient Data Meta-Analysis. J Pain. 2018.



Yoga



- Yoga had the same effect on pain and disability as any other exercise or physical therapy on patients with chronic low back pain⁽¹⁾
- Yoga has short-term effects on chronic neck pain, its related disability, quality of life, and mood⁽²⁾
- 9 of 10 RCTs suggested that yoga leads to a significantly greater reduction in pain than various control interventions such as standard care, self care, therapeutic exercises, relaxing yoga, touch and manipulation, or no intervention⁽³⁾

(1) Zhu F, PLoS One. 2020 Sep. (2) Cramer H, Clin Rehabil. 2017 Nov. (3) Posadzki P, Complement Ther Med. 2011 Oct.



Mindfulness



- Mindfulness meditation improves pain, depression symptoms and quality of life⁽¹⁾
- Mindfulness meditation has most prominent effect on psychological aspects on living with chronic pain, improving associated depression and quality of life⁽²⁾

(1) Jhilton L, Mindfulness Meditation for Chronic Pain: Systematic Review and Meta-analysis. Ann Behav Med. 2017 Apr
 (2) Bhal EP. Does mindfulness meditation improve chronic pain? A systematic review. Curr Opin Obstet Gynecol. 2017 Dec.



Living Well with Chronic Pain – Outcomes

N=189, observational study
 Data collected: PROMIS-57, BMI, Pain intensity scale 1-10
 All data expressed as Pre/Post SMA visits

Age		Percentage of patients showing improvement	
Range	26-90	Physical Function	58%
Median	61	Anxiety	62%
Gender		Depression	58%
Female	161	Fatigue	61%
Male	25	Sleep Disturbance	54%
Not answered	3	Social Satisfaction	63%
Race		Pain Interference	67%
White	127	Pain Intensity	50%
Black or African American	44	BMI	56%
American Indian/Alaska Native	3		
Other	15		

Zidaric J, "Living Well with Chronic Pain": Integrative Pain Management via Shared Medical Appointments. Pain Med. 2021 Feb.



Key Takeaways

- Chronic pain affects > 30% of people worldwide
- Multidisciplinary care can be delivered via an individualized approach or group medical visits
- Massage therapy effectively treats pain and should be considered as part of the treatment plan
- Group medical visits that combine patient education with yoga, acupuncture and guided meditation treatment modalities lead to reduced pain and improved measures of physical, mental, and social health



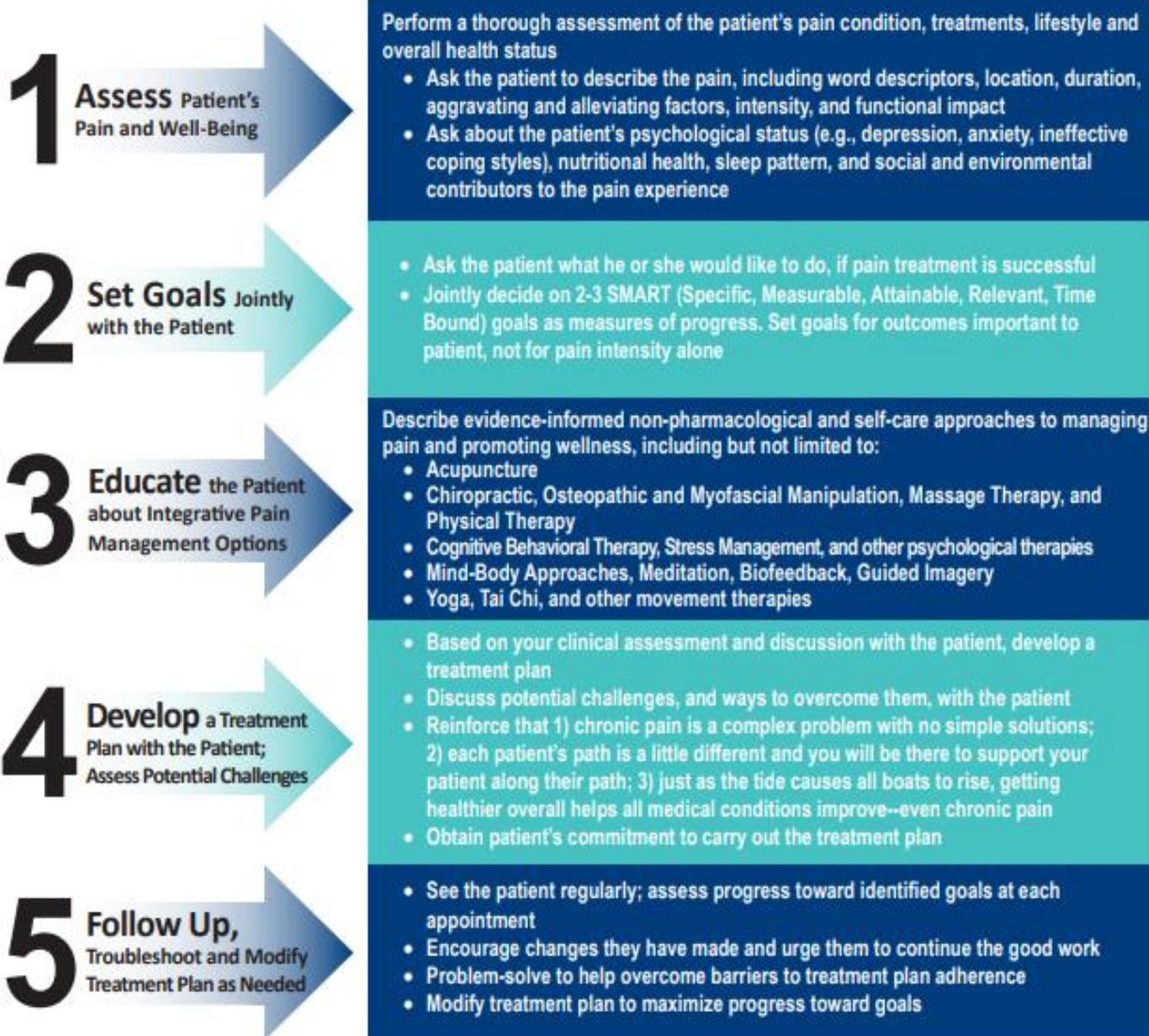
Thank you!



MOVING BEYOND MEDICATIONS

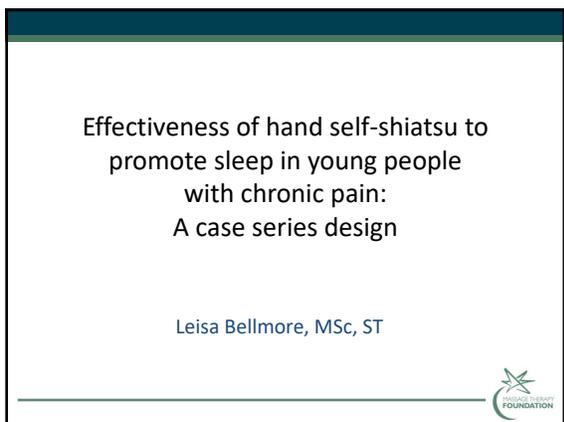
Non-Pharmacological Approaches to Pain Management and Well-Being

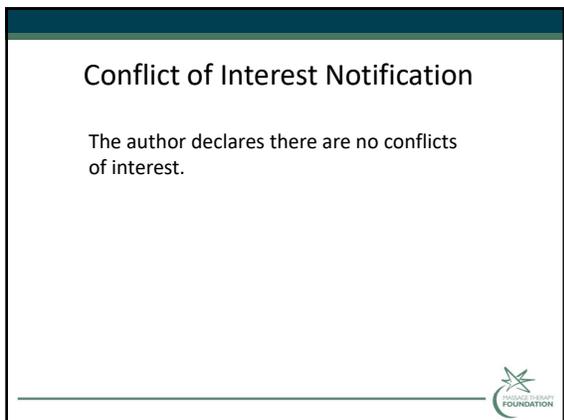
In response to the current public health crisis of opioid abuse, overdose, and death, many organizations have issued guidelines and recommendations for treating pain, including the former Surgeon General's "Turn the Tide" campaign. Similar to other guidelines, this campaign recommends non-pharmacological approaches as first line pain treatment, with opioids to be considered only if these and non-opioid pharmacological treatments are ineffective. This document expands upon those recommendations to help primary care clinicians and their patients with this approach.



Resources for Information on Nonpharmacological Approaches to Pain Management and Wellbeing







Prevalence of chronic pain



In young Canadians:

- 4% have chronic abdominal pain
- 8% have chronic headache pain
- 14-24% have chronic back pain

(King et al., 2011)



Prevalence of sleep disturbances



Experienced by up to 30% of young people (Chaput and Janssen, 2016)

- Prevalence increases in those with chronic pain (Palermo et al, 2007)



Sleep and Chronic Pain

- Bi-directional relationship
- Sleep disturbances are an outcome of chronic pain
- Sleep disturbances are a risk factor for chronic pain (Tang, Wright and Salkovskis, 2007)
- This highlights the need to address sleep problems early in the treatment of chronic pain



Importance of non-pharmacological sleep interventions



- Pharmacological management of sleep problems is contraindicated in young people with pain (Carter and Threlkeld, 2012)
- Cognitive Behavioral Therapy (CBT) often used for chronic pain in children and sleep problems in young people (Palermo et al., 2007)
- CBT may not be acceptable or accessible; attrition rate of up to 25% (Fernandez et al., 2015)



Rationale



- Those with chronic conditions often feel powerless (Anderson et al., 1995)
- Self-management interventions have been shown to increase feelings of control and mastery (Moseley, 2004)



Rationale

- Shiatsu has been found to be beneficial for pain (Brady et al., 2001; Long, 2008; Yuan et al., 2013) and intrinsically safe (Long et al., 2009)
- Hand self-Shiatsu (HSS) for sleep problems suggest it may be helpful for people with chronic pain (Brown et al., 2014) and young athletes post-concussion (Qin et al., 2019)
- HSS aligns with evidence-based principles of self-management
- Doing HSS may prevent concentration on negative thoughts and feelings which trigger production of hormones and neurotransmitters that promote pain and inhibit sleep (Hannibal and Bishop, 2014)



Aims



- To determine whether a standardized hand self-Shiatsu (HSS) intervention could result in subjective and objective improvements in sleep efficiency for young people with chronic pain

Image: Flickr.com/photos/8279289402/4544800713



Objectives



To determine if HSS improved:

- Select sleep parameters as measured by a wrist-worn sleep monitor
- Sleep quality and daytime fatigue as measured by self-report measures

Also:

- To explore participants' attitudes about and adherence to HSS

Image: A. Mackay, ©L. Bellmore



Methods

Study design:

- Mixed methods: objective and self-report measures
- Case series design with participants acting as their own control
- Approval from Health Ethics Board, University of Alberta



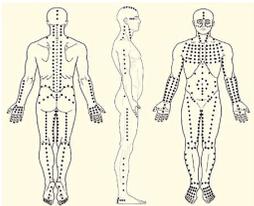
Methods

Participants

- Ages 16-28 living with chronic pain and self-reported sleep disturbances
- Recruited from Chronic Pain Program at Stollery Children's Hospital and through University of Alberta student email platform



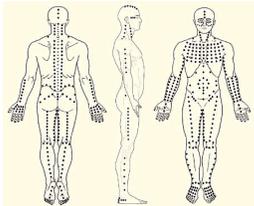
Intervention



- Shiatsu = finger pressure in Japanese
- Comfortable, sustained pressure to specific points on the body
- Based on Namikoshi shiatsu



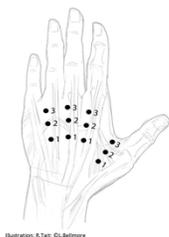
Intervention



- HSS to points on the dorsum of hand, fingers & palm
- Nightly when in bed and ready for sleep
- 10-15 minutes to complete protocol



Dorsum of the hand

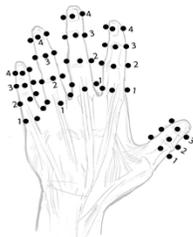


- 4 rows of 3 points
- Proximal to distal
- Points lie between metacarpal bones

Illustration: R.Tate; DL Bellmore



Fingers

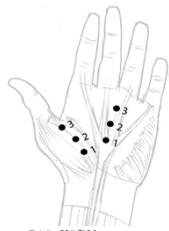


- 3 points on dorsal and palmar aspects and sides of thumbs
- 4 points on dorsal and palmar aspects and sides of fingers
- Proximal to distal

Illustration: R.Tate; DL Bellmore



Palm of the hand



- 3 points along midline of palm
- 3 points along thenar eminence
- Proximal to distal

Illustration: R.Tate; DL Bellmore



Stroking of fingers



- Gentle squeeze of each finger
- Slow stroking motion along each finger

Illustration: G. Saffron



Data collection

- Baseline data collection prior to intervention
- Follow-up data collection at 4-weeks and 8-weeks post-intervention



Image: Flickr.com/johnnyjennings/118204637560



Measurement tools: Objective

- Actigraphy: reliable, valid assessment tool; commonly used in sleep research (Zollman, Cyborski and Duraski, 2010)
- Objectively measures daytime activity, light exposure, sleep latency and maintenance
- Worn for one week at each data collection period



Measurement tools: Sleep log

Sleep log for one week during same periods:

- Daily bed and wake times
- Number of nightly awakenings and use of HSS before bed and during the night
- Additional narrative data



Measurement tools: Subjective

- Pittsburgh Sleep Quality Index (PSQI): assesses sleep quality and disturbances over previous month
- Flinders Fatigues Scale: measures daytime fatigue experienced over previous two weeks



Measurement tools: Subjective

Patient Reported Outcome Measurement Information System (PROMIS) measurement tools:

- Sleep Disturbance Short Form 8a: assesses perceptions of sleep quality, depth and restoration
- Sleep-Related Impairment Short Form 8a: assesses perceptions of alertness, tiredness and sleepiness during waking hours and perceived functional impairment
- Fatigue Short Form 8a: assesses self-reported experience of fatigue and its impact on physical, mental and social activities



Measurement tools

To account for confounding variables:

- Sleep Beliefs Scale: identifies beliefs about effect of select behaviors on sleep quality and quantity
- Holistic Complementary and Alternative Medicine Questionnaire: assesses attitudes about holistic health and toward complementary and alternative medicine



Statistical Analysis

- Data from ActiSleep monitor were analyzed using proprietary software
- Daily bed and wake times from sleep log were entered into analysis software
- Data were analyzed using SPSS software



Results: Participants

- Of 18 participants, 16 completed study; 78% were female
- Ages 17-27; mean age 21.56
- Chronic pain for 0-5 years: 65%, for 5-10 years: 35%
- Type of pain: 47% chronic primary pain, 24% chronic headache and orofacial pain, 18% musculoskeletal pain, 12% visceral pain



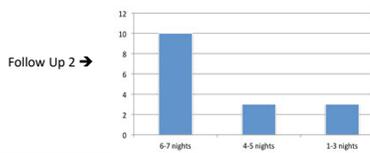
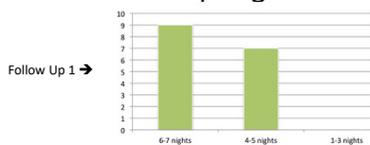
Results: Objective

Actigraphy data:

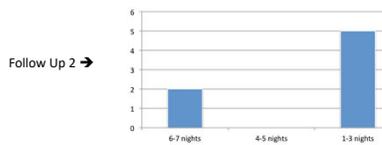
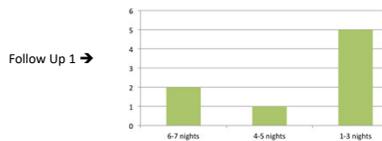
- No significant differences across the three measurement periods in six sleep dimensions:
 - Sleep onset latency
 - Waking after sleep onset
 - Average time awake
 - Number of awakenings
 - Sleep efficiency
 - Total sleep time



Results of Sleep Log: Before Bed



Results of Sleep Log: During the Night



Results: Sleep Log

- Many participants lacked a sleep routine: 80% had an average variation of >2 hours in bedtimes across measurement periods
- High variation in nightly duration of sleep periods for many participants



Results: Subjective

- PSQI: changes in scores across three measurement points not statistically significant
- Sleep Disturbance Short Form 8a: statistically significant improvement
- Sleep-Related Impairment Short Form 8a: significant improvement
- Fatigue Short Form 8a: statistically significant improvement



Results: Confounding Variables

Sleep Beliefs Scale:

- No change in scores
- Participants appeared to not learn new information regarding factors that impact sleep between baseline and follow-up 2

HCAMQ:

- No significant change from baseline to follow-up 2



Acceptability of HSS

- At study termination 9 participants said they would recommend HSS, 1 felt more time for trial was needed

Quotes from participants:

- "I found it helped me fall asleep faster and helped me have a more restful sleep"
- "I found it had a great sedative effect..."
- "I find it calms me down and helps regulate my thoughts..."



Significance of results

- Statistically significant improvement in self-report measures without improvement in objective measures
- Consistent with two previous HSS pilot studies (Qin et al., 2019; Brown et al., 2014)
- Similar pattern in other studies (Harvey and Tang, 2012; Fernandez-Mendoza et al., 2011; O'Donnell et al., 2009)
- Perceived improvement in daytime fatigue and function are important as they reduce stress and stress hormones interfere with sleep (Harvey and Tang, 2012; Fernandez-Mendoza et al., 2011; O'Donnell et al., 2009)



Significance of results

- Mounting evidence demonstrates people with chronic pain are more sensitive to effects of poor sleep (O'Donnell et al., 2009)
- May have sharper perceptions of their psychological and physiological states than what actigraph can measure
- Subjective measures needed to gain a full picture of sleep
- Widespread endorsement of HSS; no adverse effects



Study limitations



- Small sample size
- No control group
- Adherence to intervention between follow-up periods not monitored
- Intervention fidelity not monitored
- Pre-bedtime sleep-inhibiting factors not monitored
- Sleep schedules may have varied



Future directions

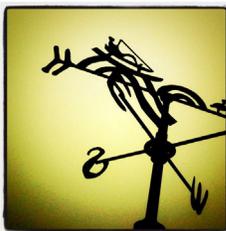


Image: Flickr.com/photos/mich5208/510874879

- Controlled studies using electroencephalography during HSS
- Management of possible confounding factors
- Strategies to improve adherence to HSS protocol
- Comparison to other self-administered bodywork
- Studies using HSS combined with other sleep interventions



Acknowledgements

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Brown, CA, Rivard, A, Reid, K, Dick, B, Bellmore, L, Qin, P, Prasad, V, & Wang, Y (2020). Effectiveness of Hand Self-Shiatsu to Promote Sleep in Young People with Chronic Pain: a Case Series Design. *International Journal of Therapeutic Massage & Bodywork: Research, Education & Practice*, 13(4), 3–11.
 DOI: <https://doi.org/10.3822/ijtmb.v13i4.567>



Image from Hand self-Shiatsu video by C. Saha © L. Bellmore & C. Brown, 2017

Hand self-Shiatsu video, app, handout and research studies: www.cbolabs.wixsite.com/handselfshiatsu



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Image: A. Mackay © L. Bellmore

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Hand Self-Shiatsu for Sleep Problems

Shiatsu Therapy:

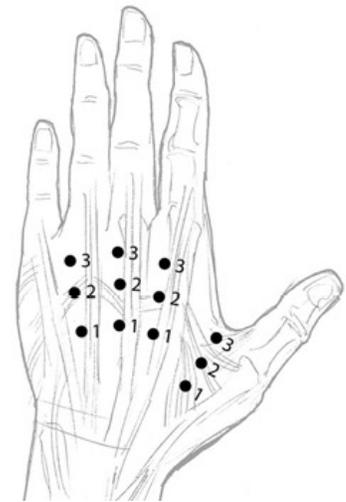
- Japanese massage based on Traditional Chinese Medicine and anatomy
- Involves applying comfortable pressure to specific points on the body
- Usually a full-body treatment but can be focused on certain areas
- Can be used on anyone, no matter what their state of health
- No oils or lotions are used and the client remains fully clothed
- Helpful for stress relief, improving well-being and treating chronic and acute conditions

Applying Self-Shiatsu:

- Use the pads of your fingers or thumbs to apply pressure to the shiatsu points
- Try to keep your thumbs or fingers straight when applying pressure
- Slowly increase the pressure, hold for 3-4 seconds then slowly decrease the pressure
- Always use comfortable pressure - it should never be painful!
- Repeat each set of points two or three times
- Do all of the points on the left hand, then do the right
- If you have any skin soreness, cuts, bruises, etc., do not work over those areas
- If anything is painful or uncomfortable ease off and use gentler pressure; pressure does not need to be strong - even very gentle pressure can be helpful
- Don't worry about being exactly on the right point; if you're a bit off you won't do any harm

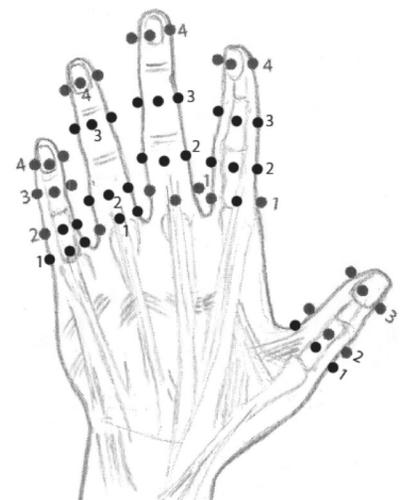
Back of the Hand:

- 4 rows of 3 points
- Points lie between the long bones (metacarpals) of the hand
- Start with the row in the web between thumb and index finger
- End with the row closest to your pinkie
- Work toward your fingers
- Do all rows once, then repeat once or twice



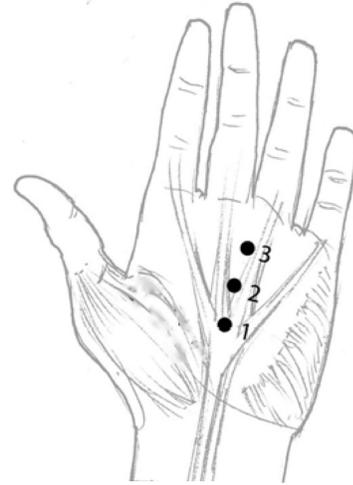
Fingers:

- 3 points on front, back and sides of thumbs
- 4 points on front, back and sides of fingers
- Begin with the thumb, end with the pinkie; work toward the fingertips
- Points are located between the joints, not on them
- The 1st & 2nd points are between the knuckles of the hand and the 1st joint of the thumb or fingers
- The 3rd points on the fingers are between the 1st & 2nd joints of the fingers
- The 4th points of the fingers & 3rd of the thumbs are on or at the sides of the fingernails
- Apply pressure to the points on the front and back of the thumb at the same time, using your thumb and index finger
- Next apply pressure to the points on both sides of the thumb at the same time, using your thumb and index finger
- Do each of the fingers in the same way
- After doing all points on all of the fingers, repeat once or twice



Centre of Palm:

- 3 points down the centre of the palm
- Work towards the fingers
- 1st point just past the heel of the hand
- 3rd point just before the knuckles
- Repeat two or three times



Base of Thumb:

- 3 points along palm at base of thumb
- Work towards the thumb
- 1st point near the heel of the hand
- 3rd point just before the thumb
- Repeat two or three times



Stretching of Fingers:

- Wrap the fingers of the right hand around the thumb of the left hand
- Gently squeeze the thumb, then make a gentle stroking motion along the finger toward the fingertip
- Repeat with each finger, ending with pinkie



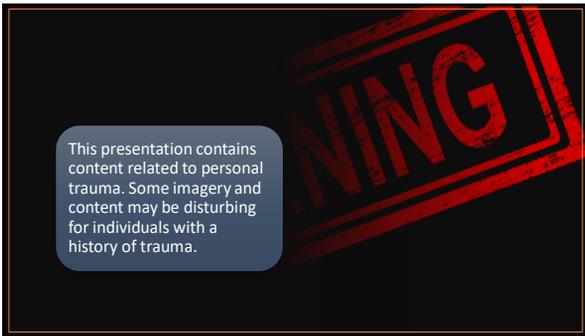
To view the reminder video or to download another copy of the handout click on: <https://cbotlabs.wixsite.com/handselfshiatsu>

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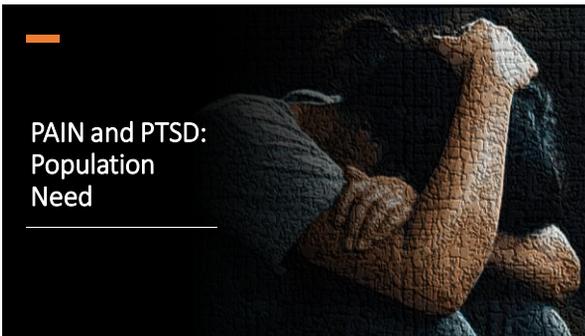












Pain in General and Veteran Populations

- Pain is one of the most common reasons for seeking care.
- Chronic pain is ongoing pain that usually lasts longer than six months.
- Per CDC, 50 million U.S. adults have chronic pain, and almost 20 million have high-impact chronic pain.





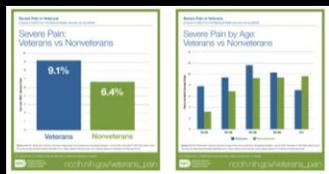
Summary

What is already known about this topic?
Chronic pain has been linked to numerous physical and mental conditions and contributes to high health care costs and lost productivity. A limited number of studies estimate that the prevalence of chronic pain ranges from 11% to 40%.

What is added by this report?
In 2016, an estimated 20.4% of U.S. adults had chronic pain and 8.0% of U.S. adults had high-impact chronic pain. Both were more prevalent among adults living in poverty, adults with less than a high school education, and adults with public health insurance.

What are the implications for public health practice?
This report helps fulfill a National Pain Strategy objective of producing more precise estimates of chronic pain and high-impact chronic pain.

Pain in General versus Veteran Populations



Pain in General versus Veteran Populations

Severe Pain by Condition: Veterans vs Nonveterans

Condition	Veterans	Nonveterans
Chronic Pain	~15%	~10%
Severe Pain	~25%	~15%
Very Severe Pain	~35%	~20%

Severe Pain by State: Veterans vs Nonveterans

State	Veterans	Nonveterans
Alabama	~20%	~15%
California	~25%	~18%
Texas	~30%	~22%

PTSD Defined in General Population

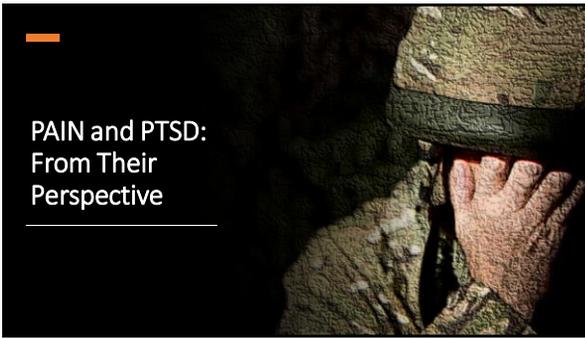
- "A psychiatric disorder that may occur in people who have experienced or witnessed a traumatic event"
- Affects about 3.5% adults/year
- 1 in 11 people in their lifetime
- Women are 2X as likely to have PTSD
- Latinos, African Americans, and American Indians disproportionately affected

PTSD Symptoms

- Behavioral**
 - Agitation, irritability, hostility, hypervigilance, self-destructive behavior, or social isolation
- Psychological**
 - Flashback, fear, severe anxiety, or mistrust
- Mood**
 - Loss of interest or pleasure in activities, guilt, or loneliness
- Sleep**
 - Insomnia or nightmares
- Emotional numbing/detachment**
- Unwanted intrusive thoughts**
- Avoidance**

PTSD is comorbid with depression, anxiety, stress, and fatigue

<https://www.nlm.nih.gov/health/psych/post-traumatic-stress-disorder-ptsd>
<https://www.medicare.org/diagnoses-conditions/post-traumatic-stress-disorder/symptoms-causes>







- Evidence suggests massage therapy may be beneficial for improving various patient-reported functional outcomes for pain.
- Evidence supports massage therapy, rather than no treatment at all, should be offered to a patient for pain management.
- Compared to sham or active comparator(s), massage therapy benefits various function outcomes including anxiety and health-related quality of life.

The screenshot shows the title, authors (C. Crawford, M. Courtney Boyd, M. Chalmers, et al.), journal (Journal of Massage Therapy), volume (17), issue (1), and pages (130-137). It also includes a brief abstract snippet.

Veterans, Pain and Massage

- 2016 VA evidence synthesis
- 21 high-quality systematic reviews
- Findings described potential benefits of massage, but evidence strength is limited due to methods used

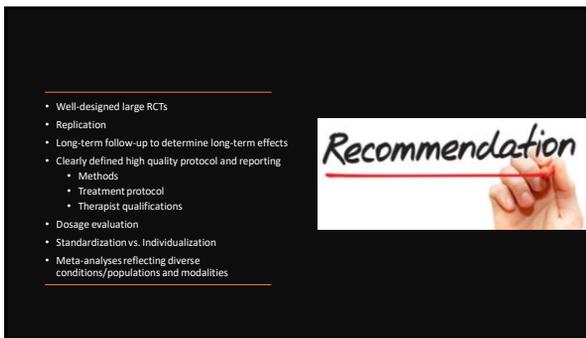
Evidence-based Synthesis Program (ESP) Center. Evidence Synthesis Program. 2016. *Massage for Pain: An Evidence Report*. URL: <https://www.va.gov/opa/epublications/esp/message-REPORT.pdf>

To date, a limited number of small studies and case reviews have published results with PTSD and Trauma

CHI	Libretto, S., Hilton, L., Gordon, S., Zhang, W., & Wesch, J. (2015). Effects of Integrative PTSD Treatment in a Military Health Setting. <i>Energy Psychology Journal</i> , 7(2), 33–44. doi: 10.5769/epj.2015.11.01.l1
Positive	Rosenow M & Munk N. Massage for Combat Injuries in Veteran with Undisclosed PTSD: a Retrospective Case Report. <i>Int J Ther Massage Bodywork</i> . 2021;14(1):4–11.
Positive	Field T, Seiffman S, Scarfoll F. Alleviating posttraumatic stress in children following hurricane Andrew. <i>Journal of Applied Developmental Psychology</i> . 1996; 17:3-37-50.
Nept/Qual	Price C. Body-Oriented Therapy in Recovery from child sexual abuse: an efficacy study. <i>Altern Ther Health Med</i> . 2005; 11(5): 46–57.
Practice	Ferguson, P. E., Persinger, P. D., & Gsd-Co, M. S. A. (2010). Resolving Dilemmas Through Bodywork. <i>International Journal of Therapeutic Massage & Bodywork: Research, Education, & Practice</i> , 3(1), 41–47. doi: 10.3822/ijmb.v3i1.74
Pilot/Qual	Menard, M. B. (2015, May 24). <i>Research: Massage for Female Veterans with PTSD</i> . Retrieved January 22, 2020, from https://www.amtmassage.org/articles/5/MTI/detail/3457/research-massage-for-female-veterans-with-ptsd
Negative	Sumpton B & Baskivill A. A Series of Case Reports Regarding the Use of Massage Therapy to Improve Sleep Quality in Individuals with Post-Traumatic Stress Disorder (PTSD) <i>Int J Ther Massage Bodywork</i> . 2019 Dec; 12(4): 3–9.







Crawford and Colleagues Make Recommendations for Future Research

- Consider definition of massage therapy to define what constitutes "massage therapy."
- Secure and ensure adherence to the CONSORT Checklist to enhance reporting and quality work.
- Share in formal development of STRICT for the field and adapt these criteria for future protocol development.
- Refer to and use PRISMA and FORTSOL, consider the whole patient perspective in all clinical research and use these resources to inform work.
- Share in large, multi-site studies examining the efficacy of massage therapy compared to an appropriate sham treatment, with focus on a well-controlled, randomized, double-blind, or withdrawal in the relevant population that patient preferences and values, expectations of patients and clinicians, and safety.
- Expand appropriate opportunities for comparative effectiveness research, such as efficacy in a busy ambulatory care setting, in a diverse group of individuals, including primary care settings, and in patients with comorbidities, such as pain, anxiety, depression, and safety, conduct comparative effectiveness research.
- Develop clinical practice guidelines for the field of massage therapy.

Special Considerations

<p>Take proactive approach to working with participants with PTSD & pain</p> <ul style="list-style-type: none"> Document/track barriers and solutions for IRB and funding agency. Pilot processes early in project to make modifications to onboarding, data collection, and processes to meet participants needs. 	<p>Suicidal ideation (SI) more common than general population</p> <ul style="list-style-type: none"> Increase ceiling on SI reporting - change SI trigger from thoughts to trigger plan & intent. Consider a dedicated clinical psychologist to screen for SI and response to reported participant mental health needs. 	<p>May have higher attrition rates than general population</p> <ul style="list-style-type: none"> Set realistic expectation. Simplify and ensure user-friendly onboarding process. Proactively identify health factors and disqualifiers in advance.
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Special Considerations

<p>Increased risk of frustration with onboarding and data collection processes</p> <ul style="list-style-type: none"> Simplify onboarding process and provide personal support. Increase automation where possible and reduce use of usernames & passwords. 	<p>Potential perceived data collection burden</p> <ul style="list-style-type: none"> Revisiting trauma is a risk. Be cognizant of emotional, mental, & physical health burden. Use validated measures, but also avoid multiple measures to reduce redundancy to minimize response burden. 	<p>Potential lack of engagement in project processes</p> <ul style="list-style-type: none"> Simplify processes. Provide reminders. Provide project navigator.
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**In Safe Hands:
Massage & PTSD**

If clients with PTSD seek massage therapy before they have done some reflective work with a psychotherapist, they could be at risk of worsening their symptoms, becoming triggered by the touch, or feeling depressed or angry

Parola Fitch

<https://www.amtamassage.org/publications/massage-therapy-journal/massage-and-ptsd/>

Group Discussion





Call. Text. Chat.

Veterans Crisis Line
1-800-273-8255 PRESS 1

NATIONAL SUICIDE PREVENTION LIFELINE™
1-800-273-TALK
www.suicidepreventionlifeline.org
