Introduction

Massage therapy complements other health professions such as physiotherapy, osteopathy and chiropractic therapy. Three occupational groups appear to be frequently involved in practice alongside chiropractors, these being massage therapists (MTs), physiotherapists and acupuncturists. The aim of this study was to understand the information sharing practices between health practitioners and massage therapists in New Zealand.

Method

An online questionnaire survey was conducted using Survey Monkey during May - June 2017. The population of interest were practicing osteopaths, physiotherapists and chiropractors who had referred to a MT in the six months prior to the survey. Participants were contacted through their respective professional bodies. Each professional body was emailed the information sheet and the link to the questionnaire survey and sent it out to their members. Ethics approval was granted by the Southern Institute of Technology Human Research Ethics Committee.

Results

Survey respondents (n=33): twelve (36.4%) were female and 21 (63.6%) were male. Chiropractors (84.9%; n=28/33) were the largest group; there were also four Osteopaths and one Physiotherapist. Twenty-five participants (75.8%; n=25/33) had more than 10 years experience in their field. Participants were mainly from Auckland and Christchurch with smaller numbers from other parts of the North and South Island. Over three-quarters (78.8%; n=26/33) shared a workplace with another health professional and 73.1% (n=19/26) shared a workplace with at least one massage therapist (Table 1). Figure 1 shows the referral frequencies; 51.5% (n=17/33) refer clients to MTs at least weekly, often for musculoskeletal conditions (see Figure 2). Table 2 displays a range of client information that is shared in the referral process. Most respondents stated that they communicated face to face with the massage therapist (43.8%; n=14/32), while 25% used email (n=8/32). Six (18.8%; n=6/32) participants used a letter as communication and phone calls were used by 15.6% (n=5/32) of the participants. Just under a third (31.3%; n=10/32) of the participants viewed the MT clinical notes, and 93.7% (n=30/32) stated that the qualifications of the MT were important to them. A massage bachelor’s degree was not mentioned. Respondents had more confidence to refer an MT if they had received a massage, had communication from the MT, or positive client feedback.

Key Points

- The data primarily refers to information sharing practices of chiropractors.
- Some participants refer to massage therapists consistently.
- Referral information was shared using 4 methods: face-to-face, emails, letter and phone.
- Information shared when referring: referral reasons, relevant issues, and pertinent past health history.
- Some participants shared a workplace with at least one MT.
- More research is required in this area of information sharing practices to assist in managing efficient and effective client care between health professionals.

Limitations

Due to the small sample size, the findings cannot be generalised and do not represent all osteopaths, physiotherapists and chiropractors within New Zealand.

Discussion

A range of referral frequencies were reported by respondents, possibly due to practitioner differences or different client needs for massage therapy. Information sharing practices were also varied as were the modes of communication. Sharing workplaces did assist in the ease of communicating with the MTs. Further research is needed to understand the reasons for these differences and to examine whether there are differences between health professional groups.

Close to half of the participants thought that a massage therapy qualification was important when considering referring to an MT. They identified a 1 or 2-year diploma as the qualification levels that a massage therapist should have to be considered for client referral. Although a Bachelors degree was not identified, lack of knowledge regarding education levels for massage therapists may be the reason for this response. If further investigation showed a lack of knowledge about massage therapy qualifications then strategies to help inform health professionals about the ranges in MT qualifications may need to be implemented.

References