Introduction

Massage therapy (MT) is one of the complementary and alternative medicines (CAM) used in New Zealand. Assessment is used as a tool by massage therapists (MTs), but its use has been under researched. Assessment in MT is “the collection and interpretation of information provided by the client, the client’s family and friends, the massage practitioner, and the referring medical professional” (Fritz, 2000). The purpose of assessment is to provide the information upon which MTs can choose the best way to treat the client, or to refer out if necessary (Lowe, 2006). Assessment is not only used by MTs, but it has been used by other health professionals such as: physiotherapists, athletic trainers, doctors, nurses, chiropractors, osteopaths and others. The aim of this research was to determine how assessment was used by massage therapists in clinical practice.

Methods

A one on one interview was conducted with each participant. Questions focused on: definition, purpose, benefits, barriers and methods of assessment.

Five MTs volunteered to participate from the Invercargill region. Data was collected between April and May 2014. Ethical approval was granted by the SIT Human Ethics Committee. Results are reported using pseudonyms.

Benefits of Assessment in MT Practice

Three main themes emerged from the analysis of the interview transcripts in regards to the benefits of assessment. The themes were:

- **To be effective with treatment.** For example, Terenga said, “any dysfunction being verified efficiently so you can give quality treatment”.

- **To measure and demonstrate change.** For example, Ioana said, “I think to me, the interview is the most useful. I have to make sure I get enough information but also give clients the treatment time they want”.

- **To be professional.** For example, Eteta said, “doing assessment helps to show the clients the change, so they have evidence that it did work and it gives them confidence to come back”.

Methods of Assessment

The common methods of assessment were: subjective (interview), objective (observation, palpation and ROMs), while special tests only tended to be used if the massage therapist suspected any joint / ligament dysfunction.

<table>
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<tr>
<th>Pseudonyms</th>
<th>Terenga</th>
<th>Eteta</th>
<th>Ioana</th>
<th>Tebuako</th>
<th>Nabera</th>
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Strategies to overcome Barriers to Assessment

MTs identified a range of strategies/ideas to help manage barriers. These included:

- Using clear questions.
- Using body charts, bring a friend if English barrier too great and transferring a client to another MT.
- Short assessment form.
- Educate the clients about the need for assessment.
- Collect further information when the client is on the table.
- Use time wisely.
- Having enough skills/ knowledge, experience and be confident.

Barriers to Assessment in MT Practice

Three main themes emerged from the analysis of the interview transcripts in regards to the barriers of assessment. The themes were:

- **Communication skills.** For example, Ioana said, “to make sure that asking questions that are understood. I always try to make the client understand because I need to know something so they are able to answer specific as they can”.

- **The assessment form.** For example, Eteta and Tebuako shared “the biggest barrier is the form. Too much to ask questions and too much information that is not relevant or helpful. I don’t need to know everything because a lot of things are repetitive”. “The form is should be shorter and has less on it to minimize and use time effectively”.

- **The time required to assess.** For example, Tebuako and Nabera shared the view stated by Nabera that “clients pay an hour so they expect an hour for treatment and if you take out 20 minutes they are not happy”.

Summary of Key Ideas

This study showed that participants viewed assessment in MT as being essential. Assessment methods used were in alignment with the literature. Participants thought they needed to feel comfortable in doing assessment, to gain accurate information, to rule things in and out, to isolate the main muscles involved and to plan the right treatment.

The findings are limited by the small number of participants. Further research could investigate barriers to assessment and build on the strategies identified in this pilot study.

References


Acknowledgements

Many thanks to Jo Smith (supervisor) and to the massage therapists who participated in this study for sharing their views. Finally, thank you to my colleagues for your contributions in class sharing and discussions.