

MASSAGE THERAPY (UPDATED DECEMBER 2008)

CLINICAL QUESTION

Is massage therapy effective in the management of chronic non-malignant low back pain ≥ 3 months' duration?

What type of massage is the most effective?

THE EVIDENCE

Treatment	Condition	Comparator	Relevant Results/Authors' Conclusions [#]
Massage therapy [†]	Chronic non-malignant, non-specific low back pain	Relaxation therapy	Moderate evidence that massage (two sessions of 30 minutes per week for 5 weeks) is superior to relaxation therapy performed at home in relieving pain in the short-term. Limited evidence that massage (two sessions of 30 minutes per week for 5 weeks) is superior to relaxation therapy performed at home in reducing sleep disturbances, anxiety, and depressed mood after the first day and last day of treatment.
	Subacute and chronic low back pain (61% lasted more than one year)	Acupuncture	Limited evidence that massage is superior to acupuncture with respect to improvement in function but not pain relief. Follow-up at 4 weeks. Limited evidence that massage is superior to acupuncture with respect of measures of pain and function at 52 weeks (mean of eight visits).
		Self-care education	Limited evidence that massage is superior to self-care education with respect to measures of pain and function at 10 weeks. Difference is not maintained at 52 weeks.
Massage therapy plus specific adjuvant exercises [‡]	Chronic non-malignant, non-specific low back pain	Massage therapy plus non-specific exercise or sham massage plus specific or non-specific exercise	Limited evidence that massage combined with specific exercises appears to be beneficial to comparators. Follow-up at 5 weeks.
Classical (Swedish) massage [§]	Chronic non-malignant, non-specific low back pain	Acupuncture massage (with individual or group exercise) Traditional Thai Massage (TTM)	Limited evidence that acupuncture massage (with individual or group exercise) is superior to classical (Swedish) massage with respect to measures of pain and function before and after the sessions. Limited evidence that classical (Swedish) massage and TTM are equally effective in relieving pain. Follow-up at 3 and 4 weeks.

[†]Based on one **AVERAGE*** and two **POOR*** quality randomised controlled trials (RCTs), as assessed by the authors of this review, published in 2001 and 2007; [‡]Based on one **POOR*** quality RCT published in 2005; Based on one **AVERAGE*** and one two **POOR*** RCTs published in 2000 and 2005; [#]Refer to Grading Key document for explanation of evidence grading

IMPLICATIONS FOR PRACTICE

What we don't know:

- Is massage therapy more effective than placebo or sham, waiting list or no treatment?
- What is the optimum number and duration of treatment sessions?
- Which of the various massage techniques is the most effective, and for which patient subgroups?
- What is the influence of massage on return-to-work as an outcome and long-term follow-up?

Research Evidence: What we know

Evidence indicates that massage therapy:

- is more effective than relaxation therapy, acupuncture and self-care education;
- may be beneficial if combined with exercise;
- has durable effects that last for up to one year.

Acupuncture massage is superior to classical (Swedish) massage, while Thai massage produces similar results to classic (Swedish) massage.

The most significant benefits are obtained by either licensed massage therapists or massage therapists with many years' experience.

Adverse events reported: temporary soreness and allergic reaction such as rashes or pimples when massage oil was applied; significant discomfort or pain during or shortly after treatment.

Recommendation from Clinical Ambassadors

Based on limited evidence, massage therapy appears to be an effective treatment for low back pain. It can lead to therapeutic benefits for several months and has very few risks. Well trained and experienced massage practitioners are likely to generate the best results. However, in many jurisdictions including Alberta there can be a lack of standards to define a qualified practitioner, or the treatments that are applied. While clinically we sometimes see improvements with this treatment, there isn't yet enough evidence to predict those in whom it is likely to be successful. Extended trials without benefit are not warranted.

The Clinical Ambassadors: Dr Ted Findlay, Dr Saifee Rashid, Dr Chris Spanswick, Dr Paul Taenzer

April 2009

Reference: This Evidence Brief is based on results from a **GOOD*** quality systematic review (SR).
Furlan AD, Imamura M, Dryden T, Irvin E. Massage for low-back pain. *Cochrane Database Syst Rev.* 2008;(4): CD001929.

***Quality ratings for RCTs & SR:** Good ● Average ● Poor ●

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