

Musculoskeletal Therapy: The new frontier of massage therapy

By Marsha Ellis

The increasing demand for Complementary and Alternative Medicine (CAM) services in Western countries over the past decade has focused strongly on the manual therapies. According to recent studies, massage and other related therapeutic modalities are among the most frequently used complementary therapies in the USA and Australia.¹ A concurrent demand for a higher level of educational preparation and professional development for such therapists has also been noted.² A Bachelor's degree in Health Science:

Therapeutic Bodywork is offered at the University of Westminster in the United Kingdom and, until now, was the only course of its kind in the world. 'Therapeutic Bodywork' is the term applied to Musculoskeletal Therapy in the United Kingdom.³

Until recently, a Diploma in Remedial Massage or an Advanced Diploma in Myotherapy has been the highest level of qualification able to be achieved within complementary medicine in Australia.

This year a private college has begun to offer a Bachelor's degree upgrade of their Advanced Diploma of Myotherapy while some other private colleges have negotiated a link for their massage graduates with practitioner-entry Bachelor's degrees in complementary medicine offered at other universities.

The Australian College of Natural Medicine (ACNM) has reviewed and extensively revised their courses offerings in the remedial therapies and now, complementing these courses, a new Bachelor of Health Science (Musculoskeletal Therapy) course has been developed. The purpose of this course is to provide opportunities for massage therapists to achieve a degree within their discipline and to address a recognised need for a new type of therapist. Musculoskeletal Therapists will relieve pain and improve function in a *niche* area located between basic clinical massage and the manipulative therapies.

It made sense to ACNM to take a pro-active approach towards the provision of a Bachelor's degree course at both pre-service and practitioner-entry levels which would help standardise and establish the scientific framework for the practice of Musculoskeletal Therapy as a natural medicine discipline/profession in Australia.

In order to meet the wide-ranging needs of both pre-service and practitioner-entry students, as well as to address the fundamental problems associated with traditional health science curricula, the Bachelor of Health Science (Musculoskeletal Therapy) at ACNM has been developed using a new integrative curriculum design based on principles relating to:

- The context in which future practice will take place, including signs, symptoms and syndromes, principles of disease prevention and health promotion and the socio-cultural and legal environment;
- The use of a clinical decision-making framework to organise content, guide learning and promote retention;

- The identification of factors that influence evidence-based decision-making and the reinforcement of this process through the use of problem-based learning; and,
- The implementation of competency-based assessment strategies for professional entry level Musculoskeletal Therapists.⁴

Musculoskeletal therapy has been described as a largely 'hands-on' method of management based on detailed physical examination.⁵

From ACNM's point of view, the difference between a Massage Therapist and a Musculoskeletal Therapist is that the Musculoskeletal Therapist has an increased skill level in assessment and diagnosis and a broader and more developed menu of treatment approaches. Musculoskeletal Therapists are health professionals who give '... particular attention to the relationship of muscles and fasciae to structural and neurological aspects of the body in health and disease and [are] educated in the relevant basic and clinical sciences as well as in related health subjects.'⁶

Primarily, they use manual techniques directed at the soft tissues and joints to relieve human pain, dysfunction and disability. However, other modalities of treatment, including, but not limited to, postural alignment, exercise, nutritional advice, strapping and orthotic devices may also be used extensively.

At present, the continuum in manual therapies is interrupted between the Massage/Remedial Therapies/Myotherapy level and the levels of Manipulative Physiology/Chiropractic/Osteopathy. It is this service gap that the BHSc(MST) will address. The three-year degree program will extend the skills of graduates well beyond the competencies required to perform clinical massage and myotherapy, but will not encroach into the more intensive skills required in osteopathy, chiropractic or manipulative physiotherapy.

The ACNM Course Guide 2005 contains short descriptions of each of the units in the course and the good news for practitioners and students is that those who have completed relevant tertiary units will be able to apply for credit towards the BHSc(MST) degree. Graduates who have completed a Certificate IV or Diploma qualification in massage or other remedial therapies will be able to apply for Credit Transfer and/or Recognition of Prior Learning.

Further information and application forms are available on the Australian College of Natural Medicine web site (www.acnm.edu.au) or from Student Services at each campus.

Marsha Ellis is Head of Teaching and Learning, Victoria and Western Australia
Australian College of Natural Medicine

References

Australian College of Natural Medicine, 2004, *Course Guide 2005*, ACNM, Brisbane.
Eisenberg, D., Kessler, R., Foster, C., Norlock, F., Calkins, D., Delbanco, T. 1993

'Unconventional medicine in the United States, prevalence, costs and patterns,' *New England Journal of Medicine*, vol. 328, no. 4, pp. 246-252.

Eisenberg, D., Davis, R., Ettner, S., Appel, S., Wilkey, S., Van Rompay, M., Kessler, R. 1998
'Trends in alternative medicine use in the United States, 1990-1997: results of a follow-up national survey', *Journal of the American Medical Association*, vol. 280, no. 18, pp.1569-1575.
House of Lords of the British Parliament, 2000, 'Select Committee Report: Science and Technology, Complementary and Alternative Medicine', 6th report, 28 November 2000.
Jull, G. & Moore, A., 2001, 'Editorial: Delivery of musculoskeletal therapy on line?', *Manual Therapy*, vol. 6, no. 2, p 65. Available online at <http://www.idealibrary.com> .

Kleynhans, A., 2003, 'The basis for the design of integrative course units in the BHSc (Musculoskeletal Therapy) of the Australian College of Natural Medicine' in Appendix 1 of the *Submission to the Ministers of Education (Queensland, Victoria, Western Australia, South Australia, New South Wales, Australian Capital Territory) for Accreditation of the following Course: Bachelor of Health Science (Musculoskeletal Therapy,)* p. 1.

Kleynhans, A. & Kleyhans, R., 2004, 'What is musculoskeletal therapy (MST)?', *Integrative Musculoskeletal Therapy*, S-1.1.1, pp. 1-4.

MacLennan *et al*, 1996, 'Prevalence and cost of alternative medicine in Australia', *Lancet*, vol. 347, pp. 469-573.

McPherson, F. & Schwenka, M., 2004, 'Use of complementary and alternative therapies among active duty soldiers, military retirees and family members at a military hospital', *Military Medicine*, vol. 169, May 2004, pp. 354-357.

University of Westminster, 2004, 'BSc (Hons) Health Science: Therapeutic Bodywork', *Course Guide*,

<http://www.wmin.ac.uk/sih/page-254> .

Endnotes

1. Eisenberg et al 1993, Eisenberg et al 1998, MacLennan et al 1996, McPherson & Schwenka 2004.

2. House of Lords, 2000

3. University of Westminster, 2004

4. Kleynhans in ACNM, 2003

5. Jull and Moore, 2001. p65

6. Kleynhans, A., 2004. S1.1.1 p3