I support SB531 for massage therapy licensure. I am a massage therapist and currently have to maintain 3 licenses to practice and teach massage therapy. Only having 1 license would make it much easier to work and keep my business running smoothly.

Additionally, I am very concerned about the opioid crisis, and its effect on Kansans. Massage has been shown to relieve musculoskeletal pain very effectively and without side effects or the horrible specter of addiction. An excellent article supporting this, along with the studies it is taken from is: Massage Therapy for Pain—Call to Action by Chester Buckenmaier, III, MD, Jerrilyn Cambron, DC, PhD, Ruth Werner, BCTMB, Pamela Buckenmaier, RN, LMT, Christopher Deery, LMT, Jan Schwartz, MA, BCTMB, and Pete Whitridge, BA, LMT at website:
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4925169/

Finally, I would like to see an end to human trafficking under the false guise of massage therapy. So many people are hurt by this practice and a massage licensing law would be a step forward in ending this horror in our state. Right now, every state surrounding Kansas has massage licensing, so traffickers are using Kansas for their foul practice. Please help to end this.

Sincerely,
Alicia Chance
March 14, 2022

Pain Medicine 2016; 17: 1211–1214
doi: 10.1093/pm/pnw092

OXFORD

Massage Therapy for Pain—Call to Action

Conflicts of interest: The views expressed in this article are those of the authors and do not reflect the official policy of the Department of Army/Navy/Air Force, Department of Defense, or United States Government. There are no conflicts of interest to report.

Disclosure: The Evidence for Massage Therapy (EMT) Working Group (diverse stake-holders making up the steering committee and subject matter experts) contributed to the protocol development and provided input throughout the entire project; all analyses were conducted independently by Samueli Institute. All recommendations set forth in this report were made collectively with the EMT Working Group and Samueli Institute during an expert round table and are based on the evidence revealed through the systematic review and gaps that emerged through the process.

"It's not that we need new ideas, but we need to stop having old ideas." —Edwin Land (1909—1991)

Although Edwin Land is best known for his work developing camera technology as the co-founder of the Polaroid Corporation, his quote is appropriate for issues facing modern medical practice today. If the preponderance of television commercials peddling the next breakthrough in pharmaceuticals is any measure, medical science is always searching for the next profitable new idea. On the one hand, the American pharmaceutical industry is the envy of the modern world, developing treatments and cures for diseases believed unconquerable just a decade ago. On the other hand, the 'pill for every ill' mentality of many Americans, including those investors in pharmaceutical stocks, has generated significant health and social issues for this country. This issue is exemplified by the major public health crisis of chronic pain in America and has been highlighted recently by its most prominent symptom—opioid misuse and addiction.

In 2013, drug overdose in the United States was the leading cause of injury death, surpassing motor vehicle accidents [1]. Shockingly, the majority of these overdose deaths were related to prescription opioid pain medications often in combination with benzodiazepines [2]. Clearly there is a growing problem with prescription pain medication use and the medical community's response to patients with pain. The federal government has responded to this crisis, first through a Presidential Memorandum titled Addressing Prescription Drug Abuse and Heroin Use in October 2015 [3] that was quickly followed by the recently released Centers for Disease Control and Prevention (CDC) draft Guideline for Prescribing Opioids for Chronic Pain [4]. The CDC's efforts to provide clinicians guidelines for prescribing pain medications is laudable but incomplete because the root cause of this issue, poorly managed pain in America, is not specifically addressed. One experienced pain management specialist described the CDC effort in dealing with the opioid problem akin to treating a cholera outbreak in the modern era by merely treating the cholera patients without bothering to examine the community's wells or other water sources. This criticism is understandable because many pain management specialists view the issue of prescription opioid use as a symptom of the much larger medical crisis of poorly managed pain. Although pain is a universal experience that all humans can relate to, there is a fundamental lack of pain education and understanding by both patients and the healthcare professionals who care for them. The Institute of Medicine (IOM) report, Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research Summary [5], noted that pain generally receives little attention in medical training programs. This issue was particularly poignant within the primary care community, the front lines of pain management. Recently the National Pain Strategy, designed to operationalize the IOM report recommendations, was released by the US Department of Health and Human Services. This strategy specifically calls for a "system of patient-centered integrated pain management practices based on a biopsychosocial model of care," and massage therapy certainly fits into this new pain care paradigm [6].

The effectiveness of opioids in the management of pain is unquestionable. The blessings of analgesia with morphine have been enjoyed since the Civil War with, unsurprisingly, many of the same public health consequences we are dealing with today. Terry and Pellens in their 1928 book, *The Opium Problem* [7], noted that "following the Civil War the increase in opiate use was so marked among ex-soldiers as to give rise to the term 'army disease' and today in more than one old soldiers' home are cases of chronic opium intoxication which date from this period." The major differences between then and now are the significant medical advancements made in understanding pain in the context of modern physiology and anatomy and its impact on the biopsychosocial spectrum of patient health. It is not that opioid medications are inherently bad. On the contrary, as a diverse group of pain management specialists, we would hate to lose this valuable pain

management option. It is our incomplete understanding of opioids and their appropriate role in pain management, as well as a healthcare workforce unprepared by their training to manage pain effectively, that often results in the exclusion of all other options, and has led our patients and us into this predicament.

Within this context, the three massage therapy evidence reviews [8–10], published in the July, August and September issues of *Pain Medicine,* are so timely and important. Funded by The Massage Therapy Foundation, through the support of the American Massage Therapy Association, Samueli Institute, using their Rapid Evidence Assessment of the Literature (REAL©) process [11], independently evaluated the existing clinical science regarding the impact of massage therapy on function in patients experiencing pain. We were initially convened as the Evidence for Massage Therapy (EMT) Working Group to ensure our individual voices were equally heard and that the research questions formulated addressed a variety of stakeholder needs for evidence based decision making to occur. We were then assembled at an expert Round Table and tasked with using a transparent expert panel process to develop consensus massage recommendations for clinical practice and future research based solely on the evidence generated and presented by Samueli Institute. This extensive massage therapy evidence review is divided into three parts: part I evaluates pain in the general population [8], part II looks at cancer pain patients [9], part III explores surgical pain populations [10]. This evidence evaluation process carried out by Samueli Institute enabled us to not only pinpoint the current gaps in the science to develop future research recommendations, but to also make evidence based decisions regarding the use of massage therapy as a viable pain management tool for a diverse patient population experiencing pain.

If a prolonged history of use in medical practice was the only standard required for acceptance of massage into modern medical systems of care, this series of articles would not be needed. Ancient medical texts to include the works of Hippocrates describe massage as an effective therapy for sports or war injuries [12]. Notwithstanding this laudable record of persistent therapeutic use of massage through the centuries, frustratingly the mechanisms to explain the effect of massage on relieving pain are lacking. Proposed mechanisms for the effects of massage have been categorized into biomechanical, physiological, neurological, and psychological effects and many researchers believe a combination of effects in each category are likely at play [13]. Doctor Siegfried Mense has done extensive work in elucidating the pathogenesis of muscle pain by characterizing muscular trigger points, muscle thixotropy, and more recently the multitude of muscle nociceptive nerves and associated endogenous neuromessager molecules they respond to [14,15]. It is plausible that effects of massage interrelate with these muscle pain generators in an inhibitory fashion. Recent work by Crane et al. [16] evaluated the effect of massage on 11 exercise induced quadriceps muscle damage volunteers. Divided into massage and no massage groups, muscle biopsies were obtained at baseline, 10 min after massage (in that group), and 2.5 hours later. Massage was found to attenuate the production of inflammatory cytokines in the muscle samples thereby reducing local inflammation. Other studies have clearly demonstrated the psychological effects of massage in producing a relaxation response and functional magnetic resonance imaging studies have suggested massage influencing regions of the brain responsible for stress and emotion regulation [17]. Despite these intriguing findings, the nature of the massage therapeutic effect remains tantalizingly resistant to detailed explanation. Additional effort in this area is definitely warranted.

While massage is not a 'new' idea or a panacea for pain, the evidence provided here establishes massage therapy as a reasonable partner in the pain provider's arsenal of therapies.

The 'old' and too prevalent idea of pain management monotherapy with opioids has resulted in considerable relief of suffering historically, but we now understand that this approach, although clinically easy and beguilingly expedient, has resulted in an epidemic of morbidity and mortality in our patients with chronic pain, particularly those taking high doses, with co-prescription of benzodiazepines, and with psychiatric co-morbidities, particularly substance use disorders. Compared to this outdated approach to pain management, massage therapy is a refreshing addition with little to no morbidity and evidenced based efficacy for many patients. Massage therapy will not remove the need for medications in pain management and it will not be an appropriate therapy for every pain patient, but it should be considered as a routine complementary (not alternative) part of an individualized, multimodal, and stepped care pain plan for pain management.

These evidence reviews highlight the gaps that future research needs to fill in order to move toward implementation. It is our hope that the field of massage therapy will begin to critically think about and prioritize the field's research needs to guide the development of a robust future research agenda. We will require new methodologies to calculate reimbursement for medical services to realize the benefits of massage therapy in our present medical system. We will need to value patient reported outcomes over procedures and pills. It will require new thinking on what constitutes pain therapy success beyond the current focus of pain intensity, and shift toward an emphasis on patient function, to include general activity, sleep, mood, and stress. It will require freeing ourselves from old ideas of pain as a symptom of some other ailment and toward an understanding of pain as a disease process of the peripheral and central nervous system that can debilitate a patient long after a patient has recovered from the inciting injury or disease. In short, massage therapy is the evidence-based new

thinking that will, with other integrative, non-pharmacologic approaches, help pain medicine overcome the current opioid-focused old thinking that has devastated so many lives.

Chester Buckenmaier III, MD,[*,†]
Jerrilyn Cambron, DC, PhD,[‡]
Ruth Werner, BCTMB,[‡]
Pamela Buckenmaier, RN, LMT,[§]
Christopher Deery, LMT,[¶]
Jan Schwartz, MA, BCTMB,[‖] and
Pete Whitridge, BA, LMT[‖‖]

[*]Defense and Veterans Center for Integrative Pain Management, Rockville, Maryland; [†]Uniformed Services University of the Health Sciences, Bethesda, Maryland; [‡]Massage Therapy Foundation, Evanston, Illinois; [§]RN Therapeutic Massage, LLC, Annapolis, Maryland; [¶]American Massage Therapy Association, Evanston, Illinois; [‖]Education and Training Solutions, LLC, Tucson, Arizona; [‖‖]Alliance for Massage Therapy Education, Pierce, Florida, USA

Acknowledgments

The Evidence for Massage Therapy (EMT) Working Group included the following individuals at the time of writing:

Chester Buckenmaier III, MD, COL (ret), USA, is the Program Director of the Defense and Veterans Center for Integrative Pain Management at the Uniformed Services University of the Health Sciences.

Pamela Buckenmaier, RN, LMT is the owner of RN Therapeutic Massage in Annapolis, Maryland, specializing in pain management and lymphedema treatment.

Jerrilyn Cambron, DC, PhD, is a Professor at the National University of Health Sciences and the President of the Massage Therapy Foundation.

Christopher Deery, LMT, is an instructor/co-owner of Anatriptic Alchemy, and maintains a private practice at Phoenixville Massage and Bodywork in Phoenixville, Pennsylvania. He is also the Director of Sciences at the Institute for Therapeutic Massage & Bodywork in Chadds Ford, Pennsylvania.

Jan Schwartz, MA, BCTMB, is the Co-Founder and President of Education and Training Solutions, LLC, and a member of the Academic Collaborative for Integrative Health (ACIH) Board.

Ruth Werner, BCTMB, is the author of *A Massage Therapist's Guide to Pathology* and other massage therapy texts, and an award-winning massage therapy educator. She is based in Oregon.

Pete Whitridge, BA, LMT, is a founder and past president of the Alliance For Massage Therapy Education (AFMTE). He is a Continuing Education Provider and Faculty member at various massage schools around the country.

References

1 Centers for Disease Control and Prevention. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. 2014. Available at: http://www.cdc.gov/injury/wisqars/fatal.html (accessed April 1, 2016).

2 Centers for Disease Control and Prevention. National Vital Statistics System Mortality Data. 2015. Available at: http://www.cdc.gov/nchs/deaths.htm (accessed April 1, 2016).

3 The White House—President Barack Obama. Presidential Memorandum—Addressing Prescription Drug Abuse and Heroin Use. 2015. Available at: https://www.whitehouse.gov/the-press-office/2015/10/21/presidential-memorandum-addressing-prescription-drug-abuse-and-heroin (accessed April 1, 2016).

4 Centers for Disease Control and Prevention. Injury Prevention & Control: Prescription Drug Overdose. 2015. Available at: http://www.cdc.gov/drugoverdose/prescribing/guideline.html (accessed April 1, 2016).

5 The National Academies Press. Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research. 2011. Available at: http://www.nap.edu/read/13172/chapter/2 (accessed April 1, 2016).

6 The National Pain Strategy. 2016. Available at: http://iprcc.nih.gov/National_Pain_Strategy/NPS_Main.htm (accessed April 1, 2016).

7 Terry CE, Pellens M. The Opium Problem. New York: The Committee on Drug Addictions in collaboration with The Bureau of Social Hygiene, Inc.; 1928: 69.

8 Crawford C, Boyd C, Paat C, et al. The impact of massage therapy on function in pain populations—A systematic review and meta-analysis of randomized controlled trials: Part I, patients experiencing pain in the general population. Pain Med 2016; 1353–1375.

9 Boyd C, Crawford C, Paat C, et al. The impact of massage therapy on function in pain populations—A systematic review and meta-analysis of randomized controlled trials: Part II, cancer pain populations. Pain Med 2016; doi:10.1093/pm/pnw100.

10 Boyd C, Crawford C, Paat C, et al. The impact of massage therapy on function in pain populations—A systematic review and meta-analysis of randomized

controlled trials: Part III, surgical pain populations. Pain Med 2016; doi:10.1093/pm/pnw101.

11 Crawford C, Boyd C, Jain S, et al. Rapid Evidence Assessment of the Literature (REAL©): Streamlining the systematic review process and creating utility for evidence-based health care. BMC Res Notes 2015; 8:631. doi:10.1186/s13104-015-1604-z.

12 Goats GC. Massage–the scientific basis of an ancient art: Part 1. The techniques. Br J Sports Med 1994;28(3):149–52.

13 Weerapong P, Kolt GS. The mechanisms of massage and effects on performance, muscle recovery and injury prevention. Sports Med 2005;35(3):235–56.

14 Simons DG, Mense S. Understanding and measurement of muscle tone as related to clinical muscle pain. Pain 1998;75(1):1–7.

15 Mense S. The pathogenesis of muscle pain. Curr Pain Headache Rep 2003;7(6):419–25.

16 Crane JD, Ogborn DI, Cupido C, et al. Massage therapy attenuates inflammatory signaling after exercise-induced muscle damage. Sci Transl Med 2012;4 (119):119ra13. doi:10.1126/scitranslmed.3002882.

17 Field T. Massage therapy research review. Complement Ther Clin Pract 2014;20(4):224–9.

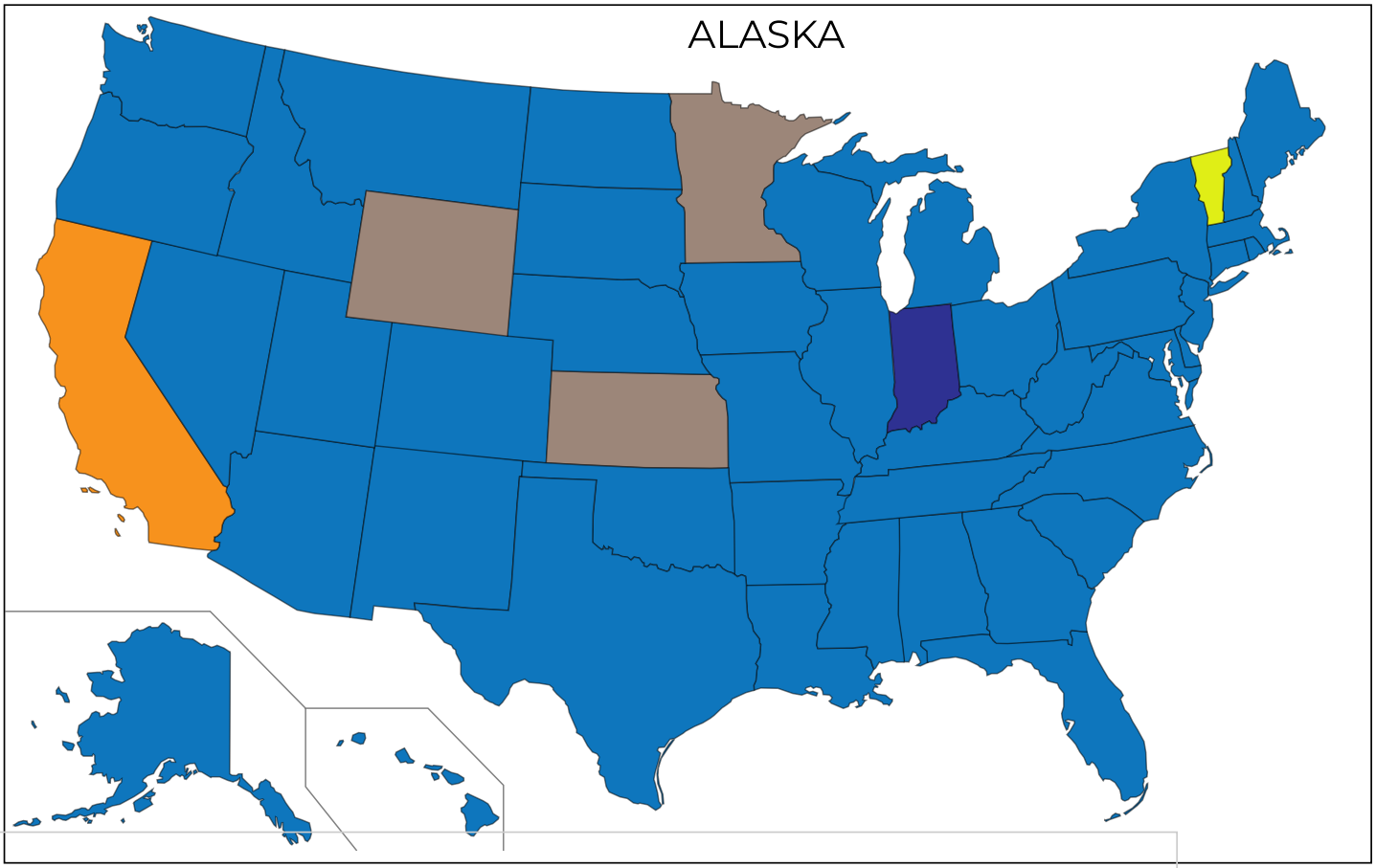
MASSAGE THERAPY STATE LICENSING REQUIREMENTS

Massage therapists are licensed in 44 states, the District of Columbia, Puerto Rico, and the US Virgin Islands. Licensure is required in each state in which a massage therapist practices and must be renewed on a regular basis, with a majority of states requiring continuing education as a requirement for renewal. Massage therapists must practice within the scope of practice defined by these state licensure laws (massage therapy practice acts in most cases). The practice acts, rules and regulations, comprise the law governing massage therapy practice within a state. A summary of state regulations, along with a link to state websites, can be found by clicking on a state below.

Need to pass the MBLEx exam? Check out ABMP Exam Coach! (/examcoach)

Download and print a copy of the Massage State Regulation Guide (//dzdx4ocwzatbw.cloudfront.net/sites/abmp.com/files/sham/files/ABMPStateRegCard_110921.pdf).

Are you a member of your state board? Let us know! (mailto:govtrelations@abmp.com?subject=State Board Member Information)



LEGEND

- No State Regulation
- State License
- State (or statewide independent) Certification
- Licensure Passed/Not Yet Implemented
- State Registration Required

TRUSTPILOT REVIEWS

News

View All (/updates/news)

Spine Curvature in Neanderthals May Provide Clues to Modern-Day Back Pain (/updates/news/spine-curvature-neanderthals-may-provide-clues-modern-day-back-pain)
03/10/2022

Kentucky Bill Proposes 6% Sales Tax on Massage Services (/updates/legislative-updates/kentucky/kentucky-bill-proposes-6-sales-tax-massage-services)
03/08/2022

Oregon Proposes New Massage Therapy Rules (/updates/legislative-updates/oregon/oregon-proposes-new-massage-therapy-rules)
02/25/2022

Blog

~~Please note: We have recently updated our Privacy Policy and Terms of Use.~~

View All (/updates/blog)

2021 Tax Updates Part 3: What Massage and Bodywork Therapists Need to Know About Working in a “Gig” Economy (/updates/blog-posts/2021-tax-updates-part-3-what-massage-and-bodywork-therapists-need-know-about-working-gig-economy)
03/11/2022

10 Steps to Keep Massage Therapists Safe (/updates/blog-posts/10-steps-keep-massage-therapists-safe)
03/01/2022

2021 Tax Updates Part 2: PPP Loans, FSAs, and Other COVID Implications Massage and Bodywork Therapists Need to Know to File in 2022 (/updates/blog-posts/2021-tax-updates-part-2-ppp-loans-fsas-and-other-covid-implications-massage-and-bodywork-therapists)
02/25/2022

Benefits

View All (/updates/benefits)

2022 ABMP CE Summit Course: Updating our Hands-On Approach (/updates/benefits/2022-abmp-ce-summit-course-updating-our-hands-approach)
03/09/2022

2022 ABMP CE Summit Course: Hands-On and Cupping Techniques for Neck Fascia (/updates/benefits/2022-abmp-ce-summit-course-hands-and-cupping-techniques-neck-fascia)
03/09/2022

2022 ABMP CE Summit Course: Fascia Fundamentals (/updates/benefits/2022-abmp-ce-summit-course-fascia-fundamentals)
03/09/2022

25188 Genesee Trail Road, Suite 200
Golden, CO 80401
expectmore@abmp.com (mailto:expectmore@abmp.com)
800-458-2267 (tel:8004582267)

(https://www.facebook.com/ABMPpage)

(https://twitter.com/ABMPmassage)

(https://www.instagram.com/abmpmassage/)

(https://www.linkedin.com/groups?gid=48268)

(https://www.youtube.com/user/ABMPmassage)