

Wednesday, 29 January 2025

Rebecca Falkingham,
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National Disability Insurance Agency
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Re: NDIS Reforms Joint Submission

Dear Rebecca

It was with considerable surprise and dismay that we learned of the new National Disability Insurance Scheme (NDIS) Support rules concerning professional qualified massage therapists and myotherapists, when these health professionals align with the functional impact of massage therapy.

Most disappointing is that the new rules fail to acknowledge that the professional massage sector is regulated by Associations that created and maintain education and training requirements in remedial massage therapy and myotherapy (massage therapy), ethical and professional standards, competencies, and recognised evidenced massage techniques and modalities.

Particularly perplexing is that allied health practitioner qualifications contain little or no training in remedial massage therapy and must be undertaken as an additional unit of study with limited scope. Yet they are now considered more appropriate support because they provide greater functional impact when administering remedial massage therapy. This is highly questionable given that professional qualified massage therapist and myotherapist qualifications have a primary focus on the modality and include up to 1,000 hours of supervised training.

As shown in the attached submission, the evidence strongly suggests that remedial massage therapy and myotherapy, when delivered by qualified professional remedial massage therapists and myotherapists who are members of accredited associations, will ensure the purpose of the NDIS is met more effectively, efficiently and appropriately than under the new arrangements.

While we appreciate that the changes have been put in place to curb spiralling costs and the abuse of the system, as reported in the Review of the National Disability Insurance Scheme (NDIS), in the case of qualified remedial massage therapists and myotherapists (qualified massage therapists), we show why these changes are over-zealous and unnecessary.

Our combined membership represents a professional and qualified massage workforce of 20,000 members. Most of these are small business owners who, until recently, provided reliable services to thousands of NDIS clients with a particular focus on positively maintaining health and wellbeing, mobility and function, reducing disability-related pain and stress, and improving quality of life.

These therapists are considered health professionals in numerous other insurance schemes that provide reliable working models that minimise abuse and rogue behaviours.

While we hope that the past abuse of the much needed NDIS is reigned in, we believe the previous abuse of the system is not a reason to *'throw the baby out with the bathwater'* by excluding fully qualified health professionals with the appropriate education and skills to reliably provide effective remedial massage therapy and myotherapy services – services that will now only be available to people living with disability who can afford them.

Furthermore, as we outline in our submission, the inclusion of professional massage therapists and myotherapists could reduce allied health costs as well as improve outcomes for patients in cases where allied health professionals usually administer massage therapy.

We hope that this submission will improve literacy and understanding regarding the value of professionally qualified massage therapists and myotherapists.

Moreover, we formally request your confirmation that this submission will be used to evidentially inform the outcomes from any future reviews of the NDIS/NDIA Support policy and thank you for your consideration.

Your sincerely



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Massage & Myotherapy Australia



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Executive Summary

The attached evidenced-based briefing provides a deeper understanding of the impact that the new National Disability Insurance Scheme (NDIS) Support rules have, not only on our members but their NDIS clients as well.

It includes insights from various surveys of our members along with independent data sources and studies concerning the use and efficacy of massage therapy delivered by professionally qualified massage therapists.

The evidence presented in this submission shows that limiting funding for massage therapy services to Medicare-eligible Australian Health Practitioner Regulation Agency (AHPRA)-registered practitioners is not supported by the science, lived experience, and best practice care. Also, the submission shows that the changes are not aligned with contemporary models that seek to achieve a positive impact on the health and wellbeing of NDIS clients that embrace greater choice and self-directed care.

The submission shows that the professional qualified massage therapy and myotherapy sector is an actively self-regulated sector of healthcare. It shows that Associations, not AHPRA regulate the education, skills and competencies of the sector and provide the only source of accurate data and information to assist policy makers in making informed decisions concerning the health services they provide.

This includes the various private and publicly funded support schemes that offer working models of care encouraging inclusion, choice and self-determination while also managing costs and rogue behaviours without the loss of health service providers such as professional qualified massage therapists that are in high demand.

Qualified massage therapists mirror APRA registration requirements

Significantly, the requirements for massage therapists to become an accredited member of a professional association such as Massage & Myotherapy Australia (MMA), Australian Natural Therapists Association (ANTA), and Australian Traditional Medicine Society (ATMS), mirror AHPRA registration requirements.

We show that, like AHPRA registered practitioners, professionally qualified massage therapists must hold nationally recognised qualifications and annually reviewed membership with accredited associations to become registered Providers with many Private Health Insurance Funds, Motor Accident and Workers Compensation insurance schemes, and the Aged Care Home Care Package. For NDIS funding purposes that these models should provide a reliable basis on which to determine the eligibility of qualified remedial massage therapist and myotherapist members, enabling them and their clients to participate in a more inclusive service model that encourages and supports self-management and choice.

Like AHPRA-registered practitioners, professionally qualified massage therapists must adhere to a Professional Code of Ethics and Standards of Practice that are similar to AHPRA-registered health practitioners' Codes and Guidelines. Complaints and concerns can be raised about AHPRA-registered practitioners as they can be about professional massage therapists through an independent National Ethics Committee. This is underpinned by legislation concerning the National Code of Conduct for Unregistered Healthcare Workers and includes state-based health complaints commissioners and ombudsmen with cross-jurisdictional information-sharing powers.

AHPRA registered allied health practitioners are not the most appropriate or effective to administer massage services

The evidence provided also shows that AHPRA registered allied health practitioners are not the most appropriate, or more appropriate support to administer efficacious remedial massage therapy and myotherapy in three significant areas of health care – effectiveness, training and contemporary practice. This includes:

- *Effectiveness*: Remedial massage therapy and myotherapy services delivered by allied health professionals are likely to be delivered as a minor adjunct with limited benefit, data or evaluation to measure their effectiveness.
- *Training*: The training of *qualified* professional remedial massage therapists and myotherapists includes a primary study focus on massage, while allied health qualifications do not include training in massage therapy, unless undertaken as additional short units of competency with limited scope.
- *Contemporary practice*: The changes do not reflect the direction of contemporary policy or advice provided by authoritative health and medical sources. Similarly, they do not reflect what is happening in the field where the wider health community recognises the value of massage therapy when delivered by qualified massage therapists. This is evidenced by a high degree of integration within Australia's health system with 20% of massage therapy consultations being part of General Practitioner (GP) Health Plans, and referrals from GPs, Allied Health Practitioners, Insurance Schemes are a primary source of consultations for qualified massage therapists.

In summary, the evidence provided illustrates the value and need to include professionally qualified massage therapists as support if the best outcomes or functional impact is to be achieved for the NDIS and its clients.

About the Associations

Massage & Myotherapy Australia

Massage & Myotherapy Australia (the Association) is a not-for-profit organisation formed in 2003, and is the sector's leader and driving force towards evidenced-based massage and myotherapy services. As the leading representative body for professionally qualified massage therapists, remedial massage therapists and myotherapists nationwide (massage therapists), the Association currently serves over 8,600 member therapists.

Australian Natural Therapists Association

The Australian Natural Therapists Association (ANTA) has been established for nearly 70 years. It is the largest national democratic association of 'recognised professional' traditional, complementary medicine and natural therapy practitioners who work in the areas of health care and preventative medicine. ANTA represents approximately 3,000 remedial massage therapists and myotherapists and currently has approximately 8,000 members across multiple modalities, including remedial therapists, myotherapists, acupuncturists, naturopaths, clinical nutritionists, herbal medicine practitioners, aromatherapists and ayurveda practitioners.

Australian Traditional Medicine Society

The Australian Traditional Medicine Society (ATMS) promotes, represents and supports natural medicine practitioners and the highest ideals of professionalism. ATMS represents the interests of 20 different modalities, supporting practitioners and advocating for the profession's collective interests throughout Australia. Our members come from AHPRA-Registered and unregistered sectors of healthcare. ATMS champions natural medicine, preventative health, symptom management, and chronic illness support. Our mission is to promote, represent and support natural medicine practitioners who are encouraged to pursue the highest ideals of professionalism in their natural medicine practice and education.

Impact of changes to the NDIS Support Rules

Have the new NDIS support rules negatively affected patients and clients?

Yes. A new Pulse Survey involving around 10,000 members of the three leading massage/complementary health associations represented in this submission revealed that many National Disability Insurance Scheme (NDIS) clients who are dependent on the now excluded qualified remedial massage therapists to maintain their health and wellbeing will be worse off under the new Support rules.

The results provide a very high level of confidence that people with disabilities, who are highly dependent on massage therapies delivered by qualified professional remedial massage therapists, will be worse off under the new Support rules.

Respondents to the Pulse Survey indicated that members are losing some low-income disability clients, but significantly also show a high level of dependence on the service with many who can afford it, opting to pay for the services themselves rather than lose them.

Of the members who responded, 67% indicated that the changes to the Support NDIS funding have affected their current patients. Around 31% expected the changes to affect their patients,

Before the changes, qualified remedial massage therapists and myotherapists provided reliable services to thousands of NDIS clients who depended on them to maintain health and wellbeing, improve mobility, to reduce disability-related pain and stress, and improve their quality of life.

Of those who responded, the survey revealed that:

- 73.4% treated NDIS clients
- 53.3% treated 1 to 3 NDIS clients, 19.1% treated 1 to 6 clients and 27.3% treated more than 6.

Respondents also indicated that NDIS clients presented with the following impairments:

- Intellectual 23.97%
- Cognitive 28.29%
- Neurological 64.15%
- Sensory 29.16%
- Physical 88.12%
- Psychosocial 35.42%

However, the survey indicated that NDIS clients who can afford it or have the means are voting with their feet and their wallets to ensure they continue to receive the effective remedial massage therapy service.

Respondents to the survey indicated that:

- | | |
|--|-------|
| 1. Clients are self-funding or paying privately for treatments | 41.5% |
| 2. Reduced frequency of treatments or shorter sessions due to cost | 6.8% |
| 3. Some clients are using private health insurance to afford treatment | 4.8% |
| 4. Practitioners are offering discounts or alternative funding options | 11.6% |
| 5. Collaboration with allied health professionals and referring on | 23.1% |
| 6. Other – undefined | 12.2% |

Point 3 indicates that for NDIS disability clients there are few other insurance alternatives to fund remedial massage therapy and points 1 and 2 show that these clients will be penalised or disadvantaged due to the change to the Support rules.

Have the changes affected professional massage therapists?

Yes. The changes have had a far reaching and detrimental effect on service provision, professional standing in the health community and small massage business incomes, *because they do not recognise or acknowledge the evidence of their effectiveness, their extensive training and contemporary best practice.*

The veracity of the decision to exclude professionally qualified massage therapists and myotherapists is highly questionable because it assumes that the functional impact of massage delivered by qualified massage therapists is less than the impact of allied health practitioners who will be funded.

This is simply incorrect, and disability clients are voting with their feet and their wallets by choosing to use their own funds to maintain services or reduce the frequency of treatment because, as explained in the following sections, they are unlikely to be delivered as effectively by other health professionals.

Over 50% of respondents to the survey of our members indicated that they have lost NDIS clients, while 31% indicated that they expect to lose clients.

Around 22% indicated that they have or will lose between 20% and 50% of their income as a result of the changes to NDIS Support funding, thereby having significant financial impacts.

At the time of the survey (October 24), 13.5% had not received payments for NDIS services provided prior to the October 3 2024 cut-off date.

Do the changes contradict current medical wisdom?

Yes. *The evidence indicates that the wider health community recognises the efficacy of massage therapy when delivered by qualified professional massage therapists.*

The need for higher level skills has occurred due to the demand from registered health professionals and institutions, insurance providers, and patient choice. The ageing population is also having an impact on client or patient composition.

For example, the Massage & Myotherapy Australia 2023 Practitioners' Survey (the 2023 Survey) involving its 8,600 members indicated that almost one in five (18%) of therapists work in a practice with two or three staff, with these likely to be in an allied health or medical setting (34%).ⁱ

Surveys of Australian General Practitioners' attitudes toward massage therapy have shown that 84% considered it a moderately to highly effective treatment, and 91% regarded it as safe.ⁱⁱ More than three-quarters of GPs (76.6%) referred to massage therapy at least a few times per year, with 12.5% recommending it weekly.ⁱⁱⁱ

Importantly, reports of positive results from patients receiving massage therapy increased referrals among GPs.^{iv}

Also important are the results of the 2023 Survey. The survey indicated that professional massage therapists understand and acknowledge the limits of their scope of practice and referral processes, with 83% actively referring patients to General Practitioners and allied health practitioners. Around one-quarter (24%) of respondents to the 2023 Survey stated that they would undertake training in rehabilitation and injury management to qualify for third-party insurance rebates. Willingness rates were similar for training in advanced physiology and anatomy for specific chronic conditions to qualify for third-party rebates.

Respondents also indicated that the source of increasing demand for higher-level remedial massage therapy and myotherapy services includes:

- 20% of massage therapy consultations are part of General Practitioner (GP) Health Plans.

- Referrals from Registered Health Practitioners were a primary source of work for qualified massage therapists and include:
 - Allied Health Practitioners 30%
 - Private Health Insurance 15%
 - GP Referrals 12%

Additionally, the RACGP (Royal Australian College of General Practitioners) recommend the use of massage, suggesting it can improve pain, depression and sleep,^v while the UK's National Institute for Health and Care (NICE) guidelines recommend considering it in the management of osteoarthritis and low back pain.^{vi,vii}

The Ottawa guidelines indicate that massage therapy is effective at providing pain relief and improving functional status in lower back pain as well as in providing short-term improvement of sub-acute and chronic lower back pain symptoms and decreased disability immediately post-treatment.^{viii}

One of the leading sources of clinical guidelines in musculoskeletal disease and orthopaedics, the *Journal of Orthopaedic and Sports Physical Therapy* (JOSPT), recommends the use of massage and manual therapy to reduce pain, and improve function in a wide range of painful musculoskeletal conditions including plantar fasciitis,^{ix} acute and chronic low back pain and neck pain, with and without headache or radiation.^x

The multidisciplinary approach to pain management is a key recommendation of Pain Australia's National Strategic Action Plan for Pain Management (the Action Plan), being endorsed by the International Association for the Study of Pain. *'These may include pacing activities throughout the day, so pain remains manageable; using massage, heat and cold packs; and carrying on with useful and purposeful things.'*

The Opioid Management Team, which presented 'Alternative options to codeine', said that while heat and massage are contraindicated in the first 48 hours following musculoskeletal injury, the team also suggested that Practitioners discuss non-pharmacological options including heat, massage, psychotherapies, physiotherapies, osteopathy, etc. for patients suffering from chronic pain. In the absence of disease, Transcutaneous electrical nerve stimulation (TENS), Acupressure (also known as Chinese Acupressure), and Acupuncture are modalities commonly used by remedial massage therapists and myotherapists and were listed for menstrual-related cramps.

The Therapeutic Goods Administration (TGA) website also offered 'Talking tips for Pharmacists' that includes flagging several non-medication and therapeutic options including massage as part of a patient's pain management strategy.

Further integration of professional massage therapists will help to meet the growing and future health needs of those who depend on massage therapists and myotherapists to maintain their mobility, health and wellbeing after injury.

Do the changes contradict current drivers of demand in the health community?

Yes. Demand for the health services of professional qualified massage therapists is driven by a wide range of sectors, and health needs alongside a growing body of evidence and significant improvements in professional development.

Increasingly, professional massage therapists are required to work with clients and patients who have complex and/or multiple conditions.

The [Industry Reference Committee](#) (IRC), which reported to the [Australian Industry and Skills Committee](#) (AISC) during 2019, found that shortages within the Complementary Health sector are seen to be manifesting in insufficiently trained practitioners.

During 2019, the AISC reported that over recent times treatment practices for massage therapists, as well as the wider professional Complementary Health workforce, have evolved significantly. The AISC reported:

‘Such change has resulted in evolving skill and competence requirements for the workforce. The sector overall has been experiencing several challenges which are impacting workforce skill requirements and include Government policy/legislation, an ageing workforce, skills shortages, employment status and earnings.....Client needs are changing, and the complexity of conditions presented today to therapists is extensive. Individuals with a chronic disease diagnosis are more likely to use complementary therapies compared with the general population.’

As shown in Figure 1 below, the 2023 Survey indicated that professional massage therapists are actively engaged in managing the long-term healthcare needs of people with chronic conditions, and relieving symptoms related to injury, ageing and mental health:

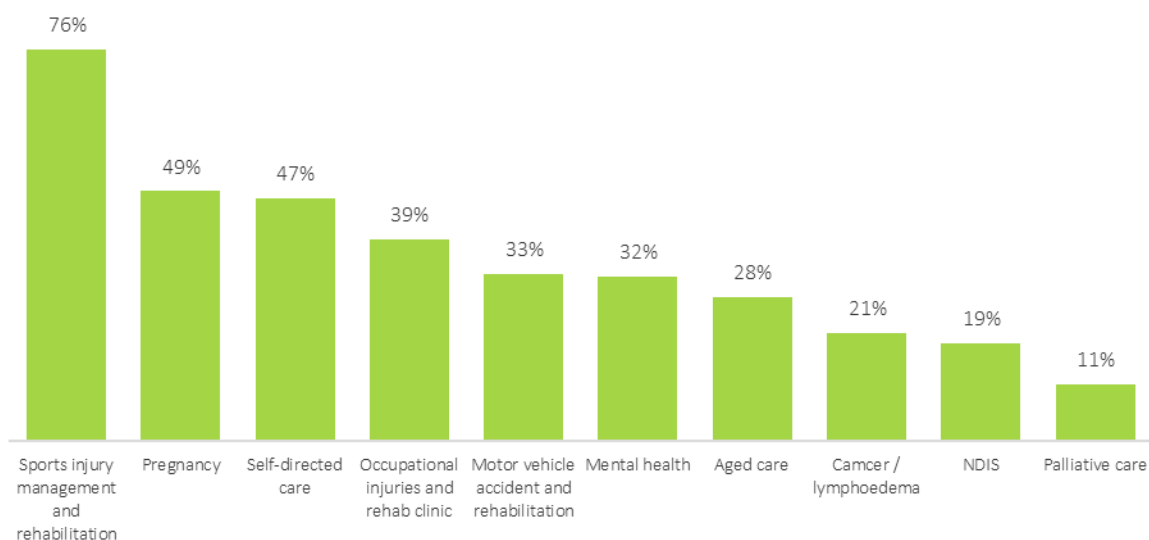


Figure 1. Main circumstances for which professional massage therapists are engaged

Professional massage therapists also provide health care services in a range of health settings including those that are privately funded and a first-choice health care and wellbeing option for many self-funded patients. They are engaged privately by:

- practically every elite sports team in the world
- all major cancer centres in Australia
- aged and palliative care
- hospital pregnancy wards
- and people with conditions involving mental health and addiction rehabilitation.

The private sector of health care, including insurance products that have responded to market demand and patient choice by those who self-direct their care when massage therapy is appropriate for their health care needs, are also driving this level of involvement.

It is also worth noting that mental health is a key component of overall health and wellbeing.^{xi}

As indicated in Figure 1, this is a contributing factor to the number of patients who seek out massage therapists to manage their mental health. This is not surprising given that the Australian Bureau of Statistics (ABS) National Study of Mental Health and Wellbeing^{xii} reports that one in eight adults (13%) experienced high or very high levels of psychological distress in 2017-18 — an increase from 11.7% (or 2.1 million adults) in 2014-15.

Additionally, women access massage services at a ratio of 2:1 to men for a variety of musculoskeletal and related conditions.^{xiii}

This is not surprising. The Australian Institute of Health Wellbeing (AIHW) found that females experience a higher proportion of osteoarthritis compared with males (66% females/34% males), rheumatoid arthritis (64% females/36% males) and 'other musculoskeletal conditions' (52% females/48% males).^{xiv}

Additionally, higher levels of demand are supported by a growing body of evidence attesting to the efficacy of massage therapy that is appropriately administered. A summary of recent studies is included later in this submission.

Does the exclusion of remedial massage therapists contradict other insurance schemes?

Yes. Numerous Federal and State Government insurance schemes have responded to the changing needs and demands of patients and the wider health sector.

The 2023 Survey found that third-party insurance coverage generates more than half (54%) of massage practitioner incomes, with most of this (49%) from private health insurance providers.

As shown in Table 1 below, at a State Government level, professional massage therapists and myotherapists are eligible for funding under many state worker compensation and rehabilitation insurance schemes and some motor accident schemes. For example, [SIRA NSW](#) funds massage therapists to administer services for both Workers Compensation and Rehabilitation, and Motor Accident injuries.

NOTE: For reference, hyperlinks to website information outlining eligibility requirements and funding details for each insurance scheme.

Scheme	Package	Care Services	Category name and Condition	Detail	Amount
SIRA NSW	Workers Compensation & Motor Accident Insurance	Massage therapy services	Must be accredited massage therapist	Medical or related treatment with clinical notes maintained	\$43.80 to \$87.20 per session
WorkSafe Vic	Massage as referred treatment	Medical Practitioner must request remedial massage services	Effectiveness must be demonstrated — biopsychosocial & empowering worker	Must be registered by WorkSafe & Association members	\$42.20 to \$62.69 per session
WorkSafe SA	Remedial Massage	Must be an approved South Australian Return to Work Service Provider	To increase and maintain the worker's functional ability	Maximum 10 treatments under a Case Manager	\$40.20 to \$80.30
WorkSafe Tas	Massage as referred treatment	GP led rehabilitation and overseen by an Injury Management Coordinator	If deemed reasonably necessary	Subject to insurer approved injury management program	Reimbursement for medical expenses

Table 1. Funding through State motor accident, workers compensation and rehabilitation insurance

Table 2 below lists Australian Government insurance and support schemes that also include funding for remedial massage therapists and myotherapists.

Scheme	Package	Care Services	Category name and Condition	Detail	Amount (2022/23 rate cards)
National Aged Care Package	Aged Care Package via Association AHPA memberships: MT now regarded as allied health in this scheme	Home Support Programme or Home Care Package for mobile massage	Health and Wellbeing support category — Therapeutic support massage therapy	Assistance with Daily Life — depends on individual needs and disability; self determination	\$100 per hour
Private Health Insurance Rebates	Remedial Massage & Myotherapy	Through HICAPS	Therapist must be a Registered Provider	Around 60% per treatment	Up to \$300 per year or \$29.90 per treatment, up to \$250 per year.
Seacare Seafarers Safety, Rehabilitation and Compensation Authority	Remedial Massage Therapy	Therapeutic treatment by, or under the supervision of, a physiotherapist, osteopath, masseur or chiropractor	Therapist must be registered under the law of a state or territory		Depends on State or Territory

Table 2. Funding through Australian Government Aged Care Package and the Private Health Insurance Rebate

Do the changes contradict best practice disability massage therapy and myotherapy services?

Yes. Massage therapy and myotherapy are not 'cures' for conditions brought on by injury, age, disease, overuse, or disability but they often play an important role in prevention, management and rehabilitation.

Professional, qualified massage therapists and myotherapists often fill the gap when clients seek alternatives to medications and other therapies because they feel that massage and myotherapy provide a level of relief that is appropriate to their needs.

This includes a range of conditions that relate to maintaining mobility and the ability to live independently, managing pain, anxiety and stress, and receiving palliative and end-of-life care. For example, respondents to a recent Pulse Survey of Massage & Myotherapy Australia members, found that almost half (49%) work with clients who have Autism.

Therapeutic massage therapy and remedial massage therapy and myotherapy can best be described as manual manipulation therapies involving the deep or shallow soft tissues of the body including muscles, tendons and ligaments.

Adjunct services and techniques that extend beyond hands-on direct physical contact and that combine the use of devices or supplementary techniques, such as aromatherapy, or TENS and myofascial dry needling (which are part of the myotherapy qualification), augment massage or soft tissue manipulation therapies, but *they are not strictly massage*.

Depending on the condition and circumstances, clinically focused massage modalities can combine a variety of massage techniques to help address and describe the appropriate and effective massage techniques for conditions or lifestyle issues. As with all health-related therapies, no two people respond to treatment in the same way. As a guide, therapeutic massage assists with the relief of aches, pains and stress-related symptoms. Remedial massage therapy and myotherapy are useful therapies in injury and pain management *arising from* chronic musculoskeletal conditions, postural conditions, and injuries. Myotherapists and remedial therapists with the appropriate additional training apply the higher-level skills required for advanced assessment and treatment protocols.

Qualified therapists generally use an integrated approach, drawing on a variety of techniques and adjunct services to assist in addressing a specific condition. These conditions include disease and injury, dysfunction and pain, and emotional issues as listed in the following Table 3 below.

Disease and injury	Dysfunction and pain	Emotion
palliative conditions, i.e. cancer	postural & thoracic	neural tension
muscular tears & strains	sacroiliac, lumbar & hip	tension & stress
tendonitis & tendinopathy	neck & shoulder	relaxation
surgery recovery	reduced range of motion	headaches
	reduced fitness & strength	restlessness

Table 3. Health conditions for which massage is applied

Is the model of care for massage therapy applicable to disability healthcare?

Yes. Massage therapy plays an important role in facilitating various management, rehabilitation and recovery treatments, and in preventing deterioration into long-term chronic states.

In this regard, the essential characteristics of an applicable model of care for professional massage therapy in disability care can be summarised as follows:

Enabling improved function, mobility, and the application of exercise therapies, as the defining purpose of massage therapy in disability care:

- *Massage therapy provides relief from pain and stress, which prevent or limit exercise or movement.*
- *Massage therapy helps to prevent deterioration into chronic physical and emotional states.*
- *Massage therapy facilitates recovery as part of physical and emotional rehabilitation post-injury and surgery.*
- *As an early intervention, massage therapy provides a portal of entry for patients to engage in beneficial exercise rehabilitation, physical rehabilitation therapy and skeletal manipulation.*
- *Massage therapy employs evidence-based healthcare and clinical experience.*
- *Remedial massage therapists and myotherapists are qualified health professionals who provide a high quality and standard of care.*
- *Professional massage therapists meet a rigorous and accepted standard of training, professional ethics and conduct.*

Illustrating a well self-regulated section of health

Can professional massage therapists meet the same requirements as AHPRA?

Yes. Many State and Federal insurance schemes include professional massage therapists who work within the Clinical Framework and within standards and rules aligned to AHPRA standards and rules.

Professional, qualified remedial massage therapists and myotherapists are regulated by Associations and as such is a self-regulated sector of health.

During the past 20 years, the professional massage therapy and myotherapy sector has undergone significant reform and matured as a professional sector of healthcare.

Requirements to become an accredited member of a professional association for massage therapists mirror AHPRA registration requirements. This provides an important basis on which to determine eligibility for funding under a more inclusive approach to the Workover WA rules, which appears to be limited to AHPRA Registration.

In line with other State and Federal insurance schemes, to be eligible as a Provider under the prescribed rules, professional massage therapists can demonstrate competency in delivering health services within the principles of the Clinical Framework, as accredited members of a professional association.

Professional massage therapists and myotherapists must adhere to a [Professional Code of Ethics and Standards of Practice](#) which are similar to AHPRA-registered health practitioners' [Codes and Guidelines](#). Additionally, [Complaints and concerns](#) can be raised about AHPRA-registered practitioners, as they can be about professional massage therapists, through an independent [National Ethics Committee](#). This is underpinned by legislation concerning the [National Code of Conduct for Unregistered Health Care Workers](#). This Code of Conduct includes state-based health complaints commissioners such as the various state and federal health ombudsmen with cross-jurisdictional information-sharing powers.

Like AHPRA registered health practitioners, membership arrangements operated by various professional Associations include the following requirements:

- set qualification and probity standards for membership
- accredited training programs for membership purposes
- undergo Recency of Practice continuing professional development/education requirements
- hold current Senior/Level 2 First Aid Qualifications
- hold current Malpractice, Public Liability Insurance (minimum \$2,000,000)
- a Criminal History Check and Working with Children/Vulnerable Persons Check in some cases
- English language skills
- code of ethics that sanctions members for unprofessional conduct, including withdrawal of membership in serious matters
- third-party complaint resolution involving a code of ethics that members must subscribe to
- a statutory declaration, indicating that they have not been charged with or convicted of an offence of harm to a person nor been subject to disciplinary proceedings with a Private Health Fund.

The 2023 survey also found that:

- 15% work solely from Private Rooms
- 18% work from allied health or medical settings
- 28% work from multiple locations, or a combination of work settings.

And, like AHPRA-registered health practitioners, professional massage therapists must also comply with the requirements of Health Insurance Funds to achieve accreditation as an [Approved Provider](#).

In addition to the National Code of Conduct for Unregistered Healthcare Workers, massage association membership accreditation requirements changes include:

- Review of the Australian Government Rebate on Natural Therapies for Private Health Insurance for Natural Therapies which recommended the continued inclusion of massage (2015)
- A complementary therapies research program – UTS – ARCCIM International Complementary Medicine Research Leadership Program
- Creation of a new ACCC-endorsed national Quality Assurance program for professional massage therapists and myotherapists (Certified Practitioner™)
- A considerable number of newly published papers attesting to the efficacy of massage in alleviating symptoms of pain and stress and as an aid to maintaining and improving mobility in the aged, those with injuries and those suffering chronic pain or stress.
-

Why is this submission limited to appropriately qualified professional massage therapists?

Massage therapy is a widely used generic term, and anyone can call themselves a massage therapist with little or no training.

There are many confusing terms used to describe massage therapy and myotherapy services that assist in achieving improvements in physical and mental health. The confusion of terms has blurred the lines between quasi-massage and massage administered by a qualified professional massage therapist.

Unfortunately, the term 'massage' is used to describe services ranging from sex work to spa-style massage, to the health-related remedial massage therapy and myotherapy services of professional massage therapists who hold qualifications recognised under the Australian Qualifications Framework (AQF).

As a self-regulated sector, there is no legislated title of practice recognised in any Federal or State Government health policy that falls under Medicare guidelines or funding.

This has led to inconsistent and conflicting policy and regulation across governments.

On the one hand, some state governments are encouraging sex workers to promote their services as legitimate massage therapy, while qualified massage therapists are subject to prosecution under the National Code of Conduct for Health Workers if they engage in relations with a client.

Additionally, like AHPRA registered health practitioners, professionally qualified massage therapists must comply with the requirements of Health Insurance Funds to achieve accreditation as an [Approved Provider](#) and are subject to prosecution for fraudulent claims as health care professionals, yet the new NDIS rules fail to recognise or acknowledge them as legitimate health professionals.

The lack of clarity in policy and legislation around qualified massage therapists in the NDIS is just another example of the poor level of literacy and understanding in government circles around these health professionals and the much-needed services they provide.

This suggests that the NDIS reforms that exclude health care and wellbeing services provided by qualified massage therapists are over-zealous.

Within the wider massage sector, the skills, education and competencies of massage therapists vary greatly, hence this submission is confined to professional qualified massage therapists and myotherapists who are members of accredited associations.

Census data collected by the Australian Bureau of Statistics (ABS) reported 19,900 massage therapists as at May 2018.

However, quasi-massage therapists may or may not be counted in official figures. People who offer some form of massage but do not meet the requirements of professional association membership or the health sector at large are not fully accounted for in official figures or included in this submission.

Additionally, while there is always a place for entry-level massage therapists, Australia's permanent and temporary visa programs do not meet the economic or skills needs of the professional massage sector, the health needs of the community, or the needs of the wider health sector. Consequently, professional Associations, Federal and State funded insurance schemes, and Private Health Funds do not recognise undergraduate courses delivered substantially by distance, online or external modes, or gained outside Australia.

Unfortunately, despite the rules, checks and balances to ensure visa programs are working, the fact is that many young unqualified or poorly trained massage therapists are employed in the thousands of quasi-massage shops that dot the country offering anything from spa-style massage to illegal sex work or prostitution.

The large number of quasi-massage shops that have emerged in Australia generally employ workers who are not members of professional massage associations such as [Massage & Myotherapy Australia](#), the [Australian Natural Therapists Association](#), or the [Australian Traditional Medicine Society](#).

The Associations collectively often find numerous deficiencies in the training, knowledge and skills of visa-based massage workers and skilled visa-based massage therapists, including:

- poor communication with the client due to language barriers leading to limited understanding of the client's health risks or needs, e.g. contraindications, cancer, and pregnancy
- an inability to keep accurate and meaningful client records
- a poor understanding of human anatomy and physiology
- a very limited understanding of the National Code of Conduct for Unregistered Healthcare Workers
- a poor understanding of voluntary certification or self-regulatory membership arrangements operated by various professional Associations
- a poor understanding of the Australian Private Health Insurance system
- a poor understanding of the Australian health system to identify how to best support patient outcomes.

Hence it is appropriate that this submission includes only qualified massage therapists who meet professional association membership requirements.

Is the supply of qualified professional massage therapists reliable?

Yes. Professional massage therapists with recognised qualifications who are members of professional Associations are located in all metropolitan, regional and remote areas.

Of the respondents to the Massage & Myotherapy 2023 Practitioners' Survey, three-quarters (75%) have a Diploma of Remedial Massage, while 19% have an Advanced Diploma or Bachelor's Degree, and 6% have Cert IV qualification.

The survey also shows an experienced massage therapy workforce that is readily accessible across Australia, with 55% in metropolitan areas, 34% in regional areas, and 11% in rural Australia.

Half (50%) have more than 10 years massage therapy and myotherapy experience, while a further 20% have been working in the profession for between 6 and 10 years.

Currently, the Advanced Diploma of Myotherapy is a Victorian based qualification but can be delivered in other states and territories. Around 20% of massage therapists hold this qualification or higher such as a bachelor's degree.

As in other state and federal insurance schemes, eligibility necessitates the inclusion of massage therapists and myotherapists who hold a Diploma of Remedial Massage Therapy or above, as nationally recognised under the [Australian Qualifications Framework](#).

In 2021 Endeavour College undertook a survey of its past students as shown in Figure 2 below, which aggregated graduate data for diploma and advanced diploma qualifications. Importantly, the Endeavour College results correlate with the findings of the Massage & Myotherapy Practitioners' Survey, which reported separately on the two qualifications of remedial massage therapy and myotherapy. Census data collected by the Australian Bureau of Statistics (ABS) reported 19,900 massage therapists as of May 2018.^{xv}

Combined, the three surveys provide a reliable indication of the proportion of practitioners holding the various qualifications within the professional massage sector, and the size of the workforce and their availability and accessibility to the community.

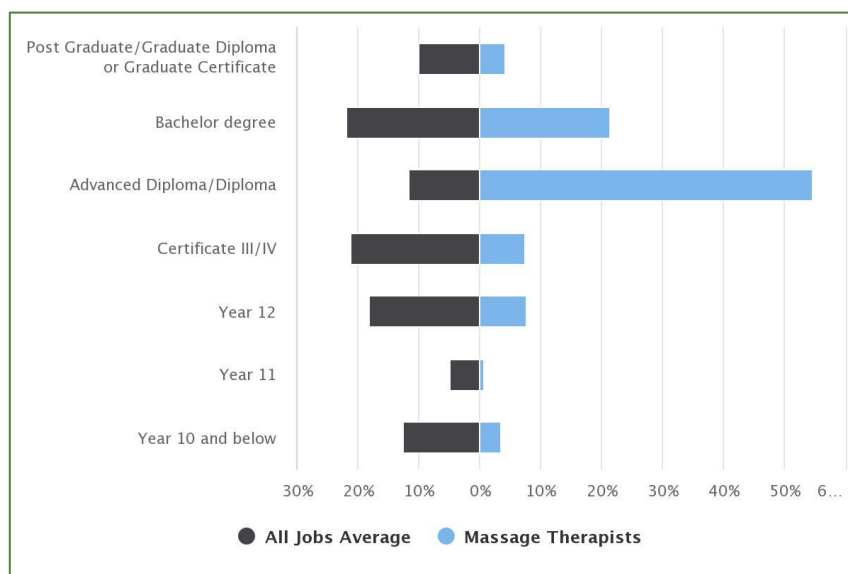


Figure 2. Endeavour College 2021 Survey of Graduate Qualifications. The report, undertaken by Australian Online Research, reported an estimated 15,000 professional massage therapists and myotherapists for whom massage services was their primary source of income.

To achieve the best outcome, formal integration would require massage therapies to be delivered by professional massage therapists with recognised qualifications such as the Diploma of Remedial Massage, Advanced Diploma of Myotherapy or Degree, and those who have undertaken an independently assessed Quality Assurance program.

Responses to the 2023 Survey indicate that as a female-dominated sector of health with a ratio of 4:1 women to men, a considerable latent supply of labour exists within the massage sector. The 2023 Survey found that less than a third of the people employed in the massage sector reported working full-time (29.9%). This compares poorly to the national average of 40.2%. Full-time massage workers on an adult wage earn around \$1,038 per week (lower than the average \$1,460). This is consistent with previous complementary sector-wide surveys.^{xvi}

What are appropriate, recognised massage therapy and myotherapy qualifications?

Appropriate qualifications are those recognised in the Australian Qualifications Framework (AQF).

An appropriate Diploma, Advanced Diploma and Bachelor Degree can be obtained through private providers, TAFE Colleges, RTOs (registered training organisations) or Universities.

Entry level qualification

- Certificate IV in Massage Therapy Practice ([HLT42021](#)) is an entry-level qualification for professional association membership.

Higher qualifications

- Diploma of Remedial Massage ([HLT52021](#)) provides more advanced training.

Qualifications in Myotherapy can be obtained under the Victorian Registration and Qualification Authority (which is also taught in other states and territories):

- Advanced Diploma of Myotherapy ([Myotherapy 22656VIC](#))

Undergraduate qualification

- Bachelor of Health Science ([Clinical Myotherapy BHSCMYO13](#))

Post graduate qualification

Some massage therapists hold a graduate or post graduate degree, usually in [health science](#), such as Local Pain Education Qualification, Pain Revolution, the University of Adelaide.

What is the difference between massage therapy and myotherapy qualifications?

Both qualifications ensure a level of certainty about the professional conduct, skills and therapies offered by a therapist.

The health services of professionally qualified massage therapists and myotherapists involves working within clinical and regulatory guidelines, including evidence-based practice, attaining informed consent, achieving quality standards, preparing client notes and health plans, ongoing performance development, and working with other services/networks.

Both professional massage therapists and myotherapists undertake training in managing health risks in a massage therapy or myotherapy setting, including aspects of health risk analysis, personal and premises hygiene, infection prevention and control.

Where massage therapy qualifications provide the education and hands-on training necessary to achieve relief of symptoms of pain and stress, or in clinical massage therapy application for post-surgery and aged care, a myotherapy qualification provides more specialist training in the treatment of musculoskeletal pain involving myofascial pain arising from trauma or muscle contracture; neuropathic pain deriving from the nervous system; and pain that originates from the joints.

Applied to patient outcomes, both qualifications can involve injuries, stiffness and sore body, chronic overuse syndromes, symptoms associated with injury, arthritis, pain, stress and tension, and pregnancy.

Diploma of Remedial Massage Therapy qualification

The Diploma of Remedial Massage qualification provides the knowledge and practical skills to enable massage therapists to use systematic assessment and treatment of the muscles, tendons, ligaments and connective tissues of the body to assist in pain, injury and rehabilitation.

Training includes studies in anatomy, physiology and pathophysiology, including:

- the use of various massage techniques and their application in deep tissue massage, inducing physical relaxation and stress release, stretch therapy, Myofascial release, thermotherapy and cryotherapy
- Injury and Clinical Assessment, including strength and conditioning, and human movement assessment techniques
- industry skills (Communication, Business skills, clinic management)

- application of the principle of pain neuroscience (new core unit).

Elective units offered in the Diploma of Remedial Massage include addressing the needs of people with chronic disease and chronic pain (pain neuroscience).

Advanced Diploma of Myotherapy qualification

This higher-level learning of the Advanced Diploma of Myotherapy allows for a broader perspective of the clinical picture and enables more thorough clinical diagnoses and treatment.

Offered as a further study option in developing advanced skills, the vocational outcomes of the Advanced Diploma of Myotherapy are to:

- undertake advanced modalities in physical and orthopaedic assessment, evidence-based assessment, treatment and rehabilitation of musculoskeletal pain and associated conditions
- establish and manage a myotherapy practice; including business skills and legal compliance
- perform myotherapy clinical assessment; including accurately gathering and interpreting information to assess a client's condition
- plan myotherapy treatments, including the use of TENS, myofascial dry needling, and the assessment and application of exercise or movement-based therapies.

The advanced diploma also provides opportunities for academic development in undergraduate studies and post-graduate qualifications in pain management and physiotherapy qualifications.

How are qualifications related to health care and treatable conditions?

As with other health services, higher-level qualifications equip practitioners with the skills and knowledge to treat clients with more complex conditions.

As listed in Table 4 below, a hierarchy of qualifications in relation to the complexity of conditions treated supports the application of massage therapies.

Unless they have undertaken additional units of study, Table 4 illustrates that those with an entry-level Certificate IV are qualified to treat clients for emotional issues, such as stress and relaxation, muscular tears and postural dysfunction, while those with Diploma level or higher qualifications are trained to offer services that provide relief for a wider range of dysfunction and pain, muscular strains. The advanced diploma provides training to address neural tension, reduced fitness and reduced range of motion.

Note: Many qualified remedial massage therapists have undertaken training to address neural tension, reduced fitness and reduced range of motion.

Condition	Advanced Diploma or Degree	Diploma	Cert IV
Stress	Yes	Yes	Yes
Relaxation	Yes	Yes	Yes
Tension	Yes	Yes	Yes
Headaches	Yes	Yes	Yes
Muscular tears	Yes	Yes	Yes
Postural dysfunction	Yes	Yes	Yes
Neck dysfunction and pain	Yes	Yes	
Thoracic dysfunction and pain	Yes	Yes	
Lumbar dysfunction and pain	Yes	Yes	
Sacroiliac dysfunction and pain	Yes	Yes	
Shoulder dysfunction and pain	Yes	Yes	

Condition	Advanced Diploma or Degree	Diploma	Cert IV
Hip dysfunction and pain	Yes	Yes	
Tendonitis/Tendinopathy	Yes	Yes	
Muscular strain	Yes	Yes	
Reduced range of motion	Yes	Yes	
Palliative conditions such as cancer	Yes	Yes	
Neural tension	Yes		
Reduced fitness	Yes		
Reduced strength	Yes		

Table 4. Massage qualifications and conditions treated

Importantly, professional association membership does not discriminate. All legitimate forms of massage therapy are recognised. Table 5 below lists the hierarchy of massage modalities in relation to qualifications involving the different types of massage therapies.

Approaches	Massage Therapist (Cert IV level)	Remedial Massage Therapist (Diploma level)	Advanced Practitioner
Direct	Swedish Therapeutic Relaxation	Deep Tissue Massage Manual Lymphatic Drainage Muscle Energy Technique Myofascial Release Positional Release Technique Trigger Point	Manual Lymphatic Drainage Musculoskeletal Therapy Myotherapy Neuromuscular Traditional Chinese
Integrated	Aromatherapy Touch for Health	Shiatsu Clinical Aromatherapy Bowen Myofascial Release	Exercise Physiology Cranio Sacral Therapy Alexander Technique Feldenkrais Manual Lymphatic Drainage Rolfing
Eastern	Shiatsu Thai	Shiatsu Thai Traditional Chinese (Tui Na) Chinese Acupressure	Shiatsu Thai Chinese Tui Na Chinese Acupressure

Table 5. Hierarchy of massage therapy modalities in relation to qualifications

Measuring and demonstrating efficacy

Can the inclusion of remedial massage therapists better fulfill the purpose of the NDIS?

Yes. The current model that attempts to combine some allied health therapies and massage therapy in one short consultation is fraught with difficulties and barriers to achieving effective outcomes for people living with disabilities.

Current funding models that limit the delivery of massage therapy to AHPRA registered practitioners create disincentives and restrict best practice delivery of remedial massage therapy and myotherapy.

For time-constrained registered health professionals, the model and funding support available provides limited incentive to administer massage therapy for the time required to achieve maximum benefit, and/or to document its use and outcomes.

Importantly, we are not suggesting that massage therapists or myotherapists depose the role of allied health services. However, where massage therapists and myotherapists are concerned it is arguable that the new NDIS supports rules warrant revision because they do not apply an adaptive or flexible model that incorporates efficacy alongside self-directed care and personal choice.

As we have shown in this submission, contemporary models enable the engagement of professionally qualified remedial massage therapists. They achieve vital positive outcomes for patients from massage therapy, at no additional cost per funded consultation that involves massage. For example, under the new NDIS Support rules, massage therapies will be delivered by AHPRA Registered physiotherapists, chiropractors, nurses or osteopaths as an adjunct therapy — [not as a standalone therapy](#).

Massage therapy generally costs less

At an average cost of \$92.19 per hour,^{xvii} massage therapy generally costs less than other pain and recovery therapies involving soft tissue and skeletal manipulation, and exercise-based therapies. As shown in Table 6 below, the length of effective massage therapy treatments is around 55 minutes. Anything less than this is inadequate to achieve an efficacious outcome for NDIS clients.

Condition	Average Treatment Session No.	Average Treatment Length	Total Average Cost of Treatment
Disease and Injury	5.05	54.02	460.8
Muscular strain and repetitive strain	4.7	54.9	431
Tendonitis / tendinopathy	4.5	52.5	408
Muscular tears	4.4	52.9	395
Palliative conditions such as cancer	6.6	55.8	609
Dysfunction and Pain	4.8	55.8	448.7
Neck Shoulder Hip Thoracic Lumbar Sacroiliac Postural dysfunction and pain			
Reduced range of motion			
Reduced strength			
Reduced fitness			
Emotional Issues	4	57	368
Headaches Tension Stress Relaxation Neural tensions			
<i>Overall average number of sessions, duration and costs</i>	4.845	55.04	446.65
Average cost per massage session			\$92.19

Table 6. Average number of treatment sessions and cost per condition and massage session (Source: Massage & Myotherapy Rate Card 2023)

In this regard, the new NDIS Support funding model creates a financial disincentive and time constraints for allied health professionals to achieve effective outcomes from massage therapy, or the model increases the cost of massage because effective treatments require on average 55.00 minutes.

Table 6 also illustrates that massage therapy administered by professional massage therapists is administered to achieve an optimal outcome for the patient or client, and not as an adjunct therapy. Hence the delivery of massage therapy by allied health professionals is potentially inadequate to achieve an appropriate and efficacious cost benefit for the NDIS.

These limitations can be overcome by engaging the unutilised and specialised skills of professional massage therapists and myotherapists.

Alongside potential cost savings, the inclusion of professional massage therapists to administer remedial massage therapy would free up time-constrained allied health practitioners to administer modalities for which they are appropriately trained. The benefits for clients are augmented because qualified professional massage therapists have a primary study focus on massage and undertake approximately 1,000 hours of supervised training; whereas, allied health qualifications do not include training in massage therapy, and must be [undertaken as additional units of competency in massage](#), which are naturally limited in scope and practice.

Significant cost benefit

Also, studies have shown a significant cost benefit when professional massage therapists are engaged in the health care and rehabilitation of patients. For example, a 2014 US econometric analysis examined how the inclusion of massage therapy services as part of an integrative care approach can help lower costs for certain conditions and types of treatments. The study found that, of the 19 outpatient treatments studied, massage is associated with lower overall treatment costs in 16 of those treatments.^{xviii} The study concluded that the benefits of massage therapy accrue when it is taken as part of a comprehensive treatment system. It is by making a trip to the massage therapist in place of additional hours at the hospital or doctor's office, or by substituting massage in place of some other treatments, where the savings truly emerge.

In this regard, the inclusion of professional massage therapists and myotherapists could see a reduction in allied health costs and improved outcomes for patients in cases where allied health professionals usually administer massage therapy.

Are the outcomes funded under the new NDIS Support rules measured and understood?

No. In the present circumstances, the contribution or outcome of massage therapy funded under the NDIS Support rules appear to be unclear and unacknowledged.

In NDIS-funded massage therapy, the specific modalities used for given conditions appear not to be documented or administered as stand-alone therapies in any care or recovery program.

Because massage therapy is usually administered as an adjunct therapy to an allied health treatment such as physiotherapy or nursing and not as a stand-alone therapy, it is reasonable to assume that limited reporting about the efficacy of the specific massage modalities used, is recorded.

Lack of specific evaluation

Subsequently, a lack of specific evaluation limits the understanding of massage therapies administered, as listed in the following:

- i. the understanding of the benefit that specific condition-based massage therapy modalities afforded clients is not documented or supported by ongoing research and evaluation

- ii. the cost benefit of funding provided is unknown
- iii. the veracity of any informed decision about the value and efficacy of massage rehabilitation and recovery is limited in scope
- iv. the potential positive effects and outcomes for clients using qualified professional massage therapists, are unknown.

Given this, a model that facilitates a more flexible approach to the inclusion and delivery of massage therapy by professional massage therapists would be beneficial for patients and the NDIS.

For this scenario to provide an effective clinical platform for evaluation, certain conditions would apply.

These conditions would involve massage therapists with advanced training, at a minimum diploma level, who can apply the higher-level skills required for advanced assessment and treatment protocols, and who can communicate appropriately with registered health professionals about clients' conditions and the therapies administered as well as using the correct taxonomy with researchers and other health providers.

Such a collaborative and inclusive program would allow for appropriate documentation of massage therapies and the modalities applied to given conditions and enable deeper levels of reporting and analysis of the outcomes.

This would contribute greatly to improving the literacy and understanding of medical practitioners and policy makers regarding the value of massage treatments funded through the NDIS and help to ensure that support is more specific to the needs of clients and patients.

Achieving a biopsychosocial model of care

How do professional massage therapists contribute to a biopsychosocial model of care?

Remedial massage therapists and myotherapists already play an important role in contributing to a biopsychosocial model of care and in improving the quality of people's daily lives.

While they do not offer cures for physical injury or mental illness, the inclusion of professional massage therapists in disability can help to optimise participation at home, work and in the community, and to achieve the best possible health outcomes after injury.

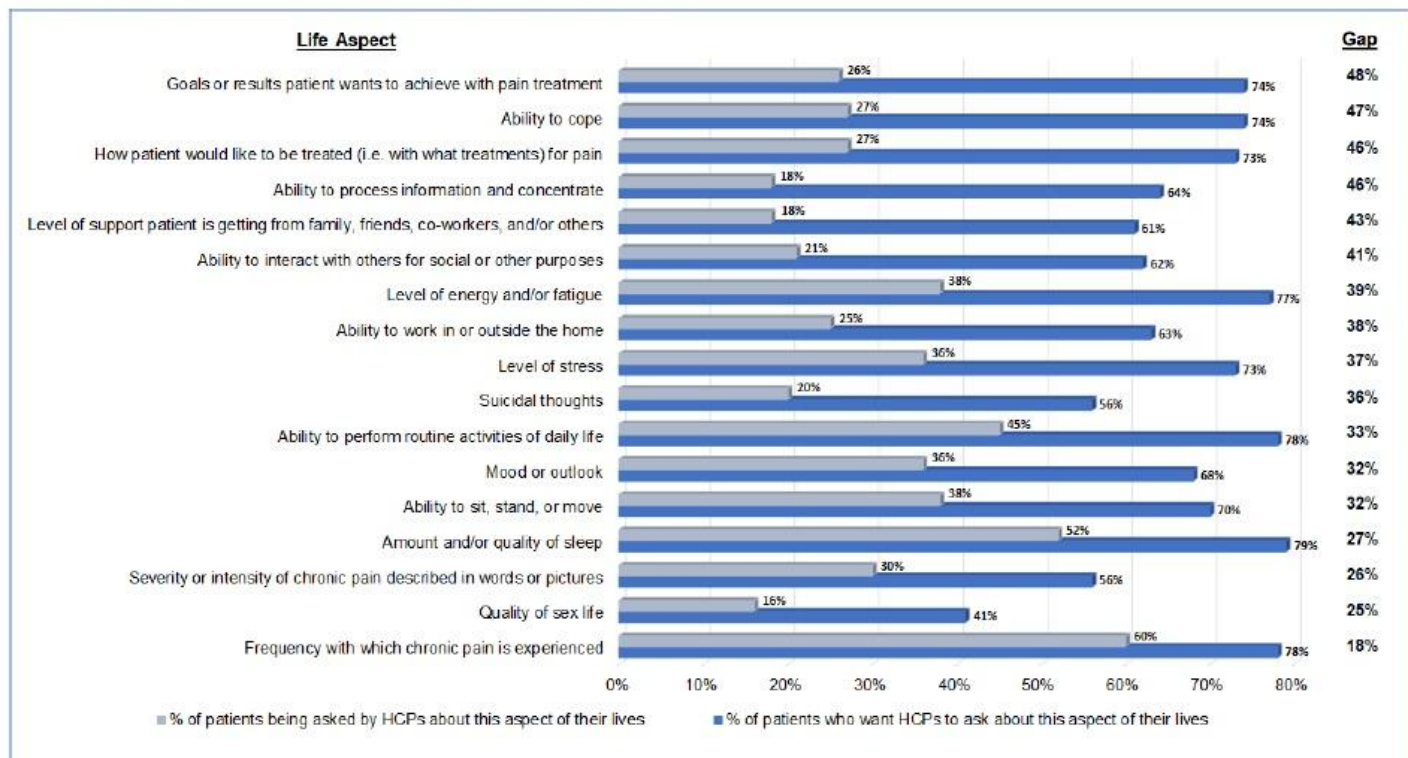
The HILDA survey, as outlined in the Productivity Commission Report,^{xix} *Measuring health-related quality of life*, combines peoples' answers to physical and mental health-related questions and provides a guide to understand more fully the impact of injury and mental health issues on the quality of patients' lives.

Additionally, the US Pain Collaborative Report,^{xx} driven by survey data on patient awareness and satisfaction with current chronic pain assessment instruments, provides patient-informed recommendations that the US Report recommended should be taken up urgently by physicians, patients and advocacy organisations to improve the lives of people living with chronic pain.

Figure 3 below (Figure 5 of the US Report) underscores the need for more comprehensive chronic pain assessment methods to reflect the impact of chronic pain on daily life and its subsequent effects on mental health.

Figure 3. Life Aspect Assessment US Collaborative Pain Report

Figure 5: Life aspects health care providers routinely ask chronic pain patients, compared to the frequency with which patients would like to be asked (highest to lowest differential, n = 1,527).



The quality-of-life assessments listed in the Hilda Survey and the US Collaborative Pain Report are similar. As in a biopsychosocial model of care, they both suggest that broader criteria of assessment and

treatment options can have a positive effect on understanding the complex relationship between physical health and improving mental health.

The evidence supporting the role of massage therapy administered by professional massage therapists to achieve a biopsychosocial model of care is significant with additional evidence provided in the next section of this Submission.

In this regard, massage therapy properly administered by professional qualified therapists can have a direct positive impact on clients funded under the NDIS.

Optimising function, participation and an active life

Can remedial massage therapists contribute to the efficacy of the NDIS services?

Yes. When combined with the significant developments in standards and accreditation of the past 20 years and a growing body of evidence that attests to the efficacy of massage therapies when administered by qualified professional remedial massage therapists and myotherapists.

The following provides a summary of recent studies and reviews.

The effective management of pain in acute care settings^{xxi} is vital in preventing the transition to a costly chronic state, which has adverse outcomes for patients and healthcare systems. The integration of massage can provide significant reductions in acute pain levels, but also improvements in related relaxation, sleep, emotions, recovery and finally the healing process and quality of life.

Numerous studies attest to its effectiveness in relieving the symptoms of pain, reduced motion and associated anxiety, which are summarised below:

- Based on the evidence, massage therapy, compared to no treatment, should be strongly recommended as a pain management option.^{xxii}
- Massage was most effective when combined with education and exercise, and when administered by a licensed therapist.^{xxiii}
- Massage using [Swedish] modalities may positively affect pain relief and function improvement in patients with knee osteoarthritis.^{xxiv}
- Standardised massage protocols reliably induced physiological and psychological states of relaxation.^{xxv}
- Stretching exercises and massage applied to the Combined Sternocleidomastoid muscle, together with conventional physiotherapy, can reduce pain and disability and increase range of motion and endurance in individuals with chronic neck pain.^{xxvi}
- Results provide a meaningful signal of massage effect for primary care patients with chronic low back pain and call for further research in practice settings using pragmatic designs with control groups.^{xxvii}
- The stronger impact of massage therapy on depressive mood, stress/tension, emotional retardation, sleep disorders and hopelessness was particularly impressive.^{xxviii} The group receiving massage therapy demonstrated significant improvements in measurements of pain, stiffness and physical function and time to walk 50 ft (15 m) in seconds.^{xxix}

How women benefit from their engagement with professional qualified massage therapists

According to the Australian Institute of Health and Welfare (AIHW) 2018,^{xxx} the total burden of musculoskeletal conditions was higher among women compared to men and generally increased with age to be highest among people aged 60–64. The AIHW reported that females experience a higher proportion of:

- osteoarthritis compared to males (66% females/34% males)
- rheumatoid arthritis (64% females/36% males), and
- other musculoskeletal conditions (52% females/48% males).

While the study occurred more than 10 years ago, the findings are consistent longitudinally with previous studies. Not surprisingly, women access massage services at a ratio of 2:1 to men (2023 Survey).

A significant Australian longitudinal study involving 1,800 women aged 56 to 61 years examined the association between the women's consultations with a massage therapist and their health-related quality of life which found that over 50% of women aged 56 to 61 visited a massage therapist in the previous 12 months.^{xxxi} Researchers also found that:

- women who had consulted with a massage therapist five or more times had a significantly lower score on the bodily pain domain, compared to women who did not consult a massage therapist
- women with lower quality of life scores in terms of bodily pain and/or emotional health are more likely to consult a massage therapist than those with higher scores
- emotional disposition was significantly lower for those who consulted a massage therapist one or two times compared to those who did not consult a massage therapist at all.

Aiding Acute and Chronic Pain Management

Massage therapy has been shown to aid in the treatment of acute pain and the prevention and management of chronic pain.

The integration of massage therapy into a patient-centred integrated approach to patient care may help in preventing the transition from acute to chronic pain.

Effective with chronic back pain

There is an emerging body of evidence that supports the effectiveness of massage therapy for the treatment of non-specific low back pain,^{xxxii} one of the ten most common general practice patient presentations in Australia.

Studies have found massage to be effective for persistent back pain and preliminary evidence suggests that massage and manual therapy were associated with decreased health care costs. A systematic review of 25 studies found that manual therapy had cost benefits over standard care approaches including GP advice and education, exercise and stabilisation.^{xxxiii}

An RCT of 409 people with back and neck pain found that 6 massage and manual therapy treatments over 6 weeks led to better improvements in quality of life and pain intensity, compared to standard GP education and physical activity advice, while costing less.^{xxxiv}

Improvement in osteoarthritis and WOMAC scores

Massage therapy has been shown to be effective in the treatment of osteoarthritis of the knee, another of the ten most common general practice presentations, with participants showing significant improvements in the mean global WOMAC scores (Osteoarthritis Index), pain, stiffness and physical function, both as a standalone treatment^{xxxv} or alongside exercise rehabilitation.^{xxxvi}

Improvement in shoulder pain and range of motion

There is also evidence that suggests soft tissue massage is effective for improving pain, function and range of motion in patients with shoulder pain^{xxxvii} and neck pain.^{xxxviii,xxxix}

Improved post-surgical pain and anxiety

Pain management is critical for patients after surgery, and massage therapy has been shown to improve post-operative pain and anxiety.^{xl,xli} The integration of massage therapy into the acute care setting has been shown to provide benefits to patients' ability to deal with the challenging physical and psychological aspects of their health conditions and enhance the recovery process.^{xlii}

Reduced acute pain and healing improvements

Effective management of acute pain is vital in preventing the transition to a costly chronic state, which has adverse outcomes for patients and healthcare systems.

Massage can provide significant reductions in acute pain levels, but also improvements in related relaxation, sleep,^{xliii} mood,^{xliv} recovery, and finally, the healing process. These factors all contribute to effective resolution of acute pain states, preventing the development of chronic conditions.

Additionally, preliminary evidence suggests that massage may also reduce the costs of care after an initial course of therapy in the acute pain setting.^{xlv}

Aiding mental health and sleep

Given the common relationship^{xlvi} between physical health and mental health,^{xlvii} improving the quality of people's daily lives through effective massage therapy drives consumer choice because it can have profound effects on maintaining positive health and wellbeing.^{xlviii}

Improvements in a patient's ability to walk^{xlix} with less pain, drive,^l engage in social activities,^{li} reduce stress^{lii} at work, improve mobility^{liii} and maintain social ties for older people or people with chronic conditions^{liv} are significant for patients limited by chronic or acute pain and/or prone to mental health issues. Easing the debilitating symptoms of cancer,^{lv, lvi} or improving sleep^{lvii} after surgery to achieve a more positive disposition and normal functions are profound improvements for seriously ill and injured patients.

Effective management of stress, depression, and anxiety

Psychiatric illness accounts for a large proportion of general practice presentations. Massage therapy has been shown to significantly reduce psychological stress levels, as well as alleviate the symptoms of depression and anxiety.^{lviii}

It has also been shown to improve emotional well-being, relaxation, vitality and quality of sleep.^{lix, lx}

Massage can also enhance positive wellbeing and reduce stress perception among older adults, a vitally important factor in the face of an ageing population.^{lxi}

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