



Shoulder Pain (SP) and Carpal Tunnel Syndrome (CTS) - ¹Massage Therapy has been defined as soft-tissue manipulation (CPT 97124, 97250, 97140). ²It is typically administered as an adjunct therapy to help prepare the patient for exercise or other interventions, and is not usually considered a first line

treatment, but rather as a complement to other first line approaches such as physical and occupational therapies, and medications. This makes it difficult to ascertain the effectiveness of massage therapy delivered alone rather than as part of a treatment package, but some research literature suggests that massage therapy, even by itself, has significant effects on the long term assessment of pain. ³The Moyer study maintained that patients who received a course of massage (for a variety of conditions including SP) exhibited levels of pain that were on average 62% lower than controls. ⁴With regard to the effects of soft tissue massage on a variety of shoulder related diagnoses including impingement, rotator-cuff tear, and unspecified SP, subjects in the massage group showed significant improvements in AROM and reported decreased pain and improved function. ⁵Another study involving elderly stroke patients revealed that massage intervention significantly reduced the patient's level of SP perception and anxiety, along with positive changes in blood pressure and heart rate. ⁶Other research involving manual wheelchair patients with chronic SP who were treated with either a massage technique or acupuncture, concluded there was no significant difference in results between the study groups, and that both treatments were effective for SP, including the delayed assessment of pain. ⁷With regard to carpal tunnel (CTS), a study in which CTS patients received a 15 minute massage once a week, evidenced improvements in pain, median peak latencies, and measurable grip strength compared to the control group. Massage is also an accepted component of many rehabilitation protocols following shoulder and hand surgery, including those published by the Mayo and Cleveland Clinics, New York Presbyterian Hospital, Columbia University College of Physicians and Surgeons, and the Weill Medical College of Cornell University. A study published in the *Journal of the American College of Surgeons* (Volume 197) found that the rate of decline in the unpleasantness of postoperative pain was accelerated by massage, and concluded that massage may be a useful adjuvant therapy (along with conventional analgesics) to improve pain management and palliate postoperative distress. Patients may benefit from a course of therapy if they have shoulder problems or carpal tunnel. At our practice treatment is normally covered by our Medicare and insurance contracts for both physical and occupational therapies, as well as therapeutic massage.

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3. Moyer CA, Rounds J, Hannum JW, A meta-analysis of massage therapy research. *Psychol Bulletin* 2004;130:3-18
4. van den Dolder PA, Roberts DI, A trial into the effectiveness of STM in the treatment of shoulder pain. *Aust J Physiother* 2003;49:183-8
5. Mok E, Woo CP, The effects of SSBM on anxiety and shoulder pain in elderly stroke patients. *Comp Ther Nurs Midwfy* 2004;10:209-16
6. Dyson-Hudson TA, et al, AP and Trager psychophysical integration in the treatment of shoulder pain... *Arch Phys Med Rehab* 2001;82:1038-49
7. Field T, et al, Carpal tunnel syndrome symptoms are lessened following massage therapy. *J Bodywork Mov Ther* 2004;8:9-14

Please consider asking your doctor for a referral to our practice if you are bothered by pain, suffer from an injury, or are planning a surgery. You can print a referral form (Rx form) from the home page of this website.