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Massage Therapists in California

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Significance of massage therapy

Of 629 million annual visits to complementary and alternative medicine providers during the 1990s, about 18 percent were to massage therapists¹. Since 1997, Americans' use of therapeutic massage has increased by about 10 percent, as have Americans' perceptions about massage therapists as providers of a health-related service². Therapeutic massage is a practice with a 3000-year history, spanning "a wide variety of approaches, working to improve an individual's health and well-being through the hands-on manipulation of muscles and other soft tissues of the body"³. Yet, in California, massage therapy as a profession continues to be treated in law as an activity more associated with criminal activity than with health.

National workforce demographic data

Nationally, in 2002, the American Massage Therapy Association (AMTA) reported a membership of over 46,000 massage therapists (MT)⁴. Of these, 84 percent were female, 57 percent were age 35-54, 32 percent were under 35 and 11 percent were 55 or older. Forty-three percent held at least a bachelor's degree; 23 percent practiced in cities of over 500,000 and 17 percent in rural areas and towns of under 10,000 people. There is no comprehensive source of demographic information about the California MT workforce.

Estimating the California workforce

The California Labor Market Information Division reported in 2000 there were 3,680 massage therapists employed in the state⁵. This estimate is likely quite low since employment statistics account only for MTs employed by firms subject to unemployment insurance reporting requirements. Most MTs are self-employed⁶ and thus excluded from labor market reporting. The size of the MT workforce in California

could be between 14,000 and 24,000 practitioners⁷. There is currently no reliable data to describe the geographic distribution of MTs in California.

Practice patterns and work sites

In California, firms employing MTs include miscellaneous personal services (32% of workforce), offices of health practitioners (20%), hotels and motels (17%), beauty salons (17%) and miscellaneous amusement/recreation services (15%)⁸. Nationally, day spas are the most common site (17%) for massage, however in 2001 and 2002, AMTA found a growing number of clients wanted massage in their own homes. Massage in the workplace also grew from three percent to seven percent between 2001-02⁹, and eight percent of benefits managers reported offering massage as an employee benefit, as did 14 percent of Fortune 200 companies¹⁰.

According to an AMTA member survey, 47 percent of responding MTs worked full-time (defined as 17 or more hours per week of massage with remaining time devoted to practice management). Annual median full-time income was between \$20,000-\$29,000, although 43 percent of respondents earned over \$30,000¹¹. This survey indicated the average charge for a one-hour massage is \$48 (\$61 for out-call at a client's location). Forty-seven percent of respondents would like to increase their work hours, and 88 percent said they were "very" or "extremely" satisfied with their career. Ninety-eight percent of respondents believed massage is becoming more accepted in the U.S., 89 percent agreed that medical doctors are more accepting, and 82 percent believed that massage therapy will be incorporated into health care services in the future.

In 1999 and 2001, around 15 percent of consumers responding to AMTA surveys had discussed therapeutic massage with their medical doctors; the percentage receiving a positive reaction rose from 69 percent to 79 percent. Physician support for older patients using massage may be even greater. In 2001, 84 percent of respondents over age 65 received a positive response from their physician. Since 1997, respondents over age 55 have constituted the fastest growing group of massage consumers. In 2002, 41 percent of respondents over age 65 reported they received their most recent massage for a medical reason. For all ages, the percentage of clients referred

for massage therapy by their medical doctor rose from 26 to 30 percent between 2001-02. Although 64 percent of respondents to the 2002 survey believed massage is beneficial, top reasons for not getting massages included being too busy (19 percent compared to 21 percent in 2001) or cost (40 percent, compared to 36 percent in 2001)¹². This may imply that work opportunities for MTs are directly affected by shifts in the economy or labor market.

Education and training

The California Bureau for Private Postsecondary & Vocational Education (BPPVE) recognizes 203 approved or registered MT training programs. These programs can be approved with a minimum 100-hour curriculum¹³. More stringent educational standards are required for accreditation. The primary profession-specific accrediting body is the Commission on Massage Therapy Accreditation (COMTA), which has been evaluating and accrediting massage therapy programs since 1994. In 2001, COMTA was recognized as a national accrediting agency by the U.S. Department of Education. To date, 63 programs have been accredited in the U.S., including one in San Diego¹⁴.

National certification by examination (NCB) is offered for individual MTs by the National Certification Board for Therapeutic Massage and Bodywork (NCBTMB). Twenty-five states accept this exam for licensure. NCB certification has grown to over 60,000 since 1992, and NCBTMB estimates that 1,200 applicants enter the system each month. To qualify for NCB, applicants must have taken at least 500 hours of classroom instruction including 100 hours of anatomy and physiology and 200 practicum hours¹⁵. California does not require national certification by examination and has a far lower ratio of nationally certified (NCB) MTs to population than neighboring states: Nevada (54/100,000), Arizona (12.8/100,000) and California (5.2/100,000)¹⁶.

Regulation and related policy issues

Thirty-three states and DC regulate or license MTs, most requiring 500 hours of classroom instruction at an accredited school¹⁷. In California, massage therapists are not certified, licensed or registered by the state. Instead, they are regulated by county or city governments, and may hold permits issued by the health department, police or sheriff, or tax or franchise department. Much regulation is oriented towards preventing massage services from being used

as a front for prostitution, subjecting MTs and their clients to searches, mandated behaviors and restrictions unheard of in health care delivery settings. Most regulation of MTs in California does not acknowledge a “health professional” role, although a few governments have recently adjusted ordinances to recognize this¹⁸. In California, practice acts for several licensed professions, although they do not outline specific training in massage techniques, either permit licensees to provide massage services within their scopes of practice, or exempt them from local licensing requirements to provide massage services¹⁹.

Recent California legislative efforts related to massage therapy include AB 1388, which would establish a commission under the Department of Consumer Affairs to regulate massage therapy, and SB 577²⁰ which amended state law that previously subjected complementary and alternative health providers to prosecution for “practicing medicine without a license” if they provided healing services. Although not specific to massage, several groups heralded SB 577’s passage as a move towards recognizing therapeutic massage as a health-related practice.

Regulation of MTs by state governments is a controversial issue. Critics of regulation charge that high training hours requirements (up to 500 hours) in existing proposals would burden most working MTs who have as little as 100 hours training (as is the case in California), and would mainly protect training programs’ viability²¹. The variation of minimum training hours (nationally, between 100 and 1000) has prompted discussion of creating tiers or career ladders in the profession²². Other critics suggest that the primary reason for professional regulation is to protect the public from harm but since there is little evidence that massage is harmful and little scientific evidence of its benefit, regulation could hurt the profession more than help²³.

A further concern about regulation is the effects it has on related “bodywork” professions, for example: Polarity, acupressure, Feldenkrais Method®, Qigong or Reiki, whose practice can be inadvertently restricted by the language or wording used by legislators. AMTA and other associations comprising the Federation of Therapeutic Massage, Bodywork & Somatic Practice Organizations have worked to alert policy makers to this issue to protect the integrity of

different approaches, as well as to educate policy makers and the public about them²⁴.

Safety and efficacy

There have been few scientific or peer-reviewed studies concerning the efficacy of therapeutic massage. For example, a thirty-year (1969-99) meta-analysis of clinical studies found only 14 peer-reviewed articles²⁵. Major findings of clinical studies include positive effects for psychological aspects of health, for infants and children, and for chronic lower back pain.

Several studies have indicated that therapeutic massage is associated with decreased depression and anxiety²⁶; a lowering of stress hormones²⁷; and lower symptom distress, pain and improved sleep quality²⁸ for patients undergoing transplant or cancer treatment. Therapeutic massage was also associated with improved behavior control and sleep in children with autism²⁹, and with weight gain in premature infants³⁰. Another study found that adolescents treated for HIV-related conditions had decreased anxiety and depression, and improved immune status and a slowing of disease progress³¹.

In contrast, studies of sports massage found that although subjects had positive expectations of the effects of massage, performance declined after massage, and massage had no significant effect on blood lactose removal and blood flow to muscles in limbs³². Kalauokalani and others³³ found that patient perceptions of treatment options (including massage) were strongly associated with relative success using a favored option.

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- ⁷ The number of people who pass the National Certification Board examination in the eight states (CT, DE, LA, FL, MD, NE, OR, RI)

that require the NCB exam for practice can be viewed as a good estimate of the size of the MT workforce in those states. Using the locator file from the National Certification Board for Therapeutic Massage and Bodywork (<http://www.ncbtmb.com/database/query/asp> accessed 5/8/03) to estimate the number of MTs practicing in these states, calculating the ratio of practitioners to population for each state, averaging the ratios (41.2 per 100,000), and substituting California's population into the formula yielded an estimate for California of 14,214. Population figures: *U.S. Census Bureau: State and County QuickFacts. Data derived from Population Estimates, 2000 Census of Population and Housing. Available: http://quickfacts.census.gov/qfd/* (Accessed: 8/18/03). A workforce estimate of 24,584 was cited in the Sunrise Survey for Regulation of Massage Therapy by the State of California, prepared by the American Massage Therapy Association, Revised July 2003.

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¹⁴ COMTA. (April 2003). Massage education institutions and programs. Available: www.comta.org/trainprog.htm. Numerous other California programs are accredited by WASC and ACCET.

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¹⁶ Currently none of the states regulate MTs (AZ begins licensing 2004) so NCB is voluntary. Ratio calculation: NCBTMB locator database (see note 8) & U.S. Bureau of Census (July 17, 2003), State population estimates, July 2002, available at http://eire.census.gov/popest/states_dataset.csv.

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¹⁸ Information from review of California municipal codes available through LexisNexis™. Selected access data file, accessed 5/8/03, www.lexisnexis.com/municipalcodes/.

¹⁹ California Business & Professions Code, Sections 2620-2622; 2725; 4927 et seq.; 4935-4949; and 7316-7320.4. Permitted to provide massage are: acupuncturists, barbers, cosmetologists, estheticians and physical therapists. Exempt from separate licensing requirements are: chiropractors, dentists, naturopaths, nurses, osteopaths, physicians, and podiatrists.

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