



Massage Therapy for Osteoarthritis

BY HELEN TOSCH

You believe in the benefits of massage therapy, and more and more research is indicating what you already know:

massage therapy plays an important role in health and wellness. From helping manage stress to relieving the symptoms of a variety of health conditions, massage therapy is helping people live with less stress, less pain and more health and well-being.

And the opportunities continue to grow.

As the population ages, you may find that you're working with more clients who need help managing the symptoms of myriad health conditions—including osteoarthritis. From pain relief to stress relief, there are a variety of ways massage therapy can benefit these clients, but you need to know how to work with these people in a way that ensures they both get the most from a massage therapy session as well as stay safe. Read on to learn more.

Definition of Osteoarthritis

Osteoarthritis—also called OA—is a disease characterized by the breakdown of cartilage. Cartilage surrounds joints and cushions them from impact, helping them to continue moving easily. When cartilage degenerates and bones rub against one another, people can experience pain and difficulty with mobility of the affected joints. OA, also known as wear-and-tear arthritis, is the most common form of arthritis.

There are two main types of osteoarthritis: primary and secondary. Primary OA is a more generalized type and can affect one joint or many joints. Alternatively, secondary OA occurs due to injury or inflammation in a joint.

Although OA can affect any joint in the body, the most frequently affected are in the hands, knees, hips, and spine (neck and lower back). OA is one of the most common reasons people require knee and hip replacement surgeries.

When people first start feeling symptoms of osteoarthritis, the pain, soreness and stiffness tends to come and go. The pain is usually worse during activity that involves affected joints and improves with rest. But sometimes, stiffness can be worse in the morning or after long periods of inactivity. Usually,

repetitive motion that requires use of the affected joints will be a trigger for pain. For example, someone with osteoarthritis in the hands may have increased pain after typing for long periods of time, and someone with osteoarthritis in the knee may feel more serious pain after running or engaging in activities that require the knee to bear the brunt of the activity, like with gardening or squats.

Unfortunately, there is not currently a cure for osteoarthritis, and despite medical treatment, the disease will continue to progress and gradually worsen with time—though treatments can slow progression, improve joint function and relieve pain. Learn more about some ways massage may help preserve or regain function and reduce the pain associated with osteoarthritis.^{1,2}

Signs and Symptoms of Osteoarthritis

When people first begin to experience symptoms of osteoarthritis, they may not even think twice about it. Typically, symptoms of OA develop slowly, with soreness or stiffness that is more annoying than anything. But for many, symptoms will gradually worsen.

Some common signs and symptoms include:

Sore or stiff joints: Joints, espe-

cially those of the knee, hips or lower back, may feel sore or stiff. For some, stiffness will occur in the morning or after long periods of inactivity, while others will have problems during activity.

Pain: Many people will have pain during activity or pain that increases toward the end of the day, or after long periods of repetitive motion.

Loss of flexibility or decreased range of motion: Some people experience decreased range of motion and flexibility as their condition progresses.

Rubbing or grating sensation: Because severe osteoarthritis involves bone rubbing against bone, some people hear or feel a rubbing or grating when they use the affected joints.

Bone spurs/osteophytes: Some people develop bits of bone around the affected joint(s). They often feel like hard lumps under the skin.

Who Suffers from Osteoarthritis?

Osteoarthritis affects millions of people around the world, and experts believe that approximately 27 million Americans are suffering from the condition. Although most people who experience symptoms are over age 45, OA can affect people of any age. After age 55, women are affected more than men, but be-



fore age 55, men are affected more than women. Overall, women suffer from osteoarthritis more than men.

OA affects almost 14 percent of adults age 25 and older, and nearly 34 percent of people age 65 and older, suggesting the risk increases with age.^{1,2}

There are additional risk factors that research suggests increase a person's chances of getting OA. These include:

Age: As previously discussed, people over the age of 45 are more likely to suffer from OA than younger people.

Gender: Although both sexes are affected by OA, women are generally more likely than men to be diagnosed with the condition.

Obesity: Increased body weight is a well-known risk for developing osteoarthritis. The knees are particularly at risk because they carry the bulk of your weight. According to the Arthritis Foundation, recent research also suggests that excess body fat produces chemicals that can cause joint damage, so it's not just a problem of added weight, but also of a systemic problem due to the excess fat that increases risk.

Injury or overuse: Traumatic injury can lead to osteoarthritis, as can repetitive use over a long period of time if there is increased stress on the joints. Soft tissue injuries, like

an ACL tear or rupture, can also lead to OA.

Genetics: Although having a genetic tendency toward developing OA doesn't guarantee a person will get osteoarthritis, there are some genes that do increase your risk. And we do know that most people who have primary osteoarthritis have at least one blood relative who has/had it as well. Genetics may also play a role in the progression of the disease. And genetic conditions, like bone deformities, can also increase risk.

Career choice: Athletes who put repetitive stress on joints are at a higher risk of developing osteoarthritis. Other professions where repetitive motion may increase risk of osteoarthritis include landscaping, office jobs consisting primarily of computer work, or where carrying heavy bags or objects, and operating machinery is necessary.

Disease: People who have hypothyroidism, diabetes, gout or Paget's disease may have an increased risk. Also joint infection or joint damage from rheumatoid arthritis can lead to secondary osteoarthritis.

Muscle weakness: There are studies that have shown that weak muscles around the knee are associated with developing OA. This is especially true for women. The muscle

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weakness can also increase pain and stiffness after developing osteoarthritis.^{1,2}

Treatments for Osteoarthritis

Although there's no known cure for osteoarthritis, receiving treatment as early as possible is important in order to slow progression of the disease and to help reduce pain and other symptoms. The goals of treatment are to decrease joint pain and stiffness, maintain and improve function and mobility, and increase quality of life.²

There are a variety of different treatment options available to people with osteoarthritis, including:

- Medication, such as over-the-counter pain relievers like acetaminophen and ibuprofen, as well as topical pain relieving cream and supplements, like glucosamine-chondroitin. Prescription drugs may also help, and some patients receive steroid or hyaluronic acid injections
- Physical and occupational therapy
- Surgery
- Braces, splints, inserts, canes and other supportive medical devices (to help reduce stress on affected joints)
- Hot and cold packs
- Chronic pain management classes
- Exercise (such as swimming or water aerobics and other low-impact exercises, including strength training)
- Weight loss (if weight is a contributing factor)^{2,3,4,5,6,7,8}

Common Over-the-Counter Pain Relievers and Supplements

Over-the-counter pain relieving medications for osteoarthritis come in three forms: analgesics, topical pain relievers, and non-steroidal anti-inflammatory drugs (NSAIDs).

Analgesics. The most common analgesic recommended for osteoarthritis pain is acetaminophen (Tylenol). Most people can take it without



any side effects, and it's typically effective for mild to moderate pain due to osteoarthritis. Doctors often suggest acetaminophen first because of its combination of effectiveness and overall safety.^{4,5}

Topical pain relievers. These include creams, salves and gels that relieve mild pain. They are most effective when only a few joints are involved, and they can be used in conjunction with oral pain relievers. The active ingredients in this type of pain reliever include capsaicin, camphor, menthol, eucalyptus oil and salicylates. However, research indicates that salicylate cream (Aspercreme and BenGay Arthritis) doesn't typically work for osteoarthritis pain.^{3,4}

Non-steroidal anti-inflammatory drugs (NSAIDs). Non-steroidal anti-inflammatory drugs can also help relieve pain by helping reduce inflammation. Some people find they are more effective for moderate to severe pain than acetaminophen, but they have more possible side effects. For example, there is an increased risk for stomach irritation and gastrointestinal bleeding, even at low doses. Aspirin, ibuprofen and naproxen are three examples of over-the-counter NSAIDs. Some common brand names are Motrin and Advil (ibuprofen), Aleve (naproxen), and Bayer, St. Joseph's, and Anacin (aspirin).^{4,5}

Glucosamine-chondroitin. Some physicians recommend glucosamine-chondroitin supplements for osteoarthritis pain. Glucosamine-chondroitin is a natural substance that is found in joint fluid, and is believed to trigger cartilage production and possibly reduce inflammation. There are studies that show these supplements have the potential to slow the progression of osteoarthritis of the knee and relieve moderate to severe osteoarthritis pain without serious side effects or problems.^{4,5}

Prescription Medications Prescribed for Osteoarthritis

Non-steroidal anti-inflammatory drugs (NSAIDs). NSAIDs are also available in prescription strengths. There are different categories of NSAIDs, including ibuprofen, diclofenac and indomethacin. They are stronger versions of what is available over the counter, and they may be prescribed when over-the-counter versions aren't effective. They carry the same risks as over-the-counter NSAIDs (stomach irritation and gastrointestinal bleeding), and the FDA also requires that drug manufacturers include a label warning for risks of heart attack, stroke and stomach bleeding on all prescription NSAIDs. Some common prescription NSAID brand names are Motrin, Lodine, Voltaren, Clinoril, Feldene, Disalcid, Mobic, Indocin and Relafen.^{4,5}

COX-2 inhibitors. COX-2 inhibitors are a specific type of NSAID that relieve pain as well as other prescription NSAIDs do, but there is evidence that it carries a reduced risk of certain side effects. For example, short-term research studies have shown that celecoxib, a COX-2 inhibitor, is safer for the stomach than other types of NSAIDs. The FDA requires that COX-2 manufacturers include a label on these drugs warning of increased risk of cardiovascular side effects and gastrointestinal bleeding.^{4,5}

Narcotic pain relievers—opiates. Narcotic pain relievers are powerful pain relieving drugs that work on pain receptors rather than inflammation. They are not typically prescribed for osteoarthritis pain, but they may be in specific cases. Natural opiates include codeine and morphine, and synthetic opiates include the brand names Darvocet, Tylenol with Codeine, Lortab, Demerol, Dilaudid, Fentanyl, OxyContin, Percocet and Vicodin, among others.

Narcotics are very successful for treating severe pain, but they are

highly addictive, so they are typically used as a last resort and are reserved for people who cannot take other drugs.^{4,5}

Steroid injections. Glucocorticoids, a type of steroid, can be injected into the joints to provide quick pain relief for osteoarthritis. Doctors most often use them to treat moderate to severe knee pain or for inflammation that isn't relieved by using NSAIDs. They can also be used in the shoulder, elbow, hip, hand or wrist. The risks of injectable steroids are low, but they include infection, allergic reactions, local bleeding, tendon rupture and skin discoloration. If injections are too frequent, they may also cause weakened tendons, bones or ligaments.^{6,7}

Hyaluronic acid injections. Hyaluronic acid is part of the fluid that lubricates your joints and helps them move as they are intended to. This fluid is also a shock absorber of sorts, helping to take some of the impact off of your bones when you walk, run or do other types of impact exercises. People who have osteoarthritis often have a thinning of hyaluronic acid in the affected joints. Hyaluronic acid injections are often given to people who don't get pain relief from pain relievers or heat and ice, or who cannot take pain relievers.

People who get hyaluronic acid injections may experience side effects, such as pain at the injection site, minor joint fluid buildup, and increased inflammation.^{8,9}

Remember that any time a client is taking medication there is potential for contraindications for massage therapy to exist. So, make sure your clients thoroughly fill out their intake forms, including medical history and treatments, before you begin massage therapy. If in doubt, have your clients consult with their doctor before beginning a massage session. Since medical conditions and drugs change, you also need to



make sure your long-term clients keep their information up-to-date.

Other Treatment for Osteoarthritis

Physical therapy. Physical therapy is focused on strengthening muscles around the affected joints and on increasing range of motion. If your client is undergoing physical therapy, you may want to find out whether the physical therapist has any concerns about massage or whether he or she recommends that you focus on or avoid any specific areas of the body during massage.

Braces or shoe inserts. If your client has any splints, braces, shoe inserts, or other medical devices to help reduce pain or increase mobility, he or she may request that you pay special attention to the areas that come in contact with the devices. When in doubt, ask your client to get permission from his or her doctor before beginning massage therapy.

A chronic pain class. The Arthritis Foundation and some medical centers have classes for people with osteoarthritis and chronic pain. If your client is working on reducing pain through a class, massage therapy can help with overall pain reduc-

tion. But it's important to make sure that massage fits in with the plan for pain reduction and coping, so you may want to address this with your client first.

Bone realignment and joint replacement. Both of these are surgical procedures, and if your client has had one of them, you should get clearance from his or her surgeon or primary care doctor before beginning massage therapy to make sure you don't do anything that could inhibit proper healing.³

Contraindications for Massage Therapy

Just as you would when you begin massage therapy for anyone with a medical condition, you'll want to make sure that you don't begin therapy without physician permission and medical clearance. There are contraindications for massage therapy within the general population, and these also apply for people who suffer with osteoarthritis. Some conditions may worsen with massage or with certain types of massage, for example. Or, you might find that you need to make adjustments to a massage session when the client's osteoarthritis is acute or they have

severe swelling, pain, heat or redness in the affected area.

Medications, too, should be carefully evaluated before a massage therapy session, as sometimes you'll need to make significant adjustments to a session to ensure client safety.

Pain relieving medication. Patients taking pain-relieving medication (like analgesics, non-steroidal anti-inflammatory drugs, and narcotics) may not be able to provide accurate feedback regarding the comfort of techniques used during massage therapy.

Pain relievers work in one of two ways: by altering pain perception in the central nervous system or by inhibiting the inflammatory processes. If your client is taking any sort of pain relieving medication—especially prescription strength pain relievers—you should be aware that your client's pain response may be altered.

When your client's pain perception is altered for any reason, their feedback about acceptable depth of pressure and/or pain may be misleading, so you need to make sure the client is able to give you accurate information regarding comfort.

If in doubt, have your clients consult with their doctor before beginning a massage session.

Since medical conditions and drugs change, you also need to make sure your long-term clients keep their information up-to-date.

You should also be aware that the potential side effects of these drugs may include dizziness, drowsiness and postural hypotension (low blood pressure in certain positions), so make sure they are able to get on and off the massage table safely, offering help if appropriate.

It's also important to know that one particular category of pain relieving medications called non-steroidal anti-inflammatory drugs (NSAIDs) can cause the blood to thin, so clients taking these drugs (which include ibuprofen) may be more susceptible to bruising. Additionally, muscle relaxants and narcotic pain relievers (opiates) depress neural responses.^{4,5,10,11,12}

Steroid injections. Although the risks of injectable steroids are low, if injections are too frequent, they may also cause weakened tendons, bones or ligaments, which can impair the tissue strength, resilience and sensitivity, leading to reduced skin integrity. Therefore, you need to again make sure your client is able to give you accurate feedback and ensure the techniques and pressure you use are comfortable for the client.^{6,7,8}

Massage around the areas affected by osteoarthritis. Although there is evidence massage can be quite beneficial for people who suffer from osteoarthritis, there is a possibility that massaging the areas affected by arthritis may increase the pain—at least during the massage. If your client has had massages previously while suffering from osteoarthritic pain, they may be able to tell you whether massaging the affected areas will be beneficial. If your client has not had massage therapy previously, encourage him or her to let you know if anything you do causes discomfort or pain.

Inducing muscle fatigue. You want to be sure you don't inadvertently make the pain of osteoarthritis worse, which can happen if muscle

fatigue is induced. Listen to your clients and pay attention to anything that might signal a need to alter or discontinue the massage therapy session.

Additionally, if you have a first-time appointment scheduled with someone who suffers from osteoarthritis, you may want to allow him or her extra time to fill out the intake paperwork, or you may even want to offer help—especially if he or she has osteoarthritis of the hand or wrist.

Massage for Osteoarthritis

There are different mechanisms that can cause pain and reduce flexibility, range of motion, and mobility in people who have osteoarthritis. Some of the structures that may change with osteoarthritis include:

- Subchondral bone (the layer of bone that is just below the cartilage)
- Joint margins
- Synovium (the smooth lining of joints)
- Joint capsule (a fluid filled sac that encloses the joints)
- Tendons (connect muscles to bones) and bursa (sacs that help muscles and tendons glide over the bones)

When people are in pain, they will often change or limit their movements, which can also lead to additional issues. For example, if someone has knee pain, they may walk differently than normal in an attempt to limit the pain they experience. Changes in gait can lead to many problems, including posture issues, uneven muscle strength, injuries to other parts of the body and increased risk for fall-related injuries.¹³

Studies done to research whether massage is an effective osteoarthritis treatment indicate that massage does help reduce pain and improve function. A randomized controlled trial conducted at the University of

Massage is a naturally effective tool in fighting health problems, and there is evidence it can be effective in helping relieve the pain and symptoms associated with osteoarthritis.

Medicine and Dentistry of New Jersey and published in the *Archives of Internal Medicine* in December, 2006, studied 68 people who had osteoarthritis of the knee. The study participants were randomly divided into two groups—a massage therapy and control group.

Those in the massage therapy group received massages twice a week for four weeks, followed by massages once a week for an additional four weeks. Massage therapists used Swedish massage techniques during the massage therapy sessions. The study found that the massage therapy group had decreased pain and stiffness and improved flexibility, physical functioning and walking ability. What's more, most of these benefits were still evident eight weeks after the massage sessions ended. These study results are in line with the benefits seen in studies involving other kinds of arthritis, adding to the mounting evidence that massage therapy is an effective treatment for osteoarthritis and should be used as a part of an overall treatment plan.^{14,15}

Another study focused on the benefits of massage for osteoarthritis of the knee looked at the optimal dose of massage for osteoarthritis of the knee. This trial was published in the journal *PLoS One*. The purpose was to build upon the randomized controlled trial discussed above by finding the ideal amount of massage therapy for osteoarthritis of the knee. In this study, participants were in one of five groups—30 minutes weekly, 60 minutes weekly, 30 minutes twice a week, 60 minutes twice a week, and a control group that received no massage therapy.

The study continued for 24 weeks, assessing the participants at the beginning of the study, then at eight, 16 and 24 weeks. At the 8-week mark, the participants in both 60-minute massage groups had significant improvements in pain, function and

global response when compared to the group that didn't have massage. Pain intensity was reduced the most in the 60-minute, once a week group—significantly more than it was in both the non-massage group and both of the 30-minute groups. There was no significant difference in outcome between the two 60-minute groups, however. All massage groups had similar reductions in stiffness when compared to the non-massage group, but none of the groups showed significant range of motion changes.

At 24 weeks, the clinical benefits decreased for all groups and were not significantly different between the groups, although all participants had improved when compared to the beginning of the study. Researchers concluded that the treatment potential for massage therapy for OA of the knee is good, and they recommend additional, larger trials in the future to define efficacy of massage, how it works with OA, and whether it is a cost-effective treatment option for people who suffer from osteoarthritis.^{16,17}

Tiffany Field, PhD, and director of the Touch Research Institute at the University of Miami School of Medicine, conducted a study with colleagues. Twenty-two adult participants, most of whom were women who had been diagnosed with arthritis of the hand or wrist, were given four weekly massages and were taught how to massage their affected joints every day at home. The study found that a 15-minute massage with moderate pressure led to reduced pain and related anxiety, along with increased grip strength, when compared with both pre- and post-therapy tests. Although these tests were not necessarily specific to osteoarthritis, indications are that people with osteoarthritis of the hand and wrist may experience similar benefits.¹⁸

Many people with osteoarthritis of

the spine, hip and knee will experience low back pain, either from the arthritis itself or from modifying gait or other forms of mobility to avoid pain from the osteoarthritis. There are quite a few studies that show that massage is an effective treatment for back and neck pain. One such study, published in the *Annals of Internal Medicine* in 2011, looked at the effectiveness of massage therapy on 401 people who suffered from chronic low back pain. The study results indicate that massage did reduce pain for those who received massage. It also showed that the benefits of the massage on reducing pain lasted for at least six months, and that benefits were not based on the type of massage received—in other words, different modalities had about the same effect.¹⁸

Specific Benefits of Massage for People With Osteoarthritis?

In addition to reducing stress, which offers wonderful health benefits, massage can offer a number of advantages—especially when used as part of a holistic health care plan. But what are these benefits, and how do they apply to people who suffer from osteoarthritis?

It's a non-pharmacologic intervention. Medications can be life-saving, and they definitely have their place in treatment of osteoarthritis, but non-pharmacologic treatment, such as massage, can work well alone and in conjunction with medications.

Massage is a naturally effective tool in fighting health problems, and there is evidence it can be effective in helping relieve the pain and symptoms associated with osteoarthritis. And because it's non-pharmacologic, it doesn't have the potential side effects that many drugs can.

It may reduce the need for pain relieving medications. As we've already discussed, non-steroidal anti-inflammatory drugs (NSAIDs) are sometimes necessary to manage pain of osteoarthritis. Because long-term use of NSAIDs can cause blood clots and gastrointestinal bleeding and can increase stroke risk, massage therapy may help relieve and manage pain so that patients can take the drugs less frequently, thus reducing the risks associated with NSAIDs.

It can help reduce pain. As discussed, massage therapy has some good outcomes for helping people manage pain for a variety of conditions, and arthritis is no different. From low-back pain to hand and wrist pain, there are myriad ways massage therapy can help people who suffer from osteoarthritis better manage the symptoms often associated with this condition.

It can reduce stress and may improve sleep. According to the Cen-

ters for Disease Control, sleep quality has some important implications for people dealing with a variety of health conditions, from diabetes to cardiovascular disease to depression. Helping clients who are dealing with osteoarthritis find ways to both reduce stress and improve sleep patterns can be very beneficial.

What Massage Therapists Need to Know

Outstanding communication skills. When working specifically with anyone who has a diagnosed health condition or disease, it's important to gather a detailed health history and to understand your client's symptoms, concerns and goals for therapy before beginning treatment. So in addition to being a skilled massage practitioner, you will also need to help your clients better understand their own conditions, as well as what they both can and cannot expect from massage therapy. This knowledge should help them become more aware of their bodies, and hopefully more able to accurately express the sensations and symptoms they are experiencing.

A knack for interviewing. Gathering an accurate medical history is very important—especially if you want to focus your practice on helping treat appropriate medical conditions through massage therapy. If your client isn't thorough when filling out the health history or intake form, you'll have to guide them through the process. Get as much information as you can, and let your client know that it is important for you to have an accurate health history so you can better understand his or her goals for the massage therapy session.

Willingness to make adjustments. Because not every type of massage will work for people with osteoarthritis, having a variety of techniques in your massage therapy

toolbox will greatly benefit these clients. Some of these clients, for example, may want moderate pressure while others will need a lighter touch. Additionally, be ready to make adjustments to the massage therapy session, as well. There may be some clients with osteoarthritis that may just want you to work on a specific area. Others may not be able to get up on the massage therapy table so would prefer chair massage. Whatever the case may be, flexibility is key when working with these clients.

Marketing Your Skills

Marketing might not be your favorite part of your massage therapy career, but in order to reach the people who can benefit from massage, you're going to have to get comfortable with the idea. The great thing about marketing is that you can choose to engage with clients in ways that feel natural to you, as well as ways they want to be reached.

Marketing doesn't have to be difficult. Sometimes the best form of marketing is through word-of-mouth. Happy clients will tell their friends and family. Or, building good relationships with health care providers can lead to a steady stream of patient referrals. And, thriving businesses will speak for themselves.

You can reach clients who might need help managing the symptoms of osteoarthritis in myriad ways. Following are a few simple ideas:

Contact physicians who work with people who have osteoarthritis and ask them if they would be willing to refer their patients to you for massage. You may be able to find these physicians by doing a simple search on the Internet, or you may have to work a little harder and dig a little deeper. Consider physicians who are close to your practice and then reach out with information about how massage therapy can help



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people dealing with osteoarthritis. Remember, you're going to want to be well-versed in the research that suggests massage therapy can help, as physicians are going to be interested in these studies. Make sure you can answer any questions you think might arise, and don't oversell what massage therapy can do. Massage therapy has definite benefits for this population, so focus on those without overpromising results.

Create a website and make it search-engine friendly. It's easy and inexpensive to create a functional and attractive website. There are people out there who will create a limited page brochure site for a few hundred dollars, or you can create one yourself using a number of free website templates available on the Internet. Once you've created the website, you'll want to make sure you use keywords, both in your content and in your meta data, so search engines will be able to find you when people are searching for you. The more specific you are with your keywords, the more effective they will be.

Get your name out by offering your services at hospitals and nursing homes. Along with developing solid professional relationships with other health care providers, consider going where the clients you are looking to engage will be—and hospitals and nursing homes are two places where you are going to find some people who have osteoarthritis and may be open to trying massage therapy. Again, these locations are going to require that you do some leg work and educate people on the benefits of massage therapy, and so consider reaching out to the director of some local nursing homes, for example, and offer to share information with them about how massage therapy can help residents dealing with osteoarthritis. As with other

health care professionals, be sure you are up on the latest research and can talk about the studies easily and with confidence.

Become an expert. If you really want people to begin thinking of you as an expert in massage therapy for osteoarthritis, you will need to become an expert. Walk the walk. Read all of the studies you can get your hands on. Talk to other massage therapists who work with these clients. Take as many continuing education classes as you can—especially those that focus on massage for osteoarthritis or on the types of massage techniques you will need to use most on those who suffer from osteoarthritis.

Write a blog about what you do. If you're comfortable, consider adding a blog to your website. Make the blogs interesting, accurate and, of course, engaging. Be thorough, but don't write too much. And ask for feedback from those who suffer from osteoarthritis—their experience may be invaluable to you.

Use social media. Social media has great power when used to its potential. And although the algorithms are changing to make it more difficult to advertise for free on social media, you can still make it work for you. Create a Facebook page and a Twitter account, and post to them regularly. You may want to consider special offers for people who follow you on social media to build your base of followers. Post often, but not too often. No one wants their social media accounts to be overflowing with posts from someone trying to sell them something—even if that something may be very beneficial to them.

Just as there are ways to help boost your visibility on websites and blogs, there are ways to do it on social media. Do a little research to find out what hash tags are and how



Members of AMTA get a free website through BodyWorkSites. With 54 templates and five pages for your practice-specific content, we've got what you need to create a website that will get your clients talking—and keep them coming back to your practice!

they can work for you, how to build a Twitter or Facebook following for free, and how to use social media to maximize your positive exposure.

Give information away. People who have chronic pain and suffer from osteoarthritis are always looking for better ways to combat their pain and accompanying symptoms, so don't be afraid to talk to people about what you can do for them and the benefits massage therapy has to offer. For example, can you create videos or how-to articles about self-massage techniques, or perhaps you can teach a client's partner to give helpful massages at home to supplement.

There are a variety of ways you can help clients who are dealing with the symptoms of a wide variety of health conditions, and understanding the condition and specific ways massage therapy can help is a great place to start.

BIBLIOGRAPHY

- 1 MayoClinic.org. (2013). *Osteoarthritis Definition - Diseases and Conditions - Mayo Clinic*. [online] Retrieved from: <http://www.mayoclinic.org/diseases-conditions/osteoarthritis/basics/definition/con-20014749> [Accessed: 7 Apr 2014].
- 2 ScienceDaily. (2012). *Scientists home in on cause of osteoarthritis pain*. [online] Retrieved from: <http://www.sciencedaily.com/releases/2012/12/121227173053.htm> [Accessed: 7 Apr 2014].
- 3 Davis, J. (2000). *Osteoarthritis Medications (OTC and Prescription) and Surgery*. [online] Retrieved from: <http://www.webmd.com/osteoarthritis/features/osteoarthritis-treatment-now> [Accessed: 7 Apr 2014].
- 4 Effectivehealthcare.ahrq.gov. (2014). *Home | AHRQ Effective Health Care Program*. [online] Retrieved from: http://www.effectivehealthcare.ahrq.gov/repFiles/Osteoarthritis_Consumer_Guide.pdf [Accessed: 7 Apr 2014].
- 5 Pronovost P, Weast B, Schwarz M, et al. Medication reconciliation: a practical tool to reduce the risk of medication errors. *J Crit Care*. 2003;18:201-205.
- 6 Ncbi.nlm.nih.gov. (2004). *Glucocorticoid use in rheumatoid ... [Clin Exp Rheumatol. 2004 Sep-Oct] - PubMed - NCBI*. [online] Retrieved from: <http://www.ncbi.nlm.nih.gov/pubmed/15552519> [Accessed: 7 Apr 2014].
- 7 Cleveland Clinic - Steroid Injections. Cleveland Clinic. (2008). *Cleveland Clinic - Steroid Injections*. [online] Retrieved from: http://my.clevelandclinic.org/services/steroid_injections/hic_steroid_injections.aspx [Accessed: 7 Apr 2014].
- 8 Webmd.com. (2006). *Hyaluronic Acid Injections for Osteoarthritis Pain*. [online] Retrieved from: <http://www.webmd.com/osteoarthritis/hyaluronic-acid-injections-for-osteoarthritis> [Accessed: 7 Apr 2014].
- 9 @healthcentral. (2014). [online] Retrieved from: <http://www.healthcentral.com/?page=newsDetail&ap=1&id=91385> [Accessed: 7 Apr 2014].
- 10 Migraine and drugs - MayoClinic.comMayoclinic.com (2011). *Migraine: Treatments and drugs - MayoClinic.com*. [online] Retrieved from: <http://www.mayoclinic.com/health/migraine-headache/DS00120/DSECTION=treatments-and-drugs> [Accessed: 2 Apr 2014].
- 11 Nausea Medications for Migraines and Headaches. Webmd.com (2012). *Nausea Medications for Migraines and Headaches*. [online] Retrieved from: <http://www.webmd.com/migraines-headaches/guide/migraines-headaches-nausea-medications> [Accessed: 2 Apr 2014].
- 12 Uspharmacist.com (2009). *USPharmacist.com > Massage Therapy: Implications for Pharmaceutical Care*. [online] Retrieved from: http://www.uspharmacist.com/content/d/web_exclusive/c/13427/ [Accessed: 2 Apr 2014].
- 13 Ncbi.nlm.nih.gov. (2003). *Effects of age-related gait changes on the biomechanics of slips and falls*. [online] Retrieved from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2891178/> [Accessed: 7 Apr 2014].

14 Massage Therapy for Osteoarthritis of the Knee: A Randomized Controlled Trial." A.I. Perlman et al. *Archives of Internal Medicine*. December 11/25, 2006, vol. 166, no. 22, pp. 2533-2538.

15 ResearchGate. (1996). *Massage therapy for osteoarthritis of the knee: a randomized controlled trial*. [online] Retrieved from: http://www.researchgate.net/publication/6640718_Massage_therapy_for_osteoarthritis_of_the_knee_a_randomized_controlled_trial [Accessed: 7 Apr 2014].

16 Perlman A, Ali A, Njike VY, et al. Massage therapy for osteoarthritis of the knee: a randomized dose-finding trial. *PLoS One*. 2012; 7(2):e30248.

17 Nccam.nih.gov. (2012). *Study Determines Optimal Dose of Massage for Osteoarthritis of the Knee Pain Research | NCCAM*. [online] Retrieved from: <http://nccam.nih.gov/research/results/spotlight/020812.htm> [Accessed: 7 Apr 2014].

18 Arthritistoday.org. (2006). *Benefits of Massage Therapy | Massage and Arthritis | Arthritis Today*. [online] Retrieved from: <http://www.arthritistoday.org/arthritis-treatment/natural-and-alternative-treatments/remedies-and-therapies/benefits-of-massage.php> [Accessed: 7 Apr 2014].

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