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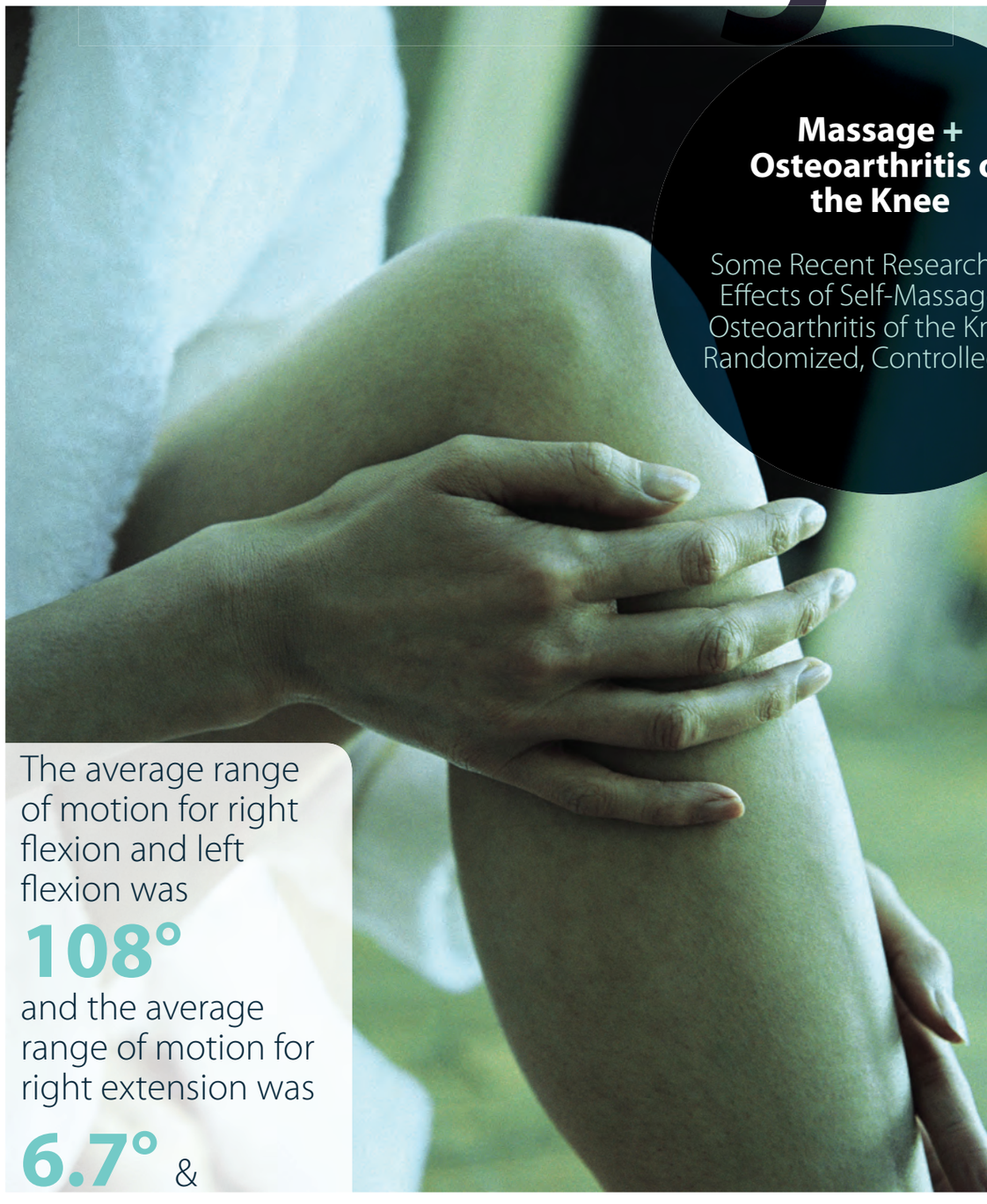

Massage + Osteoarthritis of the Knee

Some Recent Research: The Effects of Self-Massage on Osteoarthritis of the Knee: a Randomized, Controlled Trial

The average range of motion for right flexion and left flexion was

108°

and the average range of motion for right extension was

6.7° &

7.1°

for left extension

A research study published in the Massage Therapy Foundation's International Journal of Therapeutic Massage and Bodywork discussed the impact of self-massage on the quadriceps muscle of individuals with osteoarthritis of the knee in a two-group trial.

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Study methods: After receiving confirmation and a written diagnosis from their physicians, 40 adults who reported pain, stiffness and difficulty with physical function were randomly assigned to either an intervention or control group.

Protocol: In addition to usual care, participants in the intervention group attended one-hour supervised self-massage sessions twice weekly for eight weeks, which was followed by unsupervised self-massage twice weekly at home for three weeks. Members of the control group continued usual care only, returning for assessments at four-week intervals.

The massage strokes used by the intervention group included deep gliding strokes to soften and lengthen muscle fibers, tapotement with a loose fist to stimulate circulation and friction applied without lubricant to compress a small area while moving the tissue back and forth using short strokes around both knees' tendon attachment.

Results: Of the 40 men and women who participated in the study, only 36 remained after the study concluded with 18 members in each group. At baseline, both groups were given the Western Ontario and McMaster Universities Arthritis Index (WOMAC) and range of motion assessment. The average range of motion for right flexion and left flexion was 108 degrees, and the average range of motion for right extension was 6.7 degrees and 7.1 degrees for left extension.

At the end of the study, researchers found an overall improvement in stiffness, function and pain for the intervention group, while the control group remained the same. Specifically, difference in pain between the intervention and control group proved significant, particularly when walking on a flat surface, ascending or descending stairs, sitting or lying, and standing up. Significant differences in stiffness were also established between the intervention and control groups, particularly when first waking up in the morning and lying, sitting or resting later in the day.

For physical function, highly significant results were found for self-massage for ascending and descending stairs, rising from sitting, getting in and out of bed, and rising from bed, to name a few.

While self-massage had no effect on range of motion for either group, the results suggest that self-massage does have an impact on stiffness, pain and physical function.

References

DV Atkins, Eichler DA, The Effects of Self-Massage on Osteoarthritis of the Knee: a Randomized, Controlled Trial. International Journal of Therapeutic Massage and Bodywork. 2013; 6(1):4-14. Epub 2013 Mar 1.

Want more information on research being done on the benefits of massage therapy? Visit the Research section of AMTA's website, where you'll find the latest information!

MORE SOUND RESEARCH SUGGESTS MASSAGE HELPS EASE PAIN OF OSTEOARTHRITIS OF THE KNEE

Research supported by the National Center for Complementary and Alternative Medicine suggests massage therapy helps relieve the pain associated with osteoarthritis of the knee. The 2012 study comprised 125 adult participants diagnosed with osteoarthritis of the knee who were randomized to one of four, eight-week regimens, including 30- or 60-minute weekly or biweekly massage sessions or a usual care control group.

For massage therapy participants, a manualized protocol specified the body regions to be addressed, as well as the Swedish strokes to be used, including effleurage, petrissage, tapotement, vibration, friction and skin rolling. Those in the usual care group continued their current treatment without the addition of massage therapy.

THE RESULTS: At eight weeks, WOMAC scores improved significantly in the 60-minute massage group compared to usual care, as did the visual analog pain scale. No signficant differences were seen in range of motion. "The three highest doses of massage improved relative to baseline in WOMAC pain at 16 and 24 weeks, in stiffness at 24 weeks, and functionality at 16 and 24 weeks," the authors of the study reported.

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