



**MASSAGE &
MYOTHERAPY**
AUSTRALIA

The Association of Professional Therapists

Improving the support already provided by professional massage therapists

A submission to the National Autism Strategy Consultation

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Background

Overview

In preparation for this submission, a Pulse survey of Massage & Myotherapy Australia's 8,500 members was completed by around 10% of members, providing a reliable sample and indication of how massage therapists are involved with people and families with autism.

Members indicated the reasons their clients chose massage therapy, the treatments they administered, the approach taken, and the outcomes noted.

Arising from this survey, several key factors provide significant insight into the role of massage therapists in helping people with autism live more fulfilling, productive and socially inclusive lives, as well as an economic disincentive to providing this service. These include:

- high numbers of qualified professional massage therapists are actively engaged with autistic children and adults
- people with autism and their families are self-informed and actively seek out and fund massage therapy
- where massage was funded, such as through disability services, frustration was expressed in the long delays (three months) for payment.

Consequently, the National Autism Strategy should make provision to improve training for qualified massage therapists and improve access to the professional massage services that are available.

More detail on these factors is provided in the section titled [‘Significant findings and recommendations’](#).

About Massage & Myotherapy Australia

Massage & Myotherapy Australia is a not-for-profit organisation formed in 2003. As the leading representative body for therapeutic massage therapists, remedial massage therapists and myotherapists nationwide, we currently service over 8,600 professional qualified member therapists. Massage & Myotherapy Australia is the sector leader and driving force towards evidenced-based massage and myotherapy services and integration of massage therapies where appropriate.

Defining massage therapy

The Association describes therapeutic and remedial massage and myotherapy as manual manipulation therapies involving the deep or shallow soft tissues of the body including muscles, tendons and ligaments. They are used to alleviate pain and stress and improve mobility.

All adjunct services such as hot stone therapy, dry needling or aromatherapy are used to augment the massage therapy experience, but they are not massage or what defines a qualified therapeutic massage therapist, remedial massage therapist or myotherapist.

The conditions treated by qualified therapists include disease and injury, dysfunction and pain, and emotional issues as listed in Table 1 below:

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

Table 1: Conditions for which massage therapy is applied

Definitions

'Massage therapy' refers to: Remedial massage therapy; Therapeutic Massage Therapy and Myotherapy.

'The Association' refers to Massage & Myotherapy Australia.

A summary of massage services provided

The following provides a summary of responses to the Pulse Survey of Massage & Myotherapy members.

Number and frequency of treatments

Members responded to six specific questions relating to the number and frequency of clients and treatments.

- close to 41% of respondents to the survey indicated that they treat clients with autism
- of those who responded to this question, over 75% indicated that one in three of their clients have autism
- the highest frequency of treatment was once per month at 50%
- the frequency of treatment varied, including once per week 13.5%; more than once per week 6.0%; more than once per month 27.4%
- close to 80% of respondents indicated that treatment was ongoing; around 21% provided massage therapy for a specific period
- the age of clients varied with over 71% of respondents indicating the age range of clients was over 18 years; 10.6% aged 6 to 12 years; 16.98% aged 13 to 17 years.

Note: An average of around 300 members answered each question, indicating the highly specialised nature of massage therapy for autism and the need for specialised training and education modules.

A selection of supporting comments follows that provide more qualified insights:

I do quite a bit of NDIS work, plus have a contract with Autism Camps Australia. I look after the CEO, who has autism, as well as providing massage for participants at a monthly camp. I am also involved with the self-care program for parents of children with autism, many of whom are also on the spectrum.

It depends on the presentation. Some of my autistic clients seek massage for mental health reasons. Sometimes it is to recover from an injury. Others to manage chronic pain. For others, massage provides sensory stimulation.

I have a son diagnosed with autism and a daughter who has been diagnosed with ADHD and recommended for autism assessment. Over time, with an understanding of autism, I believe I have treated several clients who don't have a diagnosis but present with neurodivergent characteristics. I also teach massage and have taught neurodivergent students. I find treatment, assessment and outcomes vary on client presentation for the day. Each client/assessment is different. Some clients like sensory stimulation on one day but can't cope on another. Some don't like too much sensory input at all. Background music needs to be considered as does conversation. Familiarity with the client helps and an understanding of how autism can present differently in different people is a must. It is never 'one size fits all'. Cancellation can be an issue as they may need to cancel at the last minute.

Ongoing treatment – the client benefits greatly from it as he is on his feet a lot with work and attends the gym. His parents first sent him in and were happy with how he was afterwards. Information passed back to me was that it helped him physically and mentally.

Ongoing regularity helps to guide them re their own body mind awareness, and the triggers.

50 mins. depending on the day and how they feel on that day; 5 to 6 sessions, not treating any at the moment, but I used to work in with disability Queensland until I found out that it takes 90 days to get paid, so I don't work with anything government-related.

I have had parents bring their children in for massage so they get used to touch but it has never been over a long period of time. Touch is a very sensitive thing for someone who is autistic so many times they don't enjoy massage.

I used to treat NDIS Autism for 18 months. Weekly.

I work with para-athletes in periodic competition and training camps. Some of whom live with autism and is a side issue of awareness to their physical treatment. We also work with autistic clients in a gym setting while providing exercise therapy.

Reasons, treatments and outcomes

Massage therapists were asked to briefly describe the type of treatment administered and the outcomes noted.

The following provides an insightful selection of the many hundreds of comments received.

Generally firm pressure and also teach parents of autistic children massage techniques they can use. Outcomes include improved emotional regulation, improved interception, improved muscle tone and improved body image.

A short (30 minute) using mostly relaxation techniques with a few remedial techniques added where necessary. I have found massage has a profound impact on all my autistic clients aiding in reducing stress and anxiety whilst also addressing their other remedial needs (pain and dysfunction).

If a lot of training and work, more remedial and functional work, e.g., if a sore back or legs from lots of standing with work. Then on occasions I can sense he is really quite run down or agitated so I will get him to focus on breath work and we will do a lighter session. So, I try to adapt to him to maximise the session.

These patients with autism are very low on the spectrum, the treatment is pretty much the same as what my neurotypical patients experience, however, I am just more aware of triggers and hypersensitivities. I try to reduce stimulation by turning down music, no sudden movements of joints, neural stretches are done very carefully and slowly. I have noticed my patients on the spectrum are able to relax their muscles and calm themselves if given something to focus on, e.g., breathing rhythm, repetitive flexion/extension of muscles while performing certain techniques.

Actively engage certain muscle groups as needed to be activated & calm the parasympathetic system respectively. I have also noted that the client responded and reported themselves as feeling like they had more control and calmness with their responses, less tension in their muscular skeletal system, increased calmness in nervous system overall, and able to do more active full breaths.

These clients are mainly high on spectrum. Usually have trouble with friendships, emotions and often feel isolation because of this. Massage is very important as often they cannot express hurt or emotional issues and massage helps calm and [bring out] issues they have not been able to even say to the carers they have.

Accommodating informed touch, de-sensitising, stressors, muscle tone and anxiety. Treatment as remedial massage or onsite chair massage is well perceived.

Fascial release with medium/firm pressure and lots of communication about purpose of treatment and how to work muscles in affected area.

Discussion around homecare and strategies to make more achievable. Patient appears more relaxed/comfortable during treatment and a willingness to adapt home care exercises/stretching into normal routine.

General body treatment to educate, self-awareness, reduce stress, anxiety, and how body is affected.

Relaxation, calming therapy. Myocardial cupping and hot stone therapy.

From relaxation treatment to remedial treatments, respond well to massage, helps them with anxiety, stress, headaches, and sleep.

I use more of a calming the body down type treatment instead of my usual remedial treatment to relax their rigidity, lots of listening and talking involved, they mostly seem to be more comfortable with life after the treatment.

Treatment is not for autism however treatment does touch on social interaction boundaries for some clients. It is important to keep checking in with them during treatment that they are okay to continue.

A lighter style remedial massage, discussing pressure and explaining every step of the way the treatment, outcome more relaxed and mood generally lifts and comments made saying how much they enjoyed the treatment, also saying they feel much better.

General massage, often taking a gentler approach with an aim to help reduce stress, anxiety, sleep issues and desensitise to touch. Massage has proven to help with above issues, great success with building up tolerance to touch.

The efficacy of massage in relation to the effects of autism

As shown previously, families and people with autism seek out massage therapists because of the relief massage provides from the effects of autism and physical stress.

Independent research is mixed. A recent 2022 literature review¹ which predominantly looked at the Chinese Massage techniques of Qigong or Tui Na massage considered the positive findings on the effects of massage, as poor quality.

However, numerous literature reviews concerning other types of massage have drawn positive conclusions, indicating that it is useful in relieving the symptoms of stress, anxiety,² tension, pain³ and physical injury.⁴ There is no evidence to suggest that these positive effects cannot translate to people with autism.

Also, a 2018 study titled 'Massage efficacy in the treatment of autistic children – a literature review'⁵ is more favourable with conclusions that reflect the positive observations expressed by the Association's members in the Pulse survey. The following is an extract of the discussion and conclusions of the 2018 Review:

There is no effective treatment method of autism, but some available techniques may alleviate its typical symptoms. The primary purpose of any treatment in an autistic child is a reduction of the anxiety level — unless this is achieved, any attempts to teach such a child are doomed to failure. Other activities in the upbringing of an autistic child include expanding a child's ability to communicate and realisation of the developmental potential of the child according to his/her predispositions (Turner *et al.* 2006).

Clinical studies show that various types of massage reduce a child's anxiety, improve his/her linguistic abilities and social communication, and increase his/her tolerance

to touch; when an autistic child's tolerance to touch increases, his/her aggression and anxiety diminishes. These issues are very extensive and interesting; thus, they are worth being addressed and studied by other researchers. It seems reasonable that further experiments are based on a collection of the data concerning the effect of massage on the autonomous nervous system (Escalona *et al.* 2001; Silva *et al.* 2008; Piravej *et al.* 2009).

The increased interest in various massage techniques in recent years reflects the general trend for a wider use of these techniques in healthcare.

One should bear in mind that massage must be performed by a specialist in order to avoid any adverse effects.

There is an opinion that oriental massage techniques are nowadays important in the treatment of children affected by autism. The effects of these techniques on a child's body create conditions that promote achievement of harmony and perfect physical, mental and spiritual health, and of balance between these levels (Murawow *et al.* 2010).

The massage techniques presented in this study provide good therapeutic effects. Observations made to date suggest that these methods are effective and safe. This conclusion needs to be confirmed in further studies.

Significant findings and recommendations

The evidence provided in this submission highlights several key factors to consider, including significant insights into the role that massage therapists play in helping people with autism live more fulfilling, productive and socially inclusive lives. This includes:

Findings

Points to note:

- high numbers of qualified professional massage therapists are actively engaged with autistic children and adults
- people with autism and their families are self-informed and actively seek out and fund massage therapy
- massage therapy does not treat the specific condition of autism, but it is a known relief from the debilitating effects of autism, such as stress and related effects of injury and pain
- massage therapy provides relief from emotional and physical tension or anxiety that helps people with autism to function better emotionally and socially
- massage therapy for autistic people is a specialised field, requiring training, experience and sensitivity to the needs of people with autism and their families.

Real life experience indicates that massage is an important ongoing treatment:

- people with autism and their families choose massage therapy because massage therapists are experienced and trained in providing a tactile therapy that can be challenging for people with autism:
 - one size does not fit all, requiring sensitivity to the specific needs and conditions of each person with autism and their families
 - common factors in successful treatments are the training and experience of massage therapists in building trust and improved receptivity to touch and human contact

- decisions to receive massage therapy are commonly based on positive experiences and anecdotal accounts from friends and family concerning the benefits that they gained.

Recommendations

The following list of recommendations to improve massage therapy services that are available, and to improve support for qualified massage therapists to treat clients with autism and their families.

Given the reliance on massage by people with autism and their families we believe that the National Autism Strategy should:

1. recognise the qualifications, skills and competencies of professional massage therapists and the high in-demand service they already provide
2. make provision to improve access to qualified massage therapists and massage services available by:
 - a. supporting initiatives for further and specific training for already qualified massage therapists as a specialised field of therapeutic health care
 - b. supporting improved access to qualified massage therapists trained in the field of autism across urban, regional and remote communities
 - c. encouraging and facilitating inclusion of massage therapists in multi-disciplinary healthcare services for people with autism
 - d. implementing an awareness program to improve understanding and encourage referrals from Registered Health Practitioners.
3. where massage was funded, such as through disability services, members expressed frustration in the long delays (three months) for payment.
 - a. improving funding arrangements and ease of payments for massage therapists will help to improve participation and hence access to services.

References

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² Sherman KJ, Ludman EJ, Cook AJ, Hawkes RJ, Roy-Byrne PP, Bentley S, Brooks MZ, Cherkin DC. [Effectiveness of therapeutic massage for generalized anxiety disorder: a randomized controlled trial](#). *Depress Anxiety*. 2010 May;27(5):441-50. doi: 10.1002/da.20671. PMID: 20186971; PMCID: PMC2922919.

³ Kukimoto Y, Ooe N, Ideguchi N. [The Effects of Massage Therapy on Pain and Anxiety after Surgery: A Systematic Review and Meta-Analysis](#). *Pain Manag Nurs*. 2017 Dec;18(6):378-390. doi: 10.1016/j.pmn.2017.09.001. PMID: 29173797.

⁴ Dreyer NE, Cutshall SM, Huebner M, Foss DM, Lovely JK, Bauer BA, Cima RR. [Effect of massage therapy on pain, anxiety, relaxation, and tension after colorectal surgery: A randomized study](#). *Complement Ther Clin Pract*. 2015 Aug;21(3):154-9. doi: 10.1016/j.ctcp.2015.06.004. Epub 2015 Jun 12. PMID: 26256133.

⁵ Walaszek R, Maśnik N, Marszałek A, Walaszek K, Burdacki M. [Massage efficacy in the treatment of autistic children - a literature review](#). *Int J Dev Disabil*. 2017 Mar 21;64(4-5):225-229. doi: 10.1080/20473869.2017.1305139. PMID: 34141309; PMCID: PMC8115532.