

Evaluating Methodological Limitations in the Use of Massage Therapy for PTSD Treatment

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Dear Editor,

We would like to express our appreciation for the case report titled “The effects of massage therapy on post-traumatic stress disorder” published in the *International Journal of Therapeutic Massage and Bodywork*.⁽¹⁾ The exploration of massage therapy as a potential treatment for post-traumatic stress disorder (PTSD)-related anxiety is indeed timely and important. However, we believe certain methodological aspects of the report warrant further clarification, as they significantly impact the interpretation of the findings and future directions for research in this field.

First, the retrospective case report design employed in the study, while offering valuable insights into an individual case, inherently limits the ability to draw causal conclusions about the relationship between massage therapy and observed symptom improvements. As is typical with case reports, the absence of a control group prevents establishing causality. It would be beneficial to recognize this limitation while underscoring that, to draw more definitive conclusions, randomized controlled trials should be prioritized in future studies.⁽²⁾

Additionally, the report utilizes the Generalized Anxiety Disorder 7 (GAD-7) scale to assess the client’s symptoms. While the GAD-7 is a valid tool for evaluating anxiety, PTSD encompasses a wider range of symptoms beyond anxiety, such as hyperarousal, intrusive thoughts, and dissociation.⁽³⁾ Consequently, the GAD-7 does not fully capture the complexity of PTSD. Future research should consider using more comprehensive measures, such as the PTSD Checklist (PCL) or the Clinician-Administered PTSD Scale (CAPS), which are designed to assess

the diverse symptomatology of PTSD and provide a more holistic view of treatment outcomes.⁽³⁾

Furthermore, while the report mentions the client’s preference for specific massage techniques, it does not explore how these different techniques might have varying effects on specific PTSD symptoms. Given the range of modalities within massage therapy, future research would benefit from systematically examining the differential effects of these techniques. Comparing modalities could help identify which approaches are most effective for addressing particular PTSD symptoms, such as hyperarousal or dissociation, thereby optimizing treatment strategies.⁽⁴⁾

Another critical limitation is the lack of longitudinal follow-up, which raises questions about the sustainability of the observed symptom improvements. While short-term symptom reduction is valuable, understanding the long-term effects of massage therapy is essential for determining its clinical utility in treating PTSD. Future studies should include follow-up assessments to gauge whether improvements are maintained over time.

In conclusion, while this case report contributes valuable insights into the potential benefits of massage therapy for PTSD, we would like to emphasize the need for future research to employ more rigorous study designs, utilize PTSD-specific assessment tools, explore the differential effects of various massage techniques, and incorporate long-term follow-up. These methodological improvements will help to strengthen the evidence base and guide clinical recommendations for the use of massage therapy in treating PTSD.

ETHICAL CONSIDERATIONS

This submission is a Letter to the Editor that does not involve prospective collection, analysis, or reporting of identifiable human or patient data. It adheres to institutional research integrity policies and accords with the principles of the Declaration of Helsinki. Formal ethics committee approval was not required for this work given its non-empirical, commentary nature.

CONFLICT OF INTEREST NOTIFICATION

The authors declare there are no conflicts of interest

USE OF ARTIFICIAL INTELLIGENCE

AI-assisted language tools were used solely for grammar and stylistic editing under the author's direction. The author verified all content and accepts full responsibility for the accuracy and integrity of the manuscript. No AI system was used to generate scientific claims, analyze data, or draw conclusions.

AUTHORSHIP

Authorship is limited to the individual named above, who meets ICMJE authorship criteria. The author contributed substantially to the conception and writing of the manuscript, approved the final version, and agrees to be accountable for all aspects of the work.

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