Finding Value in Practice-context Research

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This edition of the IJTMB consists completely of manuscripts based on practice-context research. The research covers diverse topics and methodologies (scale development, quantitative, qualitative, and a case study). Each addresses well the issues of implementation and shows the value of research based on the reality of clinical practice. While practice-context research is not meant to address all forms of research needed in the field of therapeutic massage bodywork, the direct value for practice is clear from the work published.

In his editorial of March 2011 (Volume 4, Issue 1, IJTMB) Dr. Moyer clearly and succinctly outlines how and why practitioner-led research is important[(1)]. I have also been passionately interested in these issues, because I remain convinced that understanding how practice happens, and ensuring that research reflects the practice process and context, will more likely produce practice-relevant results. Creating such research seems daunting at times because the training, skills, and experience of therapeutic massage bodywork (TMB) practitioners can vary widely. Yet, properly designed, implemented, and recorded/measured, research based on clinical practice can have outcomes that TMB practitioners can readily translate into their practices.

This issue features research that focuses on the reality of practice. Boulanger et al. fill a much-needed gap in the outcome tools used to understand TMB research with their development of the Client Expectations of Massage Scale. As Boulanger and her team point out (in *The development and validation of the client expectations of massage scale*), it is known that client expectations have an effect generally on medical outcome. With the development of such a scale, TMB researchers will have a tool that can help them to understand how patient expectations are affecting the outcomes of their TMB research. R.C. Avery's case study (*Massage therapy for cervical degenerative disc disease: alleviating a pain in the neck?*) is a prime example of applied clinical reasoning and process. It is through such published case studies that we can learn where significant possibilities for treatment lie, and learn more about specific treatment approaches and their outcomes. Even if documenting such work does not result in further research, it is still valuable for increasing the shared body of knowledge that can be drawn upon for clinical treatment development. Finally, the work of Sefton et al. highlights how a single project can lead to two very specific areas of outcome interest. The first paper (*Massage therapy produces short-term improvement in balance, neurological and cardiovascular measures in older persons*) shows that massage therapy treatments have a very specific defined effect comparing pre- and post-treatment balance, neurological and cardiovascular measures. Often, research of short-term (immediate to a few days) therapeutic massage is reported, while continual treatment and longer term effects are not explored. Here, in paper two from the project (*Six weeks of massage therapy produces changes in balance, neurological and cardiovascular measures in older persons*), Sefton and colleagues document the effects of a clinically normal continuation of treatment for six weeks, and for an additional week after treatment ends. The result, that by week seven treatment has effected stable, measurable change (increased postural stability in the treatment population relative to controls), is both very relevant to a large population of clients, and also is reflective of the kinds of outcomes that TMB practitioners expect to see in their clients generally. It thus is an excellent example of clinically reflective, relevant research that, because of the careful and full descriptions of the treatment protocol, can be directly applied by TMB practitioners to practice when appropriate.

What is of interest here is not that these are all practitioner-driven, practice-useful articles. It is that they all show that practice-based and practice-relevant research is clearly possible. The caution regarding this type of research is that it may not produce outcomes that are as "clean" or "controlled" as in classic trial designs, creating limitations such as low internal validity. Classic designs of high control allow for better isolation of cause–effect relationships, and may be effectively used to test some treatments, as well as isolate aspects of how TMB works, but the results can be more difficult to apply clinically. Part of the difficulty designing effective TMB research is that not enough is understood about the importance of nontreatment factors of TMB practice on clinical

outcomes[2], such as the treatment environment, practitioner training and experience, therapist–patient relationship, and patient factors such as expectation (this last of which will hopefully change with application of the scale by Boulanger et al.). Understanding these is needed to create effective research. It will be interesting to look back in a few years and see what types of research have been undertaken, and which have most impacted the practice and professionalization of TMB.

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