Supplement 1

Codebook

- Massage therapy definition
 - o Science of massage/Clinical massage
 - o Art of massage/Wholistic massage
 - o Massage as healthcare
 - Massage as part of service industry
 - Blending (art and science/clinical and wholistic)
 - o Massage in context
 - Treatment itself
 - Structural
 - Neuromuscular
 - Psychogenic/emotional
 - Blend of structural, neuromuscular, psychogenic/emotional
 - Missing pieces
 - Therapeutic relationship
 - Mechanisms
 - Assessment instruments
 - Competencies
 - Population/community health
 - Red flags
 - Electronic health records
- Framework for massage therapy practice
 - Apply definition
 - o Assessment
 - Referring to other healthcare practitioners
 - Critical thinking
 - Palpation
 - Biomedical testing (BP/Pulse/etc.)
 - Discussion
 - Improving assessment skills
 - "Meeting client where they are at"
 - Mastery of assessment
 - Intuitive in nature
 - Learned skill
 - Tracking change
 - Re-assessment
 - Able to identify contraindication/red flags
 - Safety
 - o Treatment
 - Health education

- Coping with stress
- Problem-focused
- Body awareness
- Lifestyle education
- Client engagement
- Self-care
 - Movement education
 - Breathing exercises
- Exercise
- Nutrition
- o Essential elements

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- Create a healing environment
 - Caring
 - Listening

- Nurturing ٠
- Attention •
- Time
- Patient choice
- Communication
- Professional image in health care .
- Outcomes 0
 - Patient satisfaction
 - Influenced by

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- Therapeutic relationship ٠
 - o Attachment
 - Therapist education
 - 0 Experiential learning
- Environment/context •
- 0 Plan of care
 - No attachment to outcomes
 - • Client centered/Client goals
 - . Scope of practice
 - Documentation
 - Need for reporting guidelines
 - Need for protocol
- Effects of massage therapy •
 - Positive effects 0
 - Amelioration of anxiety
 - Amelioration of depression
 - Decrease stress
 - Decrease pain
 - Improve sleep
 - . Increase self-efficacy
 - . Coping
 - Relaxation
 - Entrainment
 - Improved quality of life
 - Negative effects 0
 - Massage assumptions
 - Risk of harm
 - Adverse events
 - Contraindication and safety
- Stress

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- Definition 0
 - Mechanical stress
 - . Psychosocial stress
 - . Stress conditions
 - ٠ Anxiety
 - Depression •
 - High blood pressure •
 - Stress
 - Back pain •
 - Sleep
 - Breathing problems
 - Symptoms of stress
 - Effect of stress
 - Reaction to stress
- Causes 0
- Assessment 0

- Client centered self-assessment
 - What do they feel physically
 - What do they feel emotionally
 - Therapist assessment
 - Visual assessment
 - Palpation
 - Clinical impression
 - Potential assessment questions
 - Pre/post assessment
- Measurement

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- Re-assessment
- o Treatment
 - Meet client where they are "at"
 - Pacing
 - Leading
 - Goals of treatment for stress
 - Parameters of care
 - Client-centered
- Health education
 - Stress management
 - Education about self-care
 - Coping
 - Problem-focused coping
 - Emotion-focused coping
 - Awareness/body awareness
- Essential elements

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- Contraindications/Client safety
 - Red flags
- Referring out
- Outcomes
 - Stress reduction
 - Calming
 - Relaxation response
 - Body awareness
 - Improved breathing
 - Negative aspects
 - Enabling
- Plan of care
 - Stress reduction
- Low back pain
 - Definition
 - Causes
 - Visceral
 - Mechanical
 - Emotional/psychogenic
 - Postural
 - Anatomical
 - Structural
 - Unstable SI
 - Assessment
 - Experience
 - Client stage
 - Range of motion
 - Postural assessment
 - Health history

- Need for standardized system of assessment
- Evaluation of constant change
- The client's emotional state
- Specific vs. non-specific low back pain
- Screening process
- Measures
- When to refer
- Risks of harm
- o Treatment
 - Techniques used
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 - Alexander technique
 - Myofascial release
 - Joint mobilization
 - Osteopathic techniques
 - Indirect approach
 - Lymphatic work
 - Relaxation work
 - Treatment adaptations
 - Bolstering
 - Working with whole body
 - Safety
 - Health education

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- Exercise
 - Diet to reduce inflammation
 - Client education
- Self-care
- Clients holding on to dysfunction
- Essential elements
 - Inverse pain/intervention intensity relationship
 - Level of training leads to more specific intervention
 - Education needed
 - Research needed
 - Causes that should be excluded from massage and LBP studies
 - Professional identity
 - Interdisciplinary work
 - Neuro-matrix and neuromodulation theory
- o Outcomes
 - Reduce medications
 - Reduce pain
 - Maintain mobility
 - Improve function
 - Reduce stress
- o Plan of care