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Massage Therapy Association of Manitoba Inc.  
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The Massage Therapy Association of Manitoba Inc. is a not for profit association which has been active in the province of Manitoba for 31 years. It is governed by a ten member Board of Directors elected by the membership. This membership is comprised of over 385 Massage Therapists who comply with its entrance standards of education, code of ethics, practice guidelines, complaint and discipline procedures, liability insurance and compulsory continuing education requirements. Each new MTAM member is required to complete a comprehensive two year program of study at a recognized college of massage therapy. Each college in Manitoba is accredited by the Provincial Government. The provinces of Newfoundland & Labrador, Nova Scotia, Ontario, British Columbia and Quebec regulate the profession of Massage Therapy. The MTAM has been pursuing legislation in Manitoba for several years and is an active participant in the review process leading to the establishment of a "Health Professions Act" in this province. The MTAM is a member of the Canadian Massage Therapy Alliance who collectively represents over 5000 professional Massage Therapists across Canada.

The main purpose in appearing here this evening is to begin a process of dialogue between massage therapists and the WCB – leading to recognition of the abilities of MTAM members to treat injured workers who have suffered soft tissue injuries and to provide cost savings to the treatment process – by returning workers to the workplace as quickly as possible after injury.

It is noted that other WCB organizations throughout North America and Canada recognize the value of professional massage therapy and include the profession in their treatment policy and plans. Naturally, it is the desire of the MTAM on behalf of its members to eventually retain that level of recognition here in Manitoba. We offer our expertise to work toward that goal.

#### Does Massage Therapy Work? Quebec

According to the Quebec Task Force (QTF)\*on Spinal Disorders, "massage is the most frequently used therapy for musculoskeletal problems, and is particularly useful in controlling pain." As Spitzer points out: "whereas muscle relaxants, anti-depressants, sedating drugs and many electro modalities such as TENS, electrical stimulation and ultrasound were not shown beneficial."

(\*QTF on Spinal Disorder, "Scientific Approach in the Assessment and Management of Activity Related Spinal Disorders. A monograph for Clinicians. Report of the QTF on Spinal Disorder. Spine 12, no.7 Supp@Sep.1987); sl-59)

## British Columbia

Statistics have shown that over 75% of medical Doctors regularly refer their patients to a Registered Massage Therapist – and they make these referrals because Massage Therapy is both accessible and effective in the treatment of their patient’s disorders. The number of referrals in 1998-99 increased by over 8% over the previous year, translating into over 200,000 referrals and 1.5 million medically necessary services.

Massage therapy services are covered by the Medical Services Plan, Insurance Corporation of British Columbia, Workers compensation Board, Department of Veterans Affairs and Extended Healthcare Plans. The BC government led the way in North America by recognizing that Massage Therapy treatments were medically necessary and should be publicly funded. In British Columbia, the scope of practice of Massage Therapy, as delivered by Registered Massage Therapists, is defined as: The assessment of soft tissue and joints of the body and the treatment and prevention of dysfunction, injury, pain and physical disorders of the soft tissues and joints by manual and physical methods to develop, maintain, rehabilitate or augment physical function to relieve pain and promote health. Over the past decade there has been a significant increase in demand for Massage Therapy in British Columbia. This rise in Massage Therapy use has been due to higher educational standard, studies proving the efficacy of Massage Therapy and an overall increase in public interest in treatment options other than the use of pharmaceuticals or surgery of musculoskeletal conditions and pain. Increasingly, scientific research supports the use of Massage Therapy as an effective approach in injury management and rehabilitation. Early active treatment intervention, following a soft-tissue injury, speeds the rate of recovery and the rate in which an individual returns to a normal level of functional activity. Statistics show that if an individual has not returned to work within 6 months following a soft-tissue injury, the likelihood of that individual ever returning to meaningful activity is only 50%. After one year this drops to 25% and after two years the likelihood is 0%.

## Comments on the Manitoba Act

### Workers Compensation Act – Definitions

“Occupational Disease” means a disease arising out of and in the course of employment and resulting from causes and conditions

- (a) peculiar to or characteristic of a particular trade or occupation; or
  - (b) peculiar to the particular employment
- but does not include
- (c) an ordinary disease of life; and
  - (d) stress, other than an acute reaction to a traumatic event;

The MTAM urges the Review Committee to recommend recognition of “Stress” as it relates to “soft tissue” injuries and “repetitive strain” situations. This would acknowledge advancements made in the treatment of these injuries particularly by Massage Therapists.

### Duty of Attending professionals

- 20 Every physician, hospital, nurse, dentist, chiropractor, podiatrist, optometrist, physiotherapist, psychologist, occupational therapist or osteopath attending or

consulting on an injury to a worker resulting from an accident in an industry within the scope of this Part shall

- (a) provide reports in respect of the injury in the form required by the Board; and
- (b) give reasonable and necessary information, advice and assistance to the injured worker and the dependents of the worker in making application for compensation, including any certificates and reports that may be required by the board, without charge to the worker or the dependents of the worker.

The MTAM urges the Review Panel to recommend the inclusion of Massage Therapists in this section of the Act to acknowledge this profession's level of education and depth of practical experience in treating lower back injuries, other soft tissue injuries and repetitive strain injuries often following referrals from Family Physicians and often in cooperative clinic environments together with Physiotherapists and Chiropractors.

#### Provision of Medical Aid

27(1) The Board may provide a worker with such medical aid as the board considers necessary to cure and provide relief from an injury resulting from an accident.

#### Fees for medical aid

27(11) The fees or charges payable for medical aid and medical reports

- (a) shall be fixed by the board; and
- (b) shall not be more than the board considers reasonable and proper for service rendered to a worker;

and no action lies for an amount larger than is fixed by the board.

#### Worker's personal physician

27(12) Without in any way limiting the power of the board under this section to supervise and provide medical aid in every case where the board is of the opinion that the exercise of that power is expedient, the board may permit medical aid to be administered, so far as the selection of a physician is concerned, by the physician who may be selected or employed by the injured worker or his employer, to the end that so far as possible any competent physician may be employed and be available to injured workers.

On a daily basis MTAM members receive prescriptions from Family Physicians who are referring their patients for treatment – these prescriptions are acceptable to third party insurers but are not permitted by WCB. Referrals have been steadily growing as acceptance treatments gain acceptance by the medical profession. These now represent a significant part of each Massage Therapist daily treatment schedule. The MTAM requests recognition of its partnership role with Family Physicians and particularly recognition of the profession in the treatment of injuries occurring in the workplace.

#### Treatment of chiropractor or osteopath

27(18) The board may permit treatment by any person who is a registered chiropractor under *The Chiropractic Act*.

The MTAM notes this historic reference to Chiropractors in the Act and urges the Review Committee to recommend the expansion of health practitioners that can treat WCB clients. Many Massage Therapists work directly with Chiropractors and Physiotherapists either as an employee in a clinic or in professional contract relationship which naturally sees the Massage Therapist conducting eh major portion of massages performed in any clinic. This team approach is the beginning of a trend which will not go away and has been readily accepted by the public include referrals and should be acknowledged by the WCB as a basis for future treatment of specific injures incurred by workers which are related to soft tissues.

#### Establishment of Policy Committee

- 51.1(2) The Board of Directors shall establish a policy committee composed of
- (a) the chairperson of the Board of Directors, who shall be chairperson of the committee;
  - (b) the chief executive officer;
  - (c) equal numbers of members of the Board of Directors representative of workers, employers and the public interest, none of whom shall be an appeal commissioner.

#### Functions of the Policy Committee

- 51.1(3) The policy committee shall develop policy for the consideration of the Board of Directors.

The MTAM urges the Review Committee to recommend that the WCB Policy Committee begin a comprehensive review process that would examine the establishment of policy permitting the treatment of injured workers by “Registered Massage Therapists” and the creation of practice guidelines for such treatment.

#### Selection of other members of medical review panel

- 67(11) Where the board desires, or is required, to refer a medical matter to a medical review panel, the board shall notify the claimant for compensation and the employer of the claimant at the time of the accident to the claimant, and each shall select,, to act on the panel, a physician
- (a) who is willing to act on the panel; and
  - (b) whose name is on a list provided by the College of Physicians and Surgeons of physicians specially skilled in the medical matter to be considered by the panel.

#### Failure of parties to select

67(12) If a person notified under subsection (11) fails to select a physician in accordance with that subsection , within 15 days after receiving the notification under that subsection, the board shall select, to act on the panel, a physician

- (a) who is willing to act on the panel; and
- (b) whose name is on a list provided by the College of Physicians and Surgeons of physicians specially skilled in the medical matter to be considered by the panel.

#### Ineligible Physicians

67(12.1) A physician shall not be selected to act, and shall not serve, on a medical review panel where the physician

- (a) has examined or treated the worker;
- (b) examines workers on behalf of the employer; or
- (c) has acted as a consultant in the treatment of the worker.

#### Board to select in certain cases

67(12.2) Where a worker is

- (a) self-employed;
- (b) a member of the family of the employer; or
- (c) a partner in, or a member of the firm that is the employer;

or where the employer ceases to carry on business in the industry in which the injury occurred, the board shall exercise the employer's choice under subsection (11) , as if it were the employer.

#### Provision of lists by College of Physicians and Surgeons

67(13) The College of Physicians and Surgeons shall, from time to time , as requested by the board or the minister provide the board with lists of physicians who are specially skilled in various medical matters identified by the board as matters that arise on application for compensation and who are willing to act on medical review panels.

#### Physician to assist claimants

67(14) The Minister may appoint a physician to assist claimants in dealing with the medical aspects of their claims and his remuneration shall be paid from and out of the accident fund.

#### Remuneration for members of panel

67(16) Each member of a panel may be paid, from the Accident Fund, such remuneration as may be approved by the board and any traveling or out-of-pocket expenses incurred by him in performing his duties on the panel.

The MTAM requests the Review Committee to recommend that Massage Therapists and other health practitioners become eligible to serve on health particularly in cases concerning “soft-tissue” injuries. This would enable their expertise to be available to these panels and the administration the WCB.

#### Research and Safety Programs

97.1(1) The board may conduct research and safety programs on accident prevention, safety in the workplace, and treatment of workplace injuries, and on scientific, medical or other issues relating to workers compensation, and for that purpose the board may make such expenditures from the accident fund as it considers necessary or expedient.

The MTAM notes that the WCB “Community Initiatives and Research Program” established in 1997 and the WCB Chairperson – Wally-Fox Decent is quoted as follows:

“We’re committed to changing people’s attitudes and behaviors when it comes to safety. The CIRP provide a an important instrument for our community partnerships towards reducing the pain and suffering of Manitoba’s injured workers and their families.” This program and other initiatives of WCB are built around the theme “Working with Our Partners to Build a Safer and Healthier Manitoba”.

#### Massage Therapy Promotes a Healthy Workplace

The MTAM notes that in 2003 this fund provided a grant of \$28,120 to Riverview Health Centre- “To evaluate whether access to onsite massage therapy prevents work related time loss injuries and promotes health, healing and a reduction of worker’s compensation costs.” This study has concluded and is under review by the MTAM.

The MTAM applauds the WCB for initiating this study and awaits an opportunity to consult with WCB staff concerning the results. The MTAM members are all about reducing pain and suffering for the population in general and are ready and willing to become part of the existing health practitioner teams serving injured workers.

The MTAM sees this study as acknowledgement of their member’s potential contribution toward the reduction of treatment costs.