

## Massage health survey results

Invitations to take the survey were e-mailed to 1,000 ABMP members, out of which 601 responded to the survey. The percentages shown in the tables are out of all 601 respondents except where noted. In some tables the percentages can add up to more than 100% because respondents were allowed to select more than one response. In other cases, the percentages may not total exactly 100% due to rounding.

### 1. How long have you been practicing massage?

Less than 1 year	0	0%
1 to 5 years	10	1.7%
5 to 10 years	205	34.1%
More than 10 years	383	63.7%
Still a student	3	0.5%

### 2. Have you received training (or information) on prevention of work-related injuries?

No	106	17.6%
Yes - massage school	371	61.7%
Yes - conferences	158	26.2%
Yes - other	155	25.8%

### 3. Where do you practice massage?

Self employed –at home	298	49.6%
Self employed –clinic	268	44.6%
Employed by;		
Health care facility	44	7.3%
Fitness facility	28	4.7%
Massage group practice	10	8.5%
Beauty salon or day spa	51	8.5%
Other	99	16.5%

### 4. On average, how many hours of hands-on massage do you do each week?

None (not practicing)	12	2.0%
1 to 10 hours per week	190	31.6%
11 to 20 hours per week	225	37.4%
21 to 30 hours per week	121	20.1%
31 to 40 hours per week	38	6.3%
40+ hours per week	14	2.3%
No answer	1	0.2%

### 5. On average, how much time is allowed between massages?

Less than 15 minutes	145	24.1%
15 to 30 minutes	283	47.1%
30 to 45 minutes	86	14.3%
More than 45 minutes	73	12.2%
No answer	14	2.3%

6. What single type of massage treatment do you most often practice?

Relaxation (including Swedish)	157	26.1%
Deep Tissue (including Rolfing, Soma, Zen, etc.)	147	24.5%
Clinical/Injury Treatment, Myofascial	91	15.1%
Pressure point work (including Trigger Point, Shiatsu, NMT)	74	12.3%
Trager	0	0.0%
Reflexology	10	1.7%
Craniosacral	9	1.5%
Reiki or other energy work	11	1.8%
Other	92	15.3%
No answer	4	0.6%

7. How would you rate your health in general?

Very good	298	49.6%
Good	233	38.8%
Average	58	9.7%
Poor	7	1.2%
Very Poor	1	0.2%
No answer	4	0.6%

8. Which of the following do you do regularly to protect your own health?

Stretching	434	72.2%
Practice proper body mechanics	425	70.7%
Receive massage	394	65.6%
Self-massage	338	56.2%
Strength building exercise	264	43.9%
Aerobic exercise	237	39.4%
Other	194	32.3%
No answer	1	0.2%

9. On average, how often do you receive massage?

More than once per month	209	34.8%
Once per month	168	28.0%
Once every 2-5 months	135	22.5%
Once every 6 months or more	85	14.1%
No answer	1	0.2%

10. Within the past two years have you had any of the following health conditions?

Arthritis	76	12.7%
Thyroid problems	49	8.2%
Diabetes	16	2.7%
Heart disease	8	1.3%
Gout	4	0.7%
Lupus	1	0.2%
Other	101	16.8%
None of the above	364	60.6%
No answer	39	6.5%

11. Do you smoke?

No	549	91.3%
Yes	49	8.2%
No answer	3	0.5%

12. Have you had any major accidents or injuries to the upper extremity, lower extremity, back or neck?

No	302	50.3%
Yes, injury to the:	282	46.9%
Neck	149	24.8%
Low Back	103	17.1%
Shoulder(s)	88	14.6%
Wrist(s)	62	10.3%
Upper Back	60	10.0%
Knee(s)	51	8.5%
Ankle(s)	45	7.5%
Thumb(s)	39	6.5%
Hip(s)	34	5.7%
Finger(s)	26	4.3%
Hand(s)	26	4.3%
Elbow(s)	23	3.8%
Forearm(s)	16	2.7%
Upper Arm(s)	10	1.7%
Other	44	7.3%
No answer	4	0.7%

13. In the last two years, have you experienced pain during or just after giving a massage?

No	205	34.1%
Yes	391	65.1%
No Answer	5	0.8%

If yes, in which part(s) of your body did you feel the pain?

		<b>391 "Yes"</b>	<b>All 601</b>
Thumb(s)	178	45.5%	29.6%
Wrist(s)	162	41.4%	27.0%
Shoulder(s)	153	39.1%	25.5%
Low Back	152	38.9%	25.3%
Neck	116	29.7%	19.3%
Hand(s)	111	28.4%	18.5%
Upper Back	96	24.6%	16.0%
Forearm(s)	92	23.5%	15.3%
Finger(s)	89	22.8%	14.8%
Elbow(s)	65	16.6%	10.8%
Hip(s)	52	13.3%	8.7%
Upper Arm(s)	24	6.1%	4.0%
Knee(s)	24	6.1%	4.0%
Other	16	4.1%	2.7%
Ankle(s)	6	1.5%	1.0%
No answer	5	1.3%	0.8%

14. In the last two years, have you ever experienced any of these other musculoskeletal symptoms during or just after giving a massage?

Discomfort	243	40.4%
Soreness	223	37.1%
Numbness or tingling	129	21.5%
Burning sensations	65	10.8%
Swelling	41	6.8%
Other	18	3.0%
Loss of function	16	2.7%
Changes in skin color	12	2.0%
No other symptoms	204	33.9%
No answer	1	0.2%

If yes to any of the above, in which part(s) of your body did you experience symptoms?

		<b>396 "Yes"</b>	<b>All 601</b>
Low Back	149	37.6%	24.8%
Shoulder(s)	146	36.9%	24.3%
Thumb(s)	136	34.3%	22.6%
Neck	126	31.8%	21.0%
Hand(s)	124	31.3%	20.6%
Wrist(s)	116	29.3%	19.3%
Upper Back	105	26.5%	17.5%
Finger(s)	90	22.7%	15.0%
Forearm(s)	74	18.7%	12.3%
Elbow(s)	53	12.6%	8.8%
Hip(s)	37	9.3%	6.2%
Upper Arm(s)	33	8.3%	5.5%
Knee(s)	20	5.1%	3.3%
Other	19	4.8%	3.2%
Ankle(s)	6	1.5%	1.0%

**(% OF 601)**

Answered 'No' to questions 13 and 14 (i.e., reported no symptoms related to massage work)	136	22.6%
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**465 respondents experienced symptoms (77.4%)**

15. How long did your symptoms last? **(% of 465)**

1-7 days	319	68.6%
7-14 days	22	4.7%
2 weeks to 1 month	24	5.2%
1 month to 6 months	37	8.0%
More than 6 months	39	8.4%
No answer	24	5.2%

16. As a result of these symptoms, did you seek medical treatment?  
**(% of 465)**

No	148	31.8%
Yes	298	64.1%
No answer	19	4.1%

17. If yes, which medical professional(s) did you see?  
**(% of 465)**

Massage Therapist	238	79.9%
Chiropractor	204	68.5%
Acupuncturist	89	29.9%
Physician	55	18.5%
Physical Therapist	43	14.4%
Other	34	11.4%
Naturopath	16	5.4%
Osteopath	15	5.0%
Occupational Therapist	6	2.0%

18. Were you diagnosed with any of the following conditions?\*

**(% of 465) (% of 601)**

Overuse Syndrome	60	12.9%	10.0%
Tendonitis or Tenosynovitis	52	11.2%	8.7%
Low back strain	46	9.9%	7.7%
Neck/Upper Back Strain	45	9.7%	7.5%
Sciatica	23	4.9%	3.8%
Carpal Tunnel Syndrome	22	4.7%	3.7%
Rotator Cuff Tear/Tendonitis	11	2.4%	1.8%
Thoracic Outlet Syndrome	9	1.9%	1.5%
Epicondylitis	7	1.5%	1.2%
Shoulder Bursitis	6	1.3%	1.0%
Other	33	7.1%	5.5%

\* Some respondents reported a diagnosed condition, but did not report seeking treatment from a healthcare professional whose scope of practice includes diagnosis. The results in this table exclude reported conditions for respondents who did not report seeing a physician, chiropractor, osteopath, or other professional allowed to diagnose.

19. Which of the following activities, if any, do you believe contributed to your injury?  
**(% of 465)**

Applying pressure	218	46.9%
Giving massage	176	37.9%
Standing for long periods of time	96	20.7%
Other non-work related	96	20.7%
Positioning or holding client's limbs or head	88	18.9%
A particular massage technique	65	14.0%
Working at the computer	58	12.5%
Lifting or carrying portable massage table or other equipment	50	10.8%
Other work related	32	6.9%
Sitting for long periods of time	10	2.2%

20. Do any of the following activities in your practice make your symptoms worse?  
**(% of 465)**

Applying pressure	153	32.9%
Standing for long periods of time	90	19.4%
Giving massage	84	18.1%
Positioning or holding client's limbs or head	69	14.8%
Lifting or carrying portable massage table or other equipment	62	13.3%
A particular massage technique	59	12.7%
Working at the computer	53	11.4%
Sitting for long periods of time	25	5.4%
Other	40	8.6%

21. Have you ever had pain or other symptoms that changed the way you practice massage work for any length of time? **(% of 465)**

No	192	41.3%
Yes	260	55.9%
No answer	13	2.8%

If yes, which of the following did you change? **(% of 260)**

Change massage techniques	181	69.6%
Do fewer massages	116	44.6%
Stop for a period of time	55	21.2%
Change careers	6	2.3%
Other	54	20.8%

22. Have you ever considered giving up massage as a profession because of symptoms or risk of injury? **(% of 465) (% of 601)**

No	348	74.8%	
Yes	105	22.5%	17.5%
No answer	12	2.6%	

23. What was the final outcome of your symptoms?

My symptoms are: **(% out of 465)**

High level and frequent	18	3.9%
High level and infrequent	13	2.8%
Low level and frequent	99	21.3%
Low level and infrequent	271	58.3%
Completely resolved – no more symptoms	52	11.2%
No answer	12	2.6%

## Demographic Information

24. Age: Average 50

Range: 24-83

(% out of 601)

20-29	6	1.0%
30-39	82	13.6%
40-49	198	33.0%
50-59	242	40.3%
60-69	66	11.0%
70-79	3	0.5%
80-89	3	0.5%
No answer	1	0.2%

25. Gender

Female	471	78.4%
Male	127	21.1%
No answer	3	0.5%

26. Do you regularly participate in any other hand-intensive activities besides massage (typing on a computer, gardening, playing an instrument, handcrafts, etc.)

No	183	30.4%
Yes	414	68.9%
No answer	4	0.7%