

Preconceptions and prejudices

There was a time when it was possible to be certain as to what a particular manual therapist or practitioner would offer in treatment terms. The following are some of the stereotypes which I believe are still current in many people's minds.

- Physical therapists (PTs) seldom touch their patients but busy themselves with exercise routines and machines
- Chiropractors spend less than 5 minutes with patients and after careful assessment utilizing X-ray film manipulate with little or no attention to soft tissue status
- Osteopaths (in the USA) seldom use manipulative methods and have minimal training in these disciplines – and are in effect 'little MDs'
- Massage therapists have a very poor understanding of the human body and how it works, and are poorly trained.

What is the truth?

Many PTs today have a phenomenal degree of skill in a wide range of manual therapies – and some (Australian-trained ones in particular) incorporate almost all the techniques utilized by osteopathic and chiropractic practitioners. This profession seems to have shed its 'machine minder' image and to have begun to make up for lost time by acquiring soft tissue and joint mobilizing skills which they have added to their repertoire of rehabilitation approaches for the normalization of somatic dysfunction.

The modern chiropractor, in the USA as well as in the UK, Europe and Australia, has 're-discovered' the soft tissues. Many now incorporate 'soft tissue manipulation' into their work, or employ

therapists to do so in an integrated manner. Chiropractic rehabilitation methodology – a fast-growing segment of mainstream chiropractic – now has most of the attributes (and methods) employed by PTs as well as its own distinctive approach. A large degree of credit for these changes needs to be given to the dedicated research and teaching of *JBMT* Associate Editor, Craig Liebenson, whose superb text *Rehabilitation of the Spine* (Williams and Wilkins 1996) epitomizes the direction modern chiropractic is taking. Osteopathy outside the USA has always been focused around manipulation – osseous and soft tissue – in its efforts to deal with somatic dysfunction, whereas in the USA there are indeed many osteopaths (DOs) who do not practise manipulative medicine. However, those that do are amongst the most skilful and innovative to be found anywhere. It is out of osteopathic medicine that 'positional release methodology' and muscle energy techniques have evolved, and modern craniosacral therapy is a direct descendant of cranial osteopathy. The Academy of Applied Osteopathy in the USA remains a fountainhead of information and skill development for all those – of whatever profession – who value manipulative methodology.

Massage therapists to be frank have had a bad press, and have struggled long and hard to shed the negative image which has clung to their profession. With the evolution in the USA of the National Certification Board for Therapeutic Massage and Bodywork (NCBTMB) and schools which are increasingly modelling themselves on the superb Canadian standard (over 2000 hours of training), there now exists a cohort of massage therapists with knowledge and skills to match the best in bodywork. However this is not yet by any means the norm, and as a

profession the raising of standards of training remains massage therapy's greatest need.

Readers of *JBMT* will recognize the degree of sophisticated assessment and methodology described in some of the 'Clinical Perspective' series papers, where, for example, neuromuscular therapy has been incorporated. This is a major part of modern massage therapy and shows the leap that has been made over the past 20 years or so thanks to the teaching endeavours of skilled professionals such as *JBMT* Associate Editors Judith Walker DeLany and Benny Vaughn and Editorial Advisory Board members Sandy Fritz and Kathy Paholsky (whose text *Fundamentals of Therapeutic Massage* [Mosby 1995] shows just how far massage therapy has come), Iris Burman, Robert King, Whitney Lowe and many others.

The same positive surge towards greater excellence is apparent in all segments of bodywork – among Rolfers and Heller workers, amongst yoga therapists, Feldenkrais and Alexander instructors and all those involved in the sports arena – such as athletics trainers and others.

Practitioners of manual medicine – which stretches all the way from solo massage therapists to orthopaedic surgeons – have identical objectives and increasingly very similar methods, to the extent that it is now difficult when watching a PT, DO or chiropractor (DC) working to know which profession they belong to.

One of the major objectives of *JBMT* is further to demolish the barriers between all these 'bodywork and movement' professions.

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Editor