

# KEY POINTS STATEMENT > SAVE SHIATSU REBATES

On 13 October the Federal Government announced intended changes to the private health funds rebate system that remove rebates for 16 natural therapies, including shiatsu.

The decision was based on recommendations from a highly flawed 2015 government health review\*, and a report\*\* that informed that review.

We believe the review:

- denigrates the standing of shiatsu as a therapy to potential clients
- threatens the livelihood of more than 25,000 small business natural therapy practitioners nationwide, and registered training organisations
- disrespects the 55% of Australians who use complementary therapies
- overestimates the value of less than 1% savings for health funds — the rebate paid for the 16 therapies is only a small fraction of the overall rebate budget
- ignores government responsibility to fund research into complementary therapies
- disregards experience and testimonials of shiatsu practitioners and clients who have benefitted from shiatsu in Australia for more than 40 years.

## Outcomes

The decision to cut natural therapy rebates:

- denies Australians the right to choose treatment options (as at January 2018, 72,500 voters have signed the **Your health Your choice** petition)
- imposes higher treatment costs for people who pay private health insurance
- ignores the long-term effect of demoting preventative treatments
- puts more pressure on an overburdened hospital system
- removes a key incentive for practitioners to comply with professional requirements currently audited by health funds/associations.

\* *The Review of the Australian Government Rebate on Private Health Insurance for Natural Therapies*

\*\* *An overview of the effectiveness of shiatsu for any clinical condition in humans* by KP Health

## The review's flaws

The review was grossly inadequate and narrow in its scope disqualifying research studies not written in English and not conducted between 2008 and 2012. The review:

- ignored STAA's feedback on the preliminary report
- incorrectly stated that shiatsu is distinct from TCM
- incorrectly concluded that acupuncture is not a core component of shiatsu
- excluded all published data on the safety, risks and cost effectiveness of shiatsu
- ignored academic best practice that recommends the inclusion of other research alongside randomised controlled trials to evaluate complex interventions such as shiatsu therapy.

## Remedial massage remains, links to shiatsu denied

Inexplicably shiatsu was removed but remedial massage was retained as an approved therapy.

The review itself described trigger point therapy in remedial massage as being similar to shiatsu or acupuncture.

This statement not only links shiatsu to acupuncture but also to massage therapy. But the government's position is that these links do not exist and uses it to justify the cut.

Research studies and the Australian Government approved training package state that shiatsu IS similar to acupuncture, massage and uses both TCM and anatomy and physiology.

## What do we want

- Shiatsu to remain rebateable — health consumers to have choice
- Inquiry into the bias and flaws of the review.
- More research funding



## Evidence for shiatsu

There is evidence that shiatsu is both safe and effective.

Shiatsu originates from Japan and has a consistent history of evidence that dates back to the 1960s. It is an acupressure therapy which the World Health Organization recognises as founded in Traditional Chinese Medicine and yet the Federal Government denies this link.

Research includes:

- A 2013 pilot study<sup>2</sup> into the management of fibromyalgia symptoms showed 'the potential of Shiatsu in the improvement of pain intensity, pressure pain threshold, sleep quality, and symptoms impact on health of patients with fibromyalgia. The proposed Shiatsu treatment protocol was feasible and well accepted by the patients.'
- A 2001 study<sup>1</sup> of 66 individuals with lower back pain found 'Both pain and anxiety decreased significantly over time...These subjects would recommend shiatsu massage for others suffering from lower back pain'.
- A 2011 systematic review<sup>3</sup> stated that 'Shiatsu, similar to acupressure, uses finger pressure, manipulations and stretches, along Traditional Chinese Medicine meridians... Shiatsu practitioners are trained in the anatomical location, functions and uses of over 150 pressure points on the body. Evidence for the efficacy of acupressure may therefore potentially support claims about the efficacy of Shiatsu.'

More research can be viewed on the STAA website: <https://www.staa.org.au/research>

1. LH Brady, K Henry, JF Luth, KK Casper-Bruett, 2001, *The effects of shiatsu on lower back pain* J Holist Nurs 19(1): 57-70
2. Susan LK Yuan MSc, Ana A Berssaneti PhD, Amelia P Marques PhD, *Effects of Shiatsu in the Management of Fibromyalgia Symptoms: A Controlled Pilot Study* Journal of Manipulative and Physiological Therapeutics, Vol. 36, Issue 7, September 2013, pp 436-443
3. N Robinson, A Lorenc, X Liao, 2011 *The evidence for Shiatsu: a systematic review of Shiatsu and acupressure* BMC Complement Altern Med 11:88

## About shiatsu

Shiatsu is a massage which uses finger pressure on energy meridians similar to acupuncture but is non-invasive.

Shiatsu is a holistic dynamic body therapy originating from Japan. It is a recognised therapeutic system of the Traditional Medicine in the Western Pacific Region (TRM).

Shiatsu can be translated as 'finger pressure' (*shi* - finger and *atsu* - pressure), and is pronounced shee-at-soo.

## About STAA

The Shiatsu Therapy Association of Australia (STAA) is the peak association for shiatsu in Australia.

STAA was formed in June 1987 to ensure a high standard of education and practice. STAA recognises that these standards are essential for the safe integration of shiatsu into the Australian healthcare system.

The current qualification for new full practising members of STAA is a Diploma of Shiatsu and Oriental Therapies (HLT52215) from a registered training organisation. The study of Western anatomy and physiology and a minimum of 200 hours supervised clinical practice are compulsory.



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