APPENDIX A. SEARCH STRATEGIES

PubMed
7/10/2018 – 12/31/2022; English Language
massag*[tiab] OR shiatsu[tiab] OR "myofascial"[tiab] OR acupressure*[tiab] OR Massage[Mesh] OR Acupressure[Mesh] OR "Myofascial Release Therapy"[Mesh]
AND
(systematic*[tiab] AND review[tiab]) OR "systematic overview*"[tiab] OR "Cochrane review*"[tiab] OR "systemic review*"[tiab] OR meta-analy*[tiab] OR metaanaly*[tiab] OR "meta analysis"[tiab] OR meta-review[tiab] OR meta-synthesis[tiab] OR "meta synthesis"[tiab] OR metasynthesis[tiab] OR "quantitative review"[tiab] OR "quantitative synthesis"[tiab] OR meta-analy*[tiab] OR (meta-analytic*[tiab] AND review[tiab]) OR meta-analysis[pt] OR "systematic review"[pt] OR “systematic review*”[tiab]
Results: **709**

CINAHL
07/2018 – 12/2023; English; Academic Journals

((TI massag* OR AB massag*) OR (TI shiatsu OR AB shiatsu) OR (TI myofascial OR AB myofascial) OR (TI acupressure* OR AB acupressure*) OR (MH "Massage+") OR (MH Acupressure+) OR (MH "Myofascial Release"))

AND

((TI systematic* OR AB systematic*) AND (TI review OR AB review)) OR (TI "systematic overview*" OR AB "systematic overview*") OR (TI "Cochrane review*" OR AB "Cochrane review*") OR (TI "systemic review*" OR AB "systemic review*") OR (TI meta-analy* OR AB meta-analy*) OR (TI metaanaly* OR AB metaanaly*) OR (TI "meta analysis" OR AB "meta analysis") OR (TI meta-review OR AB meta-review) OR (TI meta-synthesis OR AB meta-synthesis) OR (TI "meta synthesis" OR AB "meta synthesis") OR (TI metasynthesis OR AB metasynthesis) OR (TI "quantitative review" OR AB "quantitative review") OR (TI "quantitative synthesis" OR AB "quantitative synthesis") OR ((TI meta-analytic* OR AB meta-analytic*) AND (TI review OR AB review)) OR (TI "systematic review*" OR AB "systematic review*") OR (MH "Systematic Review")

Results: **555**

Cochrane Database of Systematic Reviews

Filters: 07/2018 – 12/2023; Excluding Trials

((massag* OR shiatsu OR myofascial OR acupressure*):ti,ab OR [mh Massage] OR [mh Acupressure] OR [mh "Myofascial Release Therapy"])

Results: **36**

Web of Science

Filters: 2018-2023; English

(TS=massag* OR TS=shiatsu OR TS=myofascial OR TS=acupressure*)

AND

((TI=systematic* OR AB=systematic*) AND (TI=review OR AB=review)) OR (TI="systematic overview*" OR AB="systematic overview*") OR (TI="Cochrane review*" OR AB="Cochrane review*") OR (TI="systemic review*" OR AB="systemic review*") OR (TI=meta-analy* OR AB=meta-analy*) OR (TI=metaanaly* OR AB=metaanaly*) OR (TI="meta analysis" OR AB="meta analysis") OR (TI=meta-review OR AB=meta-review) OR (TI=meta-synthesis OR AB=meta-synthesis) OR (TI="meta synthesis" OR AB="meta synthesis") OR (TI=metasynthesis OR AB=metasynthesis) OR (TI="quantitative review" OR AB="quantitative review") OR (TI="quantitative synthesis" OR AB="quantitative synthesis") OR ((TI=meta-analytic* OR AB=meta-analytic*) AND (TI=review OR AB=review)) OR (TI="systematic review*" OR AB="systematic review*")

Results: **960**

AMED

Filters: 07/2018 – 12/2022; English; Academic Journals

((TI massag* OR AB massag*) OR (TI shiatsu OR AB shiatsu) OR (TI myofascial OR AB myofascial) OR (TI acupressure* OR AB acupressure*) OR (DE "MASSAGE") OR (DE "ACUPRESSURE"))

AND

((TI systematic* OR AB systematic*) AND (TI review OR AB review)) OR (TI "systematic overview*" OR AB "systematic overview*") OR (TI "Cochrane review*" OR AB "Cochrane review*") OR (TI "systemic review*" OR AB "systemic review*") OR (TI meta-analy* OR AB meta-analy*) OR (TI metaanaly* OR AB metaanaly*) OR (TI "meta analysis" OR AB "meta analysis") OR (TI meta-review OR AB meta-review) OR (TI meta-synthesis OR AB meta-

synthesis) OR (TI "meta synthesis" OR AB "meta synthesis") OR (TI metasynthesis OR AB metasynthesis) OR (TI "quantitative review" OR AB "quantitative review") OR (TI "quantitative synthesis" OR AB "quantitative synthesis") OR ((TI meta-analytic* OR AB meta-analytic*) AND (TI review OR AB review)) OR (TI "systematic review*" OR AB "systematic review*")

Results: **960**

APPENDIX B. EXCLUDED STUDIES

Only One Primary Study About Interventions of Interest, *N = 11*

1. Anderson, L., et al., Effectiveness of breast massage for the treatment of women with breastfeeding problems: a systematic review. JBI Database System Rev Implement Rep, 2019. 17(8): p. 1668-1694.
2. Asquini, G., et al., Effectiveness of manual therapy applied to craniomandibular structures in temporomandibular disorders: A systematic review. Journal of Oral Rehabilitation, 2022. 49(4): p. 442-455.
3. Crepinsek, M.A., et al., Interventions for preventing mastitis after childbirth. Cochrane Database Syst Rev, 2020. 9(9): p. Cd007239.
4. Fan, Z., et al., The effectiveness and safety of Tuina for tension-type headache: A systematic review and meta-analysis. Complementary Therapies in Clinical Practice, 2021. 43: p. N.PAG-N.PAG.
5. Franco, J.V.A., et al., Non-pharmacological interventions for treating chronic prostatitis/chronic pelvic pain syndrome: a Cochrane systematic review. BJU Int, 2019. 124(2): p. 197-208.
6. Hadoush, H., et al., Effectiveness of non-pharmacological rehabilitation interventions in pain management in patients with multiple sclerosis: Systematic review and meta-analysis. NeuroRehabilitation, 2022. 50(4): p. 347-365.
7. Huisstede, B.M., et al., Carpal Tunnel Syndrome: Effectiveness of Physical Therapy and Electrophysical Modalities. An Updated Systematic Review of Randomized Controlled Trials. Arch Phys Med Rehabil, 2018. 99(8): p. 1623-1634.e23.
8. Juncker, R.B., F.M. Mirza, and J.J. Gagnier, Reduction in opioid use with perioperative non-pharmacologic analgesia in total knee arthroplasty and ACL reconstruction: a systematic review. Sicot j, 2021. 7: p. 63.
9. López-Liria, R., et al., Efficacy of Physiotherapy Treatment in Primary Dysmenorrhea: A Systematic Review and Meta-Analysis. Int J Environ Res Public Health, 2021. 18(15).
10. Schulze, N.B., et al., Efficacy of Manual Therapy on Pain, Impact of Disease, and Quality of Life in the Treatment of Fibromyalgia: A Systematic Review. Pain Physician, 2020. 23(5): p. 461-476.
11. Zakarija-Grkovic, I. and F. Stewart, Treatments for breast engorgement during lactation. Cochrane Database Syst Rev, 2020. 9(9): p. Cd006946.

Unable to Distinguish Effect for Massage Therapy from Other Included Interventions, *N* = 5

1. Denneny, D., et al., Trigger Point Manual Therapy for the Treatment of Chronic Noncancer Pain in Adults: A Systematic Review and Meta-analysis. Archives of Physical Medicine and Rehabilitation, 2019. 100(3): p. 562-577.
2. Jung, A., et al., Effectiveness of physiotherapy interventions on headache intensity, frequency, duration and quality of life of patients with tension-type headache. A systematic review and network meta-analysis. Cephalalgia, 2022. 42(9): p. 944-965.
3. Kamonseki, D.H., et al., Effectiveness of manual therapy in patients with tension-type headache. A systematic review and meta-analysis. Disability and Rehabilitation, 2022. 44(10): p. 1780-1789.

4. Qin, D., et al., Acupuncture and related techniques for postoperative pain after hemorrhoidectomy: A systematic review and network meta-analysis. Eur J Integr Med, 2020. 37.
5. Wu, Q., J. Zhao, and W. Guo, Efficacy of massage therapy in improving outcomes in knee osteoarthritis: A systematic review and meta-analysis. Complement Ther Clin Pract, 2022. 46: p. 101522.

Not an Intervention of Interest, *N = 3*

1. Effects of Myofascial Manipulative Therapies in Chronic Pelvic Pain Syndromes: A Systematic Review and Meta-Analysis. Journal of Bodywork & Movement Therapies, 2023. 33: p. e92-e92.
2. Dal Farra, F., et al., Effectiveness of Myofascial Manual Therapies in Chronic Pelvic Pain Syndrome: A Systematic Review and Meta-Analysis. Int Urogynecol J, 2022. 33(11): p. 2963-2976.
3. Fuentes-Márquez, P., I. Cabrera-Martos, and M.C. Valenza, Physiotherapy interventions for patients with chronic pelvic pain: A systematic review of the literature. Physiother Theory Pract, 2019. 35(12): p. 1131-1138.

Not a Comparison of Interest, *N = 2*

1. Lavazza, C., et al., Sham treatment effects in manual therapy trials on back pain patients: a systematic review and pairwise meta-analysis. BMJ Open, 2021. 11(5): p. e045106.
2. Mo, Z., et al., Comparisons of the Effectiveness and Safety of Tuina, Acupuncture, Traction, and Chinese Herbs for Lumbar Disc Herniation: A Systematic Review and Network Meta-Analysis. Evidence-based Complementary & Alternative Medicine (eCAM), 2019: p. 1-10.

Review Meeting Eligibility Criteria but Not Included in Evidence Map in Favor of a Better Review, *N = 1*

1. Chen, Z., et al., The effects of myofascial release technique for patients with low back pain: A systematic review and meta-analysis. Complement Ther Med, 2021. 59: p. 102737.

Self-Delivered Therapy, *N = 1*

1. Cao, X., et al., PFMT relevant strategies to prevent perineal trauma: a systematic review and network meta-analysis. Arch Gynecol Obstet, 2022.

APPENDIX C. EVIDENCE TABLE

Author, Year Country	Condition	Type of Massage Therapy Comparator # of Included Primary Studies About Massage Therapy (New Studies Published Since 2018)	Certainty of Evidence Rating	Certainty of Evidence Conclusion
He, 2020[16] China, Australia	Cancer-related pain	Auricular acupressure Active therapy/usual care/control 2 (0)	Low or Very Low	Compared to active therapy, auricular acupressure was associated with reduced pain intensity.
Mai, 2022[25] Iran, China	Cancer-related pain	Acupressure Active therapy/usual care/control 23 (13)	Low or Very Low	Compared to usual care, acupressure demonstrated a reduction in pain intensity.
Wu, 2021[23] China	Chronic low back pain	Myofascial release Mixed with subgroups 8 (4)	Moderate	Compared to sham or active therapy, myofascial release significantly improved pain in patients with chronic low back pain.
Yang, 2023[28] China, Korea, USA	Chronic back pain	Tuina Active therapy/usual care/control 12 (7)	Low or Very Low	Compared to active therapy, Tuina might be an effective and safe strategy for treating chronic low back pain in terms of pain.
Skelly, 2020[27] USA	Chronic low back pain	Massage therapy Mixed with no subgroups 5 (0)	Moderate	Compared to sham and active therapy/usual care, massage therapy was associated with small, short-term improvements in pain.
		Massage therapy Mixed with no subgroups 3 (0)	Low or Very Low	Compared to sham and active therapy/usual care, massage therapy has no difference in intermediate-term improvements in pain.
	Chronic neck pain	Massage therapy Active therapy/usual care/control 3 (0)	Low or Very Low	Compared with attention or waitlist control, massage therapy was associated with a small to moderate improvement in short-term pain.
Ughreja, 2021[18] India	Fibromyalgia	Myofascial release Mixed with subgroups 2 (0)	Moderate	Compared to sham or active therapy, myofascial release has effect on pain.

Author, Year Country	Condition	Type of Massage Therapy Comparator # of Included Primary Studies About Massage Therapy (New Studies Published Since 2018)	Certainty of Evidence Rating	Certainty of Evidence Conclusion
Li, 2021[26] China	Low back pain	Acupressure Active therapy/usual care/control 3 (0)	Moderate	Compared to active therapy (physical therapy), there was evidence of pain relief using acupressure for low back pain.
		Acupressure Active therapy/usual care/control 13 (5)	Low or Very Low	Compared to active therapy or usual care, acupressure could provide clinical benefits to low back pain conditions and had a significant short-term response rate in low back pain management.
Guo, 2023[20] China	Mechanical neck pain	Myofascial release Active therapy/usual care/control 9 (7)	Low or Very Low	Compared to active therapy, myofascial release had no significant difference between MFR and conventional intervention for mechanical neck pain.
Guzmán Pavón, 2022[21] Spain, Chile, Paraguay	Myofascial pain	Massage therapy Mixed no subgroups 8 (3)	Moderate	Compared with no treatment, placebo, and active therapies, massage therapy had a greater effect on pain.
Candy, 2020[13] England	Palliative care needs	Reflexology Active therapy/usual care/control 3 (1)	Low or Very Low	Compared to active control, there was some evidence that reflexology reduced pain.
		Massage therapy Active therapy/usual care/control 5 (0)	Low or Very Low	Compared to active therapy, evidence on the effectiveness of massage therapy in reducing pain was inconclusive.
Guimarães, 2022[12] Brazil	Plantar fasciitis	Myofascial release Active therapy/usual care/control 4 (2)	Low or Very Low	Compared to the control in the short-term, there is low certainty of evidence of myofascial release resulting in effective treatment for pain.
Kannan, 2022[17] China	Post-breast cancer surgery	Myofascial release Sham/placebo 2 (1)	Moderate	Compared to placebo, there were positive treatment effects for myofascial release on pain.

Author, Year Country	Condition	Type of Massage Therapy Comparator # of Included Primary Studies About Massage Therapy (New Studies Published Since 2018)	Certainty of Evidence Rating	Certainty of Evidence Conclusion
Zimpel, 2020[24] Brazil	Post-caesarean pain	Massage therapy Active therapy/usual care/control 9 (2)	Low or Very Low	Compared to active therapy, we are uncertain if hand and foot massage therapy plus analgesia has any effect on pain.
Chou, 2020[19] USA	Post-operative pain	Acupressure Sham/placebo 2 (0)	Low or Very Low	Compared to sham, acupressure is effective for post-operative pain.
		Massage therapy Active therapy/usual care/control 5 (2)	Low or Very Low	Compared to active therapy, massage therapy is effective for post-operative pain with decreased pain medication use at <1 week.
Smith, 2022[22] Australia	Post-partum pain	Massage therapy Active therapy/usual care/control 4 (1)	Low or Very Low	Compared to active or routine care, there was a reduction in pain from massage therapy following recovery from caesarean birth within 24 hours and at 7 days.
		Acupressure Mixed with subgroups 2 (1)	Low or Very Low	Compared to sham or routine care, acupressure studies found no improvement in pain.

APPENDIX D. PEER REVIEW DISPOSITION

Comment #	Reviewer #	Comment	Author Response
Are the objectives, scope, and methods for this review clearly described?			
1	1	Yes	Thank you.
2	2	Yes	Thank you.
3	3	Yes	Thank you.
4	4	Yes	Thank you.
5	5	Yes	Thank you.
6	7	Yes	Thank you.
7	8	Yes	Thank you.
8	9	Yes	Thank you.
Is there any indication of bias in our synthesis of the evidence?			
9	1	No	Thank you.
10	2	No	Thank you.
11	3	No	Thank you.
12	4	No	Thank you.
13	5	No	Thank you.
14	7	No	Thank you.
15	8	No	Thank you.
16	9	Yes - sample bias, although the author recognized that on their limitations. my recommendations were included. At least from my conclusion, i will say " The number of conclusions about the short-term effectiveness of massage that were judged to have at least moderate certainty of evidence is greater now that in 2018, but still small relative to the need. Also if you try to compare the previous review with the new one, using "benefit" instead of "potential benefit" in my opinion mislead the reader.	We have revised the wording based on your suggestions.

Comment #	Reviewer #	Comment	Author Response
Are there any published or unpublished studies that we may have overlooked?			
17	1	No	Thank you.
18	2	No	Thank you.
19	3	No	Thank you.
20	4	No	Thank you.
21	5	No	Thank you.
22	7	No	Thank you.
23	8	No	Thank you.
24	9	Yes - Synthesizing the Strength of the Evidence of Complementary and Integrative Health Therapy for Pain. Giannitrapani, etal. Pain Medicine, 0(0), 2019, 1-10. see my comments in the review. But, this is an article in a peer review journal with an Evidence map (including massage). The used the proper wording or "Evidence of a Potential Positive effect" or "Potential Benefit". The majority of the evidence suggested Massage has unclear or mixed effect. Only a small group of article confirmed your finding regarding "chronic back pain", "Chronic low back pain", "Myofascial pain".	Our search strategy was limited to publications that are systematic reviews. Since this publication is not a systematic review, it would not have been identified in our search.
Additional suggestions or comments can be provided below.			
25	1	Would it be possible to indicate the colors for the intervention in the key to the Evidence Map with some other shape rather than a circle. I found interpreting the map to be confusing with too many circles. Maybe a thin rectangle or some other shape.	We have updated the key.
26	1	On page 2 in the Executive Summary the word Results is there on line 17/18. Is the rest of the sentence missing or just an error? I would like to see a sentence in the Executive Summary describing the colors, shapes and size key. Something like "Color denotes intervention	This has been edited, thank you. We have added to sentence to the executive summary.

Comment #	Reviewer #	Comment	Author Response
		type, shape denotes type of comparator and size indicates the number of studies included in the review". Also listing an example would be helpful like in the text of the Evidence Report on page 14 line 6-15. If the reader is only reading the Executive Summary then the map is quite confusing without some additional explanation.	
27	1	I'm curious as to why the following reviews listed in Appendix B were not included in the analysis: Number 3 (chronic noncancer pain); 5 (Jung) & 6 (Kamonseki) for headache and 8 Wu et al regarding knee arthritis? Table lists this reason: "Not an Intervention of Interest". Page 8 line 6,7 says that "The operational partner selected only painful conditions to be included the evidence map" Does this mean that headaches, non-cancer pain and knee arthritis aren't painful conditions or was there another reason they were excluded? If there are other reasons then the table and text should be changed to reflect that.	This exclusion reason refers to the included interventions used for treatment of the respective conditions. These reviews did not separate the analysis of the effect of different treatments for a condition, which means we were unable to distinguish the effect for massage therapy from other included interventions. We have relabeled the exclusion reason for this group of publications to better describe the reason for exclusion.
28	1	Page 10, line 61 reads "See Appendix B for more details about the included reviews". I think you mean Appendix C.	This has been edited, thank you.
29	1	Page 13: Text says "message" instead of "massage" in three different spots, line 30, 32, 35.	This has been edited, thank you.
30	2	please consider using the term "massage therapy" consistently throughout the document, importantly here in this Executive Summary Key Findings	We have made edits to use the term “massage therapy” consistently throughout the document.
31	2	Suggest clarification here, if the "sham/placebo" control in some studies included hands on contact (touching) without soft-tissue manipulation, that could have some therapeutic benefit, yes; would also clarify what was meant as "active therapies" if there is	We added details in methods to clarify what “active therapies” could be.

Comment #	Reviewer #	Comment	Author Response
		detail (exercise?) meaning the patient performed the activities	
32	2	Not sure if you want to elaborate here that our VHA data being published showing benefits of these non-pharmacologic cares, such as Massage Therapy, has much broader implications for the health of the general US population, not only Veterans.	We have revised the introduction, thank you
33	2	Prefer we use VA definition of Massage Therapy: "Massage Therapy is the practice of manual assessment and manipulation of the superficial soft tissues of skin, muscle, tendon, ligament, fascia, and the structures that lie within the superficial tissues for therapeutic purpose"	This has been edited, thank you.
34	2	Here I would indicate that Massage Therapy comprises different techniques, styles, applications (sports massage, deep tissue, tui na, shiatsu, etc.); the word "modalities" implies something else. I would make the distinction that Massage Therapists are uniquely trained, qualified and credentialed to deliver Massage Therapy. Other health care professionals, such as physical therapists, chiropractors, nurses, and acupuncturists may provide manual therapy, massage, soft-tissue manipulation and acupressure when properly trained and qualified.	We have revised the introduction, thank you.
35	2	notes - historical records predate 3000 BC; the first massage therapy school in the United States was established in 1916 as the Swedish Gymnastic Institute (NYC) - for Medical Gymnastics and Massage	We have revised the introduction, thank you.
36	2	Please include my middle initial: Sharon M Weinstein, thank you	This has been added.

Comment #	Reviewer #	Comment	Author Response
37	2	typo - message, should read "massage," suggest scan document for word "message" and correct as needed, thank you	This has been edited.
38	2	please see prior comment about "sham/placebo" - hands on contact, or touch without soft-tissue manipulation may have therapeutic benefit, multiple contributing factors to pain relief, agree that without details of control intervention, interpretations of studies is limited	Thank you for your comment.
39	2	massage is a general term not reflective of any one technique; in VHA we have defined Massage Therapy specifically (see previous comment); we refer to acupressure specifically as a defined technique; acupressure falls under the category of Massage Therapy as it is a manipulation of soft-tissue for a defined therapeutic purpose; acupressure is the point pressure manipulation (without needles) following the same theory on which acupuncture needling is based; important to include acupressure but not acupuncture as massage therapy for purposes of this review, if a study cannot separate them as treatments, I would hold it out	Thank you for your comment.
40	2	I could not agree more; in studies the treatment technique/frequency/duration must be described in detail AND ALSO details of the pain condition(s) must be included; pain research has been generally flawed in that regard, "back pain" for example comprises multiple pathophysiologies, some of which will respond quite well to soft-tissue manipulation and others not as well -- will have better predictions for outcomes and adverse events from future studies hopefully with these inclusions in designs	Thank you for your comment.

Comment #	Reviewer #	Comment	Author Response
41	2	again, please consider using term "massage therapy" throughout, thank you	We had edited the document to use “massage therapy” throughout, thank you.
42	2	I am curious why this review was held out for "not an intervention of interest" as it appears to me there was inclusion of massage therapy as the intervention ?	This review was excluded because we were unable to separate the effect of massage therapy for studies of interest from studies which had employed self-delivered massage therapy as treatment.
43	3	Please use consistency in office name here: Integrative Health Coordinating Center VHA Office of Patient Centered Care and Cultural Transformation	This has been edited.
44	3	Update Juli title to: National Lead Clinical Champion	This has been edited, thank you.
45	3	Please update: Alison M. Whitehead, MPH, C-IAYT, E-RYT200 (and see office comment above)	This has been edited, thank you.
46	3	which Coordinating Center? ESP? Might note that since the operational partners are all from Integrative Health Coordinating Center	This has been edited, thank you.
47	3	perhaps note that there are other indications for massage therapy as well but this was focused on pain management	This has been edited, thank you.
48	3	use massage therapy (instead of massage) throughout	We have edited this throughout, thank you.
49	3	please update per above: Alison M. Whitehead, MPH, C-IAYT, E-RYT200	This has been edited, thank you.
50	3	sounds odd to say "painful conditions" do you mean "pain conditions"?	This has been edited, thank you.
51	4	Please list Clinical Champion here as national role.	This has been edited, thank you.
52	4	Maybe something about how there is other evidence for the usefulness of MT other than pain but this initial scope was to look only at pain as an outcome.	We have revised the introduction, thank you.
53	4	The word results looks like a sentence fragment.	This has been edited, thank you.

Comment #	Reviewer #	Comment	Author Response
54	4	I think we should consider if we want to include reflexology as a massage therapy intervention here.	Upon discussion with the OPs, reflexology will be included as a massage therapy intervention.
55	4	Maybe say from :"other interventions" instead of "active therapies". Maybe it is a presumption that active therapy is a good comparison vs. usual care.	We have changed the label to “active therapies or usual care” throughout
56	4	Again wonder if we should state in this area that massage may be used for conditions other than pain but this review is focused on pain and doesn't exclude that there are other indications.	This has been edited, thank you.
57	4	People use massage for things other than pain. Relaxation, lymphedema, etc.	The has been edited, thank you.
58	4	This is the definition of MT that we use in VA: "Clinical massage therapy is the manipulation of the soft tissues of the human body for therapeutic purposes."	The has been edited, thank you.
59	4	I think I would use physical therapist over chiropractor here.	This has been edited, thank you.
60	4	Add "for pain" at the end of this sentence - this is only for pain.	This has been edited, thank you.
61	4	Again active therapies or usual care, not just active therapies.	We have changed the label to “active therapy/ usual care” throughout
62	4	Might be helpful to have an overarching statement here that where evidence was collected about adverse events they were mild. I see that this is partially discussed later, but starting the paragraph with an assessment or ending the paragraph with an assessment based on the literature would be very helpful for the VA field.	We have added this statement, thank you.
63	5	Great job. I felt this research was thorough. Thank you	Thank you for your comment!
64	7	Indeed this is challenign as Massage therapy is credentially in carious ways in each country and state and region. The nomenclature of the	Thank you for the comment.

Comment #	Reviewer #	Comment	Author Response
		specific techniques is also varied. It is vital that we continue this process and then build our staffing within VA to then be able to initiate more research. Massage therapists in the community often do not have the time, knowledge nor foudnation to create research into their techniques and results. Documentation of pain versus function also is a challenge. As we well know more often manyal techniques along with behavioral and exercise or movement otpimize outcomes. Many of us have been trained in manual techniques and various professional group have offered significant manual interventions (physiotherapy, occupational therapy, nursing, chiropractic, physician, kinesiotehrapy, massage therapy). Thank you for this work. I look forward to additional contributions based on medical massage interventions including aquatic massage and body work techniques.	
65	9	Should be Potential Benefit (instead of Benefit) Please refers to previous review. Table was accurately using Potential benefits. Current title might mislead reader recommendations.	This has been edited, thank you.
66	9	Consider full table as previous Evidence Map. Also, although you are mention Number of included Studies to describe the evidence, most of the individuals or the sample was very small. For example, Skelly 2020 et al, suggested moderate SHORT-TERM (no more than a month) in a small sample study. Remember that this study might be use for implement project but this is not strong evidence.	The evidence table is in the appendix.
67	9	The question here is in the previous review, those 4 were classified as low to very low certainty but now they were upgraded to moderate certainty? what was changed? the author did a new study? From clinical	Thank you for the comment.

Comment #	Reviewer #	Comment	Author Response
		perspective, that doesn't sound right. I dont think I will using this argument to support a stronger evidence base compared to 2018. That is the author point of view? or this is supported by the evidence?	
68	9	Correct, considering the small number of primary studies. Too small a sample may prevent the findings from being extrapolated. -- Conclusion from this review can falsely mislead that massage has strong evidence.	Thank you for the comment.
69	9	This observation made the moderate certainty of evidence more weaker as its difficult to separate to sham or placebo. For those 5, you have two reviews showing beneficial effect of massage for sham/placebo and active therapies.	Thank you for the comment.
70	9	Conclusions. Exercise, multidisciplinary rehabilitation, acupuncture, CBT, and mind-body practices were most consistently associated with durable slight to moderate improvements in function and pain for specific chronic pain condition -- Short term improvement in pain	Thank you for the comment.
71	9	This is an important limitation as the reviewers were unable to corroborate the data and follow the conclusions of the authors. Remembers that authors might introduce a bias opinion regarding their research program if this might affect their reputation.	Thank you for the comment.
72	9	This is an important topic. Grad that you add this comment in your article. Well said.	Thank you for the comment.
73	9	Great point. based on your data, the moderate evidence might suggest some improvement at short term, not indeterminate or long. This is important when we are reviewing clinical practice, and outcomes in rehabilitation.	Thank you for the comment.
74	9	"short-term effectiveness of massage"	This has been edited, thank you.

Comment #	Reviewer #	Comment	Author Response
75	9	Surprise that the following article was not included on this review, keeping in mind that was funded by VA. Synthesizing the Strength of the Evidence of Complementary and Integrated Health Therapy for Pain. Giannitrapani etal. Pain Medicine0(0) 2019 1-10. It was conducted by your office VA Evidence Synthesis Program.	This is not a systematic review.
76	9	As i mentioned before, the evidence map, use "evidence of Potential Positive Effect (not benefit)" They pointed out the size of the literature review for the one that you are consider moderate certainty, quiet small. And for massage as part of the CIH Type. really small. Acupuncture showed more evidence. This report will contradict your finding as they have massage in common.	This has been edited, thank you.
77	9	The study recognized that two of the studies posted high risk of bias and a very small sample size. Only one in the US. None of the studies with control group.	Thank you for the comment.