

Overview Report

Effectiveness of Bowen Therapy for Any Clinical Condition:

Evaluation of the Evidence

Prepared for the NHMRC

by Optum

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Abbreviations

Abbreviation	Definition
AMSTAR	Assessment of multiple systematic reviews
CAM	Complementary and alternative medicine
CI	Confidence Interval
CONSORT	Consolidated Standards of Reporting Trials
CRD	Centre for Reviews and Dissemination
ICD-10	International Statistical Classification of Diseases – 10
LEAP	Learning Enhancement Acupressure Program'
LOC	Level of confidence
MD	Mean Difference
MEDLINE	Medical Literature Analysis and Retrieval System Online
NCCAM	National Centre for Complementary and Alternative Medicine
NHMRC	National Health and Medical Research Council
NR	Not reported
PICO	Population, Intervention, Comparator, Outcome
PROSPERO	Prospective Register of Systematic Review Protocols
PubMed	Public Medical Literature Analysis and Retrieval System Online
RCT	Randomised Controlled Trial
SR	Systematic Review
TGA	Therapeutic Goods Act 1989 by the Therapeutic Goods Administration





Abstract

Background

The National Health and Medical Research Council (NHMRC) was asked to assist the Australian Government Department of Health ('the Department') with its review of the Australian Government rebate on Private Health Insurance for natural therapies. The review's purpose is to ensure that those natural therapies that are subsidised by taxpayer funds (paid through the rebate) are underpinned by a credible evidence base that demonstrates their clinical efficacy, cost-effectiveness and safety and quality. NHMRC subsequently contracted Health Technology Analysts Pty Ltd (the evidence reviewer, trading as Optum) to review the evidence of a number of identified natural therapies, including Bowen therapy.

Objectives

The objective of this overview is to summarise the evidence from systematic reviews regarding the effectiveness (and, where available, the safety, quality and cost-effectiveness) of Bowen therapy for improving health outcomes for any clinical condition in humans.

Methods

We searched EMBASE, MEDLINE, Cochrane Library (database of systematic reviews, other reviews, and technology assessments), PubMed, PubMed Health, and the PROSPERO register to identify all systematic reviews addressing the primary clinical research question. We also hand-searched reference lists of relevant articles to identify additional articles not identified in the literature search. The search was restricted to systematic reviews published between 1 April 2008 and 4 September 2013. In addition, any relevant systematic reviews identified through the Department's call for submissions were assessed for inclusion in this overview.

A single evidence reviewer conducted the literature search and reviewed the titles and abstracts of every record identified using pre-specified eligibility criteria. Articles considered to meet these criteria were then retrieved for further assessment. From each included systematic review, the methodological quality of the review was assessed. Each stage in this process was documented and quality checks were performed by a second evidence reviewer, with any disagreements resolved by a third reviewer.

Where systematic reviews included randomised controlled trials (RCTs) of Bowen therapy, we intended to extract outcome data on the effectiveness (and, where available, the safety, quality and cost-effectiveness) of Bowen therapy. The evidence for each outcome would then have been summarised, and the overall quality of the evidence rated using the Grading of Recommendations Assessment, Development and Evaluation (GRADE) system; however, no such reviews were identified.

Main results

Two systematic reviews (Hansen, 2011; Finnegan-John, 2013) were identified from a total of 1395 citations and 209 full text articles screened for inclusion within this overview. The low quality review by Hansen (2011) (AMSTAR rating 5 out of 11) aimed to systematically review the available literature on Bowen therapy for health-related outcomes and included 15 studies that examined the effect of Bowen therapy on pain reduction, mobility, and the relief of symptoms experienced by persons



living with a chronic illness. Only one of the 15 studies reported in the systematic review was an RCT; all other studies were case reports, mixed methods, or cross-sectional studies. The included RCT examined the effect of Bowen therapy on hamstring flexibility in healthy participants and therefore did not meet our inclusion criteria for this overview. The moderate quality review by Finnegan-John (2013) (AMSTAR rating 6 out of 11) searched for RCTs or controlled studies examining the effectiveness of CAM therapies in the alleviation of cancer-related fatigue. The term 'Bowen technique' was included in the search conducted in June 2012, but no studies on Bowen therapy were identified for this particular clinical condition.

Discussion

The evidence base for this overview was limited by the absence of primary studies (notably, the absence of RCTs) examining the effectiveness of Bowen therapy for any clinical condition. Neither of the included reviews identified any RCTs for Bowen therapy that met the inclusion criteria for this overview. The broad search conducted in 2009 by Hansen (2011) indicated a lack of primary research in this field. Studies that were identified were not blinded, randomised or controlled. It is possible that additional RCTs of Bowen therapy have been published, subsequent to the Hansen (2011) literature search; however, as our search was limited to the inclusion of systematic reviews, no systematic search for Level II evidence was conducted for this overview.

Authors' conclusions

There is currently insufficient evidence from systematic reviews within this field to reach any conclusion regarding the effectiveness, safety, quality or cost-effectiveness of Bowen therapy. If conducted, future research should focus on rigorous, well-designed, randomised controlled trials that assess the effectiveness and safety of Bowen therapy in specific patient populations.

1 Background

Complementary and Alternative Medicines (CAMs) encompass a wide range of products, systems and therapies. They are defined by the National Centre for Complementary and Alternative Medicine (NCCAM) as 'a group of diverse medical and health care interventions, practices, products or disciplines that are not generally considered to be part of conventional medicine' (National Institutes of Health, 2011). In Australia, some products containing herbs, vitamins, minerals and nutritional supplements, homeopathic medicines and some aromatherapy products are regulated as complementary medicines under the Therapeutic Goods Act 1989 by the Therapeutic Goods Administration (TGA). However, the regulation of the provision of CAM services is predominantly self (industry) regulated.

The National Health and Medical Research Council (NHMRC) was asked to assist the Australian Government Department of Health ('the Department') with its review of the Australian Government rebate on Private Health Insurance for natural therapies. The review's purpose is to ensure that those natural therapies that are subsidised by taxpayer funds (paid through the rebate) are underpinned by a credible evidence base that demonstrates their clinical efficacy, cost-effectiveness, and safety and quality. NHMRC subsequently contracted Health Technology Analysts Pty Ltd (the evidence reviewer, trading as Optum) to review the evidence of a number of identified natural therapies, including Bowen therapy.

1.1 Description of the condition

CAM therapies are used to promote health or are used to manage or treat chronic or long-term health conditions (Kirby, 2013; Lin, 2013; Yen, 2013). A recent survey of Australian adults aged over 50 years reported that individuals with musculoskeletal conditions (osteoporosis, arthritis) or chronic pain were significantly more likely to use CAM than individuals with conditions that could be managed by conventional medicine, such as diabetes, hypertension, or asthma (Yen, 2013). A trend in the use of CAM among adults with depression or anxiety was also observed.

Bowen therapy is often used to alleviate symptoms of a range of acute and chronic conditions, including injuries, musculoskeletal conditions, stroke, carpal tunnel syndrome, stress disorders and asthma (Victorian Government, 2012) In view of the wide range of conditions for which CAMs such as Bowen therapy may be used, this overview included systematic reviews evaluating the effectiveness of Bowen therapy in participants with any clinical condition.

1.2 Description of the intervention

Developed in Australia in the 1950s, Bowen therapy is described as a soft-tissue remedial therapy or a form of bodywork that primarily focuses on the myofascia. It is a non-invasive technique that involves the use of fingers or thumbs by the therapist to apply 'pain-free, gentle rolling movements over muscle, ligament, tendon and other connective tissues in specific parts of the body' (Marr, 2011). Proponents of the technique suggest that these gentle movements promote healing, by stimulating the body's nervous, endocrine and fascial systems (Bowen Association of Australia, 2013) Often, the movements are applied in precise sequences with each series of movements followed by a pause, to allow time for the effects of the treatment to be absorbed by the body (Australian Association of Massage Therapists, 2013). Bowen therapy treatments typically last for between 30 minutes and one hour (Victorian Government, 2012), with patients reported to respond to treatment after one, or just a few, sessions (Bowen Association of Australia, 2013). Patients will often be asked to drink a quantity of water before undergoing treatment, to hydrate the cells and tissues to facilitate effective release of the fascia (Bowen Therapists Federation of Australia, 2014). After receiving treatment, patients are typically asked to drink more water and the therapist may advise of any potential reactions, which may include hot and cold flushes, emotional changes, headaches and body aches. Therapists may also recommend lifestyle and dietary changes to ensure that the effects of treatment are maintained (Victorian Government, 2012).

The cost of a Bowen therapy consultation varies, depending on the duration of the session and the rate charged by individual therapist. A 2012 study by the Bowen Association of Australia estimated that costs typically range between \$30 and \$60 for a one-hour consultation (Bowen Association of Australia, 2013). This study also reported that in most cases (60.3%), the number of consultations required was relatively low, with patients requiring between one and three treatments for each presentation.

1.3 How the interventions might work

Bowen therapy is founded on the belief that many health problems are symptomatic of dysfunction in the body's fascia. This is because the soft tissue or fascia encompasses the entire body and its structure (including nerves, muscles, bones and organs). Therefore, movements performed during Bowen therapy centre on correcting dysfunction in the body's soft tissue or fascia in a bid to restore balance to the body as a whole (Bowen Therapists Federation of Australia, 2013). Bowen therapy claims to work by stimulating specific receptors in the fascia and soft tissue, which, in turn, is said to stimulate the nervous system to correct imbalances, promote healing, and restore overall wellbeing on a holistic level.

1.4 Why it is important to do this overview

Globally, CAM therapies form a substantial part of the healthcare sector, with estimates of CAM use in the general population ranging from 9.8% to 76%, and estimates of visits for CAM pratitioners ranging from 1.8% to 48.7% (Harris, 2012). In Australia, CAMs are not routinely tested for safety and efficacy by a government agency and rigorous, well-designed clinical trials for many CAM therapies are often lacking; therefore, the effectiveness and safety of many CAM therapies are uncertain. A key concern regarding the use of CAMs is the potential risks to an individual's health, through adverse events associated with the treatment itself, or by an individual delaying or failing to access proven medical treatments.

There is little information available about the number of people who use Bowen therapy in Australia. However, there are over 390 practitioners registered in all States and Territories within Australia (based on data obtained from the Bowen Therapists Federation of Australia website). Further, a 2007 study found that 27.2% of Australians surveyed had used a form of Western massage within the past twelve months (Xue, 2007). Given the large number of practitioners offering this service in Australia, and the prevalence of massage use among Australians, it is important to evaluate the effectiveness (and where available, safety) of Bowen therapy, to enable patients, practitioners and policy-makers to make informed decisions about care.

2 Objectives

To evaluate the effectiveness of Bowen therapy for any clinical condition in humans. Safety, quality and cost-effectiveness were also considered where these outcomes were included within a systematic review that examined the effectiveness of Bowen therapy.

3 Methods

This overview used the methodology outlined in Chapter 22 of the *Cochrane Handbook for Systematic Reviews of Interventions*, which is designed to compile evidence from multiple systematic reviews into a single document (Becker and Oxman, 2011). It does not aim to repeat the searches, assess the eligibility, or assess the risk of bias of the individual studies within included systematic reviews.

3.1 Criteria for considering reviews for inclusion

The clinical research question for the overview was structured and scoped according to the PICO criteria (population, intervention, comparator, outcome). These criteria are discussed in more detail below.

Study design

This overview included all systematic reviews available in full-text and published between 1 April 2008 and 4 September 2013 that examined the effectiveness of Bowen therapy for any clinical condition in humans. The search strategy was not limited by language; however, publications in languages other than English were only considered where a full-text translation into English was available.

Systematic reviews that included RCTs (Level II) as well as other study designs were eligible for inclusion in the overview. Reviews were marked as Level I /II evidence, Level I /III evidence or Level I /IV evidence, according to the lowest level of primary evidence contained within the review. Where systematic reviews included study designs other than RCTs (Level II evidence), consideration was limited to the subset of RCTs included within the review. Level III and Level IV evidence was not considered further. Systematic reviews that searched for, but did not identify, RCTs of Bowen therapy for a clinical condition were also included in the overview.

Participants

Reviews of patients with a specific clinical condition were eligible for inclusion in the overview. A 'clinical condition' was defined as any stage in the history of a pathologic condition that begins with anatomic or physiologic changes that are sufficient to produce recognizable signs and/or symptoms of a disease (Mosby's Medical Dictionary 2009). Within this definition, we also included people experiencing anatomic or physiologic changes arising from physical exertion, where this produced transient symptoms that affected health and well-being; people with an existing condition or characteristic that can be implicated with poorer health outcomes (e.g. low birth weight); or people experiencing clinical side effects of another treatment or intervention. Studies that examined improvements in well-being or prevention of a clinical condition in healthy participants were not eligible for inclusion.



Interventions

The overview aimed to examine Bowen therapy used alone, or in combination with other therapies. It aimed to examine Bowen therapy either as a single intervention for a single condition and/or setting; or a single intervention for multiple conditions and/or setting.

The overview focused specifically on Bowen therapy as defined by the Bowen Therapists Federation of Australia, 2013; that is, as a manual technique using 'specific soft tissue or fascial release and integration techniques' to 'stimulate specific receptors' with the aim of correcting bodily dysfunction and restoring balance (homeostasis) to the body (Bowen Therapists Federation of Australia, 2013).

Interventions that involved manual manipulation of soft tissue or focused on the massage of the myofascia were not included unless they were specifically identified as being techniques used by practitioners of Bowen therapy. Systematic reviews or clinical trials that failed to make this distinction were excluded from this review. Articles that described myofascial release or massage, where the reviewer could not determine if the therapy was as delivered by a Bowen therapist, were included in a separate overview report that examined the evidence for the effectiveness of massage in any clinical condition.

The literature search included search terms for Bowen therapy as an intervention, to ensure that all studies in which Bowen therapy is assessed were identified.

Comparators

The comparators for this overview were no treatment, standard (or usual) care, sham treatment, or other interventions. Comparisons of Bowen therapy as an adjunctive therapy were also included, where the specific effect of Bowen therapy could be determined (i.e. unconfounded comparisons such as Bowen therapy plus massage versus massage alone). Where non-standard or active comparators were reported, the appropriateness of the comparator was not assessed by the evidence review team.

Outcome measures

Due to the broad nature of the overview, the review was not limited to any particular health outcomes, provided the outcome was reported within a systematic review and was related to the effectiveness of Bowen therapy for a specific clinical condition. The secondary outcomes of safety, quality and cost-effectiveness were also included, where these were reported in a systematic review of the effectiveness of Bowen therapy.

Effectiveness was defined as the accuracy or success of a diagnostic or therapeutic technique when carried out in an average clinical environment (i.e. the extent to which a treatment achieves its intended purpose). The definition of effectiveness varied depending on the clinical condition examined, and was based on the outcomes reported within the systematic review. Studies examining the potential physiological mechanisms of action of Bowen therapy (e.g. impact on biochemical markers) were not eligible for inclusion.

Safety was defined as the level of risk a patient is exposed to in receiving Bowen therapy and could be measured in terms of negative health outcomes either as a result of the intervention or due to adverse events in response to the intervention. Quality was defined as a qualitative measure of the factors that influence the delivery of Bowen therapy. These factors could be related to systems in place for the delivery of care such as an available infrastructure/technology, use of products and

devices that are registered for health care purposes with a government authority, and human factors such as clinical judgement, ethical standards and the opportunities for training, continuing education and registration to a professional body. Cost effectiveness referred to evidence supporting the cost-benefit of Bowen therapy.

3.2 Search methods for identification of reviews

The literature search strategies used to identify publications relevant to the primary clinical research question are shown in **Appendix A**. These search strategies were developed using the terms provided by the NHMRC for identifying systematic reviews for overviews, which were developed with assistance from the *Australasian Cochrane Centre* and are derived from the filter strategies developed by the Centre for Reviews and Dissemination (CRD). The search was restricted to systematic reviews published between 1 April 2008 and the literature search date on 4 September 2013.

To identify all systematic reviews addressing the primary clinical research question, the literature searches were conducted using EMBASE.com (which searches EMBASE and MEDLINE databases concurrently), the Cochrane Library (database of systematic reviews, other reviews, and technology assessments), PubMed, PubMed Health, and the PROSPERO register. It was intended that any relevant systematic reviews identified through the Department's call for submissions would also be included in this overview (see Part B Submissions). After reviewing retrieved citations, the reference lists of relevant articles were hand-searched to identify any additional reviews that may have met the criteria for inclusion in this overview, but were not identified by the literature search. We also contacted authors of relevant systematic reviews identified on the PROSPERO register to establish the publication status of their systematic review.

In addition to reviewing the evidence for Bowen therapy, the evidence review team also conducted an overview on the effectiveness of massage therapy for the treatment of any clinical condition in humans. There is significant overlap between the search terms used to describe Bowen therapy and massage (e.g., 'facial release' or 'myofascial manipulation'). Therefore, during the literature search for massage, the evidence review team also screened for articles that were relevant for inclusion in the assessment of Bowen therapy and vice versa. Articles that explicitly mentioned Bowen therapy were to be excluded from the massage overview report and included in the Bowen therapy overview report, however no such articles were found..

3.3 Data collection and analysis

Selection of reviews

A single reviewer screened the titles and abstracts (where available) for all citations retrieved by the literature search, to identify systematic reviews that met the eligibility criteria outlined above. Narrative reviews of systematic reviews and overviews (systematic reviews of systematic reviews) were not formally included, but were used as a source to identify individual systematic reviews that may be eligible for inclusion.

A second reviewer performed quality checks on a subset of excluded studies to ensure that the exclusion criteria were applied appropriately (10% of studies assess as publication type out of scope, 30% of studies assessed as wrong intervention, all articles assessed as population out of scope or

outcomes out of scope). Disagreements were resolved by a third reviewer. Full text articles of any potentially relevant citations were then retrieved, with the same eligibility criteria described above applied to the full text articles. Again, the full text articles were screened for inclusion by a single evidence reviewer, with quality checks on a subset of excluded studies (all articles assessed as intervention out of scope) performed by a second reviewer. Any disagreements were resolved by a third reviewer.

Data extraction and management

The characteristics of the systematic reviews included in the overview were recorded in a standardised table. Extracted information included: review objective, date of documented search, number of included studies, participant details, interventions, quality of included studies, and the declared interest of systematic review authors. It was intended that outcome data (as reported in the systematic review) would be extracted, where relevant RCTs were included within the systematic reviews; however the literature search did not identify any systematic reviews that included randomised controlled trials (RCTs) of Bowen therapy that met our inclusion criteria. Data was to be extracted for primary outcomes (as specified by the included systematic review) where available. If primary outcomes were not specified in the included systematic review, data for all relevant outcomes was to be extracted (as per the primary clinical research question) for all conditions and populations assessed in the review. The data extraction tables were developed by the *Australasian Cochrane Centre* and are consistent with NHMRC standards (NHMRC 2007). Permission was granted to allow all contractors to use these in the reporting for the NHMRC Natural Therapies project.

As with the selection of reviews, a single evidence reviewer extracted data from each included systematic review with quality checks performed by a second reviewer on all extracted qualitative and quantitative data. A third reviewer resolved any disagreements. On rare occasions where data was unclear or incomplete, it was intended that the evidence reviewer would refer to the individual trials for clarification.

Assessment of methodological quality of included reviews

Quality of included reviews

The systematic reviews identified for inclusion in the overview were critically appraised and evaluated using the AMSTAR measurement tool (Shea, 2007). Each systematic review was assigned an AMSTAR score (maximum of 11 out of 11) based on the quality criteria for systematic reviews as shown in **Table 1.** A single evidence reviewer assessed the quality of the included reviews. A second reviewer then checked the assigned AMSTAR scores. Any discrepancies were resolved by a third reviewer. For the purposes of this overview, systematic reviews were to be assigned a descriptive quality rating based on their AMSTAR score. Specifically, systematic reviews with an AMSTAR score of 9-11 were to be rated high quality, systematic reviews with an AMSTAR score of 6-8 were to be rated as moderate quality, and systematic reviews with an AMSTAR score of 5 or less were rated as low quality.

Study type	Quality criteria
Systematic	Was an 'a priori' design provided?
reviews	Was there duplicate study selection and data extraction?
	Was a comprehensive literature search performed?
	Was the status of publication (i.e. grey literature) used as an inclusion criterion?
	Was a list of studies (included and excluded) provided?
	Were the characteristics of the included studies provided?
	Was the scientific quality of the included studies assessed and documented?
	Was the scientific quality of the included studies used appropriately in formulating conclusions?
	Were the methods used to combine the findings of studies appropriate?
	Was the likelihood of publication bias assessed?
	Was the conflict of interest stated?

Table 1 AMSTAR Quality criteria for systematic reviews

Source: AMSTAR measurement tool kit (Shea, 2007)

Quality of evidence in included reviews

The evidence review team did not intend to perform a separate quality assessment of the RCTs included within the systematic reviews, as the primary studies were not retrieved. Instead, it was intended that the quality of the included RCTs or risk of bias, as reported in the systematic review would be noted.

Data synthesis

For each condition identified during the overview process, it was intended that a brief discussion of the strengths and limitations (e.g. quality, scope) of the included systematic reviews and a description of the totality of the evidence would be presented (e.g. number of identified RCTs, total participants). Where two or more systematic reviews that addressed the same research question were identified, it was intended that the best available data would be reported. That is, the most recent and highest quality review would be emphasised, and any discrepancies between the reviews noted. Where one review provided the majority of the data, this review would be identified as a priority review. A separate statistical synthesis (e.g. meta-analysis, indirect comparison) of the data was not to be undertaken. Instead, the results of any meta-analysis reported in the included reviews would also have been included in the data extraction tables.

Evidence summary tables (developed by the *Australasian Cochrane Centre*) would have provided a synthesis of the evidence for each clinical condition identified in the overview process; reporting the population examined, the number and quality of systematic reviews, the number of RCTs, the total number of participants per outcome, and a narrative summary of findings.

The quality of the body of evidence for each outcome was then to be assessed, using the GRADE Working Group's approach to grading the quality of evidence and strength of recommendations (GRADE Working Group, 2004).

In rating the body of evidence, five domains were to be assessed: risk of bias; inconsistency; indirectness; imprecision; and publication bias. The quality of the evidence was to be downgraded due to serious concerns (-1 level) or very serious concerns (-2 levels) about the quality of the evidence for each of these domains. The body of evidence for each outcome was then to be assigned a quality rating on a scale ranging from very low to high, according to the level to which the body of evidence had been downgraded across the five domains. The definition of each LOC rating is outlined in **Table 2**.



Level of Confidence	GRADE description	Interpretation
High (A)	Further research is very unlikely to change our confidence in the estimate of effect	Body of evidence can be trusted to guide practice
Moderate (B)	Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate	Body of evidence can be trusted to guide practice in most situations
Low (C)	Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate	Body of evidence provides some support for recommendations but care should be taken in its application
Very low (D)	Any estimate of effect is very uncertain	Body of evidence is weak and must be applied with caution

Table 2 Level of confidence ratings and definitions

Finally, an evidence statement describing the effect of the intervention would have been drafted by the evidence reviewer. This evidence statement would have encompassed the relevant population, intervention, comparator and outcome, and would have been standardised as follows:

- Where there was sufficiently powered, consistent evidence of an effect/no effect, the evidence statement would have stated strongly that there **is** an effect/no effect
- Where there was evidence of an effect, but there is slight concern regarding under-powering or consistency, the evidence statement would have stated that there **may** be an effect
- Where there was little evidence available, or where the evidence is conflicting or clearly underpowered, the evidence statement would have stated that the effect is **uncertain**
- Where there was no evidence available for a particular question/outcome, the evidence statement would have stated that the effect is **unknown**.

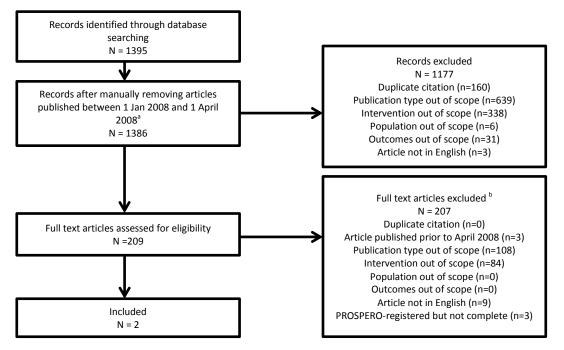
The formulation of recommendations was not within the scope of this overview.

4 Results

4.1 Results of the search

A total of 1395 citations were identified by the evidence reviewer using the search strategy described in **Appendix A**. Assessment of the titles and abstracts for these citations resulted in 209 potentially relevant reviews that may have assessed the effectiveness of Bowen therapy for the treatment of any clinical condition in humans. Of these, 207 citations were excluded after full text review and are documented with their reason for exclusion in **Appendix B**. The systematic search identified two systematic reviews (Hansen, 2011; Finnegan-John, 2013) that met the inclusion criteria for assessment in this overview. The systematic review search results are summarised in **Figure 1**.





a Some electronic databases restrict publication date by year only, so further manual date restriction was necessary
 b Studies excluded after full text review are documented, with their reasons for exclusion in Appendix B

Three PROSPERO-registered reviews were identified (Busse, 2013; Stone, 2013; van der Velde, 2013) that had passed their anticipated completion dates at the time of this overview (details below). All three authors were contacted via email, but only one (Stone, 2013) responded to our enquiries. Stone (2013) indicated that their work was currently under review, but a revised anticipated completion date was not provided.

- Busse (2013) 'Management of fibromyalgia: a systematic review of randomized controlled trials' (anticipated completion 1 November 2013);
- Stone (2013) 'The effectiveness of manual therapies for temporomandibular disorders: a systematic review of the literature' (anticipated completion 31 December 2013, author advised is currently under review); and
- van der Velde (2013) 'The cost-effectiveness of interventions for the treatment of patients diagnosed with whiplash-associated and neck pain-associated disorders: a systematic review by the Ontario Protocol for Traffic Injury Management (OPTIMa) Collaboration' (anticipated completion 30 August 2013).

4.2 Description of included reviews

The systematic review by Hansen (2011) searched for the terms Bowen technique, Bowen therapy, Bowtech, and Bowenwork without placing any restrictions on population, comparators or study design, to identify any published studies on Bowenwork reporting health-related outcomes. One RCT was identified, (Marr, 2008), which examined the use of Bowen therapy in a healthy population (testing the hypothesis that Bowen therapy increases flexibility of the hamstring). Reduced flexibility is not considered a clinical condition for the purposes of this overview. Because this study did not evaluate the effect of Bowen therapy in people with a clinical condition, the RCT described by Marr (2008) was excluded from this overview.

A further 14, lower level studies were identified in the review by Hansen (2011), including Bowen therapy for frozen shoulder, work-related injuries, the quality of life of Health Service staff, and seven case studies covering various clinical conditions. None of these studies are eligible for inclusion in the overview because they were not RCTs. Therefore, no studies identified by Hansen (2011) were eligible for inclusion in this overview.

The second systematic review identified in the literature search for this overview and described by Finnegan-John (2013) searched for RCTs or controlled studies examining the effectiveness of complementary and alternative medicine in the alleviation of cancer-related fatigue. The term 'Bowen technique' was included in the search string but no studies on Bowen therapy were identified for this particular clinical condition.

As a result, no RCTs were identified from systematic reviews that met the criteria for inclusion in this overview. Full details of these systematic reviews, including citation details, details of the included studies, and declared interests of the authors, are presented in the Characteristics of included reviews tables listed in **Appendix C.**

4.3 Methodological quality of included reviews

Quality of included reviews

The quality of the systematic reviews included in this overview was assessed using the AMSTAR measurement tool. Full details of the quality assessment for these reviews are presented in **Appendix D.** The quality of the systematic review by Hansen (2011) was assessed as low, with the review receiving an AMSTAR rating of 5 out of 11. The review did not utilise two independent reviewers, did not list excluded studies, nor assess publication bias. It appears the authors did not intend to pool results; however in this instance it may not have been appropriate due to the heterogeneous nature of the outcomes.

The Finnegan-John (2013) systematic review was of moderate quality, receiving an AMSTAR rating of 6 out of 11. Publication bias was not assessed and although the authors noted that a meta-analysis was not appropriate, due to heterogeneity in the interventions and outcomes measured; they drew conclusions by comparing data across a wide variety of interventions, populations, and outcome measures.

Quality of evidence in included reviews

The evidence contained within the systematic reviews included in this overview were assessed for quality by the systematic review authors using a variety of scales. However, because no RCTs were identified that met the criteria for inclusion in this overview, there are no data to report for this overview.

4.4 Effect of interventions

The systematic review by Hansen (2011) did not identify any RCTs that examined the effect of Bowen therapy in people with a clinical condition and the systematic review by Finnegan-John

(2013) did not identify any RCTs reporting on the effect of Bowen therapy in people with cancerrelated fatigue. Therefore, there are no data to report for this overview.

5 Discussion

5.1 Summary of main results

Two systematic reviews were identified that met the inclusion criteria for this overview: Hansen (2011) and Finnegan-John (2013). The systematic review described by Hansen (2011) searched for all available literature on Bowen therapy for health-related outcomes and identified 15 studies, including one RCT (Marr, 2008). Marr (2008) examined the effect of Bowen therapy on hamstring flexibility in healthy participants and was therefore excluded from this overview, as it did not evaluate the effect of Bowen therapy in people with a clinical condition. The Finnegan-John (2013) systematic review authors searched for RCTs or controlled studies investigating the effectiveness of CAM therapies in patients with cancer-related fatigue. No studies of Bowen therapy for cancer-related fatigue were identified in their search.

5.2 Overall completeness and applicability of evidence

The identified systematic reviews did not provide sufficient evidence to address the objectives of this overview. This is not a shortcoming of the included systematic reviews; rather, it reflects the lack of published RCTs investigating the effectiveness of Bowen therapy for a specific clinical condition. The one RCT identified by Hansen (2011) was conducted in healthy subjects, so did not meet the eligibility criteria for this overview. The lack of evidence from systematic reviews of RCTs therefore prevented the evidence review team from drawing any conclusions about the effectiveness of Bowen therapy for any clinical condition in humans.

The literature search by Hansen (2011) was broad, not being limiting by study design, study quality, health outcome or clinical condition. Despite searching from 1985 to 2009, only 15 primary studies were identified, only one of which was an RCT. Therefore, there is a clear lack of primary studies investigating the effect of Bowen therapy. It is possible that RCTs examining the effectiveness of Bowen therapy for a specific clinical condition have been published subsequent to the literature search conducted in 2009 by Hansen (2011). However, we did not identify any RCTs, nor any additional systematic reviews, from the literature submitted to the Department (see Part B Submissions).

5.3 Quality of the evidence

Within this overview, only one systematic review (Hansen, 2009) identified primary studies of the effectiveness of Bowen therapy, however these studies were excluded from this overview because they did not meet the inclusion criteria (either due to study design or due to population characteristics). The fact that neither of the two included systematic reviews (Hansen, 2011 and Finnegan-John, 2013) identified RCTs eligible for inclusion in the overview is likely to reflect a lack of RCTs of Bowen therapy for the treatment of clinical conditions. It is possible, however, that RCTs of Bowen therapy were missed by the searches performed for these systematic reviews.

Hansen (2011) searched specifically for studies of Bowen therapy, but the search did not include the term 'myofascial'. If myofascial release was used to describe Bowen therapy in the keywords or title of the RCT publication they would not have been identified by this search strategy. In the literature search for this overview the 'myofascial release' term identified three PROSPERO-registered reviews. As they were unpublished at the time of the search it was not possible to determine whether they included studies of Bowen therapy (being reviews, they may have included Bowen therapy, among other therapies, without including Bowen therapy in the title). However, it is less likely that an RCT of Bowen therapy would not include the term 'Bowen' in the title or keywords.

Finnegan-John (2013) searched for any CAM therapies for the treatment of cancer-related fatigue. The search strategy included 'Bowen technique' but no other specific Bowen terms. While generic terms for complementary therapy were included in the search strategy (which may have identified publications that used terms other than 'Bowen technique'), it is possible that RCTs of Bowen therapy that did not describe the treatment as 'Bowen technique' were missed in this search.

In summary, the included systematic reviews did not identify any evidence of sufficiently high quality to evaluate the effects of Bowen therapy, highlighting the need for well-designed and well-reported randomised controlled trials of this intervention.

5.4 Potential biases in the overview process

This overview was limited to systematic reviews published within the last five years, meaning that systematic reviews on Bowen therapy published prior to this date were not considered. This represents a potential source of bias for this overview. However, one of the included systematic reviews, (Hansen, 2011), was broad in scope and searched four databases for studies of Bowen therapy published between 1985 and 2009. It is therefore likely that the review by Hansen (2011) identified much of the evidence that might have been identified by reviews published prior to 1 April 2008. Further, by limiting the review to systematic reviews published within the previous five years, we sought to ensure that systematic reviews included the most recent evidence on a particular research question. It is therefore important to note that although this approach may have introduced bias (through failure to identify systematic reviews published prior to 2008) it addressed another potential source of bias (by ensuring that decisions were made based on the complete body of evidence, rather than out-dated systematic reviews).

As the literature for this overview was derived exclusively from searches of online databases, informally published systematic reviews (grey literature) may have been missed, which potentially introduces another source of bias. However, it is likely that any such omitted systematic reviews would have been included in the stakeholder submissions (see Part B submissions). Furthermore, such reviews are not likely to have identified RCTs not already included in the Hansen (2011) review (with the exception of any RCTs which may have been published since the 2009 literature search in that review)..

An additional potential bias of this overview is that we did not include a specialist CAM bibliographic database in our search; however the likelihood of identifying systematic reviews only through a CAM database is very low.

One further potential source of bias is that reviews of primary studies that used myofascial therapy but which did not use one of the Bowen-specific search terms ('bowen therapy' or 'bowen

technique' or bowtech OR bowenwork) in either the title, abstract or keywords would not have been included. Without specialised clinical input to assess whether a particular myofascial manipulation could be classified as Bowen therapy (which was beyond the expertise of the evidence review team) it was not possible to include such potential systematic reviews in this overview.

Finally, although checks were performed on a subset of records, the use of a single reviewer for screening records introduces another source of potential bias.

5.5 Agreements and disagreements with other studies or reviews

An informal scan of the literature was performed for reviews of Bowen therapy without date restrictions and no additional systematic reviews or overviews, or any other reviews, were found. The Hansen (2011) systematic review concluded that Bowenwork is a useful CAM practice. This conclusion is not in agreement with our conclusion because we have limited our eligible evidence to Level II studies, whereas Hansen (2011) did not impose such limits. However, Hansen (2011) does make the point that the studies reviewed had 'varying degrees of methodological problems, including type of sampling technique, incomplete description of the study sample and procedures, and the lack of standardized measurement tools'. The conclusions of the Hansen (2011) review is qualified by the following comment: 'the majority of the studies reviewed require greater attention to design details and methodological issues, in order to support the validity of the reported health-related outcomes, before recommending Bowenwork for use in clinical practice'. Hansen (2011) also concluded that further research is required 'to systematically test this modality, before widespread recommendations can be given', which is a statement in agreement with the conclusion of this overview.



6 Conclusions

6.1 Implications for practice

The effectiveness of Bowen therapy in improving health outcomes in people with any clinical condition is unknown. There is currently insufficient evidence from systematic reviews within this field to reach any conclusion about the safety, quality or cost-effectiveness of Bowen therapy.

6.2 Implications for research

This overview has identified significant research gaps in the field of Bowen therapy, providing numerous opportunities for future research in this field. There is a clear lack of high quality research available. Future research, if conducted, should focus on rigorous, well-designed, randomised controlled trials that assess the effectiveness and safety of Bowen therapy in specific patient populations. Studies with multi-site recruitment that are adequately powered would be highly valued, and are necessary to allow for stronger tests of treatment efficacy. Good reporting of study details and outcome data is also needed to allow sufficient examination of the evidence. Research that is based on Bowen therapy as it is practiced in the Australian population would also assist in recommendations on which to guide practice in Australia.

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Contributions of authors

The Optum evidence review team included:

- Dr Margaret Jorgensen, Project Lead
- Dr Jennifer Ring, Research Analyst
- Santwona Baidya, Research Analyst
- Rachel Ngui, Senior Research Analyst
- Blaise Agresta, Project Lead

MJ, JR, and JW were involved in design of the review and synthesis methods. JW, JR and SB developed the search terms. JR, RN, BA and SB were involved in screening and quality assessments. BA, JR and MJ, drafted the report.

Declaration of interest

The evidence reviewers have no financial, personal or professional interests that could be construed to have influenced the conduct or results of this evidence review.

7 Protocol deviations and corrections

During the evaluation of the evidence, changes from the research protocol approved by NHMRC were made as follows:

7.1 Criteria for considering reviews for inclusion

- Comparators described at Appendix A in the protocol were inconsistent with the PICO criteria outlined in the Methods section of the protocol. The PICO criteria stated in the Methods section of the protocol were used in the overview and Appendix A was subsequently removed from the final overview report.
- The research protocol stated that 'preference will be given to patient-relevant over surrogate outcomes' (Appendix A of protocol). This was subsequently deleted as it was not applicable to this evidence evaluation.

7.2 Search methods for identification of reviews

• The literature search was conducted on 4 September 2013, and not August 2013 as reported in the research protocol.



8 Part B Submissions

To inform its review, the Department invited stakeholders to submit evidence through a public submission process.

8.1 Appraisal of submitted literature

Literature submitted to the Department was assessed and considered based on whether or not it met the pre-specified elements of the primary clinical research question outlined above. The following exclusion criteria were applied to the submitted literature:

- Publication type out of scope: Studies that were not systematic reviews, meta-analyses, or RCTs were excluded. Editorials, comments, book chapters, animal studies, correspondence, and news items were excluded. Studies were also excluded if they were not available in full (e.g. research or systematic review protocols, conference proceedings, articles published in abstract form).
- *Participants out of scope:* Studies that did not investigate the effect of Bowen therapy in people with a clinical condition were excluded
- Intervention out of scope: Studies that did not investigate the effect of the Bowen therapy were excluded.
- *Study examines soft-tissue or myofascial massage*: Studies that investigated soft-tissue or myofascial massage but did not specify the intervention was practised by Bowen therapists were excluded.
- *Outcomes out of scope:* Studies that did not assess the effectiveness of Bowen therapy were excluded.
- *Publication date prior to 2008.* Submitted literature and associated references published prior to 1 April 2008 were excluded.
- *Study not available in the English language:* Studies published in languages other than English were excluded except where a full-text English translation was available.

Literature that was considered to be within the scope of the evidence review was then assessed as follows:

- Systematic review already included in the overview: Submissions that were graded Level I (systematic reviews) were cross-checked with the studies identified in the overview ('Part A'). Submitted systematic reviews that were identified in the overview were noted in the table and were not considered further. It was intended that submitted systematic reviews that had not been identified in the overview would be added to the overview ('Part A') and will be considered as part of this process.
- Level II study already included in the overview: Submissions that were graded Level II (RCTs) were to be assessed and cross-checked to ascertain whether or not they were included in a systematic review already considered in the overview ('Part A'). It was intended that those RCTs included in a systematic review within the overview ('Part A') would be noted in the

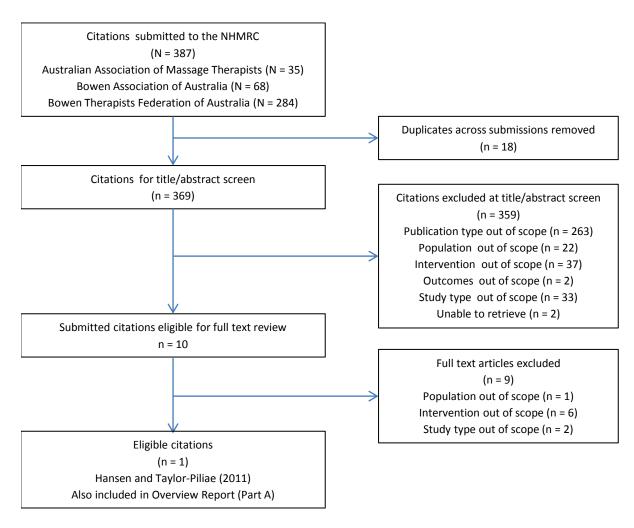


table and would not be considered further. All remaining Level II studies (those not included in Part A of the Final Evidence Report) were to be critically appraised and the data extracted using the data extraction form shown in Appendix F.

8.2 Results of review of submitted literature

A total of 387 citations were submitted to the Department and reviewed for inclusion in this report. Submissions were received from the Bowen Therapists Federation of Australia (285 citations), the Australian Association of Massage Therapists (35 citations), and the Bowen Association of Australia (68 citations). After removal of duplicates across submissions, 369 unique citations were reviewed with 359 excluded after assessment of the titles and abstract (including three submissions with insufficient citation details to enable the publication to be identified). The results of the review of submitted literature are summarised in **Figure 2**. Excluded submissions are documented with their reasons for exclusion in **Appendix E**.

Figure 2 Results of the screening review of submitted literature



Two citations were published in the Journal of the Bowen Academy of Australia (Stephens, 2006 and Williams, 2008) and were not able to be retrieved. Australian library catalogues and library networks were searched, but no Australian libraries could be identified which hold this journal. It is most likely

an in-house publication that is not indexed or abstracted, and not placed in legal deposit in the National Library of Australia.

8.3 Evidence from submitted literature

There was one citation (Hansen, 2011) identified in the submitted literature that was eligible for inclusion in this review. The systematic review by Hansen (2011) had already been identified and included in the overview report. Hansen (2011) had identified one RCT (Marr, 2008) that examined the effect of Bowen therapy on hamstring flexibility in healthy subjects. This RCT was not eligible for inclusion in the overview as the subjects had no clinical condition, and so was not considered further. The RCT described by Marr (2008) was also listed in the submitted literature and was excluded for the same reason (population out of scope).

One other submitted study (Hipmair, 2012) was identified that examined the effect of Bowen therapy on patients with gonarthrosis with planned total knee replacement. The trial was not published in a peer-review journal, being made available on a website only. The study claimed to be an RCT however further examination revealed that patients were selected by the physician administering the Bowen therapy for allocation to either the Bowen therapy or sham therapy groups, making this a non-randomised study and ineligible for inclusion (study type out of scope).

In summary, one eligible citation was identified in the submitted literature for Bowen therapy, a systematic review by Hansen (2011). This systematic review was also identified in the literature search in Part A therefore no additional literature was identified in the submitted literature.

Appendix A – Literature search results

EMBASE/MEDLINE (via Embase.com)

#	Search string	Number of citations retrieved
#1	'review'/exp OR 'review' OR 'systematic review'/exp OR 'systematic review' OR 'meta-analysis'/exp OR 'meta-analysis' OR [review]/lim OR review*:ab,ti OR overview:ab,ti OR metaanaly*:ab,ti OR (meta NEAR/1 analy*):ab,ti	3,168,967
#2	'bowen therapy' OR 'bowen technique' OR bowtech OR bowenwork OR massage/exp OR 'myofascial release' OR 'myofascial massage' OR 'myofascial manipulation' OR 'fascial release' OR 'fascial massage' OR 'fascial manipulation'	9631
#3	ALL FIELDS: bowen* NEAR/2 therap*	746
#4	#2 OR #3 AND [2008-2013]/py	3841
#5	#1 AND #4	1118
#6	#5 NOT ([editorial]/lim OR [letter]/lim OR [erratum]/lim OR [short survey]/lim OR [note]/lim)	1089

Search date: 4th September, 2013

Pubmed

#	Search string	Number of citations retrieved
#1	review[PT] OR meta-Analysis[PT] OR review*[TIAB] OR overview[TIAB] OR meta-analy*[TIAB] OR metaanaly*[TIAB] OR meta analy*[TIAB]	2,455,266
#2	("bowen therapy" OR "bowen technique" OR bowtech OR bowenwork OR "myofascial release" OR "myofascial massage" OR "myofascial manipulation" OR "fascial release" OR "fascial massage" OR "fascial massage" (MeSH] AND ("2008/04/01"[PDAT] : "3000"[PDAT])	1062
#3	#1 AND #2	185
#4	#3 NOT (letter[PT] OR comment[PT] OR editorial[PT])	183

Search date: 4th September, 2013

PubMed Health

#	Search string	Number of citations retrieved
#1	"bowen therapy" OR "bowen technique" OR bowtech OR bowenwork OR "myofascial release" OR "myofascial massage" OR "myofascial manipulation" OR "fascial release" OR "fascial massage" OR "fascial manipulation" AND [from 1/4/2008 to 31/8/2013]	124 (95 in date range)

Search date: 4th September, 2013



Cochrane Library

#	Search string	Number of citations retrieved
#1	ALL FIELDS: "bowen therapy" or "bowen technique" or bowtech or bowenwork OR "myofascial release" OR "myofascial massage" OR "myofascial manipulation" OR "fascial release" OR "fascial massage" OR "fascial manipulation" (from 2008 to 2013)	33
#2	#1 excluding trials, methods studies	19

Search date: 4th September, 2013

PROSPERO register

(prospective register of systematic review protocols)

#	Search string	Number of citations retrieved
#1	bowen therapy	0
#2	bowen technique	0
#3	bowtech	0
#4	bowenwork	0
#5	myofascial release	3
#6	myofascial massage	0
#7	myofascial manipulation	0
#8	fascial release	0
#9	fascial massage	0
#10	fascial manipulation	0
#11	myofascial	9
#12	unique citations	9

Search date: 4th September, 2013 ^a Records are included in EMBASE.com as soon as the citation and abstract is available from the publisher. Although the full indexing is not yet available, In-Process records are enriched with index terms automatically generated from title and abstract. In some cases In-Process records themselves replace Articles in Press.



Appendix B – References

List of Included Studies

- Finnegan-John J, Molassiotis A, Richardson A et al. (2013) A systematic review of complementary and alternative medicine interventions for the management of cancerrelated fatigue. Integr.Cancer Ther. 12(4):276-290
- Hansen C. & Taylor-Piliae RE (2011) What is Bowenwork? A Systematic Review. The Journal of Alternative and Complementary Medicine. Vol 7, No 11, 2011. pp. 1001-1006

List of Excluded Studies

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- Adams J, Barbery G, and Lui CW (2013) Complementary and alternative medicine use for headache and migraine: A critical review of the literature. Headache 53(3):459-473 [Intervention out of scope]
- Alraek T, Lee MS, Choi TY et al. (2011) Complementary and alternative medicine for patients with chronic fatigue syndrome: a systematic review. BMC Complement.Altern.Med. 11:87 [Intervention out of scope]
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- Brantingham JW, Bonnefin D, Perle SM et al. (2012) Manipulative therapy for lower extremity conditions: Update of a literature review. J.Manip.Physiol.Ther. 35(2):127-166 [Intervention out of scope]
- Brantingham JW, Cassa TK, Bonnefin D et al. (2011) Manipulative therapy for shoulder pain and disorders: Expansion of a systematic review. J.Manip.Physiol.Ther. 34(5):314-346 [Intervention out of scope]
- Breuner CC (2010) Complementary, holistic, and integrative medicine: Eating disorders.

Pediatr.Rev. 31(10):e75-e82 [Publication type out of scope]

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Appendix C – Characteristics of systematic reviews included in the overview

Review title	What is Bowenwork? A Systematic Review.
Review ID	Hansen (2011)
Review type (Cochrane / non-Cochrane)	Non-Cochrane
Level of evidence	Level I /IV
Review objectiveThe objectives of this study were to systematically review the literature available on the complementary approach to hea Bowenwork and to examine reported research methods.	
Inclusion criteria	Study design: any; Population: any; Intervention: original Bowenwork; Comparator: any
	Outcomes: any health-related outcomes
Exclusion criteria	Testimonials, duplicates, unrelated topics, literature reviews, articles lacking verifiable sources, and studies from proprietary resources
Date of documented search (month/year)	1985 to September 5, 2009
No. of prospectively designed and controlled studies included in the SR (by study design) 15 studies comprising 1 randomised controlled trial, 2 quasi-experimental, 3 mixed methods, 2 cross-sectional and 7 case studies	
No. of RCTs meeting the inclusion criteria for overview	Nil
(No. of participants per study design)	
Interventions (included RCTs)	NA
Conditions/ Population (included RCTs)	NA
Comparisons (included RCTs)	NA
Primary outcomes (systematic review)	Health-related outcomes
Secondary outcomes (systematic review)	NR
Review methods	NR
Quality of the included studies as reported in the systematic review	All studies were critically appraised on a total of 16 study elements to determine a study quality score, with possible total scores ranging from 0 to 32. Elements reviewed included study design, sample selection, description of Bowenwork, and description of health-related outcomes, data analysis, and results. Each item had a possible score ranging from 0 to 2 (0 = absent, 1 = partially defined, 2 = clearly defined)
AMSTAR rating	5/11

None declared

Declared interests of the review authors

Conclusions (key messages)	The science of Bowenwork needs further investigation with an improvement in research methods. Even though this review produced an
	amount of written information on findings with Bowenwork, it is evident that the science requires more intense research to support and
	validate health-related outcomes.

Review title	A systematic review of complementary and alternative medicine interventions for the management of cancer-related fatigue	
Review ID	Finnegan-John (2013)	
Review type (Cochrane / non-Cochrane)	Non-Cochrane	
Level of evidence	Level I /III	
Review objective	To appraise the relative effectiveness of different CAM interventions in managing cancer-related fatigue.	
Inclusion criteria Study design: RCT or quasi-experimental (includes a control group) Population: patients with cancer-related fatigue, > 18 years of age, having, or having had, treatment for cancer Intervention: any CAM therapy Comparator: control Outcomes: cancer-related fatigue as a primary or secondary outcome measures fatigue using a single-item, multi-item, or multicomponent measure or as a dimension of a quality of life scale		
Exclusion criteria	Studies using interventions not included within the National Center for Complementary and Alternative Medicine classification list	
Date of documented search (month/year)	June 2012	
No. of prospectively designed and controlled studies included in the SR (by study design)	20 studies comprising 15 RCTs, 3 either Phase II or counterbalanced trials and 3 studies that used a quasi-experimental design	
No. of RCTs meeting the inclusion criteria for overview (No. of participants per study design)	Nil	
Interventions (included RCTs)	NA	
Conditions/ Population (included RCTs)	NA	
Comparisons (included RCTs)	NA	
Primary outcomes (systematic review)	Cancer-related fatigue	
Secondary outcomes (systematic review)	Not specified	

Review methods	Narrative review
Quality of the included studies as reported in the systematic review	Studies were assessed using the Jadad score
AMSTAR rating	6/11
Conclusions (key messages)	None regarding Bowen therapy
Declared interests of the review authors	The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.



Appendix D – AMSTAR Quality rating for included systematic reviews

Citation:		
Hansen C. & Taylor-Piliae RE (2011) What is Bowenwork? A Systematic Review. The Journal of	f Alteri	native and
Complementary Medicine. Vol 7, No 11, 2011. Pp. 1001-1006		
1. Was an 'a priori' design provided?		Yes
The research question and inclusion criteria should be established before the conduct of a	✓	No
review.		Can't answer
		Not applicable
2. Was there duplicate study selection and data extraction?		Yes
There should be at least two independent data extractors and a consensus procedure for		No
disagreements should be in place.	\checkmark	Can't answer
		Not applicable
3. Was a comprehensive literature search performed?	✓	Yes
At least two electronic sources should be searched. The report must include years and		No
databases used (e.g. Central, EMBASE, and MEDLINE). Key words and/or MESH terms must		Can't answer
be stated and where feasible the search strategy should be provided. All searches should be		
supplemented by consulting current contents, reviews, textbooks, specialised registers, or experts in the particular field of study, and by reviewing the references in the studies found.		Not applicable
4. Was the status of publication (i.e. grey literature) used as an inclusion criterion?	\checkmark	Yes
The authors should state that they searched for reports regardless of their publication type.		No
The authors should state whether or not they excluded any reported (from the systematic		Can't answer
review), based on their publication status, language, etc.		Not applicable
5. Was a list of studies (included and excluded) provided?		Yes
A list of included and excluded studies should be provided		No
		Can't answer
		Not applicable
6. Were the characteristics of the included studies provided?	✓	Yes
In an aggregated form such as a table, data from the original studies should be provided on		No
ticipants, interventions and outcomes. The ranges of characteristics in all the studies		Can't answer
analysed e.g. age, race, sex, relevant socioeconomic data, disease status, duration, severity, or other diseases should be reported.		Not applicable
7. Was the scientific quality of the included studies assessed and documented?	✓	Yes
'A priori' methods of assessment should be provided (e.g., for effectiveness studies if the		No
author(s) chose to include only randomised, double-blind, placebo controlled studies, or		Can't answer
allocation concealment as inclusion criteria); for other types of studies alternative items will be relevant.		Not applicable
8. Was the scientific quality of the included studies used appropriately in formulating	✓	Yes
conclusions?		No
The results of the methodological rigour and scientific quality should be considered in the		Can't answer
analysis and the conclusions of the review, and explicitly stated in formulating recommendations.		Not applicable
9. Were the methods used to combine the findings of studies appropriate?	1	Yes
For the pooled results, a test should be done to ensure the studies were combinable, to		No
assess their homogeneity (i.e. Chi-squared test for homogeneity, I ²). If heterogeneity exists		Can't answer
random effects model should be used and/or the clinical appropriateness of combining hould be taken into consideration (i.e. is it sensible to combine?).		Not applicable
10. Was the likelihood of publication bias assessed?		Yes
An assessment of publication bias should include a combination of graphical aids (e.g.,	✓	No
funnel plot, other available tests) and/or statistical tests (e.g., Egger regression test).		Can't answer
		Not applicable
11. Was the conflict of interest stated?	1	Yes
		1



and the included studies.		Can't answer
		Not applicable
Total score	5/11	

1. Was an 'a priori' design provided?		Yes
The research question and inclusion criteria should be established before the conduct of a	✓	No
eview.		Can't answer
		Not applicable
2. Was there duplicate study selection and data extraction?		Yes
ere should be at least two independent data extractors and a consensus procedure for		
agreements should be in place.	~	No Can't annuar
	v	Can't answer
	✓	Not applicable
B. Was a comprehensive literature search performed? At least two electronic sources should be searched. The report must include years and	~	Yes
latabases used (e.g. Central, EMBASE, and MEDLINE). Key words and/or MESH terms must		No
be stated and where feasible the search strategy should be provided. All searches should be		Can't answer
supplemented by consulting current contents, reviews, textbooks, specialised registers, or experts in the particular field of study, and by reviewing the references in the studies found.		Not applicable
1. Was the status of publication (i.e. grey literature) used as an inclusion criterion?	✓	Yes
The authors should state that they searched for reports regardless of their publication type.		No
The authors should state whether or not they excluded any reported (from the systematic review), based on their publication status, language, etc.		Can't answer
ew), based on their publication status, language, etc.		Not applicable
Vas a list of studies (included and excluded) provided?		Yes
ist of included and excluded studies should be provided	✓	No
		Can't answer
		Not applicable
5. Were the characteristics of the included studies provided?	✓	Yes
n an aggregated form such as a table, data from the original studies should be provided on		No
he participants, interventions and outcomes. The ranges of characteristics in all the studies		Can't answer
analysed e.g. age, race, sex, relevant socioeconomic data, disease status, duration, severity, or other diseases should be reported.		Not applicable
7. Was the scientific quality of the included studies assessed and documented?	 ✓ 	Yes
A priori' methods of assessment should be provided (e.g., for effectiveness studies if the	•	
author(s) chose to include only randomised, double-blind, placebo controlled studies, or		No
allocation concealment as inclusion criteria); for other types of studies alternative items will		Can't answer
pe relevant.		Not applicable
8. Was the scientific quality of the included studies used appropriately in formulating conclusions?	✓	Yes
The results of the methodological rigour and scientific quality should be considered in the		No
analysis and the conclusions of the review, and explicitly stated in formulating		Can't answer
recommendations.		Not applicable
<i>Were the methods used to combine the findings of studies appropriate?</i>	✓	Yes
For the pooled results, a test should be done to ensure the studies were combinable, to assess their homogeneity (i.e. Chi-squared test for homogeneity, 1 ²). If heterogeneity exists		No
assess their nomogeneity (i.e. Chi-squared test for nomogeneity, i). If neterogeneity ex a random effects model should be used and/or the clinical appropriateness of combinir		Can't answer
should be taken into consideration (i.e. is it sensible to combine?).		Not applicable
Was the likelihood of publication bias assessed?		Yes
An assessment of publication bias should include a combination of graphical aids (e.g.,	~	No
funnel plot, other available tests) and/or statistical tests (e.g., Egger regression test).		Can't answer

		Not applicable
11. Was the conflict of interest stated?		Yes
Potential sources of support should be clearly acknowledged in both the systematic review and the included studies.	~	No
		Can't answer
		Not applicable
Total score	6/11	

Appendix E – Part B submitted literature

List of included studies

#	Reference	Submitted by	Comment
1	Hansen, C. & Taylor-Piliae, R.E. (2011) What is Bowenwork? A systematic review. J Altern Complement Med, 17(11):1001-1006	Bowen Association of Australia	Already identified in Overview (Part A)

List of excluded studies

Citations excluded at full text review

#	Citation	Submitted by	Reason for exclusion
1	Adelaide Health Technology Assessment (AHTA), University of Adelaide (2009) The management of acute/ subacute soft tissue injuries to the low back: evidence update and recommendations for clinical practice, Adelaide Health Technology Assessment, Discipline of Public Health, School of Population Health and Clinical Practice, University of Adelaide, On behalf of WorkCover SA	Australian Association of Massage Therapists	Intervention out of scope: not Bowen therapy - included in Massage overview Report
2	Bronfort G, Haas M, Evans R, Leininger B, Triano J (2010) Effectiveness of manual therapies: the UK evidence report. Chiropractic & Osteopathy 18(1):3	Bowen Therapists Federation of Australia	Intervention out of scope: not Bowen therapy; myofascial release - included in Massage overview Report
3	Hipmair, G. (2012) Efficacy of Bowen therapy in postoperative pain management – a single blinded (randomized) controlled trial	Bowen Association of Australia	Study type out of scope: not randomised - physician decided who received Bowen therapy and who received sham therapy
4	Marr, M., Baker, J., Lambon, N., & Perry, J. (2011) The effects of the Bowen technique on hamstring flexibility over time: a randomised controlled trial. J Bodyw Mov Ther, 15(3):281-290	Bowen Therapists Federation of Australia and Bowen Association of Australia	Population out of scope: subjects with no clinical condition
5	Smith CA, Levett KM, Collins CT, Jones L. (2012) Massage, reflexology and other manual methods for pain management in labour. Cochrane. Database.Syst.Rev, 2CD009290	Australian Association of Massage Therapists	Intervention out of scope: not Bowen therapy; massage - included in Massage overview Report
6	TRACsa: Trauma and Injury Recovery 2008, Clinical guidelines for best practice management of acute and chronic whiplash-associated disorders, TRACsa, Adelaide	Australian Association of Massage Therapists	Intervention out of scope: not Bowen therapy - included in Massage overview Report
7	Watson ED (2011) Popular physical therapy modalities in the management of Whiplash Associated Disorders. South African Journal of Sports Medicine; 22(4):95	Bowen Therapists Federation of Australia	Intervention out of scope: not Bowen therapy (and observational study)
8	Winter A. and MacAllister R (2011) An Evaluation of Health Improvements for Bowen Therapy Clients. Available at: http://www.bowen- technique.co.uk/pdfs/Occupational%20Health%20Report.pdf	Bowen Association of Australia	Study type out of scope: self-published, not RCT
9	"Wurn BF, Wurn LJ, King CR, Heuer MA, Roscow AS, Scharf ES, Shuster JJ. (2004) Treating female infertility and improving IVF pregnancy rates with a manual physical therapy technique. MedGenMed. 6(2):51	Bowen Therapists Federation of Australia	Intervention out of scope: not Bowen therapy (and single arm study)

Citations excluded at title/abstract screen

#	Citation	Submitted by	Reason for exclusion
1	Abu-Hijleh, M. F. (2012) Existence and Distribution of the Membranous Layer of Superficial Fascia in the Human Body, In 3rd International Fascia Research Conference. http://fasciacongress.org/2012/Abstracts/20_Abu-Hijleh.doc	Bowen Therapists Federation of Australia	Publication type out of scope: conference abstract
2	Ahles, T.A., Tope, D.M., Pinkson, B., Walch, S., Hann, D., Whedon, M., Dain, B., Weiss, J.E., Mills, L., & Silberfarb, PM (1999) Massage therapy for patients undergoing autologous bone marrow transplantation. J Pain Symptom.Manage., 18(3):157-163	Australian Association of Massage Therapists	Intervention out of scope: not Bowen therapy
3	Ajimsha MS, Chithra S, Thulasyammal RP (2012) Effectiveness of Myofascial Release in the Management of Lateral Epicondylitis in Computer Professionals. Archives of Physical Medicine and Rehabilitation 93(4):604-9.	Bowen Therapists Federation of Australia	Intervention out of scope: not Bowen therapy; myofascial release - included in Massage Submitted Literature report
4	Akkermans G. (2002) Physio recommends Bowen for facial palsy. Physiotherapy Frontline. 8(10):30	Bowen Therapists Federation of Australia	Publication type out of scope: magazine article
5	Akyuz G, Ozkok O (2012) Evidence based rehabilitation in chronic pain syndromes. AGRI 24(3):97-103.	Bowen Therapists Federation of Australia	Publication type out of scope: narrative review
6	Amato D. (2001) Accelerated Healing Response. Advance for Physical Therapists & PT Assistants Oct. 22, 2001, pp. 35-37. http://physical-therapy.advanceweb.com/Article/Accelerated- Healing-Response.aspx	Bowen Therapists Federation of Australia	Publication type out of scope: narrative review on website only
7	Amato D. (2001) The Bowen Technique can complement traditional physical therapy. Advance for Physical Therapist and Physical Therapist Assistant, 12(21):208-215	Bowen Association of Australia	Publication type out of scope: newsmagazine article
8	American Massage Therapy Association (2010) 2010 Massage Therapy Consumer Survey Fact Sheet Available at: http://www.amtamassage.org/research/2010-Massage-Therapy- Consumer-Survey-Fact-Sheet.html Accessed: 6-1-2014	Australian Association of Massage Therapists	Publication type out of scope: survey results
9	American Massage Therapy Association (2011) 2011 Massage Therapy Consumer Survey Fact Sheet Available at: http://www.amtamassage.org/research/Consumer-Survey-Fact- Sheets/2011-Massage-Therapy-Consumer-Survey-Fact-Sheet.html Accessed: 6-1-2014	Australian Association of Massage Therapists	Publication type out of scope: survey results
10	American Massage Therapy Association (2013) 2013 Massage Therapy Industry Fact Sheet Available at: http://www.amtamassage.org/infocenter/economic_industry-fact- sheet.html Accessed: 6-1-2014	Australian Association of Massage Therapists	Publication type out of scope: fact sheet on website
11	Anon. (2000) Bowenwork and women's health. Associated Bodywork and Massage Professions, 25(3):60	Bowen Association of Australia	Publication type out of scope: online article (no longer available)
12	Anon. (2008) Anne van Gils shares her experience. Talkback Magazine, The Association p30	Bowen Association of Australia	Publication type out of scope: magazine article
13	Anon. (2008) Bowen for hay fever. Positive Health 148:7, Positive Health Publications	Bowen Association of Australia	Publication type out of scope: online magazine
14	Anon. (2008) Shoulder and neck pain survey. Positive Health 149:8, Positive Health Publications	Bowen Association of Australia	Publication type out of scope: online magazine
15	Anon. (2009) Effect of Deep Cross-friction Myotherapy on Pressure Pain Thresholds on Patients with Non-specific Low Back Pain. In 2nd International Fascia Research Conference. http://fasciacongress.org/2009/abstract_pdf/J_006%20farasyn%20a ndre%20effect%20of%20deep%20cross-friction%20myotherapy.pdf	Bowen Therapists Federation of Australia	Publication type out of scope: conference abstract
16	Anon. (2009) Effects Of Myofascial Release On Children With Cerebral Palsy: Six Case Reports. In 2nd International Fascia Research Conference. http://fasciacongress.org/2009/abstract_pdf/posters/J_009R2%20w hislerMyofascial%20ReleaseTechniques%20Amsterdam%203%5B1% 5D.pdf	Bowen Therapists Federation of Australia	Publication type out of scope: conference abstract

#	Citation	Submitted by	Reason for exclusion
17	Anon. (2009) Evaluating the effectiveness of Myofascial Release to reduce pain in people with Chronic Fatigue Syndrome (CFS): A Pilot Study. In 2nd International Fascia Research Conference. http://fasciacongress.org/2009/abstract_pdf/posters/J_081%20mar shall%20evaluating%20the%20effectiveness%20of%20myofascial%2 Orelease.pdf	Bowen Therapists Federation of Australia	Publication type out of scope: conference abstract
18	Anon. (2009) Fascial Distortion Model (FDM) - An Effective Method for the Treatment of Shoulder Pain. In 2nd International Fascia Research Conference. http://fasciacongress.org/2009/abstract_pdf/J_001%20stein%20fas cial%20distortion%20model.pdf	Bowen Therapists Federation of Australia	Publication type out of scope: conference abstract
19	Anon. (2009) Functional Regulation of Acupoint Electrodynamics. Does it Exist?. In 2nd International Fascia Research Conference. http://fasciacongress.org/2009/abstract_pdf/posters/J_082R%20Pal halmi%20Functional%20Regulation%20of%20Acupoint09-0517- 1728_Abstract_Palhalmi_1_mod%5B1%5D.pdf	Bowen Therapists Federation of Australia	Publication type out of scope: conference abstract
20	Anon. (2009) Healing Anterior Cruciate Ligament Without Surgery. In 2nd International Fascia Research Conference. http://fasciacongress.org/2009/abstract_pdf/J_062%20sacristan%2 0healing%20ACL%20without%20sur.pdf	Bowen Therapists Federation of Australia	Publication type out of scope: conference abstract
21	Anon. (2009) Healing Low Back Pain by a Sequence of Myofascial Therapies. In 2nd International Fascia Research Conference. http://fasciacongress.org/2009/abstract_pdf/posters/J_R083%20Pal hami%20Healing%20low%20back%20pain%20by%20a%20sequence %20of%20%2009-0517- 1724_Abstract_Palhalmi_2_mod%5B1%5D.pdf	Bowen Therapists Federation of Australia	Publication type out of scope: conference abstract
22	Anon. (2009) How Much Force is Required to Treat the Lumbar Fasciae?. In 2nd International Fascia Research Conference. http://fasciacongress.org/2009/abstract_pdf/posters/J_060%20ped relli%20how%20much%20force%20is%20required%20to%20treat% 20lumbar%20fasciae.pdf	Bowen Therapists Federation of Australia	Publication type out of scope: conference abstract
23	Anon. (2009) How Much Time is Required to Modify a Fascial Fibrosis?. In 2nd International Fascia Research Conference. http://fasciacongress.org/2009/abstract_pdf/J_015%20borgini%20ti me%20required%20to%20modify%20fascial%20fibrosis.pdf	Bowen Therapists Federation of Australia	Publication type out of scope: conference abstract
24	Anon. (2009) Inflammation Release Technique® Light Pressure, Deep Tissue Protocol for Fascial Restriction and Pain Relief. In 2nd International Fascia Research Conference. http://fasciacongress.org/2009/abstract_pdf/posters/J_R110%20Sp encer%20Inflammation%20Release%20Technique_%2009-0521- 2019_110%20Spencer%5B1%5D.pdf	Bowen Therapists Federation of Australia	Publication type out of scope: conference abstract
25	Anon. (2009) Influence of Myofascial Release Techniques on Oesophageal Pressure in Laryngectomized Patients. In 2nd International Fascia Research Conference. http://fasciacongress.org/2009/abstract_pdf/J_117%20Marszalek% 20Influence%20of%20myofascial%20release%20techniques.pdf	Bowen Therapists Federation of Australia	Publication type out of scope: conference abstract
26	Anon. (2009) Is There Evidence for Fascial Adhesions Caused by Crosslinks?. In 2nd International Fascia Research Conference. http://fasciacongress.org/2009/abstract_pdf/posters/J_107R%20Ro ssmy_edited%5B1%5D.pdf	Bowen Therapists Federation of Australia	Publication type out of scope: conference abstract
27	Anon. (2009) Microtearing of the Superficial Layer of Lumbar Fascia as a Source for Low Back Pain. In 2nd International Fascia Research Conference. http://fasciacongress.org/2009/abstract_pdf/posters/J_101%20schl eip%20microtearing%20of%20superficial%20layer%20of%20lumbar %20fascia.pdf	Bowen Therapists Federation of Australia	Publication type out of scope: conference abstract
28	Anon. (2009) Myofascial Release (MFR) Efficacy in Alleviating Specific Symptoms in Systemic Lupus Erythematosus: Two Case Studies. In 2nd International Fascia Research Conference. http://fasciacongress.org/2009/abstract_pdf/posters/J_116%20ball %20myofascail%20release%20efficacy%20in%20alleviating%20speci fic%20symptoms.pdf	Bowen Therapists Federation of Australia	Publication type out of scope: conference abstract

#	Citation	Submitted by	Reason for exclusion
29	Anon. (2009) Myofascial Release in Combination with Trigger Point Therapy and Deep Breathing Training improves Low Back Pain In 2nd International Fascia Research Conference. http://fasciacongress.org/2009/abstract_pdf/J_088R%20Vagedes%2 0Myofascial_Release_Triggerpoints_DeepBreathingTraining%5B1%5 D.pdf	Bowen Therapists Federation of Australia	Publication type out of scope: conference abstract
30	Anon. (2009) Prospective Investigation on Hip Adductor Strains Using Myofascial Release. In 2nd International Fascia Research Conference. http://fasciacongress.org/2009/abstract_pdf/J_050%20robb%20hip %20adductor%20strains%20using%20myofascial%20release.pdf	Bowen Therapists Federation of Australia	Publication type out of scope: conference abstract
31	Anon. (2009) Sustained Manual Loading of the Fascial System Can Evoke Tonic Reactions: Preliminary Results. In 2nd International Fascia Research Conference. http://fasciacongress.org/2009/abstract_pdf/posters/J_093R%20Be rtolucci%2009-0510- 1940_RM%20ABSTRACT%20REVISED%2010%2005%20091%5B1%5D .pdf	Bowen Therapists Federation of Australia	Publication type out of scope: conference abstract
32	Anon. (2009) The Role of the Ankle Retinacula in Ankle Sprain Outcomes. In 2nd International Fascia Research Conference. http://fasciacongress.org/2009/abstract_pdf/posters/J_059%20stec co%20role%20of%20ankle%20retinacula.pdf	Bowen Therapists Federation of Australia	Publication type out of scope: conference abstract
33	Anon. (2009) Treatment of Phantom-limb Pain According to the Fascial Manipulation Technique: A Pilot Study. In 2nd International Fascia Research Conference. http://fasciacongress.org/2009/abstract_pdf/J_046%20stefano%20 %20treatment%20of%20phantomlimb%20pain.pdf	Bowen Therapists Federation of Australia	Publication type out of scope: conference abstract
34	Anon. (2009) Understanding the Process of Fascial Unwinding. In 2nd International Fascia Research Conference. http://fasciacongress.org/2009/abstract_pdf/posters/034R%20mina sny%20understanding%20process0in%20alleviating%20specific%20s ymptoms.pdf	Bowen Therapists Federation of Australia	Publication type out of scope: conference abstract
35	Anon. [Janice Hughes](2004) Bodywork Therapies. Share Guide 72:16-34 [Available at http://www.shareguide.com/Bodywork.html]	Bowen Association of Australia	Publication type out of scope: online glossary
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39	Arroyo-Morales, M., Olea, N., Martinez, M., Moreno-Lorenzo, C., Diaz-Rodriguez, L., & Hidalgo-Lozano, A. (2008) Effects of myofascial release after high-intensity exercise: a randomized clinical trial. J Manipulative Physiol Ther, 31(3):217-223	Bowen Therapists Federation of Australia	Intervention out of scope: not Bowen therapy
40	Ashworth V. (2006) The Bowen technique: professional member of BackCare, gives an insight into this unique treatment. Talkback Magazine, The Association p18-19	Bowen Association of Australia	Publication type out of scope: magazine article
41	Atalla N, Chaudhry H, Findley T. (2012) Quantifying Effects of Non- Invasive Interventions to Reduce Low Back Dysfunction. In 3rd International Fascia Research Conference. http://fasciacongress.org/2012/Abstracts/83_Atalla.doc	Bowen Therapists Federation of Australia	Publication type out of scope: conference abstract
42	Australian Association of Massage Therapists (2011) Complaints in massage therapy: Our problem - our solution Available at: http://membership.aamt.com.au/lib/docs/newdocs/FINAL_AAMT_C omplaint_Procedure.pdf Accessed: 1-6-2014	Australian Association of Massage Therapists	Publication type out of scope: complaints report (for massage)

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44	Australian Bureau of Statistics 2011, 4102.0 - Australian Social Trends, Jun 2011.	Australian Association of Massage Therapists	Publication type out of scope: statistics data
45	Australian Health Practitioner Regulation Agency (2012) Annual Report 2011-2012 Available at: http://www.ahpra.gov.au/documents/default.aspx?record=WD12% 2F9240&dbid=AP&chksum=S6gwGtLfAovsukYbQ%2Fn7hw%3D%3D Accessed: 6-1-2014	Australian Association of Massage Therapists	Publication type out of scope: annual report for AHPA
46	Australian Health Practitioner Regulation Agency (2014) Legislation Available at: http://www.ahpra.gov.au/About-AHPRA/What-we- do/Legislation.aspx Accessed: 6-1-2014	Australian Association of Massage Therapists	Publication type out of scope: legislation information on website
47	Australian Institute of Health and Welfare & Australasian Association of Cancer Registries (2012) Cancer in Australia: an overview Cancer series no. 74. Cat. no. CAN 70. Canberra, AIHW.	Australian Association of Massage Therapists	Publication type out of scope: information report on clinical condition
48	Australian Institute of Health and Welfare (2012) Older people leaving hospital: A statistical overview of the transitioncare program 2009–10 and 2010–11, AIHW, Canberra, Aged care statistics series no. 38. Cat. no. AGE 71.	Australian Association of Massage Therapists	Publication type out of scope: program review
49	Australian Institute of Health and Welfare (2013) Definitions of safety and quality of health care Available at: http://www.aihw.gov.au/sqhc-definitions/ Accessed: 6-1-2014	Australian Association of Massage Therapists	Publication type out of scope: information article
50	Australian Institute of Health and Welfare 2009, Health expenditure for arthritis and musculoskeletal conditions, 2004-05, National Centre for Monitoring Arthritis and Musculoskeletal Conditions, Canberra, ARTHRITIS SERIES Number 10 PHE 115.	Australian Association of Massage Therapists	Publication type out of scope: cost study
51	Baker J. (2001) The Bowen technique Gloucestershire, UK, Corpus Publishing.	Bowen Association of Australia	Publication type out of scope: book
52	Barnes JF. (1990) Myofascial Release: The Search for Excellence. Paoli, Pa: MFR Seminars	Bowen Therapists Federation of Australia	Publication type out of scope: seminar
53	Barnes JF. (1996) Myofascial release in treatment of thoracic outlet syndrome. J Bodyw Mov Ther. 1996;1(1):53-57.	Bowen Therapists Federation of Australia	Publication type out of scope: narrative review
54	Barnes JF.(2004) Myofascial release The missing link in traditional treatment. In: Davis CM. Complementary Therapies in Rehabilitation. 2nd ed. Thorofare, NJ: SLACK Inc; 2004:59-81.	Bowen Therapists Federation of Australia	Publication type out of scope: book exerpt
55	Barnes MF (1997) The basic science of myofascial release: morphologic change in connective tissue [abstract]. Journal of Bodywork and Movement Therapies 1(4):231-236.	Bowen Therapists Federation of Australia	Publication type out of scope: narrative review
56	Barnes MF, Gronlund RT, Little MF, et al. (1997) Efficacy study of the effect of a myofascial release treatment technique on obtaining pelvic symmetry. J Bodyw Mov Ther. 1997;1(5):289-296.	Bowen Therapists Federation of Australia	Intervention out of scope: not Bowen therapy; myofascial release - not included in Massage Submitted Literature report as published prior to 1 April 2008
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59	Begg, S., Vos, T., Barker, B., Stevenson, C., Stanley, L., & Lopez, A. D. (2007) The burden of disease and injury in Australia 2003, AIHW, Canberra, PHE 82.	Australian Association of Massage Therapists	Publication type out of scope: burden of disease report
60	Begnoche D, Sanders E, Pitetti KH (2005) Effect of An Intensive Physical Therapy Program With Partial Body Weight Treadmill Training on A 2 Year-Old Child With Spastic Quadriplegic Cerebral Palsy. Pediatric Physical Therapy 17(1).	Bowen Therapists Federation of Australia	Study type out of scope: case study
61	Bensoussan, A. & Myers, SP (1996) Towards a safer choice: The practice of Traditional Chinese Medicine in Australia Campbelltown, NSW, Australia, Faculty of Health, University of Western Sydney. P53	Australian Association of Massage Therapists	Publication type out of scope: book
62	Berglund O, Brunberg M, Skillgate E, Viklund P (2012) Comparison of ankle joint dorsiflexion after classical massage or specific myofascial receptor massage technique on the calf muscle. Results from a Randomized Controlled Trial. In 3rd International Fascia Research Conference. http://fasciacongress.org/2012/Abstracts/43_Viklund.doc	Bowen Therapists Federation of Australia	Publication type out of scope: conference abstract
63	"Bertolucci BMLF (2010) Muscle Repositioning: Combining Subjective and Objective Feedbacks in the Teaching and Practice of a Reflex-Based Myofascial Release Technique. Int J Ther Massage Bodywork. 3(1): 26–35.	Bowen Therapists Federation of Australia	Publication type out of scope: narrative review
64	Bertolucci LF (2011) Pandiculation: Nature's way of maintaining the functional integrity of the myofascial system? J Bodyw Mov Ther 15(3):268-80.	Bowen Therapists Federation of Australia	Publication type out of scope: narrative review
65	Bertolucci, L.F. & Kozasa, E.H. (2010) Sustained manual loading of the fascial system can evoke tonic reactions: preliminary results. Int J Ther Massage Bodywork, 3(1):12-14	Bowen Therapists Federation of Australia	Population out of scope: subjects with no clinical condition
66	Biorac M (2000) The effect of Bowen Therapy on Restless Leg Syndrome, Private research not published.	Bowen Therapists Federation of Australia	Publication type out of scope: unpublished private research
67	Bishop DL (1987) A comparison of myofascial release and ultrasound in the treatment of musculoskeletal pain. Thesis (M.S.)Old Dominion University. Published by Norfolk, Va. : Bishop, 1987.	Bowen Therapists Federation of Australia	Publication type out of scope: thesis
68	Blanquet M, Boaullalene K, Miguel M, Carboni C. (2012) Ultrasound study of thoracolumbar fascia and surrounding tissues in chronic low back pain before and after spinal manipulative therapy. In 3rd International Fascia Research Conference. HTTP://FASCIACONGRESS.ORG/2012/ABSTRACTS/44_CARBONI.DOC	Bowen Therapists Federation of Australia	Publication type out of scope: conference abstract
69	Blum DB (2011) Addressing Hiatal Hernia with Myofascial Release. Massage Magazine.	Bowen Therapists Federation of Australia	Publication type out of scope: magazine article
70	Blyum, L. & Driscoll, M. (10-1-2012) Mechanical Stress transfer - the fundamental physical basis of all manual therapy techniques Journal of Bodywork and Movement Therapies 16(4):520	Bowen Therapists Federation of Australia	Outcomes out of scope: not the effectiveness of Bowen therapy
71	Bogduk N. (1991) Patho-anatomic basis for soft tissue injuries to the spine: A re-evaluation of the anatomy of the spinal muscles and fascia. ABS Newsletter. Summer 1991: 26.	Bowen Therapists Federation of Australia	Publication type out of scope: narrative review in newsletter
72	Bowen Association of Australia (2012) Bowen Workforce Study Available at: https://www.surveymonkey.com/sr.aspx?sm=4iUlmHtWXbGo7VAX 2Ki9s8BFa3rzKDX5H_2fFCghI2FaY_3d Accessed: 07-01-2014	Bowen Association of Australia	Publication type out of scope: survey results (no longer available online)
73	Bowen Therapy Professional Association (BTPA) of the UK (2012) Repetitive Strain Injury with Bowen Therapy (Case Series) Available at: http://www.btpa.co/Bowen/repetitivestrain-injury-bowen- study.asp	Bowen Association of Australia	Study type out of scope: case series
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77	Capistrant T (2012) Treatment of Patellar dislocation with Fascial Distortion Model. In 3rd International Fascia Research Conference. http://fasciacongress.org/2012/Abstracts/45_Capistrant.docx	Bowen Therapists Federation of Australia	Publication type out of scope: conference abstract
78	Carlson JL. (2003) Complementary Therapies and Wellness. Upper Saddle River, NJ: Pearson Education Inc.; 2003, 166-185.	Bowen Therapists Federation of Australia	Publication type out of scope: book
79	Carter B, Minnery R, Clark B. (2002) Evaluation of Bowen Technique in the treatment of frozen shoulder. Complementary Health Therapies in Nursing and Midwifery, 8(4):204-210	Bowen Association of Australia	Study type out of scope: narrative review of qualitative results and patient experiences
80	Carter B. (2001) A pilot study to evaluate the effectiveness of Bowen Technique in the management of clients with frozen shoulder. Complementary Therapies in Medicine. 9(4):280-15	Bowen Therapists Federation of Australia and Bowen Association of Australia	Study type out of scope: case series
81	Carter B. (2002) Clients' experiences of frozen shoulder and its treatment with Bowen technique. Complement Ther Nurs.Midwifery, 8(4):204-210	Bowen Association of Australia	Study type out of scope: narrative review of qualitative results and patient experiences
82	Cassileth, B. R. & Vickers, A. J. (2004) Massage therapy for symptom control: outcome study at a major cancer center Journal of pain and symptom management 28(3):244-249	Australian Association of Massage Therapists	Intervention out of scope: not Bowen therapy
83	Castro-Sánchez AM, Matarán-Peñarrocha GA, Granero-Molina J, Aguilera-Manrique G, Quesada-Rubio JM, Moreno-Lorenzo C. (2011) Benefits of Massage-Myofascial Release Therapy on Pain, Anxiety, Quality of Sleep, Depression, and Quality of Life in Patients with Fibromyalgia. Evid Based Complement Alternat Med. 2011:561753	Bowen Therapists Federation of Australia	Intervention out of scope: not Bowen therapy
84	Castro-Sanchez C, Mataran-Penarrocha GA, Sanchez-Labraca N, Quesado-Rubio JM, Granero-Molina J, Moreno-Lorenzo C (2011) A randomized controlled trial investigating the effects of craniosacral therapy on pain and heart rate variability in fibromyalgia patients. Clin Rehabil 25(1): 25-35	Bowen Therapists Federation of Australia	Intervention out of scope: not Bowen therapy; craniosacral therapy - included in Massage Submitted Literature report
85	Chaitow L (2009) Research in Water and Fascia: Micro-tornadoes, hydrogenated diamonds & Nano crystals. Massage Today 9(6).	Bowen Therapists Federation of Australia	Publication type out of scope: narrative review
86	Chaitow L. (2012) The Role of Fascia in Manipulative Treatment of Soft Tissues. In 3rd International Fascia Research Conference. http://fasciacongress.org/2012/Abstracts/57_Chaitow.docx	Bowen Therapists Federation of Australia	Publication type out of scope: conference abstract
87	Chaudhry, H., Schleip, R., Ji, Z., Bukiet, B., Maney, M., & Findley, T. (2008) Three-dimensional mathematical model for deformation of human fasciae in manual therapy. J Am.Osteopath.Assoc., 108(8):379-390	Bowen Therapists Federation of Australia	Outcomes out of scope: not the effectiveness of Bowen therapy
88	Chell CM (1991) The effects of myofascial release on forward head posture Thesis (M.S.)D'Youville College, 1991.	Bowen Therapists Federation of Australia	Publication type out of scope: thesis
89	Chen CS, Ingber DE (1999) Tensegrity and mechanoregulation: from skeleton to cytoskeleton. Osteoarthritis and Cartilage 7(1):81-94.	Bowen Therapists Federation of Australia	Population out of scope: cellular studies
90	Chen Q, Bensamoun S, Basford JR, Thompson JM, and An KN (2007) Identification and Quantification of Myofascial Taut Bands With Magnetic Resonance Elastography J Bodyw Mov Ther. 13(4):304-10	Bowen Therapists Federation of Australia	Study type out of scope: descriptive anatomy
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93	Clarke S. (2012) A Textbook of Bowen Technique (Book Review). Journal of the Australian Traditional- Medicine Society, 18(4):245	Bowen Association of Australia	Publication type out of scope: book review
94	Clayton A. (2007) Review of the South Australian Workers' Compensation System Report, Bracton Consulting Services Pty Ltd, PricewaterhouseCoopers.	Australian Association of Massage Therapists	Publication type out of scope: workers' compensation review report
95	Coad, C. (2009) Brief takes. Positive Health 154:1, Positive Health Publications	Bowen Association of Australia	Publication type out of scope: editorial
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97	Cosic V, Day JA (2012) Application of Fascial Manipulation© in Pubescent Postural Hyperkyphosis. In 3rd International Fascia Research Conference. http://fasciacongress.org/2012/Abstracts/17_Day.doc	Bowen Therapists Federation of Australia	Publication type out of scope: conference abstract
98	Cowie JW (2012) A Multi-Modal Biosensor to Measure Soft Tissue Pain and Myofascial Trigger Points (MFTP's) for Evidence Based Practices. In 3rd International Fascia Research Conference. http://fasciacongress.org/2012/Abstracts/121_Cowie.pdf	Bowen Therapists Federation of Australia	Publication type out of scope: conference abstract
99	Crane, J.D., Ogborn, D.I., Cupido, C., Melov, S., Hubbard, A., Bourgeois, JM, & Tarnopolsky, M.A. (2012) Massage therapy attenuates inflammatory signaling after exercise-induced muscle damage. Sci.Transl.Med, 4(119):119ra13	Australian Association of Massage Therapists	Intervention out of scope: not Bowen therapy
100	Crawford JS, Simpson J, Crawford P. (1996) Myofascial release provides symptomatic relief from chest wall tenderness occasionally seen following lumpectomy and radiation in breast cancer patients Int J Radiat Oncol Biol Phys. 34(5):1188-9.	Bowen Therapists Federation of Australia	Publication type out of scope: letter to the Editor
101	Crawford JS, Simpson J, Crawford P. (1996) Myofascial release provides symptomatic relief from chest wall tenderness occasionally seen following lumpectomy and radiation in breast cancer patients Int J Radiat Oncol Biol Phys. 34(5):1188-9.	Bowen Therapists Federation of Australia	Study type out of scope: case study
102	Dalton A (2005) Helping to Relieve the Pain of Post-Surgical Breast Cancer with Myofascial/Craniosacral Techniques. Oncology Times 27(6):50	Bowen Therapists Federation of Australia	Publication type out of scope: narrative review
103	Davis CM. (2009) Complementary Therapies in Rehabilitation - Evidence for Efficacy in Therapy, Prevention and Wellness. 2009, Thorofare, NJ: SLACK, Inc.	Bowen Therapists Federation of Australia	Publication type out of scope: book
104	DeAngelo NA, Gordin V (2004) Treatment of Patients With Arthritis- Related Pain. JAOA: Journal of the American Osteopathic Association 104(11 suppl):2S-5S.	Bowen Therapists Federation of Australia	Publication type out of scope: narrative review
105	Deising S, Weinkauf B, Blunk J, Obreja O, Schmelz M, Rukwied R (2012) NGF-evoked sensitization of muscle fascia nociceptors in humans. PAIN 153(8):1673-9.	Bowen Therapists Federation of Australia	Intervention out of scope: not Bowen therapy
106	De-la-Llave-Rincon Al, Ortega-Santiago R, Ambite-Quesada S, Gil- Crujera A, Puentedura EJ, Valenza MC, Fernández-de-las-Peñas C. (2012) Response of Pain Intensity to Soft Tissue Mobilization and Neurodynamic Technique: A Series of 18 Patients With Chronic Carpal Tunnel Syndrome J Manipulative Physiol Ther. 2012 Jul;35(6):420-7	Bowen Therapists Federation of Australia	Study type out of scope: case study
107	Delaney, J.P., Leong, K.S., Watkins, A., & Brodie, D. (2002) The short- term effects of myofascial trigger point massage therapy on cardiac autonomic tone in healthy subjects. J Adv.Nurs., 37(4):364-371	Australian Association of Massage Therapists	Intervention out of scope: not Bowen therapy
108	Dicker A. (2001) Bowen Therapy, Nursing Aust The Journal @ The New South Wales College of Nursing', 2(3) 7	Bowen Therapists Federation of Australia	Publication type out of scope: descriptive

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109	Dicker A. (2001) Using Bowen Therapy to improve staff health. The Australian Journal of Holistic Nursing. 8(1):38-42.	Bowen Therapists Federation of Australia and Bowen Association of Australia	"Publication type out of scope: narrative review (of health promotion project)
110	Dicker A. (2005) Bowen techniqueits use in work related injuries. Aust.J Holist.Nurs., 12(1):31-34	Bowen Association of Australia	Study type out of scope: program, not RCT
111	Dicker A. (2005) Using Bowen Technique in a Health Service Workplace to Improve the Physical and Mental Wellbeing of Staff. The Australian Journal of Holistic Nursing. Vol 12, No. 2. 35-42.	Bowen Therapists Federation of Australia and Bowen Association of Australia	Study type out of scope: program, not RCT
112	Didriksen A, Hagen H (2012) Results of chiropractic treatment on 46 patients referred from and ear, nose and throat department. In 3rd International Fascia Research Conference. http://fasciacongress.org/2012/Abstracts/28_Didriksen.docx	Bowen Therapists Federation of Australia	Publication type out of scope: conference abstract
113	Dion L, Rodgers N, Cutshall SM, Cordes ME, Bauer B, Cassivi SD, Cha S (2011) Effect of Massage on Pain Management for Thoracic Surgery Patients. International Journal of Therapeutic Massage & Bodywork 4(2).	Bowen Therapists Federation of Australia	Intervention out of scope: not Bowen therapy (and single arm study)
114	Dodd, J.G., Good, M.M., Nguyen, T.L., Grigg, A.I., Batia, L.M., & Standley, P.R. (2006) In vitro biophysical strain model for understanding mechanisms of osteopathic manipulative treatment. J Am.Osteopath.Assoc., 106(3):157-166	Bowen Therapists Federation of Australia	Population out of scope: non-human study
115	Driscoll, M. & Blyum, L. (2009) The Influence of Altered Mechanical Properties in Hypertoned Fascia on Muscle Activational Strategies, In 2nd International Fascia Research Conference. http://fasciacongress.org/2009/abstract_pdf/J_061R%20Driscoll%20 The%20Influence%20of%20Altered%20Mechanical%20Properties.p df	Bowen Therapists Federation of Australia	Publication type out of scope: conference abstract
116	Duncan B, McDonough-Means S, Worden K, Schnyer R, Andrews J, Meaney FJ. (2008) Effectiveness of osteopathy in the cranial field and myofascial release versus acupuncture as complementary treatment for children with spastic cerebral palsy: a pilot study. J Am Osteopath Assoc. 108(10):559-70.	Bowen Therapists Federation of Australia	Intervention out of scope: administered by osteopathic physician and confounded with other osteopathic intervention
117	Duncan B, McHugh P, Houghton F, Wilson C. (2011) Improved motor function with Bowen therapy for rehabilitation in chronic stroke: a pilot study. J Prim.Health Care, 3(1):53-57	Bowen Association of Australia	Study type out of scope: case series
118	Eagan, T.S., Meltzer, K.R., & Standley, P.R. (2007) Importance of strain direction in regulating human fibroblast proliferation and cytokine secretion: a useful in vitro model for soft tissue injury and manual medicine treatments. J Manipulative Physiol Ther, 30(8):584-592	Bowen Therapists Federation of Australia	Population out of scope: non-human study
119	Editorial: Fascia Research 2012: Third International Fascia Research Congress. http://www.ijtmb.org/index.php/ijtmb/article/viewFile/116/138	Bowen Therapists Federation of Australia	Publication type out of scope: editorial
120	Esson P, Godfrey J. (2002) An integral part of the system. Primary Care Today. (In association with the NHS Alliance). September/October.	Bowen Therapists Federation of Australia	Publication type out of scope: newsletter article
121	Falvey, E. F., Clark, R., Franklyn-Miller, A., Bryant, A., Briggs, C., & McCrory, P. (2009) Iliotibial Band Anatomy And Biomechanics, Implications For The Treatment Of Iliotibial Band Syndrome, In 2nd International Fascia Research Conference. http://fasciacongress.org/2009/abstract_pdf/posters/J_036%20falv ey%20iliotibial%20band%20syndrome.pdf	Bowen Therapists Federation of Australia	Publication type out of scope: conference abstract
122	Ferguson, F. (2008) Research Project. Showing the Effects on the Body of the Bowen Technique using Thermal Imaging. Assessment Task 1. Assessment of Professional Skills. Border College of Natural Therapies. Version 3, January 2008	Bowen Therapists Federation of Australia	Publication type out of scope: course material

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124	Figov J. (1999) Gentle Touch Bowen Therapy. Positive Health. (44):47-9 1999 Sept http://www.positivehealth.com/article/bowen- technique/gentle-touch-bowen-therapy	Bowen Therapists Federation of Australia and Bowen Association of Australia	Publication type out of scope: online magazine
125	Findley TW and Schleip R (Editors) (2007) FASCIA RESEARCH - Basic Science and Implications for Conventional and Complementary Health Care.	Bowen Therapists Federation of Australia	Publication type out of scope: book
126	Fischer MJ, Riedlinger K, Gutenbrunner C, and Bernateck M (2009) Influence of the Temporomandibular Joint on Range of Motion of the Hip Joint in Patients With Complex Regional Pain Syndrome J Manipulative Physiol Ther. 32(5):364-71.	Bowen Therapists Federation of Australia	Study type out of scope: descriptive
127	Flourie, W. (2009) The Fascia Lata of the Thigh - More Than a "Stocking": A Magnetic Resonance Imaging, Ultrasonography and Dissection Study, In 2nd International Fascia Research Conference. http://fasciacongress.org/2009/abstract_pdf/J_086%20fourie%20fa scia%20lata%20of%20the%20thigh.pdf	Bowen Therapists Federation of Australia	Publication type out of scope: conference abstract
128	Fourie WJ (2012) Standardised documentation in manual and massage therapy – chasing a rainbow?. In 3rd International Fascia Research Conference. http://fasciacongress.org/2012/Abstracts/60_Fourie.doc	Bowen Therapists Federation of Australia	Publication type out of scope: conference abstract
129	Fritsky L (2008) Physical Therapy for Infertility. Advance for PT & RM 19(10):32	Bowen Therapists Federation of Australia	Publication type out of scope: narrative review
130	Garfin, S.R., Tipton, C.M., Mubarak, S.J., Woo, S.L., Hargens, A.R., & Akeson, W.H. (1981) Role of fascia in maintenance of muscle tension and pressure. J Appl.Physiol Respir.Environ.Exerc.Physiol, 51(2):317- 320	Bowen Therapists Federation of Australia	Publication type out of scope: descriptive
131	Gillespie BR (2008) Case Study in Headache: The Corrective Aspect of Craniosacral Fascial Therapy. Self-published and available at http://scholar.google.com/scholar_url?hl=en&q=http://www.gillesp ieapproach.com/documents/Case%2520Studies%2520- %2520New/CS_Headache.pdf&sa=X&scisig=AAGBfm2OLI04- R6UdozQyjR3EE0qp-FA2w&oi=scholaralrt	Bowen Therapists Federation of Australia	Study type out of scope: case study
132	Gillespie BR (2009) Case Study in Otitis Media: The Corrective Aspect of Craniosacral Fascial Therapy. Not published but available at http://www.gillespieapproach.com/documents/Case%20Studies%20 -%20New/CS_OtitisMedia.pdf	Bowen Therapists Federation of Australia	Publication type out of scope: unpublished case study
133	"Gillespie BR, Barnes JF. (1990) Diagnosis and treatment of TMJ, head, neck and asthmatic symptoms in children. Cranio. 8(4):342-9.	Bowen Therapists Federation of Australia	Publication type out of scope: narrative review
134	Gillespie BR, Newell C (2008) Case Study in Reading Disorder: The Corrective Aspect of Craniosacral Fascial Therapy. 5(5): 296-8	Bowen Therapists Federation of Australia	Study type out of scope: case study
135	Godfrey J. (2001) The Bowen Technique - gentle and effective antidote to pain. Nurse 2 Nurse, 1(12):58-59	Bowen Association of Australia	Publication type out of scope: website article
136	Godfrey J. (2001) The Bowen Technique-gently producing results. Nurse 2 Nurse, 1(10):44-45	Bowen Association of Australia	Publication type out of scope: website article
137	Godfrey J. (2003) The Bowen Technique & asthma: breading the trigger. Primary Care Today. (In association with the NHS Alliance). (2003) September/October.	Bowen Therapists Federation of Australia	Publication type out of scope: narrative review
138	Godfrey J. (2005) Case studies. Breaking the migraine pattern with the Bowen Technique Positive Health 108:50, Positive Health Publications	Bowen Association of Australia	Publication type out of scope: online magazine

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139	Godfrey J. (2008) Case study: a shoulder/hand mystery solved with the Bowen Technique Positive Health 149:38-89, Positive Health Publications	Bowen Association of Australia	Publication type out of scope: online magazine
140	Godfrey J. (2010) The Bowen Technique – Bowen Knee & Ankle Study. Choice Health & Wellbeing International Trade Journal 2010 February - March	Bowen Therapists Federation of Australia	Publication type out of scope: online article
141	Gordon GA. (1991) Stress reactions in connective tissues: A molecular hypothesis. Med Hypotheses. 1991;36(3):289-294.	Bowen Therapists Federation of Australia	Publication type out of scope: narrative review
142	Gratz, C.H. (1931) Tensile strength and elasiticity tests on human fascia lata. Journal of Bone & Joint Surgery, 13(2):334-340 Available from: http://dx.doi.org/	Bowen Therapists Federation of Australia	Population out of scope: non-human study
143	Guarda_Nardini L, Stecco A, Stecco C, Masiero S, Manfredini D (2012) Myofascial Pain of the Jaw Muscles: Comparison of Short- Term Effectiveness of Botulinum Toxin Injections and Fascial Manipulation Technique. Journal of Crano Mandibular & Sleep Practice 30(2).	Bowen Therapists Federation of Australia	Intervention out of scope: not Bowen therapy; fascial manipulation - included in Massage Submitted Literature report
144	Guiney PA, Chou R, Vianna A, et al. (2005) Effects of osteopathic manipulative treatment on pediatric patients with asthma: A randomized controlled trial. J Am Osteopath Assoc. 2005; 105(1):7- 12.	Bowen Therapists Federation of Australia	Intervention out of scope: administered by osteopathic physician
145	Gustafson S. (2014) Bowenwork: bodywork without the work. Massage and Bodywork. Associated Bodywork and Massage Professions, 25(3):54-63	Bowen Association of Australia	Publication type out of scope: online article
146	Haig AJ, Tong HC, Yamakawa KS, Quint DJ, Hoff JT, Chiodo A, Miner JA, Choksi VR, Geisser ME, and Parres CM (2006) Spinal Stenosis, Back Pain, or No Symptoms at All? A Masked Study Comparing Radiologic and Electrodiagnostic Diagnoses to the Clinical Impression Arch Phys Med Rehabil. 87(7):897-903.	Bowen Therapists Federation of Australia	Study type out of scope: observational study
147	Hamm, M. & Li, W. (2012) Mechanical Relationships in the Neurofascia: A Visual Schematic Model, In 3rd International Fascia Research Conference. http://fasciacongress.org/2012/Abstracts/34_Hamm.pdf	Bowen Therapists Federation of Australia	Publication type out of scope: conference abstract
148	Hansen AB, Price KS, Feldman HM (2011) Myofascial Structural Integration: A Promising Complementary Therapy for Young Children With Spastic Cerebral Palsy. Journal of Evidence-Based Complementary & Alternative Medicine.	Bowen Therapists Federation of Australia	Intervention out of scope: not Bowen therapy; myofascial structural integration - included in Massage Submitted Literature report
149	Hanten, W.P. & Chandler, SD (1994) Effects of myofascial release leg pull and sagittal plane isometric contract-relax techniques on passive straight-leg raise angle. J Orthop.Sports Phys.Ther, 20(3):138-144	Bowen Therapists Federation of Australia	Population out of scope: subjects with no clinical condition
150	Hara S. (2012) Immediate effect of myofascial massage for TMD with pain. In 3rd International Fascia Research Conference. http://fasciacongress.org/2012/Abstracts/98_Hara.doc	Bowen Therapists Federation of Australia	Publication type out of scope: conference abstract
151	Harrison C. (2011) In deep, Bowen and midwifery. Essentially MIDIRS 2:10	Bowen Association of Australia	Publication type out of scope: narrative review
152	Hawes MC, Brooks WJ. (2001) Improved chest expansion in idiopathic scoliosis after intensive multiple-modality, nonsurgical treatment in an adult. Chest. 2001;120(2):672-674.	Bowen Therapists Federation of Australia	Study type out of scope: case study
153	Heller M. (2004) Abnormal scars as a cause of myofascial pain. Dynamic Chiropractic. 2004; 22 (25).	Bowen Therapists Federation of Australia	Publication type out of scope: website article
154	Henley, C.E., Ivins, D., Mills, M., Wen, F.K., & Benjamin, B.A. (2008) Osteopathic manipulative treatment and its relationship to autonomic nervous system activity as demonstrated by heart rate variability: a repeated measures study. Osteopath.Med Prim.Care, 27	Bowen Therapists Federation of Australia	Intervention out of scope: not Bowen therapy

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155	Hicks, M., Meltzer, K., Cao, T., & Standley, P. R. (2009) Human Fibroblast (HF) Model of Repetitive Motion Strain (RMS) and Myofascial Release (MFR):Potential Roles in Muscle Development, In 2nd International Fascia Research Conference. http://fasciacongress.org/2009/abstract_pdf/J_119R%20Hicks%20H uman%20Fibroblast%20Model%20of%20RMS_edited.pdf	Bowen Therapists Federation of Australia	Publication type out of scope: conference abstract
156	Hicks, M.R., Cao, T.V., Campbell, D.H., & Standley, P.R. (2012) Mechanical strain applied to human fibroblasts differentially regulates skeletal myoblast differentiation. J Appl.Physiol (1985.), 113(3):465-472	Bowen Therapists Federation of Australia	Population out of scope: cellular studies
157	Hodgson K. (2000) Bowen: simplicity in movement. Physiotherapy Frontline. 6(19):22	Bowen Therapists Federation of Australia and Bowen Association of Australia	Publication type out of scope: magazine article
158	House of Lords (2000) Science and Technology Sixth Report Available at: http://www.parliament.the-stationery- office.co.uk/pa/ld199900/ldselect/ldsctech/123/12301.htm Accessed: 7-1-2014	Bowen Association of Australia	Publication type out of scope: "conclusions from research into the efficacy of the various CAMs are outside the remit of this report"
159	Howard JM (2011) Postural and Spinal Disorders: Do They Affect the Normal Swallow? Southern Illinois University Carbondale OpenSIUC	Bowen Therapists Federation of Australia	Publication type out of scope: narrative review
160	Howell ER (2012) Conservative care of De Quervain's tenosynovitis/ tendinopathy in a warehouse worker and recreational cyclist: a case report. J Can Chiropr Assoc. 56(2): 121–127.	Bowen Therapists Federation of Australia	Study type out of scope: case study
161	Huijing PA, Baan GC. (2003) Myofascial force transmission: Muscle relative position and length determine agonist and synergist muscle force. J Appl Physiol. 2003;94:1092-1107.	Bowen Therapists Federation of Australia	Population out of scope: non-human study
162	Huijing PA. (2003) Muscular force transmission necessitates a multilevel integrative approach to the analysis of function of skeletal muscle. Exec Sport Sci Rev. 2003;319(4):167-175.	Bowen Therapists Federation of Australia	Publication type out of scope: narrative review
163	Hurwitz, E.L., Carragee, EJ, van, d., V, Carroll, L.J., Nordin, M., Guzman, J., Peloso, P.M., Holm, L.W., Cote, P., Hogg-Johnson, S., Cassidy, J.D., & Haldeman, S. (2008) Treatment of neck pain: noninvasive interventions: results of the Bone and Joint Decade 2000-2010 Task Force on Neck Pain and Its Associated Disorders. Spine (Phila Pa 1976.), 33(4 Suppl):S123-S152	Australian Association of Massage Therapists	Intervention out of scope: searched for terms related to clinical condition rather than intervention; did not search for Bowen therapy, retrieved publications did not include Bowen therapy as intervention
164	Imamura, M., Furlan, A.D., Dryden, T., & Irvin, E. (2008) Evidence- informed management of chronic low back pain with massage. Spine J, 8(1):121-133	Australian Association of Massage Therapists	Publication type out of scope: editorial
165	Ingber DE (2003) Tensegrity I. Cell structure and hierarchical systems biology. Journal of Cell Science 116(7):1157-73.	Bowen Therapists Federation of Australia	Population out of scope: cellular studies
166	Ingber DE (2003) Tensegrity II. How structural networks influence cellular information processing networks. Journal of Cell Science 116(8):1397-408.	Bowen Therapists Federation of Australia	Population out of scope: cellular studies
167	Ingber DE. (2006) Cellular mechanotransduction: Putting all the pieces together again. FASEB J. 2006;20(7):811-827.	Bowen Therapists Federation of Australia	Publication type out of scope: narrative review
168	INGBER DONA (1999) How cells (might) sense microgravity. The FASEB Journal 13(9001):3-15.	Bowen Therapists Federation of Australia	Population out of scope: cellular studies
169	Ingber RS. (1989) Iliopsoas myofascial dysfunction: A treatable cause of "failed" low back syndrome. Arch Phys Med Rehabilitation. 1989;70(5):382-386.	Bowen Therapists Federation of Australia	Publication type out of scope: descriptive

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170	International Centre for Allied Health Evidence, The (ICAHE) (2012) The effectiveness of massage therapy for the treatment of nonspecific low back pain: a systematic review of systematic reviews. A technical report prepared for the Australian Association of Massage Therapists [subsequently published in Int J Gen.Med, 2013; 6:733-741]	Australian Association of Massage Therapists	Intervention out of scope: not Bowen therapy; massage - included in Massage overview Report
171	James L. (2008) Case study: Bowen Technique for back pain and other conditions Positive Health 143:38-39, Positive Health Publications	Bowen Association of Australia	Publication type out of scope: online magazine
172	Jiang, H. & Grinnell, F. (2005) Cell-matrix entanglement and mechanical anchorage of fibroblasts in three-dimensional collagen matrices. Mol.Biol.Cell, 16(11):5070-5076	Bowen Therapists Federation of Australia	Population out of scope: non-human study
173	Juett T, Barnes J. (1998) Myofascial Release - An Introduction for the Patient. PHYSICAL THERAPY FORUM Week of October 3, 1988 http://www.lebauerpt.com/uploads/1/3/9/4/1394925/mfr_intro_fo r_the_patient.pdf	Bowen Therapists Federation of Australia	Publication type out of scope: narrative review
174	Kargel-Schwanhäußer A. (2012) Professional Background and Experience of Bowen-Therapists with Bowen-Therapy – a Quantitative Approach. In 3rd International Fascia Research Conference. http://fasciacongress.org/2012/Abstracts/12_Kargel- Schwanhaeusser.pdf	Bowen Therapists Federation of Australia	Publication type out of scope: conference abstract
175	Katake K. (1961) The strength for tension and bursting of human fascia. J Kyoto Pref Med Univ. 1961;69:484-488.	Bowen Therapists Federation of Australia	Publication type out of scope: narrative review
176	Kidd RF (2009) Why myofascial release will never be evidence-based [abstract]. International Musculoskeletal Medicine 31(2):55-56.	Bowen Therapists Federation of Australia	Publication type out of scope: narrative review
177	Kinnear and Baker (2002) Clients' experience of frozen shoulder and its treatment with Bowen Technique. Complementary Therapies in Nursing and Midwifery. 8(4):204-10	Bowen Therapists Federation of Australia	Publication type out of scope: narrative review
178	Kinnear H, Baker J. (2000) Frozen Shoulder Research Programme. UK. Published on the internet only. Available at http://biointegrativewellness.files.wordpress.com/2010/11/frozens houlderresearchkinnearbaker.pdf	Bowen Therapists Federation of Australia	Publication type out of scope: self-published article, not an RCT
179	Klebe RS, Caldwell H, Milani S. (1989) Cells transmit spatial information by orienting collagen fibers. Matrix. 1989;9:451-458.	Bowen Therapists Federation of Australia	Population out of scope: in vitro study
180	Klotter J. (2005) Bowen Technique. Townsend Letter for Doctors & Patients 258:28	Bowen Association of Australia	Publication type out of scope: online newsletter article
181	Konczak CR, Ames R. (2005) Relief of internal snapping hip syndrome in a marathon runner after chiropractic treatment. J Manipulative Physiol Ther. 2005;28(1):e1-7.	Bowen Therapists Federation of Australia	Study type out of scope: case study
182	Kostopoulos, D.C. & Keramidas, G. (1992) Changes in elongation of falx cerebri during craniosacral therapy techniques applied on the skull of an embalmed cadaver. Cranio., 10(1):9-12	Bowen Therapists Federation of Australia	Population out of scope: non-human study
183	Kottke FJ, Pauley DL, Ptak RA. (1966) Rationale for prolonged stretching for correction of shortening of connective tissue. Arch Phys Med Rehabil. 1966;47:345-352.	Bowen Therapists Federation of Australia	Publication type out of scope: narrative review
184	Kuhar S, Subhash K, Chitra J (2007) Effectiveness of myofascial release in treatment of plantar fasciitis: A RCT. Indian Journal of Physiotherapy and Occupational Therapy 1(3).	Bowen Therapists Federation of Australia	Intervention out of scope: not Bowen therapy; myofascial release - not included in Massage Submitted Literature report as published prior to 1 April 2008
185	Kuhn TS. (1970) The Structure of Scientific Revolutions. Chicago, Ill: University of Chicago Press; 1970.	Bowen Therapists Federation of Australia	Publication type out of scope: book
186	Kumar SP, Saha S (2011) Mechanism-based classification of pain for physical therapy management in palliative care: A clinical commentary. Indian Hournal of Palliative Care 17(1):80-6.	Bowen Therapists Federation of Australia	Publication type out of scope: narrative review



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187	Kumka M, Bonar J (2012) Development of classifications and descriptions of fascia based on literature review. In 3rd International Fascia Research Conference. http://fasciacongress.org/2012/Abstracts/90_Bonar.docx	Bowen Therapists Federation of Australia	Publication type out of scope: conference abstract
188	Lambeth B. [no date] An Examination of the Bowen Bunion Treatment (review pending)	Bowen Therapists Federation of Australia	Publication type out of scope: insufficient citation details
189	Langevin HM (2006) Connective tissue: a body-wide signaling network? Med Hypotheses. 66(6):1074-7	Bowen Therapists Federation of Australia	Publication type out of scope: narrative review
190	Langevin HM and Sherman KJ (2007) Pathophysiological model for chronic low back pain integrating connective tissue and nervous system mechanisms Med Hypotheses. 68(1):74-80	Bowen Therapists Federation of Australia	Publication type out of scope: descriptive
191	Langevin MD, Huijing P (2009) Communicating About Fascia: History, Pitfalls, and Recommendations. International Journal of Therapeutic Massage & amp; Bodywork: Research, Education, & amp; Practice; Vol 2, No 4.	Bowen Therapists Federation of Australia	Publication type out of scope: narrative review
192	Langevin, H.M., Bouffard, N.A., Badger, G.J., latridis, J.C., & Howe, AK (2005) Dynamic fibroblast cytoskeletal response to subcutaneous tissue stretch ex vivo and in vivo. Am.J Physiol Cell Physiol, 288(3):C747-C756	Bowen Therapists Federation of Australia	Study type out of scope: cellular studies
193	Larson D (2003) The Role of Connective Tissue as the Physical Medium for the Conduction of Healing Energy in Acupuncture and Rolfing [®] . American Journal of Acupuncture, vol. 18, no. 3	Bowen Therapists Federation of Australia	Publication type out of scope: narrative review
194	Latoy DJ (1992) The efficacy of myofascial release intervention on anterior pelvic tilt posture Thesis (M.S.)D'Youville College, 1992.	Bowen Therapists Federation of Australia	Publication type out of scope: thesis
195	LeBauer A, Brtalik R, and Stowe K (2008) The effect of myofascial release (MFR) on an adult with idiopathic scoliosis J Bodyw Mov Ther. 12(4):356-63.	Bowen Therapists Federation of Australia	Study type out of scope: case study
196	Lederman E (2011) The fall of the postural-structural-biomechanical model in manual and physical therapies: Exemplified by lower back pain. J Bodyw Mov Ther. 15(2):131-8.	Bowen Therapists Federation of Australia	Publication type out of scope: narrative review
197	Lee, B. C. & Soh, K. S. (2009) A Novel Model for Meridian: Bonghan System Combined with Fascia (Bonghan-Fascia Model), In 2nd International Fascia Research Conference. http://fasciacongress.org/2009/abstract_pdf/J_051%20lee%20bong han-fascia%20model.pdf	Bowen Therapists Federation of Australia	Publication type out of scope: conference abstract
198	Lelean P (2010) Lelean's Ligament Descripton. Self-published document at http://www.peterlelean.com/Site/Welcome_files/description.cwk% 20%28WP%29.pdf	Bowen Therapists Federation of Australia	Publication type out of scope: descriptive
199	Lelean P. [No date] Migratory Fascia - a role in Ductal Carcinoma In Situ? [Self-published abstract at] http://www.peterlelean.com/Site/Welcome_files/LBPSynopsis.cwk %20%28WP%29.pdf	Bowen Therapists Federation of Australia	Publication type out of scope: descriptive
200	Lelean, P. (2009) The migratory fascia hypothesis. J Bodyw Mov Ther, 13(4):304-310	Bowen Therapists Federation of Australia	Publication type out of scope: narrative review
201	Lewit K and Olsanska S (2004) Clinical Importance of Active Scars: Abnormal Scars as a Cause of Myofascial Pain [abstract]. J Manipulative Physiol Ther. 27(6):399-402	Bowen Therapists Federation of Australia	Study type out of scope: case study
202	Liptan G, Dupree Jones K, Mist S, Wright C, Artz A. (2012) Myofascial Release Therapy Compared to Massage in Reducing Symptoms of Fibromyalgia. In 3rd International Fascia Research Conference. http://fasciacongress.org/2012/Abstracts/116_Liptan.pdf	Bowen Therapists Federation of Australia	Publication type out of scope: conference abstract
203	Liptan GL (2010) Fascia: A missing link in our understanding of the pathology of fibromyalgia. J Bodyw Mov Ther 14(1):3-12.	Bowen Therapists Federation of Australia	Publication type out of scope: narrative review
204	Long L, Huntley A, Ernst E. (2001) Which complementary and alternative therapies benefit which conditions? A survey of the opinions of 223 professional organizations. Complement Ther Med, 9(3):178-185	Bowen Association of Australia	Study type out of scope: survey results

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205	Lund E. (1999) Bowen and Lymphatic Drainage. British Lymphology Society Newsletter, 24, pp 10-13.	Bowen Therapists Federation of Australia and Bowen Association of Australia	Publication type out of scope: newsletter article
206	Machado LA, Maher CG, Herbert RD, Clare H, McAuley JH. (2010) The effectiveness of the McKenzie method in addition to first-line care for acute low back pain: a randomized controlled trial. BMC Med. 8:10.	Bowen Therapists Federation of Australia	Intervention out of scope: not Bowen therapy
207	Marfin-Martin M, Fontes SV, Jäger H, Schleip R, Oliveira AB, Lehmann-Horn F (2012) TDFS Tridimensional Dynamic Fascial Stimulation - potential tool for functional mobility in Duchenne muscular dystrophy – Pilot study. In 3rd International Fascia Research Conference. http://fasciacongress.org/2012/Abstracts/103_MARFIN- MARTIN.docx	Bowen Therapists Federation of Australia	Publication type out of scope: conference abstract
208	Margulis R, Borrero M. (2012) Distant Surgery Scar Points and Fascial Adhesions Perpetuate Pectoralis Minor Trigger Points in Two Cases of Severe Chronic Palmar Pain. In 3rd International Fascia Research Conference. http://fasciacongress.org/2012/Abstracts/53_Margulis.doc	Bowen Therapists Federation of Australia	Publication type out of scope: conference abstract
209	Marr M, Lambon N, Baker J (2007) Effects of the Bowen Technique on Flexibility Levels – Implications for Fascial Plasticity (Abstract). Presented at First International Fascia Research Congress in Boston in October 2007 http://www.theboweneffect.com/upload/Bowen%20Therapy%	Bowen Therapists Federation of Australia	Publication type out of scope: conference abstract, population out of scope (healthy participants)
210	Marshall R, Paul L, McFadyen AK, Wood L (2009) Evaluating the effectiveness of Myofascial Release to reduce pain in people with Chronic Fatigue Syndrome (CFS): A Pilot Study. Presented at International Fascia Research Congress 2009.	Bowen Therapists Federation of Australia	Publication type out of scope: conference abstract
211	Marszałek S, M, Henzel J, Golusinski W (2012) Assessment of the application of manual myofascial techniques in neck cancer patients with ultrasonographic examination. In 3rd International Fascia Research Conference. http://fasciacongress.org/2012/Abstracts/14_Marszalek.doc	Bowen Therapists Federation of Australia	Publication type out of scope: conference abstract
212	Marszałek S, Zebryk-Stopa A, Kraśny J, Obrebowski A, Golusiński W. (2009) Estimation of influence of myofascial release techniques on esophageal pressure in patients after total laryngectomy. Eur Arch Otorhinolaryngol 266(8):1305-8.	Bowen Therapists Federation of Australia	Study type out of scope: pre-post test in single arm study
213	Martin MM (2009) Effects of the myofascial release in diffuse systemic sclerosis. J Bodyw Mov Ther 13(4):320-7.	Bowen Therapists Federation of Australia	Intervention out of scope: not Bowen therapy
214	Massoud Arab A, Nourbakhsh MR (2012) The Effects of Cranial Manual Therapy and Myofascial Release Technique on Somatic Tinnitus in Individuals without Otic Pathology: Two Case Reports with one year follow up. In 3rd International Fascia Research Conference. http://fasciacongress.org/2012/Abstracts/66_Arab.doc	Bowen Therapists Federation of Australia	Publication type out of scope: conference abstract
215	McAnaw MB, Harris KW (2002) The Role of Physical Therapy in the Rehabilitation of Patients with Mastectomy and Breast Reconstruction. Breast Disease 16(-1):163-74.	Bowen Therapists Federation of Australia	Publication type out of scope: narrative review
216	McKeever B, McKeever S. [no date] Bowen and Parkinsons. Available at http://biointegrativewellness.wordpress.com/parkinsons-bowen-therapy/	Bowen Therapists Federation of Australia	Publication type out of scope: unpublished narrative review
217	McKeever B, McKeever S. [no date] Knee Replacement & Bowen Therapy. Available on Lumina Wellness and Physical Therapy webstie: http://biointegrativewellness.wordpress.com/knee- replacement-bowen-therapy/	Bowen Therapists Federation of Australia	Publication type out of scope: narrative review
218	Mechner, V. (2003) The Bowen Technique. Massage Magazine Issue 106. Nov/Dec 2003 102-107	Bowen Therapists Federation of Australia and Bowen Association of Australia	Publication type out of scope: magazine article

#	Citation	Submitted by	Reason for exclusion			
219	Meijer, H.J., Baan, G.C., & Huijing, PA (2006) Myofascial force transmission is increasingly important at lower forces: firing frequency-related length-force characteristics of rat extensor digitorum longus. Acta Physiol (Oxf), 186(3):185-195	Bowen Therapists Federation of Australia	Population out of scope: non-human study			
220	Meltzer, K.R., Cao, T.V., Schad, J.F., King, H., Stoll, S.T., & Standley, P.R. (2010) In vitro modeling of repetitive motion injury and myofascial release. J Bodyw Mov Ther, 14(2):162-171	Bowen Therapists Federation of Australia	Population out of scope: non-human study			
221	Micozzi MS, ed. (1996) Fundamentals of Complementary and Alternative Medicine. New York, NY: Churchill Livingstone; 1996.	Bowen Therapists Federation of Australia	Publication type out of scope: book			
222	Miguel, M., Blasi, J., Domingo, T., Marc, B., Javierre, C., Perez, A., Lopez, S., & Ortiz, J. Anatomical, histological and ultrasound study of interfascial space in upper muscles of the back. Clinical implications, In 3rd International Fascia Research Conference.	Bowen TherapistsStudy type out of sciFederation ofdescriptive anatomyAustraliadescriptive anatomy				
223	Minasny P (2009) Understanding the process of fascial unwinding. International Journal of Therapeutic Massage & Bodywork 2(3):10- 17.	Bowen Therapists Federation of Australia	Publication type out of scope: descriptive			
224	Mirkin S (2012) An ethnographic approach to describing fascia. In 3rd International Fascia Research Conference. http://fasciacongress.org/2012/Abstracts/55_Mirkin.docx	Bowen Therapists Federation of Australia	Publication type out of scope: conference abstract			
225	Moga P (2012) Outcomes Evaluation of a Program using Myofascial Techniques for the Treatment of Chronic Pain in a Veterans' Healthcare Facility—a Small Pilot Study. In 3rd International Fascia Research Conference. http://fasciacongress.org/2012/Abstracts/76_Moga.docx	Bowen Therapists Federation of Australia	Publication type out of scope: conference abstract			
226	"Montgomery S (1990) Effects of myofascial release on strength of the quadriceps femoris muscle group Thesis (M.S.)University of Indianapolis, 1990.	Bowen Therapists Federation of Australia	Publication type out of scope: thesis			
227	Morrison (1996) Further Thoughts on Femur Rotation and the Hip Flexors Psoas and Iliacus. Rolf Lines reprinted at http://www.somatics.de/artikel/for-professionals/2-article/119- further-thoughts-on-femur-rotation-and-the-hip-flexors-psoas-and- iliacus	Bowen Therapists Federation of Australia	Publication type out of scope: narrative review			
228	Murphy B. (2004) Bowen Technique. HealthyWay Issue 33	Bowen Association of Australia	Publication type out of scope: website article			
229	Myers SP, Xue CC, Cohen MM, Phelps KL, Lewith GT. (2012) The legitimacy of academic complementary medicine. Med J Aust., 197(2):69-70	Bowen Association of Australia	Publication type out of scope: narrative review			
230	Nash, L.G., Phillips, M.N., Nicholson, H., Barnett, R., & Zhang, M. (2004) Skin ligaments: regional distribution and variation in morphology. Clin Anat., 17(4):287-293	Bowen Therapists Federation of Australia	Publication type out of scope: descriptive anatomy			
231	Navratil, F. 2003. Bowen Therapy: Tom Bowen's Gift to the World Prague, Health Books.	Bowen Association of Australia	Publication type out of scope: book			
232	Neufeld A (2012) Compression Forces Associated with Selected Massage Therapy Techniques. In 3rd International Fascia Research Conference. http://fasciacongress.org/2012/Abstracts/91_Neufeld.pdf	Bowen Therapists Federation of Australia	Publication type out of scope: conference abstract			
233	Ng, K. C. & Cohen, M. (2014) The Effectiveness of Massage therapy A Summary of Evidence-Based Research	Australian Association of Massage Therapists	Intervention out of scope: not Bowen therapy; massage - included in Massage overview Report			
234	Nixon-Livy MJ. (1999) Neurostructural integration Technique (Advanced Bowen Therapy). Positive Health, Aug 1999, 48-51	Bowen Therapists Federation of Australia and Bowen Association of Australia	Publication type out of scope: online magazine			
235	Noll DR, Degenhardt BF, Fossum C, Hensel K (2008) Clinical and Research Protocol for Osteopathic Manipulative Treatment of Elderly Patients With Pneumonia. J Am Osteopath Assoc 108(9): 508-516	Bowen Therapists Federation of Australia	Publication type out of scope: narrative review			

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236	Norman A (1998) The Bowen Technique: A study of its prevalence and effectiveness. under the advisement of Meredith Busby, William Prentice, Edgar Shields, University of North Carolina, Department of Physical Education, Exercise and Sport Science, 1998.	Bowen Therapists Federation of Australia	Publication type out of scope: book		
237	Nourbakhsh MR, Arab AM. (2012) The Effects of Oscillating Energy Manual Therapy on Symptoms Associated with Carpal Tunnel Syndrome: A Randomized, Double Blinded, Placebo Controlled Study. In 3rd International Fascia Research Conference. http://fasciacongress.org/2012/Abstracts/22_Nourbakhsh.docx	Bowen Therapists Federation of Australia	Publication type out of scope: conference abstract		
238	NSW Government (2008) Public Health (General) Amendment Regulation Available at http://www0.health.nsw.gov.au/aboutus/legal/amendreg2008.asp	Australian Association of Massage Therapists	Publication type out of scope: legislation information on website		
239	O'Connell JA (2003) Bioelectric Responsiveness of Fascia: A Model for Understanding the Effects of Manipulation. Techniques in Orthopaedics 18(1): 67-73.	Bowen Therapists Federation of Australia	Publication type out of scope: descriptive		
240	Olafimihan K. Hall S. (2002) The bowen technique (book). Positive Health 87:59, Positive Health Publications	Bowen Association of Australia	Publication type out of scope: online magazine		
241	Olafiminhan,K., Hall, S., (2002) Bowen - moving blocked energy: Bowen is a gentle but highly effective technique for the treatment of many conditions. Positive Health. (74):51-4 2002 Mar http://www.positivehealth.com/article/bowen-technique/bowen- moving-blocked-energy	Bowen Therapists Federation of Australia and Bowen Association of AustraliaPublication type out of scope: online magazine			
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243	Oschman, J. L. (2012) New Hypotheses on the Hydration of Collagen, In 3rd International Fascia Research Conference. http://fasciacongress.org/2012/Abstracts/99_Oschman.docx	Bowen Therapists Federation of Australia	Publication type out of scope: conference abstract		
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304	Stenbjorn R (2012) Myofascial Therapy For Low Back Pain: A Case Study. In 3rd International Fascia Research Conference. HTTP://FASCIACONGRESS.ORG/2012/ABSTRACTS/69_STENBJORN.D OCX	Bowen Therapists Federation of Australia	Publication type out of scope: conference abstract		
305	Stephens J. (2006) Treating sciatica with Bowen Therapy. Journal of the Bowen Academy of Australia, 116-17	Bowen Association of Australia	Publication type out of scope: newsmagazine article		
306	Stiles K.G. (2003) Bowtech. Massage Therapy Journal 94-104	Bowen Association of Australia	Publication type out of scope: narrative review		
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325	Tozzi P, Bongiorno D; Vitturini C (2012) Low back pain and kidney mobility: local osteopathic fascial manipulation decreases pain perception and improves renal mobility. In 3rd International Fascia Research Conference. HTTP://FASCIACONGRESS.ORG/2012/ABSTRACTS/123_TOZZI.PDF	Bowen Therapists Publication type out of Federation of scope: conference abstra Australia			
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336	Website [no date, no specific article] http://biointegrativewellness.wordpress.com/arthritis-bowen- therapy/	Bowen Therapists Federation of Australia	Publication type out of scope: website homepage		
337	Website [no date, no specific article]: BetterMovement.org: http://www.bettermovement.org/	Bowen Therapists Federation of Australia	Publication type out of scope: website homepage		
338	Website [no date, no specific article]: BodyinMind.org: Research into the role of the brain & mind in chronic pain. http://www.bodyinmind.org/	Bowen Therapists Federation of Australia	Publication type out of scope: website homepage		
339	Website [no date, no specific article]: Free full text versions of past and present editions of the European Spine Journal http://link.springer.com/journal/586	Bowen Therapists Federation of Australia	Publication type out of scope: website homepage		
340	Website [no date, no specific article]: Project for Open Education in Massage http://www.poem-massage.org/	Bowen Therapists Federation of Australia	Publication type out of scope: website homepage		
341	Website [no date, no specific article]: Science-Based Medicine: Exploring issues and controversies in the relationship between science and medicine http://www.sciencebasedmedicine.org/	Bowen Therapists Federation of Australia	Publication type out of scope: website homepage		
342	Whistler SL, Lang DM, Armstrong M, Vickers J, Qualls C, Feldman JS (2012) Effects of myofascial release and other advanced myofascial therapies on children with cerebral palsy: Six case reports. Explore (NY). 8(3):199-205	Bowen Therapists Federation of Australia	Intervention out of scope: not Bowen therapy		
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348	Williams H. (2008) Bowen Therapy improves the mobility and dexterity of aged clients in high care. Journal of the Bowen Academy of Australia, 3-4	Bowen Association of Australia	Publication type out of scope: newsmagazine article		
349	Willocks T. (2012) From Bonesetter to Bowen: Exploration of the Therapy Inspired by Tom Bowen, Positive Health 184:1-4, Positive Health Publications	Bowen Association of Australia	Publication type out of scope: online magazine		
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#	Citation	Submitted by	Reason for exclusion
353	Yuan L, Yang C, Huang Y, Wang J, Wu J, Dai, J, Sha O, and Tai Wai Yew D (2012) From The Anatomical Discovery of Meridians And Collaterals To Fasciology Theory. In 3rd International Fascia Research Conference. http://fasciacongress.org/2012/Abstracts/71_Yuan.doc	Bowen Therapists Federation of Australia	Publication type out of scope: conference abstract
354	Yucesoy, C.A., Maas, H., Koopman, B.H., Grootenboer, H.J., & Huijing, PA (2006) Mechanisms causing effects of muscle position on proximo-distal muscle force differences in extra-muscular myofascial force transmission. Med Eng Phys., 28(3):214-226	Bowen Therapists Federation of Australia	Publication type out of scope: descriptive anatomy
355	Yudelowitz S (2012) The tensegrity of fascia. In 3rd International Fascia Research Conference. http://fasciacongress.org/2012/Abstracts/4_Yudelowitz.pdf	Bowen Therapists Federation of Australia	Publication type out of scope: conference abstract
356	Zainzinger, M. & Knoll, S. 2014. Bowtech, the original bowen technique Milton Keynes, UK, Lightning Source.	Bowen Association of Australia	Publication type out of scope: book
357	Zalta J (2008) Massage Therapy Protocol for Post-Anterior Cruciate Ligament Reconstruction Patellofemoral Pain Syndrome: A Case Report. International Journal of Therapeutic Massage & Bodywork 1(2).	Bowen Therapists Federation of Australia	Intervention out of scope: not Bowen therapy (and case study)
358	Zhang, M. (2012) Deep Cervical Fascia: in situ Observation, In 3rd International Fascia Research Conference. http://fasciacongress.org/2012/Abstracts/64_Zhang.doc	Bowen Therapists Federation of Australia	Publication type out of scope: conference abstract
359	Zorn A (2007) Physical Thoughts About structure: The Elasticity of fascia. Structural Integration. [Available at http://www.somatics.de/ZornElasticity.pdf]	Bowen Therapists Federation of Australia	Publication type out of scope: opinion piece

Appendix F – **Data extraction forms for RCTs identified through submissions**¹

Study ID	No. of included participants	Conditions/ Population included in the review	Intervention(s) included in the review	Comparisons included in the review	Primary outcomes	Secondary outcomes	Length of follow-up	Conclusions study (key messages)	Risk of Bias (append full assessment)	Notes

Characteristics of RCTs identified through submissions

Risk of bias assessment

Reference:				
Allocation: Comparison of s	tudy groups: Blinding:	: Blinding: Treatment / measurement Follow-up (I' bias:		

Outcome data: <u>continuous</u> (complete a table per comparison)

Comparison:									
Outcome (specify measure and time points)	Mean intervention	Standard deviation	Number of participants	Mean control	Standard deviation	Number of participants	Point estimate (specify MD)	Measure of variance (95% CI)	Notes

¹ These tables were developed by the Australasian Cochrane Centre. Permission was granted to allow all contractors to use these in the reporting for the NHMRC Natural Therapies project.

Outcome data: <u>dichotomous</u> (complete a table per comparison)

Comparison:									
Outcome	Events	Number of	Events control	Number of	Point estimate	Measure of	Notes		
(specify measure and	intervention	participants		participants	(specify RR, OR)	variance			
time points)						(95% CI)			

Outcome data: <u>other</u> (complete a table per comparison)

Comparison:							
Outcome (specify measure and time points)	Point estimate (specify MD)	Measure of variance (95% Cl)	Notes				