

Massage in Facility Care: Models for Implementation

by Dawn Nelson, CMT

While attending the American Society on Aging National Conference this year for the purpose of giving a presentation on the use of therapeutic massage and touch in Alzheimer's care, I sat in on a symposium entitled *Complementary Therapies: Ancient Practices, Current Research and Policy Options*. Dr. William Haskell, Co-Director of the Stanford Center for Research and Disease Prevention, stated that "complementary therapies are the wave of the future in health care in America." Massage therapy was mentioned by all three speakers at this symposium as one of the "alternative" or complementary therapies with the greatest potential for reducing health care costs and improving quality of life. One arena where quality of life enhancement is sorely needed is in extended health care facilities for the elderly and the ill, such as skilled nursing, board and care, assisted living and Alzheimer's units.

One-on-one attention and nurturing touch are as essential to well being at the end of life as they are vital to growth at the beginning of life. Just as institutionalized infants who are not held, stroked, and cuddled soon stop eating and become emaciated, the frail elderly and the chronically ill in facility care who are similarly deprived of skin-to-

skin contact in the form of nurturing touch may also develop a failure to thrive syndrome. I have seen individuals in such facilities literally reaching out their arms and crying to be touched. I have experienced residents labeled as unresponsive or uncommunicative, begin to move, speak, and interact when offered unconditional caring through skilled touch. I have seen individuals in their nineties respond to gentle touch and massage with childlike enthusiasm and delight. Skilled touch is greatly needed in health care facilities. Facility owners and administrators are beginning to open to the idea of complementary therapies such as music and massage as beneficial and cost effective modalities in caregiving. As the baby boomers advance in age and some of them become temporary or permanent residents of extended care facilities, consumer demand will surely grow and open the doors to massage programming even further.

Basic massage skills used to be part of nursing training. Now high tech medicine and endless record keeping seem to drive away those who went into nursing to offer compassionate, hands-on care to the ill. A retired registered nurse recently said to me "I used to give such good back rubs to put my patients to sleep and now it's all pills

and paperwork and the patient has gotten lost in the process.” I was stunned when this same woman went on to say: “One of my nursing supervisors told us never to look our patients in the eye because then they’d want to talk to us.” Sadly, this statement reflects a situation I have observed in a number of care facilities. The person who talks a lot, especially if the communication takes the form of complaining, tends to be ignored and then becomes more needy and more starved for caring, contact, and touch. Similarly, the person who is shy and slow to express him or herself, or perhaps unable to speak, tends to be ignored. Although daily care needs may be met, the person receives little real contact, touch, or acknowledgment.

Who Needs Extended Health Care?

People over the age of 65 today comprise the fastest growing segment of our society and a growing market for specialized services. Since 1990 their numbers have increased by more than half. As life spans increase, the number of people with chronic illnesses or disabilities that require long-term care services also increases. According to the U. S. Department of Health and Human Services, 45% of those who turned age 65 in 1990 will stay in a nursing home at least once in their lifetime. About half of those admitted to nursing homes stay less than six months. One in five will stay a year or more, and one in ten will stay three years or more. By the year 2000, almost nine million older Americans will need long term care services. People who reside in extended care facilities are there because:

- they are too frail to take care of themselves
- they are no longer able to live alone safely
- family care is not an option
 - there is no family to provide care
 - specialized care needed is too expensive or too difficult
 - family members are unable to provide care needed
- suffer from chronic illness and need medical attention but do not require hospital care
- have been transferred from a hospital to convalesce after a serious illness, accident or surgery

Who Pays for Extended Health Care?

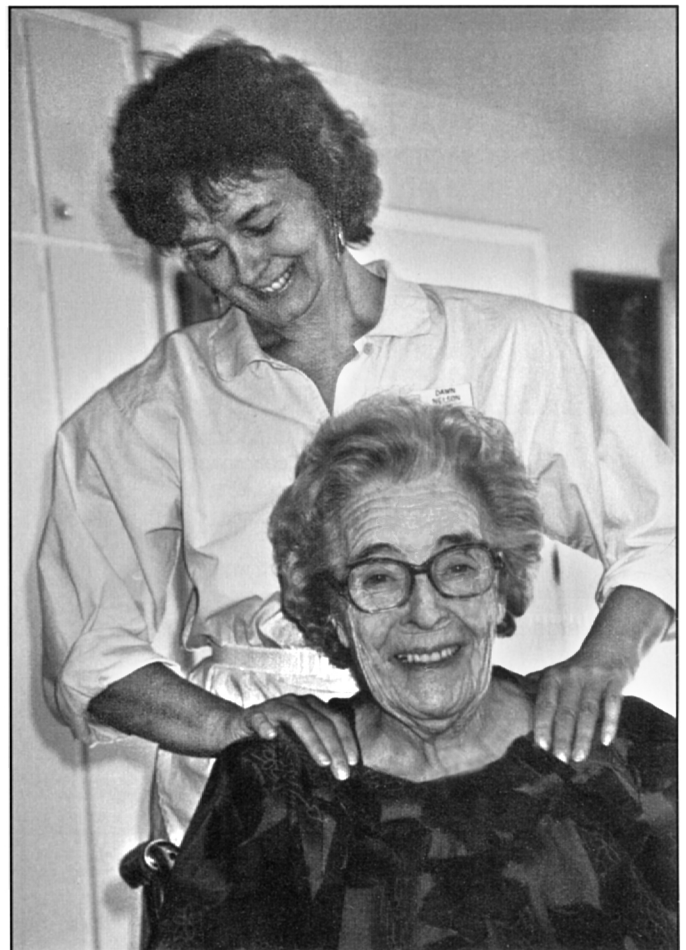
Nursing home care is paid for in one of the following ways:

- through personal resources such as income or savings of the resident and/or family members
- Medicaid (known in California as Medical)
 - state and federal coverage
 - eligible to low-income individuals
 - nursing home must be Medicaid-certified
- Medicare Supplemental
 - limited
 - individual must qualify
- through special private insurance policies purchased in advance

What are the Differences in Care Facilities?

A *skilled nursing facility* (SNF) may also be called a convalescent hospital, an extended care hospital, or a nursing home. This type of facility is for individuals who need 24-hour nursing supervision or care. Such facilities must meet strict licensing standards and regulations on both the federal and state level, and are surveyed on a regular, though often unannounced, basis to make sure they are complying with these regulations. They are required to provide meals, physician and nursing services, activity programs, and pharmaceutical services. They may provide physical therapy, occupational therapy, speech therapy, and other special services or activities such as massage, music, and art therapy. This is the most expensive health care other than hospitalization, and costs can range from \$200 per day to \$10,000 per month.

Another type of care facility is known as *Assisted Living*. It might also be called attended care or residential care. This type of facility is for individuals who need some help with dressing, bathing, or taking medications in order to live independently. Such facilities provide food service and usually provide housekeeping and laundry services as well as group activities and transportation. The rooms may have special beds or equipment and other safety features such as bars in shower stalls and call lights. Most of these facilities



The author with a very happy client

ties accept only people who are still ambulatory. Such facilities may provide several levels of care and assistance ranging from long-term residency options for those who don't need high level care to lock up units for low functioning adults with dementia-related diseases such as Alzheimer's. These facilities are licensed by the State Department of Social Services. Cost for this type of care can vary greatly according to the amenities and type of environment provided, with a typical cost range of \$2,000 to \$4,500 per month.

A similar type of facility known as *Board and Care* or *Community Care* also provides residents with basic needs such as meals, laundry, cleaning, and sometimes assistance with medications, dressing, and bathing. These facilities are also licensed by the state. They may or may not accept those who are no longer able to walk by themselves (non-ambulatory). Board and care facilities run the range from large residential-type homes licensed to care for a small number of residents who are able to care for themselves in a protected environment to large, hotel-like facilities which usually provide many more amenities.

Skilled nursing facilities may be part of a hospital or larger medical complex or they may be free-standing. According to a recent article in *Hospital Management Review*, nursing home bed growth is strongest in hospitals,

especially those in rural areas. There were an estimated 115,142 nursing homes in operation in 1994 and overall nursing home occupancy was at 86%. The largest nursing home chains are Beverly Enterprises, Hillhaven Corporation, and Manor Healthcare Corporation.

How Can Massage Therapists Fit Into the System?

If you are a massage professional with an interest in working with residents of care facilities and you have the training you need to relate to the elderly and the ill through touch, there are a number of ways to proceed.

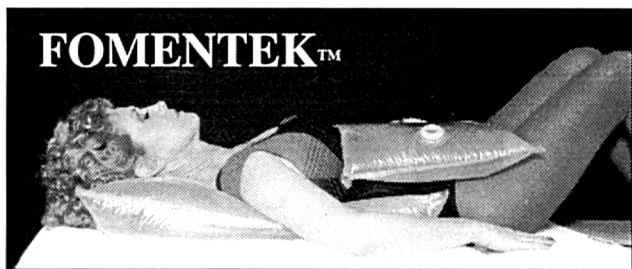
I know of a nurse massage therapist working at a skilled nursing facility who made an arrangement with her employer to spend her time one day a week giving massages to residents. I have heard of facilities who were willing to pay a nurse or nursing assistant to take some massage classes or even complete massage school training in order to incorporate massage into their caregiving duties.

You might persuade an administrator of a health care facility to hire you as an on-site massage therapist. In Scottsdale, Arizona, a massage therapist who worked for STRESS BUSTERS® came to administer chair massage to a staff member at a large, multi-level residential care facility. He saw the need for massage for residents in this complex and submitted a proposal to the person in charge. He was subsequently hired as a full time staff member at an hourly wage. He runs a wellness center for the independent seniors and gets referrals from the nursing staff for residents in the Alzheimer's and Assisted Living units.

If you are a student or a teacher in a Massage School, you might persuade your director to set up a specialization for training in the area of working with the elderly or the ill. The Boulder School of Massage in Colorado has a hospital-based massage therapy training program and has established internship programs with care facilities in that area. I know of several other massage schools which have established relationships with skilled nursing or assisted living facilities where students volunteer in order to gain experience in working with these special need groups. Through internship and volunteer programs run by such schools, you may establish a connection with a care facility which will later lead to a paid position or a contract for your services.

A facility in northern California which is part of well-known and fast-growing chain of nursing homes recently solicited a massage therapist to set up a program in their Williamsburg Unit (a private-pay wing which offers personalized care and services). The administrator wished to offer massage and aromatherapy once a month, as an amenity, to the 40 residents on this wing. They were willing to pay for any products or equipment needed, as well as administrative costs up to two hours per week. In this model, family members or alert residents have the option

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to pay for sessions in addition to the monthly visit paid for by the facility. (A sample contract using this model is included at the end of this article.) Another way of providing massage therapy in an extended care setting would be team up with an agency or non-profit organization who can apply for a grant for a pilot program on the benefits of massage in caring for a specific group. Your salary as the service provider would be built in to the budget in such a proposal. The Methodist Home in Chicago, in conjunction with Northwestern University Center on Aging, applied for and obtained a grant for "Using Massage Therapy as an Intervention for Behaviors in Alzheimer's Patients." The six month program was so successful that after the grant funds ran out, the massage therapist was kept on and funds were allocated for the massage program in the regular budget.

The Cobblehill Nursing Home in Brooklyn, New York recently received a grant from the Department of Health to investigate the effects of massage as well as music therapy in working with 60 dementia residents. The grant includes funds for a service provider who will also be paid to do staff trainings. The Foundation for Long-Term Care in Albany, New York has applied for a grant which, if received, will conduct a similar but larger investigation in 30 selected nursing homes.

Still another model for implementation is donated funding. One private-pay facility we have worked with for over two years found a benefactor to pay for massage therapy sessions twice a month for selected residents. Someone in the facility chooses the group of residents to be seen for each visit and brings the residents, one by one, to a designated area for a 15 to 20 minute chair massage.

Another route you could follow in pursuing a goal of providing massage therapy to the institutionalized elderly and ill would be to create your own outreach program. The Compassionate Touch® program originated through this kind of vision. You could then market your services to individuals, or to facilities that house and serve the elderly and the ill, as an outside contractor or service provider. Almost every facility you encounter will have beauty salon services set up or offered to residents based on this kind of arrangement.

How Can I Market My Services?

After you have made contact with a health care facility interested in providing massage therapy sessions to residents through an outside service provider and have found someone within the facility who is willing, or who has been assigned, to help coor-

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dinate the service, there are several things you can do to market and promote the service:

1. Write a short article to be included in the facility or company newsletter introducing massage therapy as an innovative new activity, program, or service. Give all pertinent information about what the service is and your qualifications to provide the service. If possible, include some quotes from doctors or other medical professionals regarding the benefits of massage and/or give quotes from recipients of therapeutic massage in similar contexts or situations.

2. Design and give to the appropriate facility staff person, an attractive brochure or flyer describing your massage therapy service or program. This brochure or flyer should be clear and easy to read, and include information such as:

- a) Who will be providing the massage therapy service, including the name of the company or organization and name of the individual massage therapist.
- b) Qualifications of the service provider, such as professional credentials, specialized training, experience, and professional liability insurance.
- c) Where the service will be provided, i.e., resident's room, designated area, or room in facility.
- d) Benefits of the program or service—why should someone participate in this program or request this service?
- e) Length of sessions available.
- f) Other information such as where and how the massage sessions will be administered or options available for receiving massage therapy: on a professional massage table, in a designated room or area, or in the resident's room; on the resident's bed; chair massage in designated area or special room, or in the resident's room.
- g) Quotes, if available, about your qualifications or expertise from people you have trained under and/or current clients

3. Design an additional flyer or a brochure insert which contains the following specific information:

- a) Fee schedule for massage therapy sessions.
- b) Days and dates when the massage therapist will be available.
- c) Times when sessions may be scheduled.
- d) Whom to see within the facility to set up an appointment and/or a phone number to call for more information.

4. Work with the facility coordinator to make the brochures and/or flyers available to facility residents, family members, conservators or other specified agents, and facility staff members.

5. Get permission (or ask the facility coordinator) to distribute or post the informational brochure and/or flyers in one or more of the following ways:

- a) Post in several prominent and visible places such as next to the monthly activity calendar, in or near the beauty salon, rehabilitation/physical therapy rooms, activity rooms, and employee lounges.
- b) Ask to include your brochure, flyer and/or introductory discount coupon in new resident packets and billing envelopes.

6. Talk to residents and staff personally, whenever possible, about the benefits of massage and let them know how they can participate in the program or receive the service.

7. Ask to set up a “booth” at health fairs or other events put on by independent or assisted living facilities in your targeted area and give free or low-cost chair massages to residents, family members, or staff who come by, along with your business card and other information.

How Can I Get Paid for My Services?

In promoting your service or in discussions about setting up programs within care facilities you can explore any or all of the following options for billing:

- Direct payment from individual resident.
- Medicaid personal expense money.
- Invoice to county conservator, trust account, or guardianship.
- Invoice to agency or other responsible party.
- Family member purchase as special occasion gift or ongoing service.

Other strategies for payment for massage therapy services in an outside contract or consultant situation might include the following:

- Facility pays for services as an amenity for residents.
- Benefactor/donated funds.
- Grant-generated funding.
- Internship program which you set up and administer.
- Insurance reimbursement—some insurance companies will pay for therapeutic massage if a doctor writes a prescription.

Getting Started

In addition to some of the marketing ideas already suggested, there are several things you might do to “get the ball rolling” so to speak.

- Offer to give a general talk to alert residents (assisted living or independent living units) on stress reduction

and relaxation techniques, including massage and self-care. You can then introduce the concept of therapeutic massage sessions for the facility residents and tell them about the new program. You can discuss the benefits and effects of regular massage therapy for older adults and answer questions about payment and scheduling. The facility may agree to pay you for this talk, or you might offer to give it without charging a fee, as a public relations service in order to solicit clients.

- Offer to give a similar kind of talk at a family support meeting, stressing relaxation techniques for caregivers and introducing the availability of your service for their loved ones. If it is a small group, demonstrate techniques which you use on as many of the attendees as possible so that they can experience your touch and the benefits of therapeutic touch and massage directly.
- Offer to come to a resident council meeting and discuss massage therapy as a new service for residents and staff. Do a demonstration on one or more residents and/or staff members. These people can then help spread the word about the availability of massage therapy in the facility.

- If sign-ups or referrals are slow in the beginning, you might consider offering an introductory mini-session for free, offering a first session discount, attending an already established program such as an exercise group and offering a complimentary hand or neck massage to anyone in the class who would like one (including the leader or teacher).
- Sign up a staff member or the facility resident council president for the first appointment.

Interfacing with Facility Personnel

A large part of your success as a massage therapist in facility care may depend upon your ability to develop rapport with the administration and the staff members at the facilities where you wish to establish your services. The time you take to do this will usually prove worthwhile. As staff members recognize and get to know you, they are more likely to recommend your services to residents and family members looking for ways to enhance the quality of life for their loved ones. Getting acquainted with staff members may also help you feel more a part of a team effort in caregiving.



Dawn Nelson with a client in her room.

Staff members in health care facilities are frequently overworked, underpaid and experiencing stress. If you can find ways to acknowledge the difficult job such people are doing and to compliment those whom you observe doing something especially caring or creative in their work, it will help build recognition and relationship between you. Sharing an appropriate joke in the form of a cartoon or some interesting bit of applicable information can also help build rapport. Offering to give a five-minute back massage to someone whom you observe experiencing a particularly stressful situation or difficult day is one of the very best ways to develop a positive relationship with any staff person! The person will appreciate this acknowledgement and help. He or she will better understand what your abilities are and may ask for advice or help from you in the future which will help establish you as an authority in your area of expertise.

It is also helpful to establish a relationship with the physical therapy department, if one exists, in care

facilities. Some facilities stress rehabilitation while others focus more on long-term care. Ideally, massage therapists would work in tandem with physical therapists in a caregiving environment, to provide optimum benefits to the client. Introduce yourself to any physical therapists on staff in the care facility. Approach such people as professional colleagues and demonstrate respect for their particular expertise and experience while explaining your own. This will help foster a climate of cooperation and perhaps ward off any professional jealousy or misunderstanding. In some facilities massage therapists may work under, or within, the physical therapy department.

If an administrator or supervisor does not respond to your initial letter or brochure and is difficult to reach by telephone because he or she seems always to be in a meeting, a conference, at lunch, or out of town, try sending a fax. Drop by the facility at different times during the day or week, be persistent in leaving messages and/or making yourself avail-

able and sooner or later the opportunity for you to meet with the person in charge will present itself. If the person is simply not open to your service or ideas, try another facility. Continue to send your materials to the first facility occasionally. A few months later, the person you spoke with may be more receptive or a new administrator with a different point of view may come on board.

It is important to remember that any change in programming or services may be viewed as disruptive, inappropriate, too expensive, or too much trouble. Research what has worked in similar situations. Be ready to answer questions when they are asked. Be willing to demonstrate the benefits of your product. Be patient.

Dawn Nelson, CMT, is the founder and director of COMPASSIONATE TOUCH For Those in Later Life Stages® and a nationally recognized speaker, author, educator. A pioneer in the effort to incorporate massage and skilled touch into care plans for the elderly and the ill in care facilities, Dawn offers training and resource materials to massage and health care professionals nationwide. A portion of this article is from a soon to be available book, *Utilizing Massage and Touch Therapy in Care Facilities: a Programming Guide* © 1996.

Below is a simple example of a policies and procedures agreement, based on one originated by another skilled nursing facility, printed on their letterhead, and signed by both the facility supervisor and the massage therapist. In this particular case the facility administrator pays for chair massages for a certain number of staff members each month as part of an employee incentive program.

Massage Therapy Agreement

1. This facility agrees to contract with the licensed massage therapist named below to visit the facility twice per month for the purpose of administering massage therapy sessions to designated residents and staff members.
2. The facility shall provide adequate information concerning resident's condition and diagnosis.
3. A contact person shall be available to assist the massage therapist on the day of his or her visit.
4. A resident assessment form, provided by the therapist, shall be completed by the facility contact person prior to the massage therapist's visit. Form will include list of residents to be seen, location of each resident, diagnosis/condition, limitations, and precautions.
5. The massage therapist shall submit to facility contact person, invoices for each session given, including resident's name, date and time of visit, and charge for services, in accordance with current rates.
6. Facility shall pay massage therapist by check approximately once per month for all massage therapy sessions given.

Signed: _____ **Signed:** _____
Title: _____ **Title:** _____
Date: _____ **Date:** _____