



# Massage

## THERAPY

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### RATIONALE

Working with the seriously ill and the dying through the medium of therapeutic massage and skilled touch has numerous benefits for both the receiver and the giver. Many of the physical benefits of massage for the hospice patient are similar to those experienced by any other client—softening and releasing tight muscles, improving circulation, reducing generalized aches and pains, nurturing, and calming.

Therapeutic massage is well known for its contribution to pain and stress management and for evoking an overall relaxation response in the recipient. Pain control is often a primary concern for individuals who have cancer or other progressively debilitating diseases. Pain is a subjective sensation that is influenced by any number of physical, emotional and social circumstances. Stress and fear are known to increase the experience of pain. Massage has long proven useful as a primary or adjunct therapy for any condition that includes a stress component.

### A BRIEF HISTORY

With the influx of advanced medical technology and the great variety of drugs available, we tend to forget that the simple, care-full touch of the human hand is one of the most ancient and effective means for relieving discomfort in the body. While the recorded history of massage goes back as much as five thousand years, massage has likely been practiced since humans first began to interact with one another. The ancient Greeks and Chinese are known to have used various types of massage to enhance health and healing of injuries.

In the 1800s, Per Henrik Ling, a Swedish physician, developed a system of massage that is still the basis of most techniques practiced in the United States. These techniques consist of long strokes, kneading and friction on superficial layers of the muscles. Movements of the joints, both active and passive, are also incorporated.

Therapeutic massage is becoming a significant modality in end-of-life care because of its effectiveness in relieving anxiety, pain, and discomfort.

## TECHNIQUES UTILIZED

The most commonly used general therapeutic massage strokes are:

- Effleurage, or gliding stroke—accomplished with the hand or hands in a long continuous motion, following the length of the body part being touched.
- Petrissage, or kneading stroke—use of the hand or hands to compress or knead the muscle.
- Friction—use of the thumb or fingertips, generally in deep circular patterns, to address specific areas of the body. This technique is generally not used with patients in a weakened physical state.
- Vibration—applied in a series of rapid shaking movements.
- Tapotement—consists of striking or tapping movements, applied alternately but smoothly by the hands.
- Range of motion—applied to joints of the body, moving them through a comfortable range; may be with or without the patient's assistance.

A wide variety of bodywork techniques and touch modalities are taught in various schools in the U.S. today. Among those that are particularly appropriate for use with Hospice patients include:

<b>Attunement Therapy®</b>	<b>Jin Shin Jyutsu®</b>
<b>Bowen Technique</b>	<b>Polarity Therapy</b>
<b>COMPASSIONATE TOUCH®</b>	<b>Reiki</b>
<b>Cranialsacral Therapies</b>	<b>Therapeutic Touch</b>

Bodymind modalities that incorporate touch with awareness techniques, dialogue, and emotional release include:

<b>Hakomi</b>	<b>SHEN</b>
<b>Rosen Method®</b>	<b>Somatoemotional Release®</b>
<b>Rubinfeld Synergy Method®</b>	<b>Somatosynthesis</b>

Bodywork modalities that might be appropriate for some patients, with gentle pressure, might include:

<b>Acupressure</b>	<b>Reflexology</b>
<b>Esalen Massage</b>	<b>Swedish Massage</b>
<b>Jin Shin Do®</b>	<b>Trigger Point Therapy</b>
<b>Kripalu Bodywork</b>	

Some modalities focus more on the "energetic" or unseen systems of the body, often with little or no physical contact between the patient and therapist. In working with hospice patients, many therapists incorporate a variety of techniques. Not every modality is appropriate for every patient. All techniques employed by the therapist must be used in a manner that is appropriate to the patient's wishes, emotional state, physical condition, and goals of the therapy.



In offering therapeutic massage to the seriously ill and the dying, sometimes a conscious, caring presence combined with a gentle touch is more important than any specific bodywork technique one might use. Unconditional human contact in the form of touch acknowledges the reality of a situation, reminding the patient that he or she is still an individual, regardless of how a disease process may be eroding his or her body/mind. The physical contact reassures the patient that he or she is not alone, and that it is okay for feelings to be expressed. Gentle massage can help restore feelings of self-acceptance and self-esteem to a person whose body has been invaded by a debilitating, perhaps disfiguring, disease. It can also help reduce feelings of isolation and loneliness.

### SUGGESTED GUIDELINES

As soon as we enter the space that any individual occupies, it is important to remember that we are already touching that person--with our energy, with our attitudes, with our presence. Patients nearing the end of life are often extremely vulnerable and sensitive to touch, to sounds, to smells, and even to the thoughts of those around them. In hands-on work, we must also remember that we are touching more than a physical body. If our energy is consciously focused and we are attentive to the individual, we are touching heart and spirit as well.

Touch is a powerful catalyst in releasing emotions. Hospice patients, who are often in a fragile and vulnerable state, may well respond to attentive touch by letting go of long-denied feelings, releasing their tears, and talking about things they have been unable to discuss with family members. Thus communication skills such as acknowledgment and active listening, without evaluation or judgment, become an important aspect of working with the dying. In fact, listening and simply being present is sometimes the most significant gift we can give to someone who is approaching death.

Many bodywork techniques can be adapted to working with hospice patients. The massage therapist must use whatever skills he or she possesses, adapting them to individual situations and conditions. It is best to begin with sensitive, focused contact, applying more pressure and deeper strokes if requested and appropriate. When offering therapeutic massage to hospice patients, the old adage "less is more" often applies.

Flexibility and creativity are essential in hospice care. Though considered unorthodox by some, the therapist may have to position himself or herself on the bed with a patient in order to provide the therapy. In one case, a patient was resting comfortably in the middle of a king-size bed and was unable to move to either side. A therapist may need to walk alongside a patient, holding her hand and gently massaging her back and shoulders with the other hand. One hospice patient was simply not comfortable sitting or lying down, and felt less discomfort when she kept moving. Rather than trying to persuade her to lie down, the therapist let her take the lead and adapted to the situation. Eventually she decided to try lying down on her bed and was able to relax and be nourished by receiving some gentle massage and touch for almost twenty minutes.

When working with people who are experiencing less control over their lives, it is important to let them make as many decisions as possible. It is essential for anyone involved in caring for patients to remain open, consciously attentive, and alert in order to adjust to constantly changing situations.

Sessions with the same individual may vary from a full body massage in the beginning to a conscious presence and shared breathing in an end-stage session. In general, massage sessions with hospice patients will be shorter in duration than those with other clients. The situation may change frequently and what worked or felt good to the patient one day will be inappropriate or intolerable on the next visit. In some cases, the patient will no longer be able to communicate through words. It then becomes essential to work more intuitively, to watch for non-verbal cues for feedback, and to proceed with caution and sensitivity. In working with hospice patients we are given the opportunity to expand our ideas of what massage therapy is, what works, what help is, what healing is.

Many have witnessed miraculous healing in hospice patients approaching death--not healing in the sense of reversing a condition or "disappearing" a disease, but healing in the broader sense of acceptance, wholeness, and completion.

### COLLABORATIVE GOALS

Massage therapy is provided in collaboration with the hospice team and is consistent with the interdisciplinary plan of care. The massage therapist is a member of the hospice interdisciplinary team. The massage therapist should attend team meetings or meet with individual team members at regularly scheduled times to discuss his or her part in patient care plans. Collaboration within the hospice team is essential to achieve uniform goals of care. Written goals must be established at the start of care and updated on a regular basis. All goals must have the wishes and desires of the patient and caregiver/family as their basis.



Communication between the massage therapist and other team members may occur formally at team conferences to review progress and changes in the care plan, or informally when there is a significant change in the patient's condition.

## ASSESSMENTS

In initial and ongoing assessments, it is critical to remember the wholeness of the person. While visits by health care providers give snapshots of the patient, there is a continual movement of life. Our goal is to support that life in the manner requested by the patient. In assessing the needs and wishes of the patient and caregiver/family, there are a number of issues to consider.

For the hospice patient, the psychosocial benefits of attentive touch and sensitive massage may be more significant and more immediately noticeable than the physical benefits. Individuals who are facing a life-threatening illness may be experiencing emotional upsets and a kaleidoscope of feelings including:

- Anger about the diagnosis, physical and mental limitations imposed by the disease and effects of treatment;
- Anxiety about pain, finances, how family members will cope;
- Denial about the diagnosis or progression of the disease;
- Fear about what will happen next and about death itself;
- Guilt over how the situation is affecting loved ones;
- Mood swings caused by the situation itself, drug therapy, or disease-related dementia;
- Depression and hopelessness; and
- Thoughts of suicide.

The right touch at the right moment can be far more effective than words in acknowledging a person's suffering and in offering comfort and support. Conscious, focused contact in the form of touch supports an individual in releasing feelings, and attentive listening encourages the person to express those emotions.

## APPLICATIONS WITH DIFFERENT AGE GROUPS

The age of massage therapy and skilled touch recipients matters only in their acceptance of the therapy and the abilities of the therapist. The benefits of massage have been demonstrated in infants, children, teenagers, adults, and the elderly.

## ENSURING QUALITY

Quality assurance is important to maintaining optimal care and can be achieved through several methods. Auditing of documentation provides evidence of care planning and implementation to meet the goals. Services provided by a massage therapist should be subjected to the same scrutiny given to other disciplines providing care. Continuing education helps to ensure the therapist is aware of new developments in the field and that they maintain their skill level.

Patient and family surveys, before and after the patient's death, may be valuable in determining satisfaction with the care given by team members.



## CLINICAL SUPERVISION

Supervision of the massage therapist should be provided by a clinically trained staff member, generally the patient care coordinator or nurse case manager. If required by the supervisor or therapist, additional support and information might also be obtained by contacting a recognized school of massage therapy, or qualified massage therapist.

## EDUCATIONAL REQUIREMENTS

Though requirements vary from state to state in the U.S., all states require some formal education and some type of certification, registration, or licensing for massage therapists. In the interest of patient safety and welfare, and the business interests of the provider, proof of education, liability insurance, and proper credentials should be required of any therapist providing services to patients, families, or staff members. Ideally, in addition to basic massage training, the massage therapist working with hospice patients should have specialized training and/or experience in relating to those nearing the end of life.

The American Massage Therapy Association (AMTA) and the Associated Bodywork and Massage Professionals (ABMP) provide educational and membership opportunities for massage therapists. As its name implies, The National Certification Board for Therapeutic Massage and Bodywork certifies therapists through educational and formal test requirements. A list of state requirements is located at the website of the AMTA.

## INDICATIONS / CONTRAINDICATIONS

For some patients, massage therapy is extremely useful in pain management, reducing the need for pain-relieving medications, which can have side effects. Massage generally improves the patient's sense of well-being.

Regular therapeutic massage is a non-pharmacological alternative in the treatment of a number of symptoms common in hospice patients. Stimulating the circulatory system can help combat depression, induce more restful sleep, temporarily improve mental alertness, stimulate appetite and even promote better digestion and elimination, providing enhanced quality of life. Each session is individualized, with special consideration given to the unique situation and needs of the patient. Length of the massage session is geared to the individual's desire and tolerance for touch.

Proper precautions must be taken when working with patients who have infectious diseases such as hepatitis or HIV/AIDS, or who have, or are suspected to have, tuberculosis.

### **Indications**

- The patient wishes to receive the therapy;
- Pain relief/management;
- Relaxation, anxiety, fear reduction;
- Reduction of edema;
- Increase in range of motion;



- Reduce possibility of skin breakdown;
- Increase of oxygen and nutrient supply to cells;
- Encourage self-confidence;
- Reduction of heart rate and blood pressure; and
- Respiratory disorders.

**Contraindications** (In some cases, gentle touch may still be effective)

- Areas of broken skin and conditions that might spread by contact;
- Varicose veins;
- Acute inflammation;
- Bleeding, internal or external; and
- Deep, prolonged massage in those having compromised immune systems or disorders of the circulatory system.

In all cases, the massage therapist must have a complete knowledge and understanding of the patient's diagnosis before applying any massage techniques. The patient's condition and attitude determine the approach to be used in each session. The general rules are, "When In Doubt, Don't" and "Do No Harm."

## DOCUMENTATION

Any team member may refer a patient for massage therapy. The referral is communicated to the patient care coordinator or other designated staff member. Information on the referral form might include the patient's diagnosis, the reason for referral to massage therapy, and assessed priority of the need as low, medium, or high. Therapeutic massage may be requested by the hospice patient or by a patient's caregiver for a specific problem such as muscle spasms, as well as for general relaxation or stress management.

A massage therapist may be requested for a one-time home visit to teach some simple techniques to a caregiver or to help calm a family member who is particularly overwhelmed or distressed. Usually, however, once the referral is made and the massage therapist makes contact with the patient and family, visits are continued on a weekly or bi-monthly basis until the patient dies. Massage therapy may be offered to caregivers to help them cope with the stress of caring for their loved one. It may also be appropriate to offer after the patient's death as part of the bereavement follow-up.

The massage practitioner completes a record of the massage session, including patient response, observations and recommendations, after each session with the patient and/or caregiver. The original is filed in the patient's record for future reference. Any specific problems or questions that arise during a massage session are immediately reported to the patient care coordinator, or to the appropriate member of the hospice team for attention. For instance, a massage therapist may spot an area at risk for a pressure sore and alert the primary care nurse. Dry or itching skin may be reported to the home health aide so a different soap or after-bath lotion may be used during the next visit. If a caregiver seems particularly overwhelmed or under stress, the social worker assigned to that case and/or the volunteer coordinator may be notified so that extra support may be offered.

## FUNDING

Various hospices fund their massage therapy programs in different ways. Grants are an excellent way to start programs and ensure a tracking or research aspect. Donations may be used as an additional source of income. Many agencies use general operating funds to support the programs when there is a strong belief that massage therapy benefits the patients, families and the hospice teams.

Budgets also vary between programs. Some hospices choose to have yearly budgets that cover supplies and equipment. Others have the therapists request needed items and purchase what is appropriate at that time. Another option is to review the donations that come in from a wish list each year and then supplement any needs after donations are assessed.

Salaries range depending on the area of the country and size of the hospice program. Massage therapists generally contract for a specified number of hours per week.

## EQUIPMENT AND SUPPLIES

The most basic equipment and supplies are the therapist's hands. Also included are lotions, oils, or powders.

Though the patient is usually in his or her own bed or sitting in a chair, the therapist might use a portable massage table if the patient's physical condition allows it. In that case, there would be a need for linens, towels, and pillows. Most often the therapist would provide those items, so as not to burden the caregiver/family with additional laundry.