



## 77a Special Populations: Introduction



# 77a Special Populations: Introduction

## Class Outline

5 minutes	Attendance, Breath of Arrival, and Reminders
10 minutes	Lecture:
25 minutes	Lecture:
15 minutes	Active study skills:
60 minutes	Total



# 77a Special Populations: Introduction

## Class Outline

### Quizzes:

- 78a Kinesiology Quiz (erectors, lats, quadratus lumborum, multifidi, rotatores)
- 81a Kinesiology Quiz (supraspinatus, infraspinatus, teres minor, subscapularis, flexor digitorum superficialis, extensor digitorum, flexor pollicis longus, flexor digitorum profundus)

### Spot Checks:

- 78b Orthopedic Massage: Spot Check – Low Back Pain
- **Bring your grading sheet for evaluation A: 99**
- 81b Orthopedic Massage: Spot Check – Rotator Cuff & Carpal Tunnel
- **Bring your grading sheet for evaluation A: 101**

### Assignments:

- 85a Orthopedic Massage: Outside Massages (2 due at the start of class)

### Preparation for upcoming classes:

- 78a Special Populations: Psychiatric Disorders
  - Werner: Pages 170-187.
  - Packet K: 11-18.
- 78b Orthopedic Massage: Spot Check - Low Back Pain
  - Packet J: 77-78.



# Classroom Rules

**Punctuality** - everybody's time is precious

- Be ready to learn at the start of class; we'll have you out of here on time
- Tardiness: arriving late, returning late after breaks, leaving during class, leaving early

**The following are not allowed:**

- Bare feet
- Side talking
- Lying down
- Inappropriate clothing
- Food or drink except water
- Phones that are visible in the classroom, bathrooms, or internship

*You will receive one verbal warning, then you'll have to leave the room.*



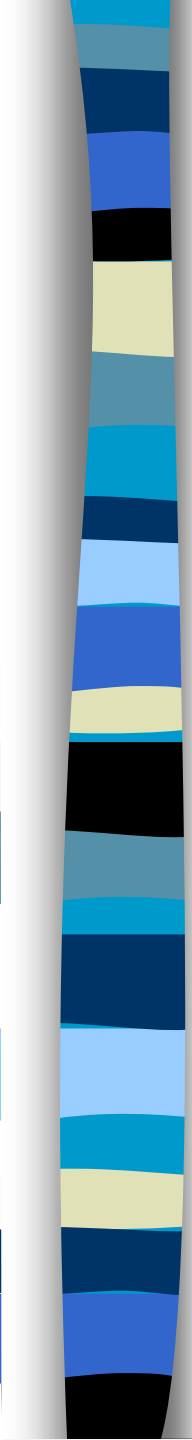
## 77a Special Populations: Introduction

K - 1



## Special Populations Classes:

- 77a Special Populations: Introduction
- 78a Special Populations: Psychiatric Disorders
- 83a Special Populations: HIV and AIDS
- 95a Special Populations: Seniors
- 96a Special Populations: Hospice and End of Life
- 97a Special Populations: Cancer



## More info:

- Steve Stump
  - HIV and AIDS
  - [steve.reese9@gmail.com](mailto:steve.reese9@gmail.com)
  - 512.447.8994
  
- Mary Duvall
  - Seniors
  - [marylduval@att.net](mailto:marylduval@att.net)
  - 512.636.0759
  
- Roni Kendall
  - Hospice and End of Life
  - [roni@thecarecommunities.org](mailto:roni@thecarecommunities.org)
  - 512.459.5883
  
- Kazuko Devirgilio
  - Cancer
  - [KazukoLMT@gmail.com](mailto:KazukoLMT@gmail.com)
  - 512.507.2854

# Introduction

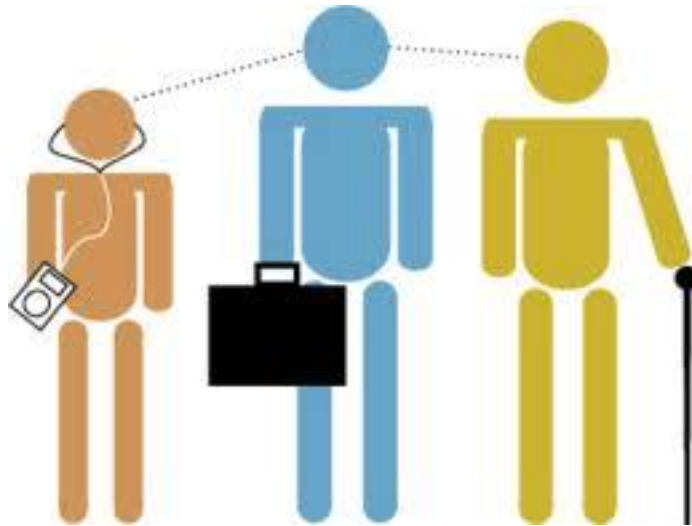
- Therapists will encounter unique individuals with special needs and challenges.





# Introduction

- Massage is safe during all stages of life if tailored to the client's health and particular situation and circumstance.



# Introduction

- Modifications usually involve reduced pressure over an area, positioning the client for comfort, or limiting the sessions to 20 to 30 minutes.



# Introduction

- As with all clients, approach those with special needs with attitudes of loving kindness, reverence, and acceptance.



- Fear may arise as you contemplate working with these clients, but knowledge combined with loving kindness, reverence, creativity and acceptance will overcome fear.

# General Suggestions

- Spend time in advance preparing for the session – review textbooks and websites.

**Study  
Material**



# General Suggestions

- The client is your best source of information. Each client will teach you if you remain open-minded, patient, tolerant and flexible.



# General Suggestions

- Keep facilities as barrier free as possible, removing clutter such as throw rugs and wires.



# General Suggestions

- Have tissues and drinking water handy.



## Other Strategies

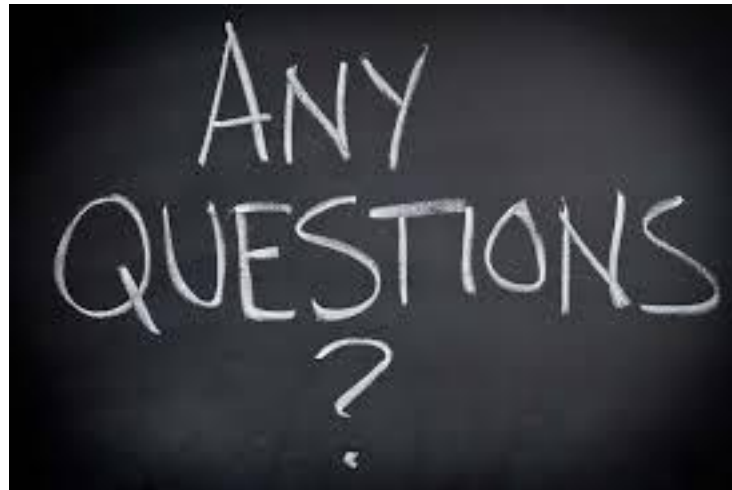
- Sit near the client at eye level.
- Sit in a well-lighted place but avoid sitting with your back to the light source.
- Speak naturally, not more slowly or loudly, and enunciate clearly.
- Use the client's name.





## Other Strategies

- Be sure the client understands, and allow time for questions.
- Rephrase anything the client does not understand, rather than repeating the same words.



## Other Strategies

- Inquire about accommodations that can be made.
- Explain clearly which parts of the client's body will be massaged.
- Be alert for signs of issues not disclosed on the health form, or changes in the client's health status.





# Infants

- Infant massage is done by the parents and care-givers, under instruction from the therapist.
- Infant massage may foster bonding, relieve discomfort from teething, congestion, gas or colic, and promote deeper and longer sleep.



# Infants

- Depending on the age and developmental stage of the baby, positioning may be lying beside, holding, placing between your knees or draping across your lap.
- If bottle-fed, the baby should not be massaged for at least 30 minutes – breast milk is predigested so this delay is not necessary in that case.



# Infants

- Most commonly used strokes are touch-holds, thumb-over-thumb gliding, thumb spreading and full-hand gliding.
- Rather than applying strokes as a routine, use them to enjoy time with the baby, modifying or creating according to its response and tolerance.



# Infants

- Other suggestions:

- Keep the baby warm.
- Use natural or low lighting.
- Sounds such as soft background music, the parents' voice singing, talking or humming, can promote the relaxation response.







# Children and Adolescents

- Defined as young people between 3 and 18 years of age.
- Because these clients may have smaller stature and shorter attention span than adults, session times may be shortened to 30-45 minutes.
- The extra time may be used to establish a rapport.



# Children and Adolescents



- Those under the age of 18 (in Texas the significant age is 17) must have a parent or legal guardian consent to the therapy on their behalf.
- Be sure that the parent or legal guardian is present during the treatment planning and discussion of policies and procedures.
- Parent or legal guardian must sign documents requiring a legal signature (such as intake or consent forms).

# Children and Adolescents

- During intake, be sure the child understands all the procedures and willingly gives consent.





## Children and Adolescents

- Reflexes may be overly sensitive in adolescent boys, sometimes causing erections.
- Keep the top drape bunched in the groin area, and use a blanket over the top drape.
- If an erection occurs, ask a few questions about a mundane topic, such as school – this often reduces the “tent effect”.

# Persons with Mobility Impairments

- Is a decreased capacity to move or use one or more of the extremities, or a lack of strength needed to walk, grasp objects, or lift objects.
- Individuals affected by mobility impairment or who have disabilities may use wheelchairs, canes, crutches, walkers, or motor scooters to aid mobility.





## Persons with Mobility Impairments

- Common causes of mobility impairment include congenital disorders (spina bifida, muscular dystrophy), diseases (arthritis, chronic obstructive pulmonary disease), inactivity, obesity, injuries (spinal cord injury, stroke), and advancing age.
- According to the CDC (2016), 39.6 million people aged 18 and older have limitations that prevent them from being fully functional physically (16.3%).
- Additionally, the US Census Bureau (2014) found that mobility is the most common disability among older Americans.

# Persons with Mobility Impairments

- In the interview, ask the client to describe the impairment and degree of limitation (including indirect limitations and medications with side-effects).
- Check for compensatory patterns resulting from the impairment, that may point to areas of muscle tension.



# Persons with Mobility Impairments

- You can massage the person in a wheelchair if necessary.







# Persons with Mobility Impairments

## Other suggestions:

- Realize a wheelchair is part of the body space of the client, and avoid leaning on it or pushing it without permission.
- Use lighter pressure than normal, particularly in areas of paresthesia.
- Limit all stretching and joint mobilizations, particularly on the spinal column and hips.
- Carefully inspect the skin for ulcers, which are local contraindications.
- Check in with the client about temperature, making fine adjustments as needed.



# Seniors

## More info during 95a Special Pops: Seniors

### Aging and the Musculoskeletal System

- Loss of bone density can begin between 30 and 40 years of age.
- With each successive decade, bones become less dense and more porous and fragile.
- Adults lost 3-6% bone mass each decade after 60 years old.
- Additionally, the intervertebral disks dehydrate and narrow.



# Seniors

## Aging and the Nervous System

- Nerve Cells in the central and peripheral nervous system begin to degenerate, and cerebral blood flow decreases.
- Neural changes in the areas of the brain responsible for balance and coordination coupled with reduced nerve cell conduction rate can result in decreased reflexes, slowed response times, and unsteady gait.
- Nerve cell degeneration contributes to diseases such as Alzheimer disease and Parkinson disease, which are more common in aging populations.



# Seniors

## Aging and the Cardiovascular System

- The heart may enlarge, which reduces cardiac output and increases the risk of congestive heart failure.
- The endothelium, or internal lining, of blood vessels loses elasticity and is less responsive to postural changes.
- This along with the changes in cardiac output, increases the likelihood of varicosities in the lower extremities and orthostatic hypotension in general.





# Persons with Speech and Hearing Impairments

- Speech and hearing impairments often coexist.
- When communicating, consider note writing or typing on a computer with Ariel or Comic Sans font and the zoom feature set to 200%.

# Persons with Speech and Hearing Impairments

- If the client is wearing a hearing aid during the massage, avoid moving your hands close to the ears.
- If the client has removed a hearing aid, be sure you have their attention before communicating with them.



# Persons with Speech and Hearing Impairments

- Be expressive, and enunciate clearly, without exaggerating lip movement, which makes it more difficult for them to lip-read.
- If the client has a sign language interpreter, speak directly to the client.







# Persons with Visual Impairments

- Visual impairments can range from partially sighted to total blindness.
- Keep facility barrier-free, and use bright ambient lighting.
- Use of contrasting colors to differentiate table from floor is useful.





## Persons with Visual Impairments

- Describe things in a normal tone of voice, using direct, precise language (clock-face, left, right, etc.) rather than imprecise terms (over here, etc.).
- When transferring the client from one area to another, offer to guide them, announcing any changes of direction in advance.
- Tactually familiarize the client with the massage environment.
- When handing the client something, touch it to their hand.
- Announce when you are entering and leaving, and turn the lights back up after the massage.

# Persons with Visual Impairments

- For printed materials, use large, easily-readable fonts.



# Persons with Visual Impairments

- If the client has a support person or animal, acknowledge that, but direct all conversation to the client.
- Do not touch the support animal.
- Provide a comfortable place for the assistant or animal during the massage.





## 77a Special Populations: Introduction