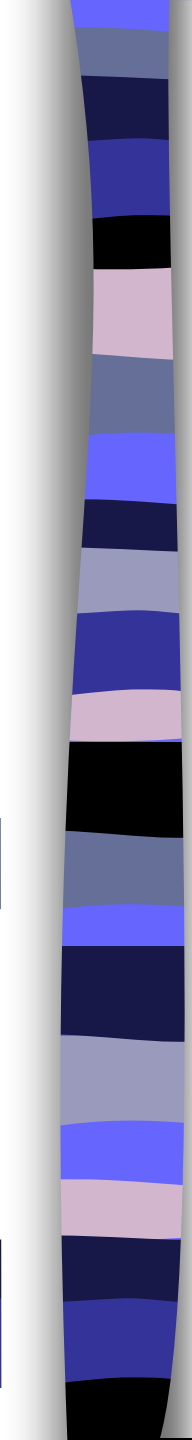




95a Special Populations: Seniors, Hospice and End of Life

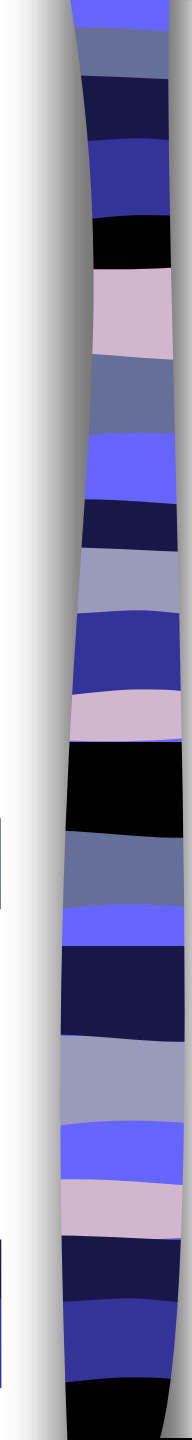


95a Special Populations: Seniors, Hospice and End of Life Class Outline

5 minutes Attendance and Breath of Arrival

55 minutes Lecture: Seniors

60 minutes Total Class Time



95a Special Populations: Seniors, Hospice, and End of Life

Class Reminders

- **Assessments:**

- 96b Deep Massage Touch Assessment
Packet A:81-82; 89-90

- **Preparation for upcoming classes:**

- 95b Deep Massage: Guided Full Body
 - Lauterstein: Chapter 19; L: 16
- 96a Special Populations: Cancer, Hospice and End of Life
K: 29-38; 39-58



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.

95a Special Populations: Seniors K-23

Massage for the Mature Adult





Introduction

- Some people use the terms senior, elderly, and geriatric synonymously. Many assume that if someone is 60 or older they are an “old” person who should be treated with cautious touch.
- However, this is not usually the case. The terms elderly and geriatric are better used for describing a client's condition, not a specific age.
- A senior citizen can be defined with an age range such as 60 and older, but just because someone is a senior, it does not mean that they are geriatric.



Introduction

- When working in a 55 and older community, you may have clients who range in age from 55 to 97, with many being in their 60s and 70s. There are clients in their early to mid 70s who you would think are in their early 60s and other clients in their mid-70s you might put closer to 80.
- Working with this population, age is irrelevant. As with any massage client, it is the condition the client is in that determines how you should approach the massage.



Demystify the Judgments of Seniors

- Many people over 60 are still in excellent health & use massage as a way to keep healthy.
- Massage for this age demographic can be for relaxation, but can also be therapeutic.
- Don't make assumptions



Seniors range from:

Robust

- No major health problems
- Active mentally and physically
- Look younger than their chronological age

Average

- Some age-related problems such as mild arthritis, aches, and pains
- Still active mentally and physically
- May look about their age or younger



Seniors range from:

Frail

- Mentally and physically slowing down
- May have more problems such as:
 - High blood pressure
 - Diabetes
 - Very thin skin
 - Osteoarthritis
 - Other health issues
- Look older than they really are



Massage provides many benefits to all seniors, such as

- Increased circulation and mobility
- Better sleep
- Relief from muscular tension, soreness, and fatigue
- Reduced stress, anxiety, and pain
- Improved concentration, balance, posture, and motor skills
- Stimulation of digestion and improved elimination
- Enhanced lymph flow
- Better range of motion and flexibility



Potential physiological issues when massaging seniors

- Thinner skin
- Less muscle mass
- Less water content in tissues
- More fragile bones
- Less flexibility



Technique adjustments for robust seniors

- You may be less likely to modify your massage techniques, if at all
- They are more likely to be able to handle deeper pressure and may be more flexible



Technique adjustments for average and geriatric seniors

- Lighter pressure
- Use of more lotion for seniors with thin skin
- May need to do side-lying massage if client cannot lie on stomach or back (pacemaker or other reason)
- May only be able to do a seated massage
- You may have a shortened session
- May only massage certain areas



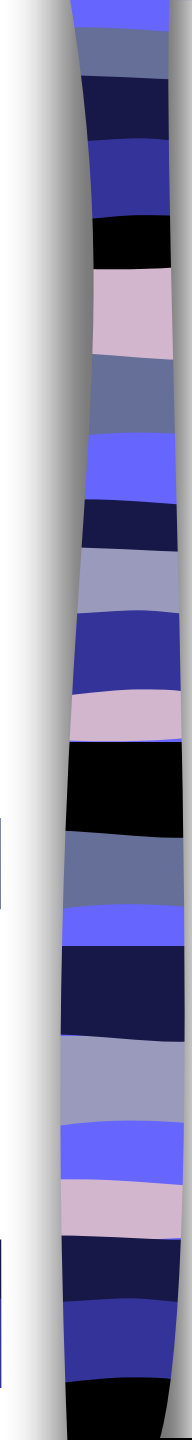
Some of the typical things you will see when working with seniors include:

- Hip replacements
- Knee replacements
- Pacemakers
- Sciatica
- Hip issues
- Diabetes
- Arthritis



Some of the typical things you will see when working with seniors include:

- High Blood Pressure (usually controlled with medication)
- Parkinson's
- Cancer
- Clients in Hospice care
- Thinner skin
- Alzheimer's
- Osteoarthritis
- Other health issues



Understand the type of health issues that seniors may have so that you can adjust your session plan as necessary, but don't be afraid of this group! Seniors will be some of your most appreciative clients you will ever work on.

A good comment on the needs of seniors can be found here:
<http://www.tlcschool.com/austin-massage-blog/touch-and-age/>



Baby Boomers are here!

- The baby boomers started turning 65 in 2011.
- Every day since then more than 7000 baby boomers have reached 65 and this will continue until 2030, when all baby boomers are 65 or older.
- People are living longer and taking better care of themselves and so are looking to massage to help them live a more active lifestyle and reduce aches and pains.



Locations

- Independent living facilities (apartments)
- Nursing homes
- Assisted living
- In their own homes



In-home massage

- Is a wonderful option for seniors, especially for the ones who do not get around as easily.
- Because older seniors move slower, going to a massage chain can be difficult for them because that type of facility can be very fast paced.
- In-home massage allows slower moving seniors to move at their own rate and not have to worry about getting out of the massage room quickly.



Detailed geriatric massage Info/training

DayBreak Geriatric Massage Institute

<http://www.daybreak-massage.com/>



Guidelines for Senior Massage

- Some seniors may be chatty and enjoy the chance to talk to someone during the session. It's also good to keep communicating with your client to make sure everything is OK.
- Be aware for any working signs (fidgeting, etc.) and ask your client if they are uncomfortable...make changes as necessary.
- For seniors who are slowing down mentally, you may need to be patient and repeat things to make sure they understand what you are telling them.



Guidelines for Senior Massage

- You may also interact with family members, such as children or a spouse. Family members can be helpful when working with clients who have trouble understanding what you are saying or speaking to you, but always remember to include your client in any conversations you have.
- Seniors are intelligent individuals who deserve to be treated as you would treat any other client.



Articles/Resources for Senior Massage

A good example of working with a senior with fibromyalgia:

http://www.massagetherapy.com/articles/index.php/article_id/204/Fibromyalgia-and-the-Elderly

AMTA offers a course called Massage for Active Seniors:

<http://www.amtamassage.org/courses/detail.html?CourseId=43>

Article from AMTA on Massage of Seniors:

<http://www.amtamassage.org/articles/3/MTJ/detail/2318>

Massage Today has several articles on working with older clients:

<http://www.massagetoday.com/mpacms/mt/topic.php?id=23>



Extra considerations- Not in your packet

Evaluating your client:

- When you first meet a mature adult client, take a little time to evaluate the condition of your client.
- Are they standing up straight? Or are they hunched over?
- How does their skin look?
- Do they seem stable on their feet?
- Do they look frail?
- How is their energy level?
- Ask detailed questions on medical and medicine history?

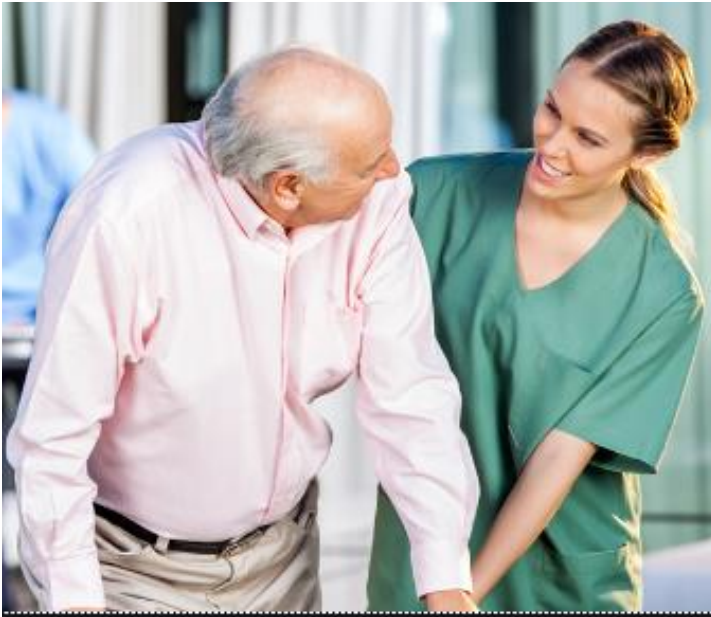
Evaluate a Senior! Mature adult? Senior? Geriatric?



Evaluate a Senior! Mature adult? Senior? Geriatric?



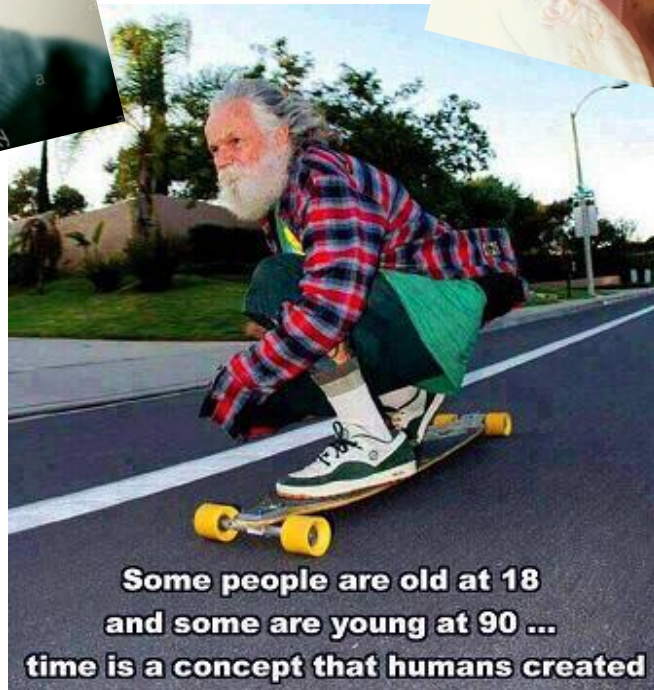
Evaluate a Senior! Mature adult? Senior? Geriatric?



Evaluate a Senior! Mature adult? Senior? Geriatric?



Evaluate a Senior! Mature adult? Senior? Geriatric?



**Some people are old at 18
and some are young at 90 ...
time is a concept that humans created**

Johanna Quaas- Nov 20, 1925 (95 in 2020)

Oldest gymnast in the world since 2018!





Massage Sessions

What do they look like with mature adults, seniors, and geriatric clients?

Mature Skin





Mature Skin “Age Spots”

- Age spots are marks that commonly appear on the skin *after prolonged sun exposure*.
- They are harmless, but some people wish to remove them for cosmetic reasons.
- These marks are *flat* and darker than surrounding skin. They can be tan, brown, or black, and they may resemble freckles.
- Other names for **age spots** include solar lentigines and liver **spots**, though they have no connection to the liver.

Mature Skin “Age Spots”





Mature Skin Seborrheic Keratosis

- Seborrheic keratoses are raised growths on the skin.
- There may be just one or clusters of dozens.
- They are usually start off light tan, and then may darken to dark brown or nearly black.
- The consistent feature of seborrheic keratoses is their waxy, pasted-on or stuck-on look.
- Can appear raised and texturized.
- They may be oval spots a fraction of an inch across, or form long Christmas tree like patterns on the torso inches long.
- These are not contagious and do not spread.
- They have no relationship to skin cancer and do not pose a risk to health.

Mature Skin Seborrheic Keratosis



Picture by: James Heilman, MD

Seborrheic Keratosis / Melanoma

Clinical and Histopathologic Images of Melanoma Merging With Seborrheic Keratosis



Melanoma merging with seborrheic keratosis. Lesion on the trunk of a 70-year-old male.

As with all massages, if something catches your attention; ask the client if they've noticed it, had it checked out, and possibly suggest they share the information with their medical provider.



Medications

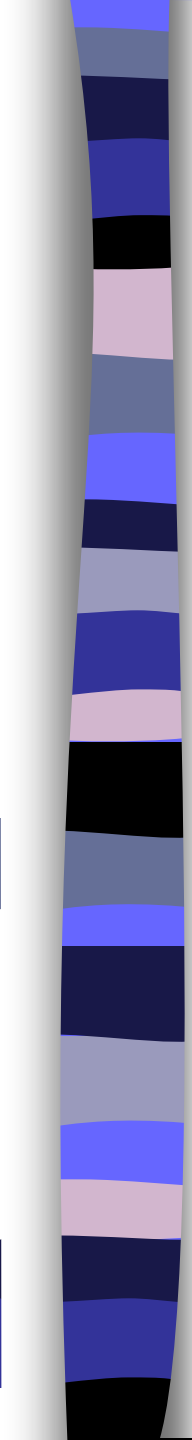
- Medications should be reviewed during intake to make sure there are no contraindications or special considerations to the massage plan/session.
- Medications should be reviewed prior to each session, in case there have been changes.
- Don't know what a medication is for? Ask the client. Research. Ask the caretaker.

Is this really any different than Young Adult or middle Aged Massages?



Topical Medications

- Topical medications (patches attached directly to the skin) are being used more often to deliver medications. You don't want to absorb the medication into your skin will working.
- Work around any area with a patch. Do NOT rub on the patch (it could become dislodged).
- If a patch has been removed, make sure the area has been cleaned and there is no residual medication on the client's skin. If clean, you can work where the patch was.



How can a LMT make sure their session with a mature adult, senior, or a geriatric client is successful?



The 4 Cs

- **Confidence** – Be confident that you can address your client's issues
- **Caution** – Research or ask for a doctor's clearance if you are unsure
- **Communication** – Check in with your client and address any issues they have and to have a thorough understanding of medical history and medications
- **Caring** – You can't fix all your client's issues with massage. However, you **SHOULD** want to provide the best service possible



Is this really an option for my business?



YES!

You will find mature adults and seniors tend to be clients at a wide range of locations.

Even if you don't work for yourself

- Chiropractic Offices
- Corporate Massage Studios
- Small Business/Privatey Owned Massage Studios
- Wellness Centers
- Hospitals, Rehabilitation Centers, ...
- And yes, even mobile massage



Marketing to/for Mature Adults

Marketing may need to be varied for the mature adult demographic.

- Calling to schedule appointments vs Online Scheduling
- Flyers/Postcards vs Facebook/Instagram
- Setting up @ senior centers or events
- Referrals are going to be a HUGE asset.
- Paper Intake forms vs Electronic versions



Sometimes there's a down side...



Elder Abuse

If you suspect a client is victim of elder abuse or have questions, you can contact your local National Adult Protective Services Association at:

<http://www.napsa-now.org/>

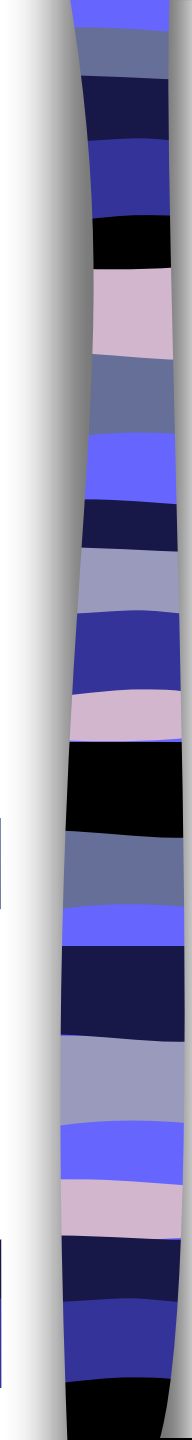
You can find a video on information about elder abuse at:

<https://www.youtube.com/watch?v=kjiGiAGQx20>



**go
ahead
under-
estimate
me**

watersister
DRY GOODS



95a Special Populations: Hospice and End of Life

K: 29-38



Introduction

Many people think hospice care is just about dying. Hospice care is more than that – hospice brings comfort and support to people facing a life-limiting illness. It also reaches out to provide support for family and friends who love and care for them.

Hospice care honors life's final journey, leaving a legacy of compassion and caring. Hospice brings comfort, dignity, and peace to help people live every moment of life to the fullest, leaving loved ones with memories they can treasure.

In 2019, 1.6 million dying Americans were served by the nation's hospice providers, reports the National Hospice and Palliative Care Organization. Yet there are many facts about hospice that people are not aware of and may keep people from getting this compassionate care when they need it most.



Introduction

If this information about hospice surprises you, take the time to find out more. The best time to learn about hospice is before someone in your family is facing a health care crisis.

For more information, contact Lighthouse Hospice at 830-798-8794, or contact the Caring Connections HelpLine at 800-658-8898 (the Multilingual Line at 877-658-8896) or visit www.caringinfo.org.

This information is provided by the National Hospice and Palliative Care Organization and Lighthouse Hospice at 830-798-8794.



Ten important facts about hospice care you may not know:

1. Hospice is not a place but is a kind of high-quality care that brings the patient and family medical, emotional, and spiritual care and support focusing on comfort and quality of life.
2. Medicare beneficiaries pay little or nothing for hospice, and most insurance plans, HMOs and managed care plans include hospice coverage.
3. Hospice serves anyone facing a life-limiting illness, regardless of age or illness.
4. Research has shown that the majority of Americans do not want to die in a hospital; hospice treats pain and manages symptoms while allowing most patients to be at home.
5. Hospice also serves people living in nursing homes and assisted living facilities.



Ten important facts about hospice care you may not know:

6. Hospice patients and families can receive care for six months or longer, and the greatest benefits are gained by being in hospice care for more than just a few days.
7. Less than one percent of Medicare beneficiaries live in an area where hospice is not available.
8. A person may keep their referring physician involved while receiving hospice care.
9. Hospice serves people of all backgrounds and traditions; the core values of hospice - allowing the patient to be with family, including spiritual and emotional support, treating pain - cut across all cultures.
10. Hospice offers grief and bereavement services to family members and the community.



A Vision for Better Care at the End of Life

Death and dying are not easy to deal with. Perhaps you or someone you love is facing an illness that cannot be cured. Few of us are really ready for the hard choices that may have to be made at the end of life. It can be hard for everyone involved – the dying person, their family and loved ones, and health care providers, too.

But there are ways to ease pain and make life better for people who are dying and for their loved ones. It is called palliative care.



A Vision for Better Care at the End of Life

Palliative care means taking care of the whole person – body, mind, spirit – heart and soul. It looks at dying as something natural and personal. The goal of palliative care is that you have the best quality of life you can have during this time.

Some health care providers – doctors, nurses, social workers, pharmacists, clergy, and others – have learned how to give this special kind of care. But all health care providers should know how to give good palliative care or to help you find someone who can.



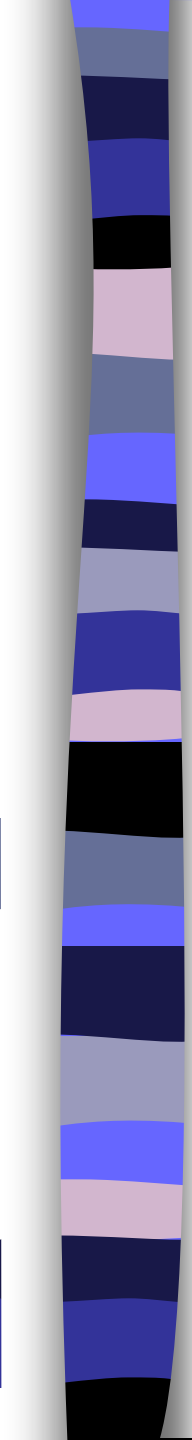
Five Principles of Palliative Care

The following Five Principles of Palliative Care describe what care can and should be like for everyone facing the end of life. Some of these ideas may seem simple or just common sense. But all together they give a new and more complete way to look at end-of-life care.



1. Palliative care respects the goals, choices, and life of the dying person. It...

- Respects your needs and wants as well as those of your family and other loved ones.
- Finds out from you who you want to help plan and give you care.
- Helps you understand your illness and what you can expect in the future.
- Tries to meet your likes and dislikes: where you get health care, where you want to live, and the kinds of services you want.
- Helps you work together with your health care provider and health plan to solve problems.



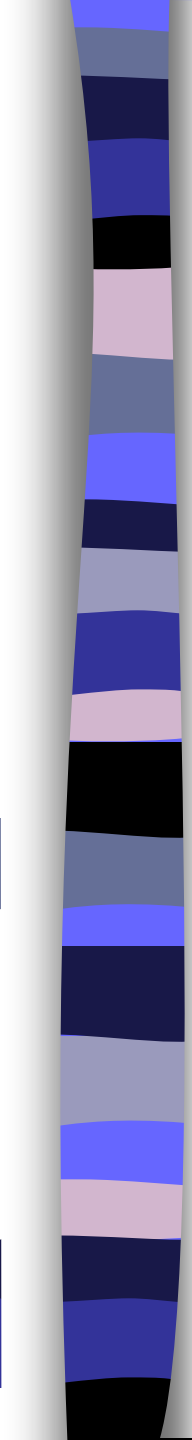
2. Palliative care looks after the medical, emotional, social and spiritual needs of the dying person. It...

- Knows that dying is an important time for you and your family.
- Offers ways for you to be comfortable and ease pain and other physical discomfort.
- Helps you and your family make needed changes if the illness gets worse.
- Makes sure you are not alone.
- Understands there may be difficulties, fears and painful feelings.
- Gives you the chance to say and do what matters most to you.
- Helps you look back on your life and make peace, even giving you a chance to grow.



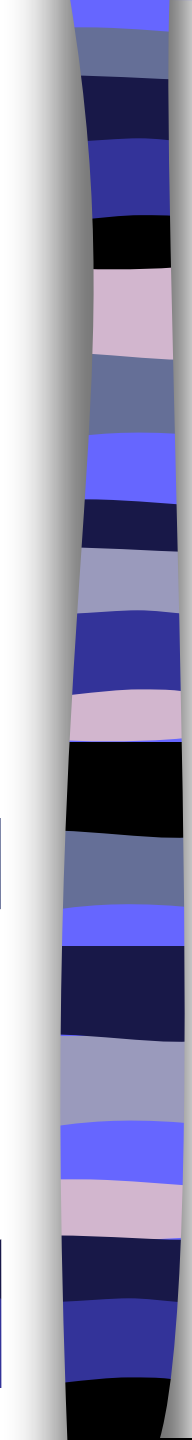
3. Palliative care supports the needs of the family members. It...

- Understands that families and loved ones need help, too.
- Offers support services to family caregivers, such as time off for rest, and advice and support by telephone.
- Knows that care giving may put some family members at risk of getting sick themselves. It plans for their special needs.
- Finds ways for family members to cope with the costs of care giving, like loss of income, and other expenses.
- Helps family and loved ones as they grieve.



4. Palliative care helps gain access to needed health care providers and appropriate care settings. It...

- Uses many kinds of trained care providers - doctors, nurses, pharmacists, clergy, social workers, and personal care givers.
- Makes sure, if necessary, someone is in charge of seeing that your needs are met.
- Helps you use hospitals, home care, hospice, and other services, if needed.
- Tailors options to the needs of you and your family.



5. Palliative care builds ways to provide excellent care at the end of life. It...

- Helps care providers learn about the best ways to care for dying people. It gives them the education and support they need.
- Works to make sure there are good policies and laws in place.
- Seeks funding by private health insurers, health plans and government agencies.



The Five Principles

The Five Principles are a vision for better care at the end of life. They were developed for people who are dying, their families, and their loved ones by the *Last Acts* Task Forces on Palliative Care and the Family. *Last Acts* is a coalition of more than 300 organizations representing health care providers and consumers nationwide.

The organizations involved in Last Acts believe that everyone can make a difference in the care given to dying people and their families. We need to work together toward a health care system that offers all Americans, when they are dying:

- The services that meet their individual needs
- Health plans that cover that care
- Health care providers well trained in palliative care

That would make the Five Principles of Palliative Care a reality.



What You Can Do

The role you can play in making this come about is to share this vision of the end-of-life care with your family, friends, and health care providers.

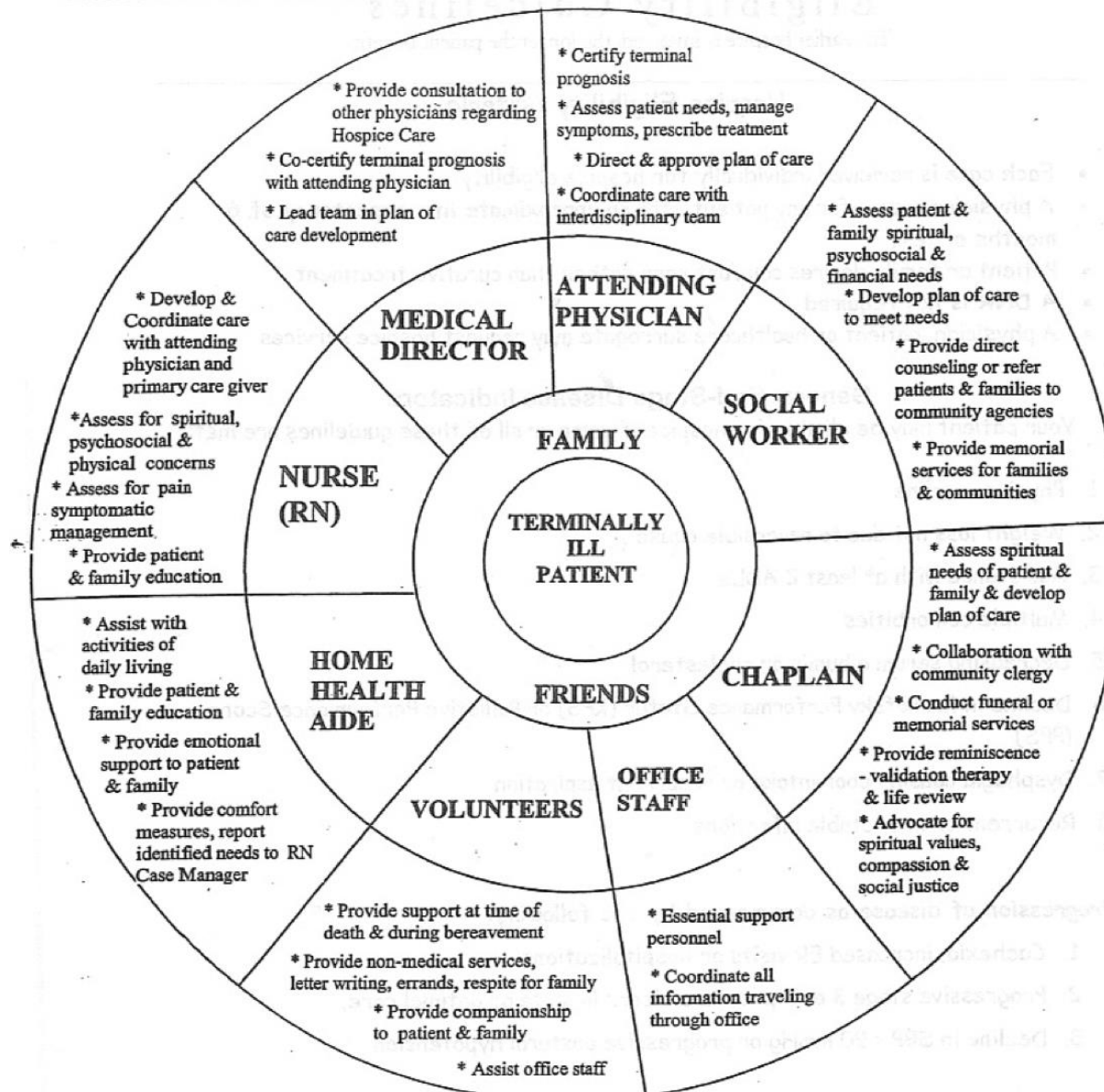
Discuss with them the care you want and who will provide it.

To find good palliative care services in your community, talk to your doctor or local hospital, hospice, nursing home, or home health agency.

Make sure they know about the Five Principles, too.

For more information about Last Acts, visit our Web site at www.lastacts.org.

CIRCLE OF CARE



The Hospice Circle of Care represents the holistic range of care provided by professionals and trained volunteers, working together to assess and meet the unique needs of patients and families.



Hospice Eligibility

Guidelines

- The earlier hospice is involved, the longer the patient benefits

Criteria

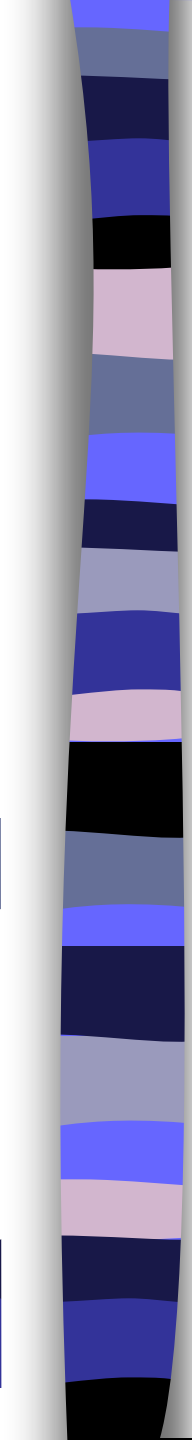
- Each case is reviewed individually for hospice eligibility
- A physician may refer any patient with an approximate life expectancy of 6 months or less
- Patient or family desires comfort care rather than curative treatment
- A DNR is not required
- A physician, patient or healthcare surrogate may request hospice services



General End-Stage Disease Indicators

Your patient may be eligible for hospice if some or all of these guidelines are met:

- Physical decline
- Weight loss not due to reversible cause
- Assistance with at least 2 ADL's
- Multiple comorbidities
- Decreasing serum albumin or cholesterol
- Decline in Karnofsky Performance Status (KPS) or Palliative Performance Score (PPS)
- Dysphagia causing poor intake or recurrent aspiration
- Recurrent or intractable infections



Progression of disease as documented by the following:

- Cachexia- 'wasting' disorder that causes extreme weight loss and muscle wasting, and can include loss of body fat, increased ER visits or hospitalizations
- Progressive stage 3 or 4 pressure ulcers in spite of optimal care
- Decline in SBP < 90 mmHg or progressive postural hypotension

Would you be surprised if your patient was not with us 6 months or a year from now?

If not ... Hospice may be the right choice

Hospice Austin – It's About Living



Massage and Hospice

Learn about working in the most sensitive of environments for massage therapists and clients.

<https://www.amtamassage.org/publications/massage-therapy-journal/massage-and-hospice/>

Article by Michelle Vallet, Aug 1, 2012

Quotes from Ann Catlin, founder of the Center for Compassionate Touch and an expert in the field of massage therapy in eldercare and hospice.



Massage- Document your work

1. **Client's condition:** Here, be specific and focused. You might say: 'Client was lying in bed, Daughter at bedside.' Be objective about what you observe, being careful not to insert any personal impressions. You'll also want to note any changes in the client's condition you notice since you last worked with them.
2. **Actions:** Describe how you've worked with the client. If you've instructed family members of how to work with the patient, include that information, as well.
3. **Reaction of client and caregiver:** These sessions have the potential to be very emotional, so if that's the case, record that information in your notes. Also, document how your work impacted the client. You might say, for example: Patient was relaxed and comfortable.
4. **Follow-up:** If you have future plans to see the patient, or have a regular schedule you keep, mention that in your notes. Many times, especially during the later stages, your visits will be at the request of family members of the patient.



Where you Practice

You might assume that hospice is connected with hospitals specifically, but that's not true in most cases. 'Eighty percent of hospice service is community based' meaning that going into private homes or wherever the person resides.

'Hospice provides palliative care in hospitals.'



Performing Massage

‘Massage as we know it is no longer indicated or wanted’ when working with hospice patients. ‘In these later stages, it’s no longer about massage.’

During the pre-active stage of the dying process, it is recommended to sensitively massage the arms, legs, feet, and hands, as well as slow, long, alternating strokes on the paraspinals. Back massage should be done in the side-lying position.

Use techniques that promote deep relaxation and can help patients who are having trouble falling asleep.



Performing Massage

During the active stage of the dying process, massage therapists need to adjust their expectations- both of themselves and the patient. 'It's reassuring for the patient to have someone bedside with just a little focused touch.'

For these patients, attentive touch or holding is good, particularly if the person is frail and can't tolerate touch. Massage Therapists might also move a part of the patient's body for positional change and the ease pressure. 'You can change the adjustment of the bed or add support of pillows under arms or legs. You may incorporate gentle stretching if tolerated.'



Beyond Touch

‘We’re not about fixing anything. We need to let go of our desire to fix something because how we approach a session makes a difference.’

Focus on the individual within the patient. ‘You need to look beyond disease and beyond the condition. Imagine the whole individual you’re working with despite their condition. When you do, you remind them that they’re still who they are, they’re worthwhile and still living.’

With hospice patients, massage therapists are also going to have to give up some control of the work and environment, instead being open to the moment as it unfolds. ‘There are going to be a lot of things we can’t do anything about.’



The Importance of Self-Care

No matter the environment, self-care is a top priority of massage therapists. Although the work you do with hospice patients may not be physically demanding as in other working environments, massage therapists still need to keep self-care at the forefront if for no other reason than the work is potentially emotionally taxing.

‘You will lose every client you have. Finding acceptance of that is key to self-care and the work you do as a therapist.’ Part of this acceptance is being soft with yourself. ‘Massage therapists need to be able to accept when they feel angry or sad. They need to be able to forgive themselves when they can’t do something.’



Finding Rituals

Some massage therapists may find that having a ritual that's connected to closure is helpful for their self-care regimen. 'You might choose to pick up stones or plant flowers, or light a candle. The key is doing something that brings closure and allows you to acknowledge your own feelings.'



95a Special Populations: Seniors, Hospice, and End of Life