K. Special Populations

Special Populations Classes

- 75a Special Populations: Introduction and Psychiatric Disorders
- 83a Special Populations: HIV and AIDS
- 95a Special Populations: Seniors, Hospice, and End of Life
- 96a Special Populations: Cancer

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Introduction

Therapists will encounter unique individuals with special needs and challenges.

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

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

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.

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

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

Have tissues and drinking water handy.

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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.

Be sure the client understands, and allow time for questions.

Rephrase anything the client does not understand, rather than repeating the same words.

Inquire about accommodations that can be made.

Be alert for signs of issues not disclosed on the health form, or changes in the client's health status.

Explain clearly which parts of the client's body will be massaged.

Pregnant Clients

Already covered in 47a A&P: Pregnancy, see packet pages E: 89-96.

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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.

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.

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.

Other suggestions:

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

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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.

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).

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

Reflexes may be overly sensitive in adolescent children, 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".

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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.

- 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.

- Provide barrier-free entrance to your facility, or schedule a home visit and perform massage off-site.

- 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.

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Persons with Mobility Impairments continued,

Other suggestions:

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

Will be covered in 95a Special Populations 4: Seniors, and 96a Special Populations 5: Hospice and End of Life.

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.

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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.

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 an easy to read font and the zoom feature set to 200%.

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.

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.

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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.

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.

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

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.

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Addiction

Three Levels of Addiction

- Use
- Abuse
- Dependency

Etiology

- Dependency can be psychological or physiological

Dependency

- Can produce changes in neurotransmitters, sedative effect on CNS
- It takes more and more of the substance to get the effect
- Stopping will create daunting physical and psychological challenges

Risk factors

- Genetic predisposition
- Mental health challenges
- Age
- Medical reasons
- Environmental factors:
    - Peer pressure
    - History of abuse
    - Environmental prevalence

Complications

- Exacerbated mental health challenges
- Impaired judgment
- Compromised body systems: gastrointestinal, cardiovascular, nervous, immune

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Addiction, continued

Treatment

- Recognize problem
- Abstinence
- Detoxification
- Rehabilitation Treatments/Centers
- Prevent relapses

Massage

- Adjust treatment plans if person suffering physiological dis-ease as a result of the addiction
- Can help reduce withdrawal symptoms, speed detox, reduce need for drugs (it's a healthy high!)
- Do not work with person under the influence

Anxiety Disorders

Introduction

- A pervasive feeling of fear arising from complex factors
- May arise from PTSD, neurological divergence, previous injuries, unknown origins
- Related to depression, trauma, and possible genetic components

How to recognize anxiety disorders

- Sympathetic reactions
- Frightening feelings
- Racing thoughts

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Anxiety Disorders continued,

Types

- General anxiety disorder
- Panic disorder
- PTSD
- OCD
- Phobias – social and specific

Massage

- Person may be hypersensitive to touch and boundaries – esp. if client is a physical abuse survivor or sexual abuse survivor

- Positive effects – feeling calmer, more able to cope with everyday stresses (through positive touch impact on limbic and autonomic nervous system)

Limbic system and Autonomic Nervous system

Amygdala:

- Central role in fear, anxiety, aggression, and aggression
- Interconnected with hippocampus
- One synapse away from hypothalamus
- Gets bigger in people with PTSD – more metabolically reactive

Hippocampus

- "Sea horse - jelly roll"
- Memory & learning
- In people with long-term major depression, the hippocampus gets smaller

- Pivotal role in turning off the ANS stress response

Ultimately we're looking to enhance and sustain healthier autonomic function. NOTE: Attend carefully to factors such as clothing, draping, working with open door, be understanding and patient – while honoring your own boundaries.

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Attention Deficit Hyperactivity Disorder

Introduction

- Not really deficit – person pays attention to too many things
- Neurochemical disorder, which can have genetic as well as familial or environmental causes

Symptoms

- Inattentiveness
- Hyperactivity
- Impulsivity

Treatments

- Medications
- Psychotherapy

Massage

- Indicated unless person has inability to tolerate stillness
- Can improve
  - Anger control
  - Sleep quality
  - School behavior
  - Mood
  - Interpersonal relationships
- Identify their preferences – vigorous or more stillness

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Depression

Origins

- Genetic, familial, and physical illness

Range

- Chronically low or "negative" energy accompanied by persistent feelings of sadness, guilt and/or hopelessness
- Bi-polar disorder
- Suicidal inclinations

Treatments

- Medications and psychotherapy

Massage

- Can be very helpful or have little effectiveness
- Can release physical and psychological tensions that may sustain the depression
- Can stimulate endorphins which amplify pleasure (do not allow this to affect their use of appropriately prescribed medication)
- May be safer/more effective for client with suicidal thoughts if the client's psychiatrist is able to give their advice concerning massage
- Make sure you assure yourself that they are seeing a psychiatrist

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Eating Disorders

Introduction

- Compulsions about food and weight
- Can lead to nutritional deficiency

Types

- Anorexia
- Bulimia
- Binge eating

Treatment

- Education if useful and counseling program

Massage

- Anorexia/bulimia can result in various psychological, anatomic and physiological frailties – be careful in your treatment design.
- Can help people experience their bodies as safe, strong, and healthy – improving their kindness towards their own sense of their body
- Can also lower anxiety levels.

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Autism Spectrum Disorder

Characteristics

- Appears to be genetic (usually diagnosed by age 3)
- Differences in verbal & nonverbal communication
- Neurodivergence with social interactions, repetitive behaviors/memory
- May exhibit 'masking'
- May be unable to engage in various communication styles

Treatment

- Behavioral treatment is the most common

Types

- Autism is the diagnosis sometimes used to denote more neurodivergence
- Asperger syndrome is more mild
    - Difficulty in certain types of communication and picking up social signals
    - Consuming interest in some subject that completely engages them

Massage

- Often will be hypersensitive to touch.
- Get to know the individual – if they like touch, it may be very helpful in helping them connect to world in positive way

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83a Special Populations: HIV and AIDS

This information is not used in class. If you would like to download a copy for your use only, please see these resources:
www.hiv.gov/hiv-basics
https://www.cdc.gov/hiv/default.html
https://www.massagemag.com/hivaids-patients-massage-provides-touch-humanity-40379/

Infection with human immunodeficency virus (HIV) and acquired immunodeficency syndrome (AIDS) is a pandemic that has affected millions of people globally. Although major research and clinical initiatives are addressing prevention and cure strategies, issues of quality of life for survivors have received less attention. Massage therapy is proposed to have a positive effect on quality of life and may also have a positive effect on immune function through stress mediation.

HIV and AIDS Explained

HIV is a retrovirus that attacks the body's immune system. This virus attacks white blood cells. As the virus takes over white blood cells, immunity weakens. A normal white blood cell count within the body ranges from 4,500 to 11,000 white blood cells per microliter of blood; however, this number begins dropping significantly upon HIV's manifestation within the body.

AIDS is the final stage of HIV progression. At this point, one's white blood cell count will drop below 200 white blood cells per microliter of blood.

The body's immune system has weakened to a point in which a simple pathogen a healthy individual can easily fend off can likely kill an AIDS patient.

An important note to mention is that other conditions such as anemia, autoimmune disease and cancer can also create a significant decline in white blood cells within the blood stream.

83a Special Populations: HIV and AIDS

Transmission

The main method of transmitting this virus is unprotected sex. Other methods of transmission include passing the infection from pregnant person to fetus; contaminated needles; blood transfusions; or direct contact with open, bleeding lesions present on both parties. Epithelial linings on both parties must have damage upon them for virus to spread.

Upon initial exposure, a patient acquiring HIV may suffer from ARS, "Antiretroviral Syndrome," within two to four weeks. Patients commonly describe this as "the worst flu ever," as the body is trying to combat the HIV infection. Common symptoms include high-grade fever, swollen glands, sore throat, rash, fatigue, headaches and muscle pain.

Common Antiretroviral Treatment (ART) options can limit the effects of HIV within the body. These treatments can extend the life span of HIV patients.

The first ART treatments were conducted in 1994. Since then, an HIV patient can have the same life expectancy as the non-HIV population. Today there are 25 FDA-approved ART treatment medications. Common side effects include nausea, vomiting, headaches, bowel issues, muscle atrophy, neuropathy, digestive issues and joint pain.

"Individuals living with HIV and AIDS have many obstacles to overcome beyond their physical challenges," said Jennifer Sanders, a Polarity Therapy practitioner in Tempe, Arizona. "They live with a disease that carries an intense stigma nourished by fear, leading to increased levels of isolation and depression."

83a Special Populations: HIV and AIDS

Statistics

How many people receive an HIV diagnosis each year in the United States and 6 dependent areas- American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, the Republic of Palau, and the US Virgin Islands? In 2018, 37,968 people received an HIV diagnosis in the United States and dependent areas. The annual number of new diagnoses decreased 7% from 2014 to 2018.

How many people have HIV in the United States? An estimated 1.2 million people in the United States and 6 dependant areas had HIV at the end of 2018, the most recent year for which this information is available. Of those people, about 14%, or 1 in 7, did not know they had HIV.

How many deaths are there among people with HIV? In 2018, there were 15,820 deaths among adults and adolescents with diagnosed HIV in the United States and 6 dependent areas. These deaths may be due to any cause.

Today, as society moves past archaic myths and misconceptions, greater gains are made in the HIV/AIDS community in terms of research, treatments and longevity for HIV/AIDS patients. This includes the area of massage therapy.

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Touch for HIV/AIDS Patients

There are important considerations for the HIV/AIDS patient. Ensure you conduct a thorough client history, as the condition of this client can change easily and frequently. There may be a need to reschedule appointments often.

Refrain from using direct pressure upon areas presenting with open lesions and inflammation. Keeping nails short will be imperative to not transfer pathogens or scratch the epithelial skin lining.

The usage of gloves may or may not be appropriate for the HIV/AIDS patient. Many therapists insist on using gloves for fear of spreading an infectious agent during session. This practice creates a barrier both physically and mentally for the patient.

The level of trust and comfort can decrease as fear enters the room, taking away from the healing nature of the session. It is not recommended to use gloves in session unless there are open lesions present upon either client or therapist. This is a standard used for any client, not merely the HIV/AIDS patient.

Benefits of Massage for HIV/AIDS Patients

Among the goals that can be achieved for the HIV/AIDS patient include facilitating the removal of excess phlegm to relieve respiratory congestion, increasing blood and lymph flow to assist in metabolic waste removal and blood cell regeneration, preventing muscular atrophy due to inactivity, reducing postsurgical scar tissue and boosting the immune system.

Consider how taxing the massage may potentially be for the client. A lighter relaxing touch may be necessary for patients suffering the ill effects of chronic stress and anxiety. Relieving pain may become a major component of each session; yet remember that deeper modalities can tax the body's systems, taking the patient days to recover.

95a Special Populations: Seniors

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.

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. I have 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

95a Special Populations: Seniors

Seniors range from:

Robust

- No major health problems
- Active mentally and physically
- May look about their age or younger

Average

- Some age-related problems such as mild arthritis, aches, and pains
- Still active mentally and physically
- Look about their age

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

95a Special Populations: Seniors

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

95a Special Populations: Seniors

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

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

95a Special Populations: Seniors

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 for Senior Massage

- I recently did a search on **senior living facilities** and found 32 facilities in the Austin/Round Rock/Georgetown area and that was mostly independent living facilities (apartments). There were a lot of other facilities that included nursing homes and assisted living. Each of these places has hundreds of residents. And, of course, there are plenty of seniors still 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 information/training

- DayBreak Geriatric Massage Institute, http://www.daybreak-massage.com/

95a Special Populations: Seniors

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.

- 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.

Here are some resources/articles on the Internet about working with seniors

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

95a Special Populations: Hospice and End of Life

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 2012, 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.

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.

95a Special Populations: Hospice and End of Life

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.

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.

95a Special Populations: Hospice and End of Life

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.

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 Principals 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.

95a Special Populations: Hospice and End of Life

Five Principals of Palliative Care, continued

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.

95a Special Populations: Hospice and End of Life

Five Principals of Palliative Care, continued

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 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.

95a Special Populations: Hospice and End of Life

What You Can Do

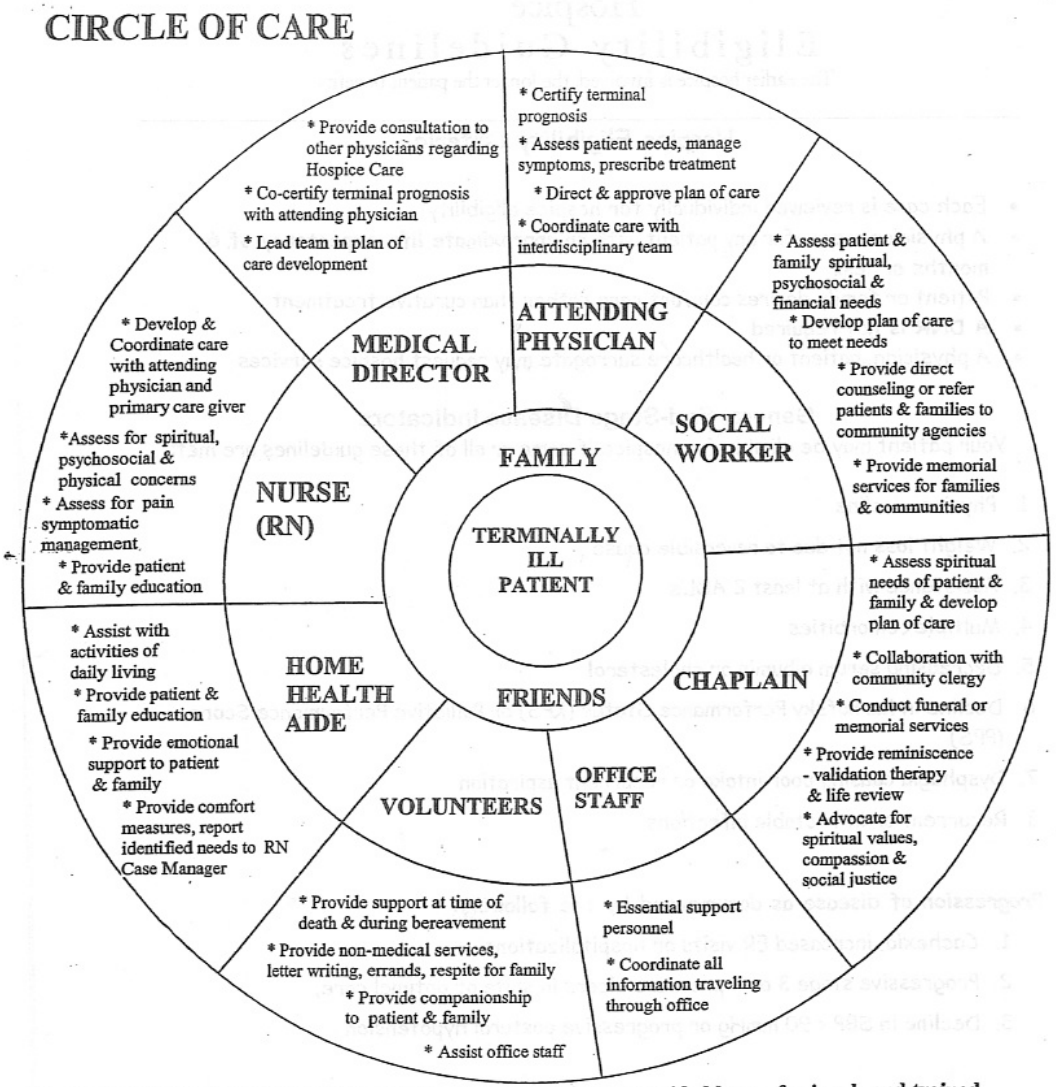
The role you can play in making this come about is to share this vision of the end-of-life care with your family, friends, and health care providers.

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.



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.

95a Special Populations: Hospice and End of Life

Hospice Eligibility Guidelines

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

Hospice Eligibility 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:

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

Progression of disease as documented by the following:

1. Cachexia- 'wasting' disorder, increased ER visits or hospitalizations
2. Progressive stage 3 or 4 pressure ulcers in spite of optimal care
3. 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

95a Special Populations: Hospice and End of Life

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 wok 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 day, 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.'

95a Special Populations: Hospice and End of Life

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.

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.'

95a Special Populations: Hospice and End of Life

Beyond Touch continued,

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 if 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.'

96a Special Populations: Cancer

Principles of Cancer - How Can Massage Help?

"Skilled massage therapy is safe for people with cancer and will not spread the disease. Specific massage adjustments are based on clinical presentations of cancer, not the presence of a cancer diagnosis."

- Tracy Walton

Cancer A collection of more than 175 diseases with one thing in common: normal body cells mutate slightly and begin to replicate uncontrollably.

First described by Hippocrates (460-370 BC) who named it for a tumor's resemblance to a crab.

Galen (130-200 AD), a Roman physician, used the word *oncos* (Greek for swelling) to describe tumors. Although the crab analogy of Hippocrates is still used to describe malignant tumors, Galen's term is now used as a part of the name for cancer specialists — oncologists.

General Types of Cancer

- **Carcinoma** Most common type. Begins in epithelial cells (solid tumors), that cover the inside and outside surface of the body. Adenocarcinomas form in epithelial cells that produce fluids or mucus. Most cancers of the breast, colon, and prostate are adenocarcinomas.

- **Sarcoma** Begins in muscle, fat, blood vessels, lymph vessels or connective tissue (solid tumors). Osteosarcoma is the most common cancer of bone.

- **Leukemia** Begins in blood-forming tissue/bone marrow, esp. white blood cells ('liquid" or "blood cancer"). The low level of normal blood cells can make it harder for the body to get oxygen to its tissues, control bleeding, or fight infections.

96a Special Populations: Cancer

General Types of Cancer, continued

- **Lymphoma** Begins in lymphocytes (T cells or B cells), glands, nodes, and organs of the lymphatic system. There are disease-fighting white blood cells that are part of the immune system. There are 2 main types: Hodgkin lymphoma and Non-Hodgkin lymphoma.

- **Multiple Myeloma** Begins in plasma cells (another type of immune cell) from bone marrow. The abnormal plasma cells build up in the bone marrow and form tumors in bones all through the body.

- **Melanoma** Beings in the cells that become melanocytes, which are specialized cells that make melanin. Most melanomas form on the skin, but they can also form in other pigmented tissue, such as the eye.

- **Brain and Spinal Cord Tumors** Different types. These tumors are named based of the type of cell in which they formed and where the tumor first formed in the CNS. For example, an astrocytic tumor beings in astrocytes (brain cells), which help keep nerve cells healthy. Brain tumors can be benign (not cancer) or malignant (cancer).

- **Mixed** Begins in more than one type of tissue

- **Other Types**
  - Germ cell tumors
  - Neuroendocrine tumors
  - Carcinoid tumors

96a Special Populations: Cancer

Cancers discussed elsewhere in *Pathology*, by Ruth Werner

- Skin Cancer (Chapter 2)
- Osteosarcoma (Chapter 3)
- Leukemia and Myeloma (Chapter 5)
- Lymphoma (Chapter 6)
- Lung and Laryngeal cancer (Chapter 7)
- Esophageal, stomach, colorectal, liver, and pancreatic cancer (Chapter 8)
- Thyroid cancer (Chapter 9)
- Kidney and Bladder cancer (Chapter 10)
- Cervical, uterine, breast, ovarian, prostate, and testicular cancer (Chapter 11)

Risks of Cancer and Massage?

- No risk of spreading cancer with massage—it's already present in the body
- Do no harm
- Guidelines for massage are determined by the circumstances presented in each case, not by the fact that cancer exists

Cancer Statistics

- Bleak yet Hopeful
- 40% of all people in the U.S. will develop some sort of cancer during their life
- In 2021, it is estimated that there will be 1.8 million new cancer diagnoses.
- 570,000 people die every year of cancer—the 2nd leading cause of death (1st is heart disease)
- As of January 2019, it is estimated that there are 16.9 million cancer survivors in the United States. This represents approximately 5% of the population.

96a Special Populations: Cancer

Most Common Cancers

- Skin cancers
- Lung cancer
- Breast & Ovarian cancer
- Prostate cancer
- Cancer of the colon, rectum, and pancreas
- Outside the U.S., lung cancer (smoking) and liver and cervical cancers (Hepatitis B and C, and HPV, respectively)

Metastasis

- It's still unclear how a healthy cell changes to a malignant one
- DNA of a cell mutates
- The current (very simplified) version of metastasis has 6 stages:

1. Oncogene Activation

    - An oncogene is a gene that initiates malignant characteristics within a cell; when activated, an oncogene begins the changes that cause a cell to become malignant
    - Oncogenes are usually inhibited by the activity of tumor suppressor genes; a lack of the suppressor genes may be a significant factor in cancer risk
    - Triggers for oncogene activation are thought to be:
        - Toxic environmental exposures
        - Diet
        - Genetic predisposition
        - Combination of the above

96a Special Populations: Cancer

6 Stages of Metastasis, continued

2. Local Invasion

- As a tumor grows, it must convince the local extracellular matrix to make room for it without stimulating an inflammatory response.

- Special enzymes secreted by cancer cells are at the center of this process; the enzymes dissolve the surrounding connective tissue, and the process does not trigger the usual inflammatory response.

- This is why cancer is often silent in the early stages.

3. Proliferation

- Mutated cells reproduce without control, often piling up into masses called tumors; these tumors secrete enzymes that allow them to survive a normal immune system attack

4. Angiogenesis

- This is the growth of blood vessels that supply the tumor; any growth of more than 1 or 2 cubic centimeters requires a dedicated blood supply; chemical messengers from the tumor command the body to build new capillaries

- The more blood vessels a tumor has, the more likely it is to have metastasized

5. Migration

- Cancer cells break off of the primary tumor and travel to new areas.

- The circulatory or lymphatic systems can be used as a transfer .medium, but cancer cells can also spread through direct contact with other organs in the peritoneal fluid.

96a Special Populations: Cancer

6 Stages of Metastasis, continued

6. Colonization

- When the cancer cells land in their new location, the process begins again with proliferation; the first tumor that grows is the primary tumor; other tumors that grow from the metastasis of the primary tumor are called secondary tumors

- For example, a tumor that is in the bladder that metastasized from the ovary is not bladder cancer; it is considered to be secondary ovarian cancer in the bladder

Causes of Cancer

Internal Factors

- Apoptosis (cell death; however, cancer cells seem to refuse to die)

- Inherited characteristics (a genetic predisposition; Angelina Jolie)

- Hormonal activity (some hormones seem to stimulate malignant cell division)

- Immune system problems (reduced ability of the body to recognize and fight off cancer cells)

96a Special Populations: Cancer

Causes of Cancer, continued

External Factors

- Alcohol
- Compounds (from amino acids) are created when meat is grilled on high heat
- Substances found in dyes, inks, and paints
- Radiation from the sun, Radon gas
- Excessive x-rays, Gamma rays
- Asbestos, Formaldahyde
- Benzene, Arsenic, Benzidine
- Cadmium, Nickel compounds, Uranium, Beryllium, Thorium
- Vinyl chloride, Crystalline silica (respirable size)
- Aflatoxins (fungi from crops like corn, peanuts, cottonseed, and tree nuts)
- Coal tar and Coal-Tar Pitch, Coke-Oven emissions
- Secondhand Tobacco Smoke, Soot, Wood Dust
- And more

96a Special Populations: Cancer

Causes of Cancer, continued

External Factors, continued

Viruses

- HTLV-1—resembles HIV, a retrovirus that is spread through intimate fluids (lymphocytic leukemia, non-Hodgkin lymphoma)
- HPV—human papillomavirus (warts, cancer of the cervix, anus, penis, vagina, vulva, mouth, and throat); vaccine is available
- HHV-8—human herpesvirus 8 (Kaposi sarcoma, a type of skin cancer associated with repressed immune system)
- HIV—indirectly associated with cancer due to suppressed immune system that would otherwise protect from HPV and HHV-8
- EBV—Epstein-Barr Virus, another herpesvirus (nasopharyngeal cancer, stomach cancer, etc.)
- HBV and HCV—Hepatitis B & C viruses (liver cancer)

Bacteria

- Helicobacter pylori (stomach cancer)
- Borrelia burgdorferi (Spirochete for Lyme disease)
- Campylobacter jejuni
- Both of the last two have been associated with digestive tract lymphomas

Animal Parasites

- Liver flukes can cause cancer of the bile ducts and are spread through consumption of raw or undercooked fish
- Schistoma haematobium can cause bladder cancer and is spread through contaminated water; not found much in the U.S.

96a Special Populations: Cancer

Causes of Cancer, continued

Combining Internal and External Factors Increases Risk of Cancer

- Example: heavy smoking and alcohol consumption is potent for developing cancers of the mouth or upper GI tract

- It can take years for a cancer to form between the time of exposure and the time of diagnosis; this makes it hard to pin down the exact causes of cancer

Signs and Symptoms of Cancer

- A change in bowel or bladder habits—blood in the stool or urine

- A sore that does not heal, or comes and goes in the same place

- Change in a wart or mole

- Uterine bleeding between periods, or post menopause

- A lump or thickening in the breast or elsewhere

- A prostate exam that shows enlargement

- Indigestion or swallowing difficulty

- Persistent cough or hoarseness, coughing up blood

- Unexplained weight loss

- Fatigue, anemia

- Unexplained fever

96a Special Populations: Cancer

Cancer Screening - Two Goals

- To find cancer cells while treatment is most likely to succeed
- Increase survival rate

Screening Tests

- Mammograms
- Prostate Exams
- Colonoscopy / endoscopy
- Cervical Cancer Screening
- Other tests depending on risk factors

Risks of Screening Tests - not all screening accomplishes these goals equally well

- Exposure to radiation
- Perforation of hollow organs
- False-negative results
- False-positive results
- Over diagnosis, which can lead to anxiety and unnecessary interventions (surgery)

Biopsy

- A tissue sample taken after screening to analyze for the presence of malignant cells – often done for skin lesions

- If the analysis is positive for malignant cells, further examinations of the patient follow to determine how far the cancer has developed

96a Special Populations: Cancer

Staging

- Labeling a cancer to indicate how far it has progressed
- Based on how cancer grows and how readily certain types of cancer metastasize
- For more information, go to www.cancer.gov and search for "cancer staging"

Cancer Treatment

- Depends on:
  - The stage of the cancer
  - The age, general health and wishes of the patient
  - What kind of cancer is present

- Different modes of attack may be used to treat the cancer if different types of tumors are present

Types of Therapy for Treatment

Treatments used before main treatment begins

- Radiation to shrink tumors before surgery

Treatments used following the main treatment (surgery, chemo, radiation)

- Can increase the chance for complete success
- e.g. Tamoxifen oral chemotherapy for breast cancer survivors

Palliative therapy

- Given to a patient who is not likely to survive the disease (surgery to reduce tumor size might be conducted, not to cure the cancer but to relieve pain)

96a Special Populations: Cancer

Main Treatments for Cancer

- Surgery to remove tumors and affected lymph nodes (especially sentinel nodes)
- Radiofrequency thermal ablation (microwave the tumors)
- Chemotherapy (cytotoxic drugs target fast growing cells)
- Autologous bone marrow transplant
- Radiation therapy
- Hormone therapy
- Hypothermia (cryotherapy, esp. for cancer of the cervix)
- Hyperthermia (raising body temperature, makes chemotherapy work better)
- Biologic (targeted) therapy (strengthens the immune system to fight off the cancer)
- Stem cell implantation (currently used for leukemia patients)

Prevention

- Stay away from tobacco
- Avoid known carcinogens
- Be safe in the sun
- Changes in diet and lifestyle- eat healthy and get active
- Use alcohol moderately
- Practice safe sex
- Vaccinate against cancer-causing pathogens
- Use early cancer screening methods

96a Special Populations: Cancer

Massage

Will NOT spread cancer, but it would be inappropriate to rub on a tumor or mobilize joints in the vicinity of a tumor

5 common symptoms patients experience while undergoing treatment for cancer

- Pain
- Anxiety
- Nausea
- Fatigue
- Depression

Massage helps with ALL these symptoms!

Massage also helps with other problems during and after cancer treatment:

- Constipation
- Altered body image
- Poor sleep
- Dry Skin
- Most important, however, is that massage provides a basic human need: nurturing, caring, and informed touch when many patients feel isolated and dehumanized

96a Special Populations: Cancer

Massage Risks for Cancer

Complications of cancer & various cancer treatments have serious implications on the choice to bodywork modalities you do.

Tumor sites

- Massage should not disrupt a tumor site close to the surface of the body

Bone involvement

- Cancer that has metastasized to the bone can make the bones brittle; risk of fracture

Vital organ involvement

- Cancer in an organ can compromise function of that organ; evaluate risk carefully with medical team
- Deep vein thrombosis is a red flag for massage due to the danger of moving a clot

Massage Risks for Cancer Treatment

NOTE: In all cases it is imperative to communicate with the health care team to provide the best bodywork with minimal risk

Surgery

- Infection
- Constipation
- Implanted medical devices (ports, catheters, drains, -ostomies)
- Possible lymphedema

96a Special Populations: Cancer

Massage Risks for Cancer Treatment, continued

Radiation

- Thin, reddened skin at radiation site
- Implanted radiation pellets
- Irritated GI tract (nausea, vomiting, diarrhea)
- Bone marrow suppression
- Fatigue

Chemotherapy

- Administered orally or via IV drips (ports, arm)
- Suppresses bone marrow activity (anemia, risk of infection, clotting problems)
- GI irritation, mouth sores, hand-foot syndrome, hair loss, neuropathy, constipation, skin rashes, mood changes, dry skin
- Wearing gloves is indicated for treatment
    - Some chemotherapy can be expressed through the patient's skin
    - Cuts down the risk of infection because chemotherapy patients are often so immune-compromised

Other Therapies

- Hormone treatments may increase blood clots
- Biologic therapies increase fatigue and flu-like symptoms
- Cryotherapy can leave irritated places on the skin

96a Special Populations: Cancer

Massage Benefits for Cancer Patients

- Improves sleep
- Increases appetite
- Relieves constipation
- Improves mood
- Reduces anxiety
- Decreases depression
- Alleviates pain
- Improves quality of life

The Massage Therapy Pressure Scale by Tracy Walton

http://www.tracywalton.com/medical-conditions-and-massage-therapy/Walton%20Pressure%20Scale%20Descriptions%20Table%202-1%20Medical%20Conditions%20and%20Massage%20Therapy.pdf

OR

Do a search for "The Massage Therapy Pressure Scale Tracy Walton"

96a Special Populations: Cancer

The Massage Therapy Pressure Scale by Tracy Walton, continued

Level 1– Light Lotioning (as if applying lotion)

- For clients who are ***fragile***
- Note: Slow speed is required to monitor this pressure. Use full hand contact, even though pressure is light; hand contact should be full and contoured—relax the whole palm, fingers, and fingertips onto the skin's surface; "Resist the impulse to pull back"
- **Strokes:** Light effleurage, holding, light touch.
- **Tissue displacement**: Either no skin movement or movement of skin only
- **Therapist body use**: Use just arms and hands. No leaning body mechanics required

Level 2—Heavy Lotioning (as if rubbing in lotion)

- For clients who are ***ill or elderly***
- Note: this is less careful than light lotioning; do not need slow speed to monitor this pressure; similar to applying sun block or lotion on a child
- **Strokes:** Effleurage, light friction, gentle trembling, vibration, holding, touch.
- **Tissue displacement**: Some movement of the superficial muscles and adipose tissue
- **Therapist body use:** Little hand strength is needed, just for contouring; use arms and hands; no leaning body mechanics required

96a Special Populations: Cancer

Training Available

- **Tracy Walton – Oncology Massage Certification Training at TLC**
  - 4 full days, an incredible course
  - https://www.tracywalton.com

- **MD Anderson Oncology Massage training**
  - Usually 3 full days in Houston
  - Lectures from doctors and LMTs, and a panel discussion of cancer patients currently in treatment
  - http://www.mdanderson.org/education

- **Hands-on Training**
  - Available in various courses all over the country
  - Required for S4OM (Society for Oncology Massage membership). Tracy Walton, Gail Bailey, and others teach this type of course.

- **Infusion Room Training**
  - Greet the Day (California based) offers a specific protocol in massage techniques for patients while they are receiving chemotherapy.
  - https://greettheday.org/education/

Volunteer Opportunities

- A great way to practice is to volunteer your massage services right here in Austin.
- Oncology Massage Alliance (OMA) provides free massages in the infusion rooms at Texas Oncology.
- Basic training provided
- http://www.oncologymassagealliance.org

96a Special Populations: Cancer

"By touching a body, we touch every event it has experienced. For a few brief moments we hold all of a client's stories in our hands. We witness someone's experience of their own flesh, through some of the most powerful means possible: the contact of our hands, the acceptance of the body without judgment, and the occasional listening ear.

"With these gestures we reach across the isolation of the human experience and hold another person's legend. In massage therapy, we show up and ask, in so many ways, what it is like to be another human being. In doing so, we build a bridge that may heal us both."

--Tracy Walton
"The Health History of a Human Being,"
Massage Therapy Journal, Winter 1999.

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