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Medications for Common Medical Conditions



WHY KNOWLEDGE ABOUT MEDICATIONS MATTERS TO THE MASSAGE THERAPIST

An oversimplification or rigid interpretation of the massage therapist's scope of practice might lead her to believe that the medications her client is taking do not concern her. Further thought will dispel this thinking, leading her to realize that a full understanding of every medication taken by a client leads to safe, intelligent, and holistic care, and that inquiring about every medication is well within the massage therapist's scope. Two commonplace examples can clarify this point.

Most post-stroke or post-cardiac event clients take anticoagulants. Because of the blood-thinning effects of these medications, these clients bruise easily with the slightest bump against a table or kitchen counter. Given this knowledge, a therapist would decrease her pressure during massage because of the risk of further bruising the client. In addition, knowing that a client is taking antiseizure medication would provide invaluable direction for a therapist who would then avoid all overstimulating, percussive, or abrupt modalities in an attempt to maintain central nervous system (CNS) equilibrium.

Once a healthy curiosity about medications replaces any potential hesitation a therapist might have, it becomes clear that knowledge about many common medications should accompany all good care plans.

BEING AWARE OF "CHASING SYMPTOMS" THAT ARE MEDICATION SIDE EFFECTS

A quick glance at the medications table that follows reveals that often similar side effects manifest with very different classes of medications. For example, headaches and constipation—two symptoms effectively treated by massage therapy—are common medication side effects. A client may be taking medications that, either individually or in combination, will cause symptoms that the therapist might believe are of musculoskeletal origin. Although the therapist would continue to try to treat, let's say, both the headaches and the constipation, the therapist and the client should understand that these symptoms will recur, no matter how stellar the massage therapy treatment, as long as the client continues to take certain medications.

WHY KNOWLEDGE OF MEDICATION ADMINISTRATION IS ESSENTIAL

The method by which a medication is administered—whether injected, delivered by patch, or rubbed on the skin, for example—directly affects the performance of the

massage. A corticosteroid injection into the elbow joint given within the last 24 hours, which is intended to quiet tennis elbow inflammation, would be a local massage therapy contraindication. The medication's effectiveness is intended for a very *localized effect*, and massaging the area might cleanse the joint of the much-needed medication. Similarly, a local Betaseron injection into the belly fat of a patient with multiple sclerosis (MS) must be left undisturbed because this site can be easily irritated and will be sore. This is not a case of the possibility of sending the medication through the body too quickly, as with corticosteroids. Knowing about and avoiding an adhesive patch containing pain-relieving medication is another example of the therapist's "need to know" regarding drug administration methods.

Clients will often offer drug administration information to the massage therapist. For example, "My doctor injected my left knee with a steroid this morning, can you still massage it?" Or, "I took my MS medication last night, just wanted you to know." Again, knowledge of the intended effects of the medication, as well as method of administration, paves the way for safe, intelligent care.

AN EXPLANATION OF GENERIC AND TRADE NAMES, CLASS, AND ACTION

In pharmaceutical parlance, a generic drug name is the general, scientific name assigned to a formula during its testing phases and throughout its final clinical trials. This term is not generally used by consumers. A trade name (or brand name) is intended for consumer use; it is more easily pronounced and is assigned to the drug by the pharmaceutical companies once the drug has passed all testing phases and is ready for marketing and safe, human consumption. Examples include the generic drug naproxen, which is sold under the trade names of Aleve, Anaprox, and Naprosyn; and the drug hydroxychloroquine sulfate, which has been simplified and branded as Plaquenil.

A medication class is a method of categorizing the drug's actions. A mere few dozen drug classes exist to corral and categorize the thousands of existing medications. Examples of drug classes include nonsteroidal anti-inflammatory drugs (such as Motrin, Advil, Aleve, Anaprox, Naprelan, Orudis, and Actron), skeletal muscle relaxants (such as Lioresal, Valium, and Flexeril), and antiparkinsonian drugs (such as Mirapex, Requip, Eldepryl, and Comtan).

A NOTE REGARDING CURRENCY

New medications are developed regularly for many of the medical conditions discussed in this book. I have attempted to represent the most common and most accurate medication usage in the following chart; however, because of the nature of ongoing medication development, newer drugs that have come to market since this chapter was written will not be reflected in this reference table. Please check online for more updated information.

Generic and Trade Names	Class	Action	Common Side Effects	Massage Therapy Considerations	Conditions (Chapter Number)
abatacept (Orencia)	Immunosuppressant	Reduces symptoms of moderate to severe RA	Dizziness, headache, mild pain at injection site	Use caution around injection site.	RA (33)
acetaminophen (Tylenol, Feverall, Anacin, Panadol)	Nonopioid pain reliever	Mild analgesic; reduces fever	Liver damage from prolonged use	Decreases pain perception; use deep massage with caution.	DDD (13), fibromyalgia (15), frozen shoulder (16), migraine headache (17), tension headache (18), RA (33) sprains and strains (37), TMJ dysfunction (40), tendinitis (41), TOS (42)
acetaminophen and codeine (Tylenol #3)	Narcotic	Relieves moderate-to-severe pain.	Dizziness, drowsiness, nausea, vomiting, headache, dry mouth	Help client on/off table.	Migraine headache (17)
acyclovir (Zovirax)	Antiviral	Kills specific viruses	Hypotension, nausea, headache	Help client on/off table.	Bell's palsy (7)
adalimumab (Humira)	Antirheumatic	Relieves signs and symptoms of RA	Increased blood pressure, headache, nausea	None.	RA (33)
amitriptyline hydrochloride (Apo-Amitriptyline, Endep)	Tricyclic antidepressant	Relieves depression	Dry mouth, constipation, drowsiness	Abdominal massage may help relieve constipation. Help client on/off table.	CFS (11), fibromyalgia (15), neuropathy (25), stress (38)
anakinra (Kineret)	Immune regulator, antirheumatic	Decreases progression of RA	Nausea, vomiting, headache		Stress (38)
apomorphine hydrochloride (Apokyn)	Non-ergoline dopamine agonist	Reduces symptoms of Parkinson's disease	Yawning, nausea, vomiting, drowsiness, flushing	Help client on/off table. Use deep-tissue massage with caution.	Parkinson's disease (27)
aspirin (Ecotrin, Empirin, Astrin)	Salicylate nonopioid pain reliever	Analgesic, reduces fever	Stomach upset, increased bruising	Decreases pain perception. Use deep massage with caution.	Ankylosing spondylitis (6), tension headache (18), stroke (39), RA (33)
azathioprine (Imuran)	Immunosuppressant	Suppresses immune response	Anorexia, pancreatitis, mouth sores, hair loss	No massage if therapist has cold/flu symptoms. If client has hair loss, no scalp massage.	RA (33)

(continued)

Generic and Trade Names	Class	Action	Common Side Effects	Massage Therapy Considerations	Conditions (Chapter Number)
baclofen (Lioresal)	Skeletal muscle relaxant	Relieves muscle spasm	Constipation, drowsiness	Deep-tissue massage is contraindicated. Abdominal massage may help relieve constipation.	CP (10)
benzotropine mesylate (Cogentin)	Antiparkinson	Increases physical mobility in Parkinson's patients	Cardiac complications, dry mouth, constipation, incoherence, confusion	Abdominal massage may help relieve constipation. Place a reminder call the day before the appointment.	Parkinson's disease (27)
bisacodyl (Correctol, Dulcolax, Fleet, Feen-a-Mint)	Stimulant laxative	Relieves constipation	Nausea, vomiting, abdominal cramping	None.	Constipation (12)
bupivacaine hydrochloride (Bupivacaine)	Local anesthetic	Decreases local pain	Agitation, depression	None.	Piriformis syndrome (28)
carbidopa-levodopa (Sinemet)	Antiparkinson	Improves voluntary movement	Cardiac irregularities, dry mouth, constipation, involuntary grimacing	Abdominal massage may help constipation.	CP (10), Parkinson's disease (27)
celecoxib (Celebrex)	Anti-inflammatory	Relieves signs and symptoms of osteoarthritis and RA	Stomach upset, dizziness	Help client on/off table. Decreases pain perception. Use deep massage with caution.	DDD (13), frozen shoulder (16), RA (33)
chloroquine hydrochloride (Aralen)	Antimalarial, amebicide	Slows progression of some autoimmune diseases	Anorexia, abdominal cramps, fatigue, irritability	None.	RA (33)
cyclobenzaprine hydrochloride (Flexeril)	Skeletal muscle relaxant	Relieves muscle spasm	Tachycardia, dry mouth, constipation, drowsiness	Use deep-tissue techniques with caution. Abdominal massage may help constipation. Help client on/off table.	DDD (13), fibromyalgia (15), muscle spasm (24)

diazepam (Valium)	Benzodiazepine anxiolytic, skeletal muscle relaxant, anticonvulsant, sedative	Reduces muscle spasm, anxiety, and seizures; promotes calmness	Nausea, vomiting, constipation, physical or psychological dependence, bradycardia, drowsiness	Deep-tissue massage is contraindicated. Abdominal massage may help relieve constipation. Help client on/off table.	CP (10), CFS (11)
diltiazem hydrochloride (Dilacor)	Antianginal	Lowers blood pressure, restores normal heart rhythm	Flushing, nausea, weakness	Help client on/off table.	Raynaud's phenomenon (32)
dihydroergotamine mesylate (Migranal spray)	Cranial vasoconstrictor	Reduces symptoms of migraine headaches and cluster headaches	Nausea, vomiting, abdominal pain, anxiety, sweating	None.	Migraine headache (17)
divalproex sodium (Depakote)	Antiseizure	Treatment of acute manic episodes of bipolar disorder or seizure disorders	Drowsiness, nausea, vomiting	Help client on/off table.	PTSD (31)
docusate sodium (Colace)	Emollient laxative	Stool softener	Mild abdominal cramping	None.	Constipation (12)
doxepin hydrochloride (Sinequan)	Tricyclic antidepressant	Relieves depression and anxiety	Tachycardia, dry mouth, constipation, drowsiness	Abdominal massage may help constipation. Help client on/off table.	Fibromyalgia (15), TOS (42)
doxycycline (Doryx, Vibramycin)	Tetracycline antibiotic	Hinders bacterial growth	Nausea, diarrhea	None.	CFS (11)
duloxetine (Cymbalta)	Selective serotonin and norepinephrine reuptake inhibitor (SSNRI), antidepressant	Antidepressant, treats general anxiety disorders	Can dull thinking, slow reaction time, dry mouth, mild nausea, constipation, gas	Place a reminder call the day before the appointment. Abdominal massage may help relieve constipation.	CFS (11), neuropathy (25)
eletriptan hydrobromide (Relpax)	Antimigraine	Relieves migraine headache symptoms	Flushing, palpitations, abdominal pain, dizziness	Help client on/off table.	Migraine headache (17)

(continued)

Generic and Trade Names	Class	Action	Common Side Effects	Massage Therapy Considerations	Conditions (Chapter Number)
enfuvirtide (Fuzeon)	Anti-HIV, antitviral	Controls symptoms of HIV infection	Abdominal pain, diarrhea, constipation, peripheral neuropathy, bruising, depression	Deep-tissue massage is contraindicated. Gentle abdominal stimulation may help relieve constipation.	HIV/AIDS (19)
entacapone (Comtan)	Antiparkinson	Controls signs and symptoms of Parkinson's disease	Abdominal pain, constipation, diarrhea, anxiety, depression	Abdominal massage may help constipation.	Parkinson's disease (27)
ergotamine tartrate and caffeine (Cafergot) (suppositories)	Cranial vasoconstrictor	Relieves migraine headache pain	Nausea, vertigo	Help client on/off table.	Migraine headache (17)
escitalopram oxalate (Lexapro)	Selective serotonin reuptake inhibitor (SSRI), antidepressant	Relieves depression and anxiety	Cardiac complications, abdominal pain, indigestion, heartburn, gas, migraine, abnormal dreams, dizziness, sedation	Position for gastric distress. Help client on/off table.	Stress (38)
estazolam (ProSom)	Benzodiazepine hypnotic	Sedation	Abdominal pain, fatigue, dizziness, daytime drowsiness	Use deep-tissue massage with caution. Help client on/off table.	Insomnia (22)
eszopiclone (Lunesta)	Sedative, hypnotic agent	Promotes sleep	Chest pain, migraine headache	None.	Insomnia (22)
etanercept (Enbrel)	Antirheumatic	Relieves signs and symptoms of RA	Abdominal pain, headache, dizziness	Help client on/off table.	RA (33)
fexofenadine hydrochloride (Allegra)	Antihistamine	Relieves seasonal allergy symptoms	Fatigue, drowsiness	Help client on/off table.	CFS (11)
fluoxetine hydrochloride (Prozac)	Selective serotonin reuptake inhibitor (SSRI)	Antidepressant, relieves obsessive-compulsive behaviors	Nausea, diarrhea, abdominal pain, insomnia, constipation	Abdominal massage may help constipation. Help client on/off table.	Fibromyalgia (15), PTSD (31)
gabapentin (Neurontin)	Anticonvulsant	Prevents and treats partial seizures, relieves neuralgia	Nausea, dry mouth, dizziness, amnesia, relieves constipation	Abdominal massage may help relieve constipation. Help client on/off table. Place a reminder call the day before the appointment.	CFS (11), neuropathy (25)

glatiramer acetate (Copaxone)	Immuno-modulator	Reduces symptoms of MS	Irritation at injection site, short-term flushing, chest tightness	Do not massage day of or day after injection; caution around injection site.	MS (23)
golimumab (Simponi)	Human monoclonal antibody	Reduces joint inflammation	Immune-compromise, irritation at injection site	Use caution around injection site. No massage if therapist has cold or flu symptoms.	RA (33)
hydroxychloroquine sulfate (Plaquenil)	Antimalarial, anti-inflammatory.	Reduces inflammation	Anorexia, abdominal cramps, fatigue, irritability	None.	RA (33)
hydroxyzine embonate (Atarax)	Antihistamine, sedative, anti-spasmodic	Promotes calmness, reduces nausea and vomiting	Dry mouth, drowsiness	Use deep-tissue massage with caution.	Stress (38)
ibuprofen (Motrin, Advil)	Nonsteroidal anti-inflammatory drug (NSAID)	Anti-inflammatory, analgesic, reduces fever	Stomach upset, ringing in ears, headache	Decreases pain perception. Use deep massage with caution.	Ankylosing spondylosis (6), bursitis (8), carpal tunnel syndrome (9), DDD (13), DOMS (14), fibromyalgia (15), migraine headache (17), hyperkyphosis (20), ITBS (21), MS (23), muscle spasm (24), neuropathy (25), osteoarthritis (26), piriformis syndrome (28), plantar fasciitis (29), post-polio syndrome (30), sciatica (35), scoliosis (36), sprains and strains (37), TMJ dysfunction (40), TOS (42), whiplash (44)
imipramine hydrochloride (Tofranil-PM)	Tricyclic antidepressant	Relieves depression	Cardiac complications, dry mouth, constipation, drowsiness, confusion	Abdominal massage may help relieve constipation. Help client on/off table.	Neuropathy (25)
infliximab (Remicade)	Anti-inflammatory	Relieves signs and symptoms of RA	Cardiac complications, nausea, headache, dizziness, painful urination, increased sweating	Help client on/off table.	RA (33)

(continued)

Generic and Trade Names	Class	Action	Common Side Effects	Massage Therapy Considerations	Conditions (Chapter Number)
interferon beta-1a (Avonex, Rebif)	Antiviral, antiproliferative, immunomodulator	Reduces symptoms of MS	Flu-like symptoms, depression, liver problems	Do not massage day of or day after injection. Use caution around injection site.	MS (23)
interferon beta-1b, recombinant (Betaseron)	Antiviral, immunoregulator	Decreases MS exacerbations	Hemorrhage, depression, anxiety, dizziness, flu-like symptoms	Help client on/off table. Do not massage day of or day after injection.	MS (23)
ketoprofen (Oruvail, Orudis)	Nonsteroidal anti-inflammatory drug (NSAID)	Anti-inflammatory, analgesic; reduces fever	Nausea, vomiting, constipation, ringing in ears	Use deep-tissue massage with caution. Abdominal massage may help relieve constipation.	Migraine headache (17)
ketorolac tromethamine (Toradol)	Nonsteroidal anti-inflammatory drug (NSAID)	Analgesic	Stomach upset	Decreases pain perception, use deep-tissue massage with caution.	Migraine headache (17), tension headache (18)
lamotrigine (Lamictal)	Anticonvulsant	Prevents partial seizures	Nausea, vomiting, fever, dizziness, headache, depression	Help client on/off table.	PTSD (31)
lidocaine topical (LidoCream, Lidoderm, Xylocaine)	Local anesthetic	Blocks pain nerve signals	Mild skin irritation, redness	Do not massage over patch.	CFS (11), piriformis syndrome (28)
lorazepam (Ativan)	Benzodiazepine anxiolytic, sedative, hypnotic	Relieves anxiety, promotes calmness and sleep	Dry mouth, drowsiness, restlessness	Use deep-tissue massage with caution.	Stress (38)
magnesium citrate (Milk of Magnesia)	Saline laxative	Soothes upset stomach, relieves constipation	Abdominal cramping, nausea	None.	Constipation (12)
methylcellulose (Citrucel)	Bulk-forming laxative	Encourages peristalsis and bowel movement	Nausea, vomiting, abdominal cramping	None.	Constipation (12)
methylprednisolone (Medrol)	Anti-inflammatory, immunosuppressant	Reduces inflammation, suppresses immune response	Serious cardiac complications, peptic ulcer, psychotic behavior, euphoria, insomnia	Use only gentle, non-stimulating massage modalities. No massage if therapist has cold or flu symptoms.	RA (33)

metoclopramide hydrochloride (Reglan)	Antiemetic, gastrointestinal stimulant	Prevents or minimizes nausea and vomiting from chemotherapy or surgery	Nausea, anxiety, fatigue	Help client on/off table.	Migraine headache (17)
mexiletine hydrochloride (Mexitil)	Ventricular antiarrhythmic	Decreases pain of diabetic neuropathy	Cardiac complications, nausea, dizziness	Help client on/off table.	Neuropathy (25)
mitoxantrone hydrochloride (Novantrone)	Antineoplastic	Hinders cancer cell growth, reduces MS symptoms	Cardiac complications, abdominal pain, headache, bruising	Use only the gentlest massage modalities.	MS (23)
naproxen (Aleve, Anaprox, Naprelan, Naprosyn)	Nonsteroidal anti-inflammatory drug (NSAID)	Anti-inflammatory, analgesic, reduces fever	Stomach upset, ringing in ears, headache	Decreases pain perception. Use deep massage with caution.	Ankylosing spondylosis (6), bursitis (8), carpal tunnel syndrome (9), DOMS (13), fibromyalgia (15), migraine headaches (17), neuropathy (25), osteoarthritis (26), TMJ dysfunction (40), tendinitis (41), whiplash (44)
natalizumab (Tysabri)	Immunomodulator	Reduces symptoms of MS	Headache, fatigue, depression, joint pain	Caution around injection site.	MS (23)
nevirapine (Viramune)	Antiviral	May inhibit replication of HIV-1	Nausea, diarrhea, headache, muscle pain, paresthesia	No deep-tissue massage if client experiences paresthesia or muscle pain. Help client on/off table.	HIV/AIDS (19)
nifedipine (Adalat)	Antianginal	Lowers blood pressure, prevents angina	Flushing, nausea, weakness	Help client on/off table.	Raynaud's phenomenon (32)
olanzapine (Zyprexa)	Antipsychotic	Relieves signs and symptoms of psychosis	Cardiac complications, constipation, sleepiness, anxiety	Abdominal massage may help relieve constipation. Prolonged relaxation massage is contraindicated.	PTSD (31)
oxycodone hydrochloride (OxyContin)	Opioid analgesic	Reduces moderate-to-severe pain	Nausea, vomiting, dry mouth, constipation, sedation	Use deep-tissue techniques with caution. Abdominal massage may help relieve constipation. Help client on/off table.	DDD (13)

(continued)

Generic and Trade Names	Class	Action	Common Side Effects	Massage Therapy Considerations	Conditions (Chapter Number)
paroxetine hydrochloride (Paxil)	Selective serotonin reuptake inhibitor (SSRI)	Antidepressant, relieves obsessive-compulsive behaviors	Nausea, diarrhea, abdominal pain, insomnia, constipation, sexual dysfunction	Abdominal massage may help constipation.	Fibromyalgia (15), neuropathy (25), PTSD (31)
penicillamine (Cuprimine)	Heavy metal antagonist, antirheumatic	Unknown for RA	Anorexia, loss of taste, oral ulcerations, bruising, hair loss, thin skin (especially around pressure points)	Use deep massage with caution. If client has hair loss, no scalp massage. Position according to skin sensitivity.	RA (33)
pramipexole dihydrochloride (Mirapex)	Antiparkinson	Relieves symptoms of Parkinson's disease	Chest pain, confusion, malaise, sleep disruption, constipation, swallowing difficulty	Help client on/off table. Abdominal massage may help relieve constipation.	Parkinson's disease (27)
prazosin hydrochloride (Minipress)	Antihypertensive	Lowers blood pressure	Dry mouth, dizziness, depression	Help client on/off table.	Raynaud's phenomenon (32)
prednisone (Deltasone, Orasone, Meticorten)	Adrenocorticosteroid	Anti-inflammatory, immunosuppression	Gastrointestinal irritation, thromboembolism, euphoria, insomnia	Deep-tissue massage is contraindicated.	Bell's palsy (7), DDD (13)
pregabalin (Lyrica)	Anticonvulsant	Decreases neuropathic pain	Drowsiness, dizziness, blurred vision, easy bruising	Help client on/off table.	Fibromyalgia (15), neuropathy (25)
prochlorperazine (Compazine)	Antipsychotic, antiemetic, anxiolytic	Relieves signs and symptoms of psychosis, relieves nausea and vomiting, reduces anxiety	Dry mouth, constipation	Abdominal massage may help constipation.	Migraine headache (17), headache (18)
promethazine hydrochloride (Phenergan)	Antiemetic, antivertigo, antihistamine, sedative	Relieves nausea, prevents motion sickness, reduces allergy symptoms; promotes calmness	Nausea, vomiting, dry mouth, constipation	Abdominal massage may help constipation. Use deep-tissue massage with caution.	Migraine headache (17), headache (18)

psyllium (Fiberall, Metamucil, Serutan)	Bulk-forming laxative	Encourages peristalsis and bowel movement	Nausea, vomiting, abdominal cramping	None.	Constipation (12)
quetiapine fumarate (Seroquel)	Antipsychotic	Relieves signs and symptoms of psychosis	Cardiac complications, constipation, sleepiness, anxiety	Abdominal massage may help relieve constipation. Prolonged relaxation massage is contraindicated.	PTSD (31)
ramelteon (Rozerem)	Melatonin receptor agonist	Promotes sleep	Drowsiness, fatigue, dizziness	Help client on/off table.	Insomnia (22)
rasagiline (Azilect)	Dopamine agonist	Reduces symptoms of Parkinson's disease	Headache, depression	None.	Parkinson's disease (27)
rizatriptan benzoate (Maxalt)	Antimigraine	Reduces acute migraine headache with or without aura	Cardiovascular abnormalities, dry mouth, nausea, dizziness	Use deep-tissue techniques with caution. Help client on/off table.	Migraine headache (17)
ropinirole hydrochloride (Requip)	Antiparkinson	Increases physical mobility in Parkinson's patients	Cardiac complications, fatigue, hallucinations, impotence, weakness, difficulty breathing	Help client/on off table. Adjust positioning for breathing difficulties.	Parkinson's disease (27)
rotigotine (Neupro)	Dopamine agonist	Reduces symptoms of early stage Parkinson's disease	Joint pain, constipation, dry mouth, fatigue	Do not massage around patch. Abdominal massage may help relieve constipation.	Parkinson's disease (27)
saquinavir mesylate (Invirase)	Antiviral	Reduces symptoms of HIV/AIDS infection	Diarrhea, mouth sores, weakness, dizziness	Help client on/off table.	HIV/AIDS (19)
selegiline hydrochloride (Eldepryl)	Antiparkinson	Increases physical mobility in Parkinson's patients	Cardiac complications, fatigue, hallucinations, impotence, weakness, difficulty breathing	Help client/on off table. Adjust positioning for breathing difficulties.	Parkinson's disease (27)

(continued)

Generic and Trade Names	Class	Action	Common Side Effects	Massage Therapy Considerations	Conditions (Chapter Number)
sertraline hydrochloride (Zoloft)	Selective serotonin reuptake inhibitor (SSRI)	Relieves depression	Nausea, diarrhea, abdominal pain, insomnia, constipation, sexual dysfunction	Abdominal massage may help constipation.	Fibromyalgia (15), neuropathy (25), PTSD (31)
sulfasalazine (Azulfidine)	Anti-inflammatory	Relieves gastrointestinal inflammation	Abdominal pain, nausea, vomiting, headache, depression	Use deep-tissue massage with caution.	RA (33)
sumatriptan succinate (Imitrex)	Antimigraine	Relieves acute migraine pain	Cardiovascular abnormalities, abdominal discomfort, drowsiness	Help client on/off table.	Migraine headache (17)
temazepam (Restoril)	Benzodiazepine hypnotic, sedative	Sedation	Diarrhea, nausea, dry mouth	Use deep-tissue massage with caution.	Insomnia (22)
tenofovir disoproxil fumarate (Viread)	Antiviral, antiretroviral	Inhibits HIV replication	Abdominal pain, anorexia, nausea, vomiting	None.	HIV/AIDS (19)
tiagabine hydrochloride (Gabitril)	Anticonvulsant	Prevents partial seizures	Abdominal pain, dizziness, drowsiness, language problems	Help client on/off table. Speak slowly.	PTSD (31)
tramadol hydrochloride (Ultram)	Synthetic analgesic	Relieves moderate-to-moderately severe pain	Nausea, constipation, sedation	Use deep-tissue techniques with caution. Abdominal massage may help constipation. Help client on/off table.	DDD (13), fibromyalgia (15)
triazolam (Halcion)	Sedative, hypnotic	Sedation	Nausea, vomiting, dizziness, confusion	Use deep-tissue massage with caution. Help client on/off table.	Insomnia (22)
trihexphenidyl hydrochloride (Apo-Trihex)	Antiparkinson	Increases physical mobility in Parkinson's patients	Dry mouth, constipation, nervousness	Abdominal massage may help constipation.	Parkinson's disease (27)

venlafaxine hydrochloride (Effexor)	Antidepressant	Decreases nausea and vomiting, relieves depression	Increased blood pressure, nausea, constipation, weakness, agitation	Abdominal massage may help relieve constipation. Use caution with stimulating techniques.	Stress (38)
warfarin sodium (Coumadin)	Anticoagulant	Reduces ability of blood to clot	Anorexia, cramps, mouth sores, headache	Consult physician before massage.	TOS (42)
zaleplon (Sonata)	Sedative, hypnotic	Sedation	Chest pain, dry mouth, abdominal pain	Use deep-tissue massage with caution.	Insomnia (22)
zidovudine (Azidothymidine/AZT, Apo-Zidovudine, Novo-AZT, Retrovir)	Antiviral	Reduces symptoms of HIV/AIDS infection	Nausea, abdominal pain, taste alteration, weakness, dizziness	Help client on/off table.	HIV/AIDS (19)
zolmitriptan (Zomig)	Antimigraine	Relieves acute migraine pain	Cardiovascular abnormalities, abdominal discomfort, dizziness	Help client on/off table. Use deep-tissue massage with caution.	Migraine headache (17)
zolpidem tartrate (Ambien)	Sedative, hypnotic	Sedation	Nausea, vomiting, abdominal pain, dry mouth	Use deep-tissue massage with caution.	Insomnia (22)

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5

Beyond the Table: Client Homework and Referring Out



CLIENT HOMEWORK

An essential yet reasonable goal of a successful clinical massage therapy practice is for the client to reach a point of decreased pain, increased range of motion (ROM), a wide variety of stretching capabilities, and increased strength. This goal cannot be met with the therapist's solo efforts, because, ultimately, healing is up to the client. No matter how competent or skilled the therapist is, her accomplishments are minimal during the limited hour she has to work in a session. During the remaining 167 hours of the client's week, he must contribute to his own healing process. Diplomacy and a professional, compassionate approach are helpful ingredients as the therapist nudges her client toward his highest functional level.

The massage therapist can assign homework to her client in complete confidence because of the tools she gained during her massage therapy education. She takes the following knowledge "off the page" to create gentle yet effective homework assignments:

- Muscle origin, insertion, and innervation
- Joint "end-feel"
- Passive and active ROM exercises
- Lung and diaphragm function
- Musculoskeletal frame normal alignment and reasonable ROM of each joint

When this knowledge is combined with an understanding of the pathophysiology of a medical condition, self-care assignments can be given in confidence and with little risk to the client or patient.

Scope of Practice

The massage therapist must be careful not to exceed her level of training in assigning homework to her clients. Her keen awareness of the patient's medical history, combined with her own training, will ensure that no harm is done when she develops a self-care plan. Following are examples of cautions involving seemingly innocuous homework assignments:

- Suggesting to drink more water is usually safe, unless the patient is suffering from heart, lung, or kidney failure.
- Suggesting that a client with a stiff back roll backward on a large exercise ball is appropriate only if the therapist has had extensive training in the use of the exercise ball and if she is sure that the client does not suffer from any spine or disc abnormalities.

- Recommending that a client lift weights at a certain repetition and frequency is appropriate only if the therapist is also an experienced personal trainer or physical therapist (PT).
- Suggesting that a client take any supplements is completely outside the massage therapist's scope of practice.

With the previous precautions in mind, therapists can use a wide range of helpful homework assignments to achieve increased ROM, increased strength and vigor, and decreased pain.

Application of Heat and Cold

Moist heat is far more effective in transmitting warmth to the muscle belly and decreasing hypertonicity than dry heat. A microwaved gel pack, hot water bottle, or warm, moist towel is far more effective in relaxing the muscles than rice packs or beanbags, which merely produce a localized comforting effect. The therapist must never place the source of heat or cold directly on the patient's skin; packs should be wrapped in a pillowcase, for example, or placed over the sheets to protect the skin from burns or excessive reddening. Both heat and cold are usually applied on a specific area of the body before the therapist begins his work.

Heat application is used for the following therapeutic effects:

- To loosen a hypertonic set of muscles
- To relax an agitated patient
- To warm a patient who is chilled
- To increase hyperemia to a body part

The effective use of cold by the massage therapist is limited to the application of a cold pack to help stop a muscle spasm or to prepare a chronically inflamed joint for therapy. Using cold to reduce a fever or to limit a new inflammatory response is beyond the therapist's scope of practice. Cold packs (even just a bag of frozen peas) must be used judiciously, and the use of "ice pops" must be preceded by appropriate training. (Refer to the use of heat and cold in Chapter 2.)

Epsom Salts Baths and Soaks

A timeless and effective aid for sore muscles is the use of Epsom salts. The active ingredient in Epsom salts is magnesium sulfate, a substance found in most of the "healing waters" around the world. It is believed that the salts either "pull toxins out of the muscles" or seep into the muscle belly to aid in muscle function, but there is no clear evidence either way. There is no single recipe for the use of Epsom salts, but a good guideline is to instruct the client to put two heaping cups in a tub, or a half-cup in a bucket or pan, in which he is soaking a foot or hand. The therapist should suggest that the client add the salts to warm (not hot) water and to rinse off the salts after the soak or bath.

It is wise to recommend the use of Epsom salts after the client's first massage and after therapy for a strain, sprain, or mild, chronic joint inflammation. In fact, many therapists offer a plastic sandwich bag filled with Epsom salts as a part of their welcome package for first-time clients. Athletic clients can also use frequent Epsom salts baths or soaks as a regular part of their overall self-care regimen.

Range of Motion

The key to the safe assignment of ROM exercises is for the therapist to understand appropriate joint end-feel and to respect the client's perspective of pain. In a normal, healthy joint, the client painlessly moves the joint to the "end" of the anatomic and functional movement, and there is a slight—again painless—"spring" or "push back" at that point. Examples of the differences in ROM based on function and anatomy are

apparent if the therapist thinks of the elbow joint and its natural end-point upon full extension, compared to the wrist with an almost 180-degree movement range.

Stretching

ROM homework assignments are appropriate when the therapist is addressing a client's joint pain that has escalated to the point of compromising and limiting her joint movement, thus placing her at risk for experiencing the pain-spasm-pain cycle, which will then set up new musculoskeletal problems. Recent injuries, such as a fall or car accident, and chronic conditions, such as multiple sclerosis and arthritis, are examples of reasons the therapist assigns extensive (yet often cautious) ROM stretches.

Since these movements can seem quite boring or rigorous, and since the therapist wants client compliance, it is best to include play, humor, or creativity in the assignment. Here are some suggestions for ROM exercises:

- *Hoola hoop*: While being fun, silly, and unique, the use (or the attempted use) of this easily acquired toy helps ROM at the hips, knees, and thoracic spine. It also certainly increases thoracic capacity as the client is busy laughing at herself.
- *ABCs*: While the client traces the entire alphabet in capital letters with any joint in the body, the joint is moved through its full range; the A to Z assignment gives her a beginning, middle, and end-point for her exercises. With a little imagination and humor, ABCs can be performed on any joint from the shoulder to the ankle to the lower jaw (Figures 5-1 and 5-2).
- *Soup can or tennis ball under the foot*: While the client watches TV or reads, she rolls a tennis ball or soup can under the sole of her foot with as much vigor and pressure as she can muster. This technique is especially effective in neuropathies and sensory and balance disorders.
- *Arm wall walking*: While the client either faces the wall or places her hip along the wall, her fingers "crawl" to the highest point she can reach. This exercise is especially effective for any breathing-related or upper extremity restrictions.



FIGURE 5-1 Range-of-motion exercises for the shoulder. While the client places her hand on her abdomen, she traces the capital letters from A to Z in the air with her shoulder.



Massage Therapist Tip

Assigning More Homework than You Expect the Client to Perform

For maximum improvement, you may know that your client should perform his assigned homework exercises three times a day for 10 minutes each, for example. But you also know that most people have busy schedules and cannot or will not take the time they need for themselves. A good tip is to assign more homework than you think your client can possibly perform. Don't overwhelm him, but make it clear that your expectation is for him to judiciously take time out every day to work on himself as you have assigned. If he's serious about getting better, he will at least try to do one set so he can report back to you that he *did something*. The effort and the mind-set of self-care is what you are trying to teach the client; the number of reps matters less than the fact that he tried and had some success.



FIGURE 5-2 Range-of-motion exercises for the ankle. Making sure the movement originates at the ankle and not the knee, the client traces the capital letters from A to Z in the air using only her ankle joint.

- *Dancing:* While the client plays her favorite music, she is instructed to simply “let the music move her.” Best performed without onlookers, the client is encouraged to move, sway, hop, jostle, wiggle, and stretch her joints.
- *Dish towel over and behind the head:* Holding a dish towel by both ends behind her head and shoulders, the client pulls on one end and then the other, creating a sawing motion and effectively moving the entire shoulder girdle (Figure 5-3).
- *Doorway stretches:* Standing with her feet comfortably spread apart and arms at shoulder height, the client takes a deep breath, leans through the doorway leading with her chest as she exhales (Figure 5-4). She reaches a comfortable end-point, takes another breath, and stretches just another inch. If her hands are moved along the doorframe alternately from shoulder height to 6 inches below and then 6 inches above shoulder height, the entire shoulder girdle and muscles of the thoracic cavity get a highly effective stretch (Figures 5-5 and 5-6).

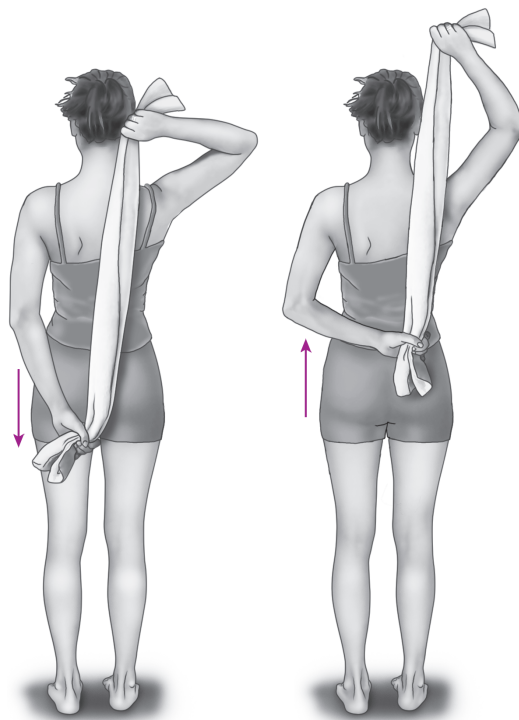


FIGURE 5-3 Dish towel stretch. Holding both ends of the towel over and behind her head, the client alternately pulls each end of the towel until she feels her shoulder blades stretch in each position.

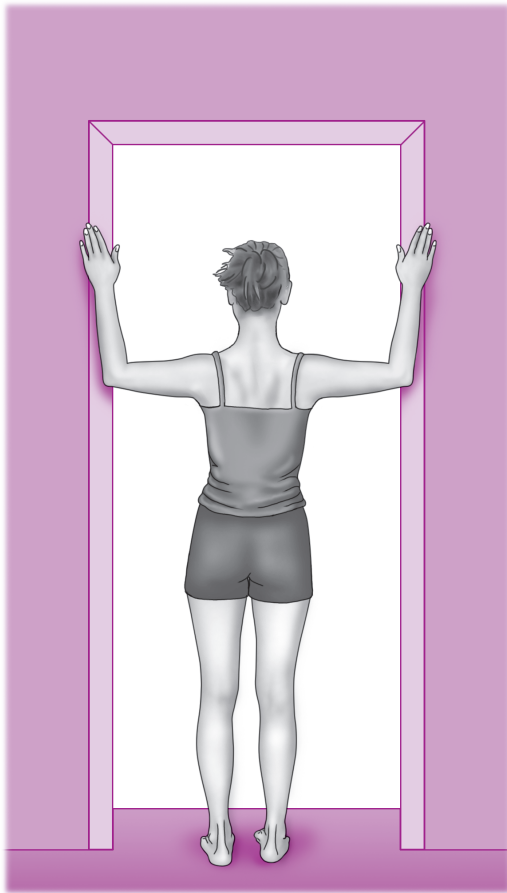


FIGURE 5-4 Doorway stretches. Starting with the arms parallel in the doorframe and the feet evenly spaced, the client exhales as she leans through the door, leading with her chest.

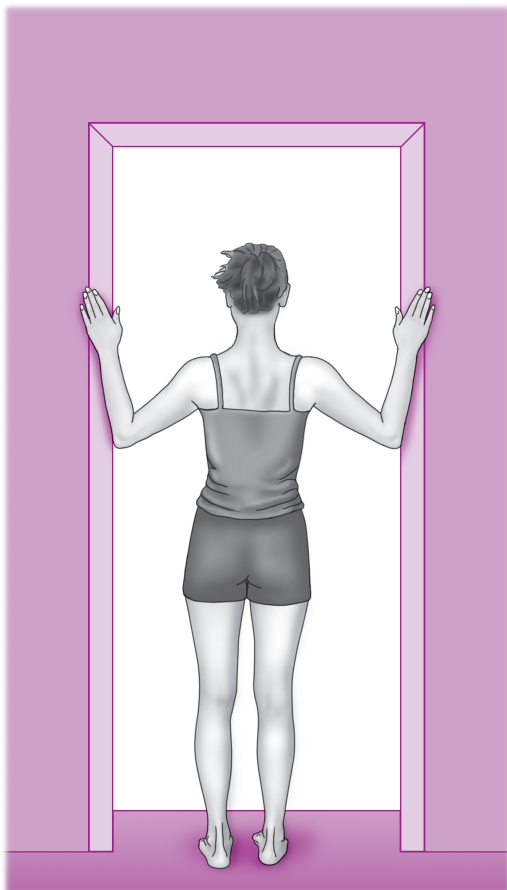


FIGURE 5-5 Doorway stretches. Moving the arms 6 inches below the first position, the client exhales as she leans through the door, leading with her chest.



Contraindications and Cautions: Leading with the Chest, Not the Pelvis

In performing the doorway stretches, be sure your client leans through the doorway leading with her shoulders and not with her pelvis (Figure 5-7). Leaning into a doorway repeatedly while thrusting the pelvis forward could exacerbate lumbar spine conditions and lead to an injury.



Massage Therapist Tip

True Stretching

Remember that a true stretch moves the joint slightly beyond the normal end-feel and gently past the point of comfort. When your client moves a joint only as far as she comfortably can, it's not a stretch. The true stretch is achieved when she *moves to the point of comfort, takes a big breath, and then moves that joint 1 inch farther than her comfort zone*. It's critical to help your client understand that simply moving the way she's used to is not therapy; it is that extra inch with effort that truly constitutes a stretch.

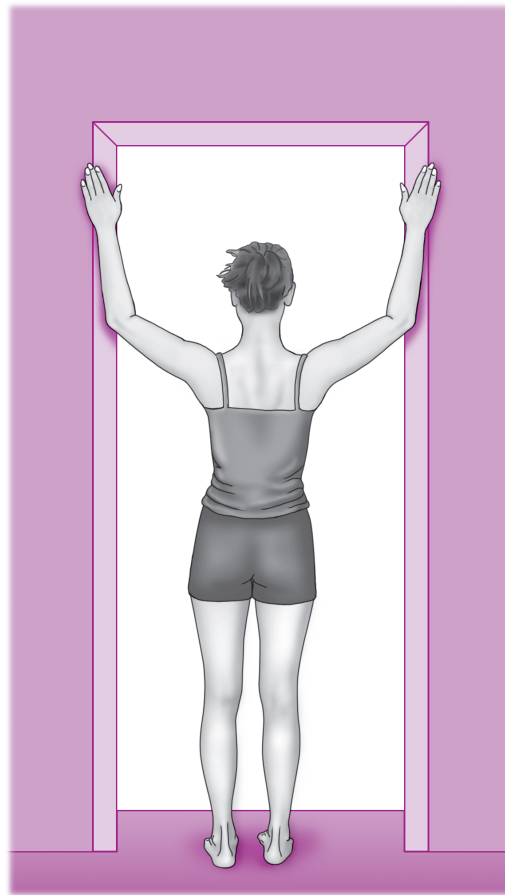


FIGURE 5-6 Doorway stretches. Moving the arms 6 inches higher than the first position, the client exhales as she leans through the door, leading with her chest.

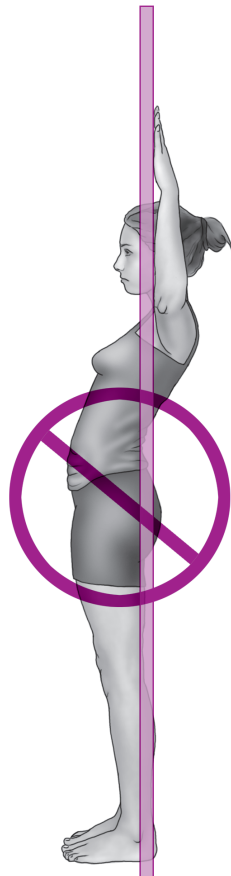


FIGURE 5-7 Doorway stretch, the wrong way. The client is at risk for lumbar spine injury if she leans through the door leading with her pelvis instead of her chest.

Strengthening

Most massage therapists are not trained in strength training. The appropriate use of exercise bands, weights, the medicine ball, and the exercise ball is best left to PTs, physical medicine physicians, personal trainers, and orthopedic surgeons. Strengthening muscles is a vital step toward many patients' complete rehabilitation, so it is a wise massage therapist who creates a working relationship with any of these specialists, for reasons discussed later in the chapter.

However, highly effective gentle strengthening exercises can be given with wisdom and in moderation as the therapist considers her client's condition. Appropriate strengthening exercises include the following:

- Performing biceps curls using a dumbbell (Figure 5-8)
- Doing push-ups while pressing against a wall instead of using the full weight of the body off the floor (Figure 5-9)
- Squeezing a tennis ball intermittently throughout the day
- Doing isometric exercises (pushing the palm of one hand against the palm of another) while standing or sitting

Deep Breathing

Many hospitalized patients eventually die not from their admitting diagnosis but from pneumonia. One of the greatest contributing factors in a cancer patient's demise is pneumonia, for example. Nursing homes are filled with aging people whose relatively robust lifestyle was ended because of a respiratory compromise. The massage therapist must take into account that any condition that restricts the movement of the thoracic cavity or the efficacy of the diaphragm must definitely be addressed with homework exercises. A condition as seemingly simple as the pain-spasm-pain cycle occurring in the rhomboids, combined with the flu season, combined with aging and a weakened immune system can spiral into pneumonia and potentially end a client's life. A massage therapist addresses breathing and its depth, the quality of the inhalations and exhalations, and the vigor with which her clients breathe in every condition she treats.

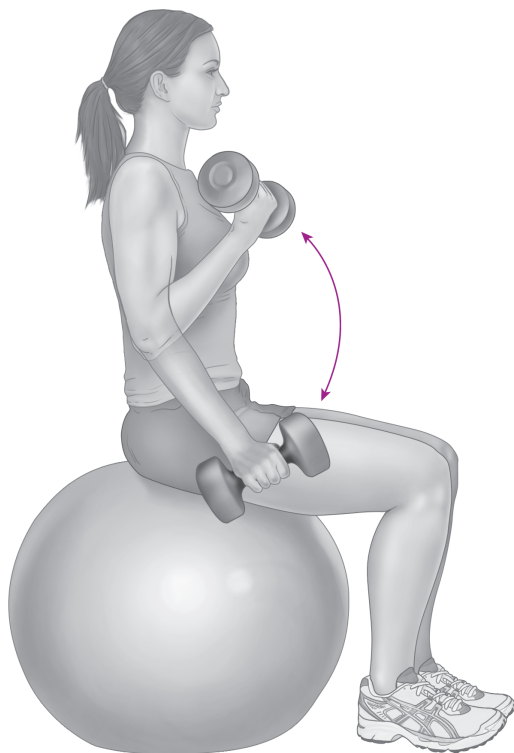


FIGURE 5-8 Easy biceps curl. Holding a dumbbell and sitting in a comfortable position, the client curls her arm toward her chest and then extends it down toward her knee.



Massage Therapist Tip

Three-Part Deep-Breathing Exercises

There are three parts to effective deep-breathing exercises. Ask your client to inhale through her nose as deeply as she possibly can. You should see her chest and/or abdomen move. Then tell her to hold her breath for a few seconds, perhaps to the count of three. Then instruct her to "exhale with as much force as you can through your mouth, really blow it all out." In asking her for this final forced exhalation, she is literally moving the diaphragm up against the bottom of the lungs, helping to empty and stimulate this important organ. This should be a vigorous process, and if the client says she "feels a little light-headed," congratulate her for doing the exercise properly.

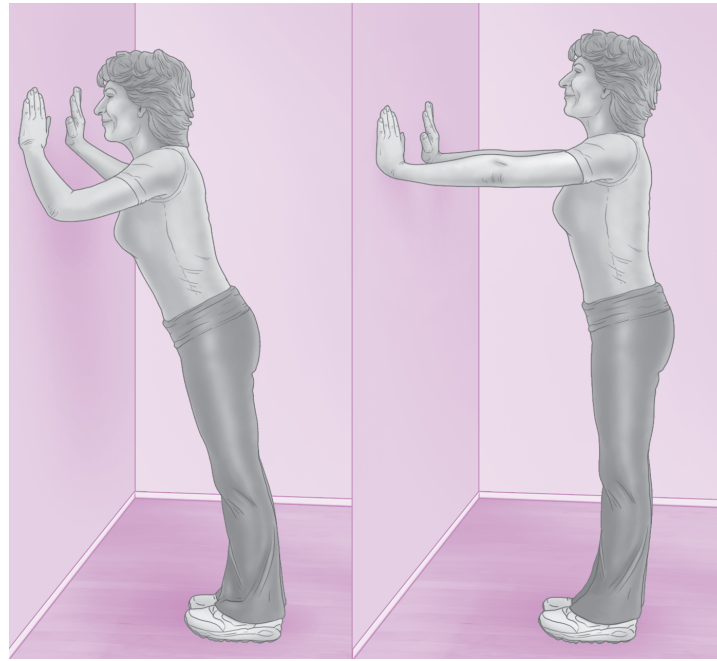


FIGURE 5-9 Wall push-ups. With hands at shoulder height and standing a comfortable distance away from the wall, the client attempts to touch her nose to the wall and then pushes away from the wall, using only the strength of her arms.

Again, humor and creativity contribute to patient compliance. Although physical movement is ideal to accompany deep breathing, these exercises can be performed by the weakened or bedridden patient as well:

- Add a “memory tag” to deep-breathing exercises; for example, instruct your patient to perform her breathing exercises whenever she stops at a red light while driving or using the bathroom.
- Purchase several bags of balloons, and give your patient an entire bag. (Helium balloons are best because they are harder to inflate.) Her assignment is to blow up (and allow to deflate for reuse) 10 balloons per day.
- Purchase toy flutes or harmonicas, and instruct your patient to play one of the instruments as loudly as possible frequently throughout the day.
- Instruct your patient to inhale as deeply as he can, then, holding his breath, “beat his chest like Tarzan” before exhaling forcefully.

Purposeful Walking

Simple walking can be a stretching, strengthening, ROM, and breathing exercise. It is a sublimely powerful mind-body activity that can restore confidence and strength to an otherwise enfeebled patient. The instructions are simple: The patient is told to walk as often and as far as she can every day; outdoors is preferable, but around the living room or just to the driveway mailbox will do. The walking must be done “with purpose”: The head is up, the shoulders squared, the gait slightly longer than normal, and breathing is as deep as the patient can tolerate.

The effectiveness of this exercise cannot be overestimated. Patients living with chronic pain or lifelong illnesses begin to “cave into themselves,” looking to the ground rather than ahead while walking. They stop swinging their arms during their gait and slowly increase the pain-spasm-pain cycle as they lose thoracic capacity, balance, and self-confidence. Purposeful walking can help reverse these tendencies.

REFERRING OUT: THE THERAPIST AS PART OF THE HEALTH CARE TEAM

There may come a time during a client's care and treatment when goals are not being met, improvement is minimal, ROM is not increasing, or pain is not decreasing. At this point, it is essential to refer out to another massage therapist or a health care practitioner in a related field. Because most people with neuromuscular problems also experience compromised joints or a spinal column issue, it is very helpful for the massage therapist to develop a working relationship with a trusted chiropractor or PT. Responsible, resourceful massage therapists surround themselves with like-minded professionals with whom they communicate regularly. This networking not only provides a resource for the massage therapist, but it also becomes a link to further care when it is time to refer out. For the massage therapist, referrals can be made to the following practitioners and specialists:

- PT
- Personal trainer
- Yoga instructor
- Registered dietitian
- Chiropractor
- Orthopedic specialist
- Physical medicine physician
- Psychotherapist
- Spiritual counselor
- Hospice physician

Referring out, however, *does not necessarily discontinue the massage therapist's care*. In fact, at this point, she may become one of several professionals caring for her client; in effect, she becomes part of a health care team. Some pragmatic ethical and professional practices can lubricate this new professional relationship. The massage therapist must:

- Receive written permission from the client to share information with the health care professional to whom she is referring
- Summarize her SOAP notes for a concise reporting to the referring physician or health care professional
- Maintain an active role in her client's care by communicating professionally yet frequently with the other professionals involved in her client's care
- Realize when it is time to discontinue massage therapy and relinquish further care to another professional who is achieving better results

Here are some guidelines for knowing when it is time to refer to another health care professional or massage therapist with advanced training:

- If the massage therapist has treated the client *once a week, every week, for 2 months*, the client is compliant and has performed all self-care assignments, and there is no improvement, it is time to refer out.
- If the client complains of pain during the performance of her homework assignment, she should stop the work immediately; the therapist should reassess the assigned self-care, and if pain persists, refer out.
- If the therapist realizes she is unqualified to treat a client who is taking multiple medications, has chronic unrelenting pain, and complains of several concurrent physical problems, refer out.
- If a client comes for massage therapy complaining of acute pain following a car accident or stroke, for example, refer out.
- If a client suffers from unrelenting, acute headaches of unknown origin, refer out.
- If a client is being treated for cancer and is receiving chemotherapy or radiation, refer out. (Cancer patients can definitely receive massage therapy, but only by therapists with specialized training.)

RESOURCES FOR HOMEWORK ASSIGNMENTS

Within the scope of this text, it's not possible to list all the possible self-care assignments that might be helpful for treating the health and medical conditions in Part II. Short homework assignments are suggested, but dozens more options are available to the massage therapist. The following Bibliography includes resources for safe and effective client self-care. It is, by no means, an exhaustive list, but it's a useful starting point.

IN SUMMARY

When a massage therapist takes on the responsibility of helping to treat medical conditions, she turns from performing solely as a therapist to becoming a cheerleader and advocate for her client, as well as an active member of a health care team. In that role, the therapist:

- Works carefully within her scope of practice while offering beneficial homework assignments
- Refers out to other, more advanced massage therapists or other health care professionals if she reaches a point of declining effectiveness in meeting her clients' goals
- Develops a professional network that serves as a professional resource for both herself and her clients
- Relinquishes care (and a summary of her documentation) for the good of her client's long-term success when she deems her work is no longer effective

The therapist can now move with confidence from reviewing her fundamental knowledge to actually using her skills to practice specific protocols.

Review

1. Describe a clinical scenario in which a massage therapist would assign the application of cold as a homework assignment.
2. Describe a clinical scenario in which a massage therapist would assign the application of heat as a homework assignment.
3. Demonstrate the doorway stretch.
4. When is a true stretch achieved?
5. Why is deep breathing an important homework assignment for many clients?
6. Give several examples of how a client might perform deep-breathing exercises during the day.
7. When is it appropriate to refer a client out to another health care professional or therapist?

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