

Step-by-Step Massage Therapy Protocols for Common Conditions

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Charlotte Michael Versagi began her career in massage therapy in 1998. Before that, she attended nursing school, pretended to be a theater major, and worked for the Vatican Library in Rome. Since focusing on massage therapy, she has specialized in manual lymphatic drainage and complete decongestive physiotherapy as well as the clinical aspects of massage. In that journey, she has become the educational director of a 100-hour oncology massage program at Beaumont Hospitals in Royal Oak, Michigan, and a research associate at the same institution. She has also been on the faculty of a 1,000-hour clinical massage therapy program serving as massage, anatomy, and pathophysiology instructor. Having moved from hospitals to the massage franchise arena, she is currently the general manager at a Massage Envy franchise in Arizona, serves as the education coordinator for continuing education courses for all Massage Envy Arizona therapists, and recently won the Therapist of the Year Award for the Surprise, Arizona franchise. She has served as the past president, membership chair, and therapist of the year for American Massage Therapy Association (AMTA) in Michigan. She now dedicates most of her time to traveling and teaching oncology, lymphatic, and medical massage across the country.



Whether they are advanced students or seasoned practitioners, many massage therapists feel uncertain when faced with a medical condition they have never encountered before. *Step-by-Step Massage Therapy Protocols for Common Conditions* is intended to give massage therapists the knowledge and the confidence to think critically, assess wisely, and treat clients with the techniques already practiced in massage school, while steering them away from doing harm. Courses using this book as a text will be helping prepare their students to play a key role as part of a health care team in relieving pain and helping clients deal effectively with medical conditions.

Massage therapists, by definition, are compassionate. We also enter the professional world with varying levels of education. Unfortunately, sometimes we are told that the basic skills we learn in massage school combined with our limited years of education are not enough to “make a difference” in the realm of pain. The intent of this book is to convince you that nothing is further from the truth.

THE CONDITIONS

This book will teach how to treat approximately 40 of the most common conditions massage therapists see in their practices. The conditions were chosen from two sources: I looked at my client files after a decade of running a private practice and a massage therapy clinic and combined those files with my work in hospitals as a clinical massage therapist, noting the frequency with which people sought out massage therapy for these conditions. Then, a panel of experts and colleagues reviewed the list and agreed that these are the conditions most massage therapists are likely to encounter in a well-rounded practice. Notably absent is any discussion of cancer. This is because cancer does not fit in any “step-by-step” format, because its manifestations in the body vary so widely, as do treatments and responses to them.

The conditions covered in this book are not exotic or especially complicated, and neither are the techniques used to treat them. The basic techniques learned in massage therapy school will serve the reader well in using this book. Armed with basic skills and the step-by-step protocols offered in this book, the massage therapist will be able to confidently and intelligently begin working on clients with these conditions almost immediately.

FOUNDATIONAL CHAPTERS

Chapters 1 through 5 contain foundational knowledge that is essential for the intelligent application of the treatment protocols found in the second half of the book. Chapter 1 defines the differences between relaxation, clinical, and medical massage while distinguishing the use of the words “client” versus “patient.” This chapter also explains how to work as a member of a health care team, use a treatment protocol, and work with client charts.

Chapter 2 takes an in-depth look at how the body responds to the common massage modalities learned in massage school. This chapter contains clear illustrations as well as the physiologic effects of effleurage, petrissage, kneading, tapotement, stroking, jostling/vibration, rocking, deep and resisted breathing, cross-fiber friction, use of heat and cold, muscle stripping, compression, and passive/active range of motion (ROM).

Chapter 3 explains what happens, physiologically, when the body is in pain. The essential pain-spasm-pain cycle is explained; once this is investigated and paralleled with a client's condition, this information can be helpful in breaking most pain cycles. This chapter also includes a review of trigger points, the gate control theory of pain, and the universal 0–10 pain scale; additionally, one way to “sneak up” on pain in the body is described. The all-important psychological and social issues surrounding pain are also discussed.

Chapter 4 is dedicated to medications. Most clients will be taking medications and intelligent massage therapy work that includes knowledge of the effects of those medications, with some red flags that must be considered occasionally. This chapter is not a *Physician's Desk Reference*, nor is it intended to rival any of the fine texts already published on medications and massage.

Whether or not the massage therapist and the client reach their agreed-upon goals is as dependent upon what the client does at home as what the therapist does during treatment. Chapter 5 helps the massage therapist determine client self-care that is easy and aimed at a high rate of compliance. The basic “homework” techniques of stretching, strengthening, ROM exercises, water intake, and use of Epsom salts will be explained. This chapter will also explain how and when to refer a client to other health care professionals.

PROTOCOL CHAPTERS

Part II offers the student or practitioner very specific, step-by-step protocols for relieving pain in clients with such conditions as ankylosing spondylosis, multiple sclerosis, cerebral palsy, constipation, fibromyalgia, Bell's palsy, carpal tunnel syndrome, and many more conditions commonly encountered in a massage practice. In addition to giving you background information on the condition and the kinds of treatment a client may already be undergoing, the protocols provide a beginning, middle, and ending point for massage therapy. They suggest exact timeframes to spend on each technique and specific client homework assignments.

Each chapter will feature the following information and instructions for the clinical massage treatment of that specific pathophysiology/condition:

- General Information
- Pathophysiology
- Overall Signs and Symptoms
- Signs and Symptoms Massage Therapy Can Address
- Treatment Options
- Massage Therapist Assessment
- Thinking It Through
- Therapeutic Goals
- Massage Session Frequency
- Massage Protocol
- Contraindications and Cautions
- Massage Therapist Tips
- Homework
- Review
- Bibliography

ADDITIONAL RESOURCES

Step-by-Step Massage Therapy Protocols for Common Conditions includes additional resources for instructors, students, and practitioners. These are available at the book's companion website at <http://thePoint.lww.com/Versagi> and include the following:

- Access to the searchable eBook for this text
- Sample SOAP notes and Homework sheet
- A dermatome map

A NOTE ABOUT THE PROTOCOLS

This book is not intended to mire the massage therapist, whether a student who is just starting out or a practitioner with years of experience, in a formulaic trap of "This is how you must treat this condition and everything else is incorrect." One of the blessings of being a massage therapist is bringing one's own various modalities, special knowledge, and unique spirit to the treatment table.

However, if you really wanted to make a soufflé and had only a basic idea of how to use eggs, the oven, and your pan, you'd need some very specific instructions the first time you made your creation. Just so, this text teaches students and practitioners exactly what needs to be done to care for the client with Bell's palsy, for example. Just as you start creating your own recipes after you've made your first couple of soufflés, so you'll be able to adjust the massage protocols in the text for each unique massage situation, or design protocols of your own after you've worked with the ones in this text. Teachers of massage can use the protocols as a framework for helping students develop critical thinking skills for working with clients in a variety of clinical situations.

If I accomplish anything in this book, it's to free massage therapists from the worry and panic we all feel when caring for human beings in pain. Freed from the worry of "not knowing exactly what to do," I hope the content of this text allows you to bring the best of your education and your great spirit to the table so you can be joyful on this journey of helping to heal lives.

Feedback is always welcome, and your constructive comments will be considered for future editions of this text.

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DEDICATION

To my father, Frank James Versagi, who taught the four of us the power of words and the importance of logical thinking—and that the two should really somehow be related.

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PART I GROUNDWORK: FUNDAMENTAL KNOWLEDGE FOR INTELLIGENT HANDS 1

Chapter 1	Defining and Practicing Clinical Massage	2
Chapter 2	Physiologic Effects of Basic Massage Strokes and Techniques	10
Chapter 3	The Physiology of Muscular Activity and Pain	22
Chapter 4	Medications for Common Medical Conditions	31
Chapter 5	Beyond the Table: Client Homework and Referring Out	45

PART II STEP-BY-STEP MASSAGE THERAPY PROTOCOLS 55

Chapter 6	Ankylosing Spondylosis	56
Chapter 7	Bell's Palsy	63
Chapter 8	Bursitis	71
Chapter 9	Carpal Tunnel Syndrome	78
Chapter 10	Cerebral Palsy	85
Chapter 11	Chronic Fatigue Syndrome	94
Chapter 12	Constipation	101
Chapter 13	Degenerative Disc Disease	110
Chapter 14	Delayed Onset Muscle Soreness	118
Chapter 15	Fibromyalgia	124
Chapter 16	Frozen Shoulder	131
Chapter 17	Headache—Migraine	137
Chapter 18	Headache—Tension	143
Chapter 19	Human Immunodeficiency Virus and Acquired Immunodeficiency Syndrome	150
Chapter 20	Hyperkyphosis	158
Chapter 21	Iliotibial Band Syndrome	167
Chapter 22	Insomnia	176
Chapter 23	Multiple Sclerosis	182

Chapter 24	Muscle Spasm	190
Chapter 25	Neuropathy: Diabetic Peripheral Neuropathy and Chemotherapy-Induced Peripheral Neuropathy	196
Chapter 26	Osteoarthritis	203
Chapter 27	Parkinson's Disease	210
Chapter 28	Piriformis Syndrome	218
Chapter 29	Plantar Fasciitis	226
Chapter 30	Post-Polio Syndrome	235
Chapter 31	Post-traumatic Stress Disorder	241
Chapter 32	Raynaud's Phenomenon	247
Chapter 33	Rheumatoid Arthritis	252
Chapter 34	Scars	259
Chapter 35	Sciatica	266
Chapter 36	Scoliosis	273
Chapter 37	Sprain and Strain	281
Chapter 38	Stress	288
Chapter 39	Stroke	294
Chapter 40	Temporomandibular Joint Dysfunction	303
Chapter 41	Tendinosis	311
Chapter 42	Thoracic Outlet Syndrome	316
Chapter 43	Trigger Points	324
Chapter 44	Whiplash	332

INDEX 338



Part I

Groundwork: Fundamental Knowledge for Intelligent Hands





Defining and Practicing Clinical Massage

RELAXATION VERSUS CLINICAL MASSAGE

The massage industry is fairly comfortable with the distinction between “relaxation” and “clinical” or “therapeutic” massage. *Relaxation massage* is the term generally used for clients who do not have major or even minor medical conditions; the whole-body session is usually performed in a non-medical environment, and the ultimate goal is relaxation.

Clinical or therapeutic massage attempts to address chronic pain, injury, and immobility. The focused—and sometimes very localized—work performed for such medical conditions as arthritis, plantar fasciitis, and Bell’s palsy, for example, is more appropriately termed *clinical* rather than relaxation massage.

It is not a black-and-white issue. If the clinical therapist is skilled, careful, and even graceful, there is good reason for the therapeutic massage client to reach a state of profound relaxation, even though relaxation was not the primary focus of the session. In addition, often during a relaxation massage, the therapist will take a detour to address a condition she discovered in midstream.

This text is a reference for massage therapists working in any environment. One therapist may work in a spa applying mud packs and turning over clients every 65 minutes when a client asks her to address bilateral knee arthritis. Another may be in a hospital setting working with oncology patients when she is asked, “Can you just help me fall asleep?” The line between clinical and relaxation massage is becoming blurred and can no longer be defined by practice location alone. With the growth of “medical spas,” and now even “hospital-based spas,” combined with the preponderance of massage therapists working out of their homes, as well as others teaming up with physicians as part of a health care team, the physical setting has become secondary to the type of work performed by the trained therapist.

What about “medical massage”? Massage school owners, state massage regulators, national massage associations, and national authors have weighed in on trying to define this term. National experts in our field have written extensively on the struggle to define medical massage. This book will not address that argument. It focuses on treating chronic and medical conditions with the assumption that the work is being performed by well-trained massage therapists interested in stopping the cycle of pain.

MASSAGE THERAPY TRAINING

Massage school training is an important consideration in treating client conditions. In some locations, it is appropriate to train in a 100-hour massage therapy course, to then be called a “practitioner” and to perform relaxation massage in a spare room. This is not, however, the background assumed for the readers of this book.

In the U.S., the minimum educational standard set by most massage therapy schools is 500 hours of supervised educational work that is focused on anatomy, physiology, pathophysiology, ethics, basic massage techniques, and some advanced modalities. A solid argument could be made that 500 hours of supervised educational work only scratches the surface, and clinical work should not be attempted without ample training following this basic education. In fact, Canada requires a minimum of 1000–2000 hours for graduation from a massage therapy program.

If a student has been earnest in her training, has mastered the basic skills that will be reviewed in Chapter 2, and carefully studies the pathophysiology of a condition before attempting to treat, there is ample reason, supported by evidence-based practice, to believe that treatment will be effective and pain will diminish.

Scope of Practice

Every medical and allied health profession is regulated closely to ensure the safe care of patients and clients. Dentists are not allowed to perform appendectomies because the procedure is outside of their training and scope of practice. Massage therapists join these regulated ranks by performing carefully within the mind-set of a scope of professional limitations. Yet because state regulation and licensing vary so widely, as does the level of massage education, clearly defining the massage therapist's scope of practice can be challenging. Add to the quandary that many massage therapists are now practicing as part of a health care team in either a hospital or clinic, and the issue becomes muddied further. Another consideration is the addition of continuing education skills gained after massage school graduation; these skills often clearly place one therapist at a considerably different level of practice than another. And finally, many nurses are now moving over into massage therapy, as are physical therapists, psychotherapists, and even some physicians.

Taking all of these into consideration, the following can remind readers of their ethical and professional boundaries as they practice massage therapy. The massage therapist:

- Does not diagnose
- Assesses the client's soft tissue
- Determines appropriate modalities based on her level of massage therapy skills
- Does not combine professional skill sets (e.g., nurse and therapist, psychotherapist and massage therapist)
- Does not prescribe or suggest oral or topical medications or supplements
- Practices with a clear understanding of indications, cautions, and contraindications when treating conditions
- Refers to another health care professional or massage therapist when the client's needs exceed her competence or confidence level

Perhaps one final example can help the therapist determine her scope of practice. The use of rest, ice, compression, and elevation (RICE) immediately after a joint injury or blunt trauma permeates every basic first aid and parent-preparedness class. Most households have ice packs (or bags of peas) stashed in the freezer and compression bandages in the home first aid kit. However, seen from a massage therapists' standpoint, if a client were on the table with swelling from a recent ankle injury, the therapist:

- Can suggest rest
- Can apply an ice pack if she's been trained to do so in her massage therapy curriculum
- Cannot apply compression
- Would use caution in elevating an extremity and would consider the client's overall medical condition and history

The phrase *scope of practice* should not be perceived as an obstacle to safe, effective, and comforting care. It is simply a reasonable control for this growing profession as it carves its niche within the health care model.

CLIENT OR PATIENT?

Are those who receive massage therapy appropriately called “clients” or “patients”? The assumptions made in this text are as follows:

- *Client:* The massage therapist alone is treating a person who found the therapist through word of mouth, advertising, or any other non-medical referral. In this case, the therapist is not treating a condition or necessarily documenting progress but is providing mostly relaxation massage.
- *Patient:* The therapist is functioning as part of a health care team, or is treating a specific condition and documenting progress in a solo practice or health care setting. For example, the patient sees the massage therapist as a result of a verbal referral from an orthopedic surgeon and is simultaneously being seen by a physical therapist. In this case, the massage therapist, physical therapist, and physician are all communicating about the patient’s care. Further, if any physician writes a prescription for massage therapy, or if the therapist is working in a hospital or chiropractic setting, the person receiving the care is a patient.

Within this text, the terms will be used interchangeably because some readers may be addressing the conditions in a solo practice and others may have an active physician–therapist relationship.

TREATMENT PROTOCOLS: DETERMINING THE RECIPE FOR CARE

The word “protocol” is used here as it is in medicine and science: a plan of care or formula for how to get from point A to point B. In the case of massage therapy, the protocol consists of the steps taken in a therapeutic massage session to treat the client. It requires therapeutic knowledge of three basic ingredients:

1. The pathophysiology of the condition to be treated
2. The appropriate choice of strokes and modalities, as well as duration and amount of pressure, for example
3. The physiologic effects of the massage therapy strokes and modalities to be used

Along with the step-by-step protocols found in Part II of this book, knowledge in these three areas will equip practicing therapists to confidently treat clients who have the most common medical conditions.

KNOWING THE STROKE AND HOW TO APPLY IT

Using effleurage on an agitated newborn is different from using effleurage on a pre-event marathon runner. Pressure, rhythm, and duration are important factors in the application of every massage technique. Yet, determining the appropriate pressure to use has been a consideration for every massage therapist since she began training. One person’s idea of “deep work” varies from another’s. But depth, as well as the perception of depth, matters greatly in the effectiveness of the therapeutic session.

Tracy Walton, LMT, MS; Langdon Roberts, MA, CMT; and the Touch Research Institute are responsible for much of our current knowledge about the efficacies of various pressures used in massage therapy. Walton developed a formal five-point pressure scale for her hospital research studies to ensure consistency among massage therapists and for the purpose of safe application of her patient protocols.



Massage Therapist Tip

“Recipes” as Starting Points

Providing a treatment plan “recipe” may seem simplistic, but it is a good way to start. You may have recently graduated from massage therapy school, or perhaps you graduated years ago and need to refresh your clinical massage thinking skills. In either case, massage therapy is a science *and* an art. You, as an individual therapist, bring unique skills to the table. The protocols included in this book are intended to outline a safe, effective, and clinically justifiable way to immediately start treating clients. But it is expected that you will add your own special skills, techniques, and intentions to these suggestions.

Langdon Roberts created NeuroMassage, a unique therapeutic system that combines biofeedback and bodywork to improve health by making intentional changes in the relationships among the brain, the nerves, the organs, and the muscles. At the 2004 American Massage Therapy Association (AMTA) National Convention, Roberts' poster presentation detailed the effects of massage pressure with the following abbreviated conclusions:

- Using deep pressure massage (without warming tissues first) *produces an increase in muscle tension.*
- Applying light and moderate pressure prior to deep pressure *prevents an increase in muscle tension.*
- When muscle tension was increased because of deep pressure, *light pressure produced muscle relaxation.*
- Using as much force as a client will accept without experiencing pain, *without adequate warm-up, is likely to produce a substantial increase in muscle tension during and immediately following massage.* Starting light may allow more access to deep muscle layers with less work for the therapist, as well as decreased risk and less discomfort for the client.

The Touch Research Institute's work on pressure indicates a profound difference between the effects of moderate pressure and the effects of light pressure. The distinction is made because of the stimulating effects of light pressure, as opposed to the positive physiologic changes from the application of moderate pressure. Suggested indicators for the amount of pressure to use for each condition are found in the step-by-step protocols.

WHEN MASSAGE THERAPY IS CONTRAINDICATED

Even with the best intention and the highest skills, massage therapists may, at times, treat inappropriately. A contraindication for massage therapy exists when massage is inappropriate or unsafe to perform because the therapist could cause harm to the client. Various terms are used, describing "local" or "regional" and "absolute," "total," or "systemic" contraindications. For example, a rash of unknown origin on the anterior forearm would be a local or regional contraindication, whereas a fever of unknown origin not being treated with antibiotics would be an absolute, total, or systemic contraindication.

It is worth noting, however, the difference between *modifying a massage session* while using an appropriate caution and a contraindication for the total massage. A client who is 9 months pregnant will be placed on her side, her proximal or medial thighs will not be massaged, and any tortuous varicosities will be avoided. This is modifying or taking certain precautions with the massage given the client's condition, but third-trimester (uncomplicated) pregnancy is not a contraindication for massage.

It's important for therapists to keep appropriate and responsible cautions in mind. However, it is not possible for even the most seasoned therapist to know every contraindication. In addition, a massage contraindication often depends on these factors:

- The condition
- The patient
- The treatment setting
- The skill level of the massage therapist

Although working on a client with a high fever in the midst of a bout of bacterial pneumonia would be absolutely contraindicated for a beginning massage therapist, if the client (1) had completed a 3-day course of antibiotics, (2) was being treated by a lymphatic massage specialist, and (3) was told what to expect as a result of the work, then the treatment would be appropriate and safe.

Absolute Contraindications for Massage Therapy

Given the shades of gray that exist in most client care, and the fact that the greater the therapist's knowledge, the more skills he may bring to the table, the following are commonly accepted absolute contraindications:

- Thrombus (stationary blood clot) located anywhere in the body
- Medical conditions requiring immediate medical attention
- Unstable vascular damage
- Gangrene, kidney disease, or advanced heart disease
- Post-heart attack or post-stroke patients who have not yet been medically stabilized
- Severe headache of unknown origin
- High blood pressure that is not controlled by medication
- Fever
- Aneurysm
- Intoxication
- Most viral infections
- Measles and other immediately contagious diseases

Local Contraindications for Massage Therapy

The following are commonly accepted local contraindications:

- Frostbite
- Local contagious skin condition
- Local skin irritation of unknown origin
- Open wound, sore, or ulcer
- Recent radiation or recent burn
- Undiagnosed lump
- Acute arthritic flare-up
- Fracture

Contraindications for massage therapy are a concern for more than massage therapists. In 2003, Mitchell Batavia, a physical therapist and PhD in pathokinesiology, performed an analysis of 10 years' worth of literature on contraindications for therapeutic massage. Batavia's work was exhaustive and thorough, and he found little of concrete value and no consensus:

- Of the sources, 24% did not list infection or neoplasm (cancer) as a contraindication.
- Of the sources, 28% failed to list open wounds.
- Of the sources, 33% did not mention bleeding, bruising, or anticoagulation disorders.
- Of the sources, 48% failed to mention any problems at any state of pregnancy or labor.

Massage therapists recognize that *not all massage is safe for all clients*, and that *there are conditions and patients that require no touching*. But as with most rules, this one is not carved in stone. Given sufficient skill level, expertise, and sometimes supervision, an advanced massage therapist can approach many medical conditions that would be beyond the scope of the beginning therapist.

ASSIGNING CLIENT HOMEWORK

Therapy sessions range from 30–120 minutes, yet many clients have been living with chronic conditions for weeks, months, or years. It is not feasible to diminish all pain and restore range of motion in the miniscule amount of time a therapist works in a single session or series of sessions. By the time the client climbs on the massage table,

his muscles are so hypertonic, the condition is so entrenched down to the cells of his muscle, and his neuromuscular patterns are so embedded that table work can only scratch the surface of his pain. Inherent in the intelligent massage therapist's work is the appropriate suggestion of self-care assignments, or client "homework."

Self-care might include the application of heat, rolling the ankles while watching TV or reading, or taking deep breaths whenever the client arrives at a red light when driving. It is up to the therapist and the client to devise appropriate homework assignments that fit into the client's lifestyle and that will ultimately move him toward full functioning, independent of the massage therapist's work.

Offering client self-care instructions ties in subtly with scope of practice. The safe and therapeutic use of exercise bands or exercise balls is not usually included in a massage therapist's basic curriculum. A seemingly innocuous handout and verbal instruction on the use of a large medicine ball could result in serious damage if the client has an undiagnosed lumbar spine disc abnormality. Yet some homework assignments involve offering the client a copy of a reputable, relevant published article. Extensive continuing education training by the massage therapist is necessary for responsibly assigning many client self-care suggestions (see Chapter 5).

SUBJECTIVE, OBJECTIVE, ASSESSMENT, AND PLAN (SOAP) CHARTING AND DOCUMENTATION

The treatment of clinical conditions includes meticulous documentation of techniques used, as well as the client's response to those techniques. Massage therapists who choose to address medical conditions must keep some form of charting or documentation from session to session. In addition to the following listed reasons, a chart may be subpoenaed for evidence in a court of law, it may be requested by the patient's physician, and it may be used as evidence to prove progress by an insurance company for fee coverage. Appropriate, detailed charting is therefore important for the following reasons:

- Providing a record of techniques used
- Keeping a record of the client's responses to techniques used
- Helping the therapist remember a client's personal details (e.g., a sick child, an upcoming wedding)
- Reminding the therapist of the client's self-care homework assignments
- Providing a record of progression or digression and the level of pain
- Proving efficacy when insurance companies ask for therapeutic results
- Serving as a record of care when the physician asks for massage treatment details and effects
- Providing a historical record if the client discontinues care and returns in the future

Massage therapy charting is based on the common SOAP nursing protocol of documentation, with the acronym representing subjective, objective, assessment, and plan. These four components are briefly reviewed subsequently, and examples of SOAP notes can be found online at <http://thePoint.lww.com/Versagi>.

The actual paper chart can take any form. Specially tailored medical charts are available to purchase online, or a very simple one-sheet SOAP chart with the letters S, O, A, and P spaced out evenly down the left margin can be created. The point is for the massage therapist to document her work in an acceptable format that will serve many purposes.

Subjective

A subjective statement is one that reflects the client's or patient's point of view; it does not have to be factual or provable. Here are examples of subjective notes:

- "I have a headache today."
- Client states lower backaches.

- “My doctor said I have fibromyalgia.”
- Patient states she has been nauseous for several days and thinks she may be pregnant.

None of these statements is provable; all are opinions. There are two options for charting subjective notes: (1) quoting directly from the patient’s words, which requires the use of quotation marks; and (2) paraphrasing what the client said, which simply requires “client states” or “patient states” in front of the note.

Objective

Objective notes reflect what the massage therapist observed and palpated, as well as the techniques she used. Here are typical examples of objective notes:

- Client’s left superior trapezius hypertonic. Therapist performed effleurage, petrissage, digital kneading, and more effleurage to the area.
- Patient has an unusual quarter-sized mole below the right scapula that has reddened edges; therapist did not massage directly over the area.
- Client’s musculature at the occipital ridge very hypertonic; deep digital massage along mastoid processes and up into the head and scalp.
- Patient appeared agitated, did not stop talking throughout the session, and jumped several times when therapist approached the body.

Therapists must be careful to describe observations in detail and to assess what must be done without crossing the line into diagnosing, which is clearly outside the therapist’s scope of practice.

Assessment

Although massage schools differ in their teaching philosophies about the documentation of assessment, with confusion arising when the student believes she is to assess *the condition*, the standard medical practice of *assessing the results of the treatment* is the standard used in this text. The documentation here reflects the results of the various techniques that have been applied. What happened to the muscles? What response did she have? What did the client say? Continuing with the previous examples:

- Client’s left superior trapezius became less hypertonic; client stated she could move more easily and is in less pain.
- Patient’s response was one of concern for the unusual mole found by therapist.
- Client stated, “That head massage was the best part of the whole thing.” Stated headache lessened somewhat.
- As a result of patient agitation, therapist lowered lights, played music more softly, and sat by the table until patient’s agitation passed. Asked permission to continue.

Plan

The plan includes the next steps for both the therapist and the client or patient. What will be asked of the client or patient as a result of this session? Will there be homework? When is she coming back? Is the therapist suggesting the client see a physician? Using the previous examples to complete the chart:

- Therapist assigned doorway stretches to be performed three times daily; stretches demonstrated by therapist and performed by client successfully.
- Therapist strongly suggested patient call her dermatologist for a checkup. Therapist to ask whether appointment was made at next massage session.

- Therapist suggested a talk therapist for client's continual sources of stress.
- Patient said she doesn't enjoy massage as much as she thought she would and will not return.

IN SUMMARY

This book reminds the therapist of the fundamental knowledge she gained during her massage therapy education and will support her as she steps into the realm of attempting to relieve pain. As the therapist prepares her plan to treat common medical conditions, she uses her knowledge to:

- Understand the clear distinction between "relaxation" and "clinical" or "therapeutic" massage
- Apply her expertise based on her initial massage therapy training, her personal continuing education strengths, and her knowledge of cautions and contraindications
- Discriminate the use of her skills by practicing well within her scope of practice
- Prepare detailed documentation appropriate for a responsible member of a health care team
- Assign client homework based only on her level of expertise

With these parameters soundly in mind, the therapist can now move on to a deep understanding of the physiologic effects of what she is doing with her hands.

Review

1. Explain the difference between relaxation and therapeutic massage.
2. Explain the different physiologic effects of light and medium massage pressure.
3. List four absolute contraindications for massage therapy.
4. List four local contraindications for massage therapy.
5. Explain the acronym "SOAP" and describe the components of each.

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