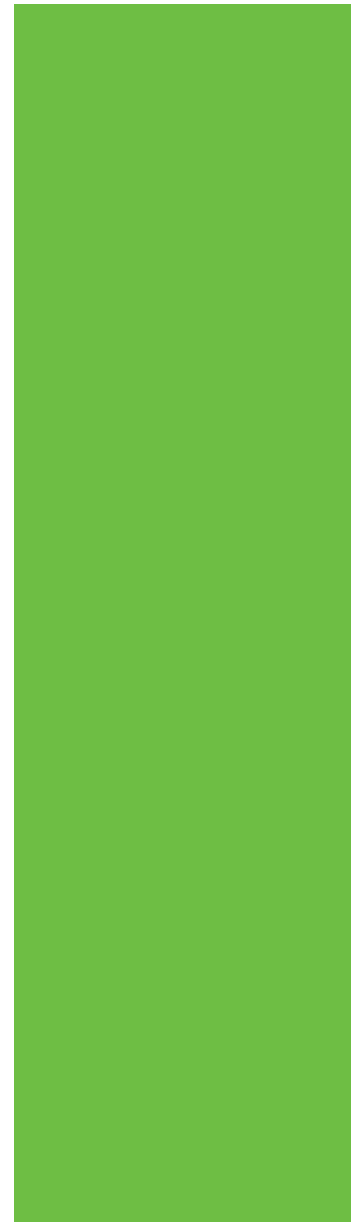


**Massage Therapy
Continuing Education
GERIATRIC MASSAGE**

NCBTMB Provider #451897-12

www.nirvanamassagecenational.com



GERIATRIC MASSAGE

4 CEUs

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It is the responsibility of the massage therapist and/or medical professional to determine what precautions to take in the particular field and to abide by their scope of practice.



COURSE OUTLINE

Chapter One: What is Geriatric Massage?

Chapter Two: Benefits of Geriatric Massage

Chapter Three: Geriatric Massage: The Tissues and State of Mind

Chapter Four: Working With Staff in a Medical Facility

Chapter Five: Working With Patients in Medical Facilities

Chapter Six: Preventing Infections in Medical Facilities

Chapter Seven: Meeting the Client

Chapter Eight: The Massage

Chapter Nine: Comfort Touch Techniques

Chapter Ten: Comfort Touch Sequence

Chapter Eleven: Documentation and Other Considerations



Ready to test? When you are, follow these steps:

1. Go to: <http://nirvanamassagecenational.com/geriatric-massage-test>
2. Choose to Start or Resume your test.
3. Enter your Email address and Password (this can be anything you'd like).
4. When prompted for your online test password, enter the following: **ger101**
5. Press "Continue" to begin or resume your test!

Note:

- You will get your test results immediately.
- You will get a Certificate of Achievement right away which you can download or print.

WE WOULD LOVE TO GET YOUR OPINIONS ABOUT THIS COURSEWORK. AN E-MAIL WILL BE SENT WITH A LINK FOR COURSE EVALUATION.



COURSE BEGINS NOW

Chapter One

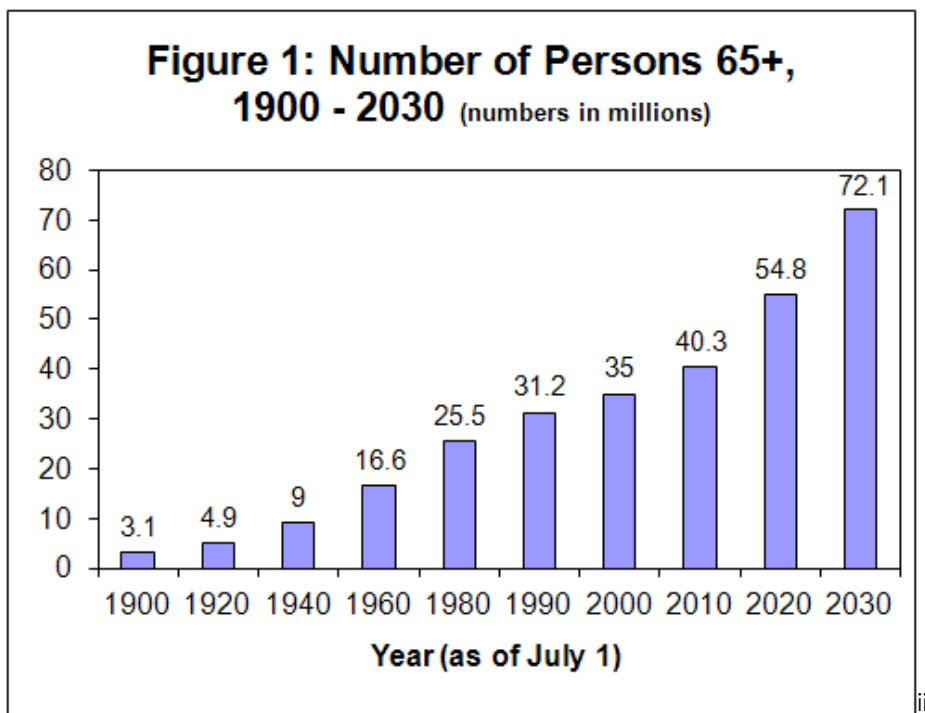
What is Geriatric Massage?

Geriatric massage, also known as senior massage, is massage specifically designed for use with elderly clients. While a massage therapist's instincts may say that geriatric massage is just Swedish massage with softer strokes, there are actually a number of adaptations to your practice that you must make when working with this client population.

Geriatric Population

Geriatric massage is the #1 fastest growing segment of practice in the United States, due to the baby boomer population entering retirement. Each day, roughly 10,000 people in this country turn 65.ⁱ The number of citizens 65 and older jumped 15.1% from 2000- 2010. People over the age of 65 are now over 13 percent of the entire population (they were only 12.4% in 2000, but when you're talking about numbers in the millions, that's a significant jump).ⁱⁱ





The number of Americans over 65 will only grow, according to these projections from the Department of Health and Human Services.

Considerations Of Geriatric Massage

One of the main things you will need to keep in mind when practicing geriatric massage is that these patients have different needs than many of your other patients. The elderly often suffer from joint issues, respiratory problems, and cardiac issues that prevent them from getting into the prone position for massage. You will need to adjust your practice accordingly.



The elderly also tend to have delicate, thin skin, so vigorous stripping strokes are generally discouraged. Long sessions are also generally discouraged because they might be too stimulatory (though you will evaluate this on a case-by-case basis). Longer sessions can also release too many toxins, causing discomfort for a client who may already be in pain or general discomfort.^{iv}

Elderly clients might also be isolated because they cannot drive, or they are in a nursing home or hospital. Working with this population means you might need to travel to them sometimes.^v Working on geriatric patients also means that you won't need your table as often as you usually do- the clients sometimes can't get onto the table, can't lie down, or can't be disrobed.^{vi}

In general, geriatric massage is a "gentle and light application of massage techniques and can include passive stretching and a light oil or lotion to permit your muscles to be worked on without causing excessive friction to the skin."^{vii}



Chapter Two

Benefits of Geriatric Massage

Like most forms of massage for all client populations, geriatric massage has the benefits of offering relaxation, pain relief, and stimulation through human contact. However, the special nature of the elderly client base means that massage has some additional benefits:

- "Pain reduction- [massage] has a calming, sedating effect on the nervous system, decreasing the perception of pain. It offers a soothing input to the individual, helping to shift one's awareness of the pain to the awareness of pleasure, thereby interrupting the experience and perception of pain.
- Release of general and/or specific muscle tension- Tension can be a result of overuse of the muscles, or it can be result from the inactivity of a sedentary lifestyle.
- Increased circulation of blood and lymph- Massage helps to increase local circulation of blood and lymph, thereby facilitating the process of nourishing the body on a cellular level. This process can help to



balance body chemistry and speed healing.

- Increased flexibility- Warming of the connective tissues, release of muscular tension, and improved circulation can contribute to better mobility.
- Easier breathing- Relaxation of the muscles and calming of the nervous system facilitate easier and deeper breathing. Specific contact pressure points in the hands and feet may help alleviate sinus congestion.
- Improved appetite and digestion- Clients may experience better appetite, digestion, and elimination following the mild stimulation of [massage].
- Improved quality of sleep
- Increased energy and mental alertness.
- Comfort and assurance of human contact. Touch is a way for one human being to acknowledge the importance of another. Whether in



a professional or home setting, touch that is offered with kindness of intention validates the most basic of human needs.

- Reduction of anxiety/fear/distress-A comforting touch can bring relief from the various stresses one feels in everyday life. Often, fear and anxiety accompany physical and emotional pain, illness, and distress. Fear itself is often a cause of secondary pain or tension. This pain can lead to more fear and anxiety, which in turn lead to more pain. Comforting touch helps to break this cycle, helping the client to feel more in control of his or her own physical and emotional reality.
- Improved feelings of safety and confidence. The consistency of contact and pressure contribute to feelings of safety and confidence. Much of the fear that accompanies illness and aging, with its pains and losses, results from the feeling of uncertainty, the fear of the unknown. Knowing what to expect, through the pleasure of touch that is predictably comfortable and nurturing, allows the recipient to relax in the moment with a feeling of confidence.
- Relief from depression and improved feelings of self-esteem
- Communication- Touch is a significant and valuable way to communicate non-verbally with another person. Often it opens the



door to more effective and enjoyable verbal communication as well.”^{viii}

- “enhance blood circulation, combat depression, improve balance and flexibility, reduce the pain of arthritis, increase joint mobility, improve posture, and encourage overall well-being.”^{ix}
- Decreases agitation in patients with dementia or Alzheimer’s^x- in one study, patients in nursing homes who suffered from cognitive impairment and who received one 10 to 15 minute massage showed a measurable decrease in the signs of agitation and aggression.^{xi}
- Increases nursing home resident’s comfort and satisfaction with care^{xii}
- Foot and ankle massage has been shown to help elderly clients with their balance, agility, and their gait ^{xiii}



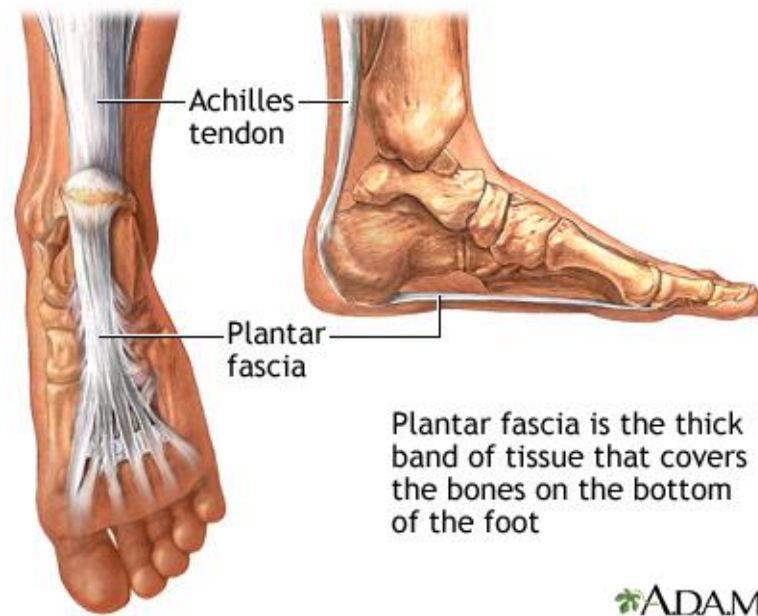
Chapter Three

Geriatric Massage: The Tissues and State of Mind

While much of massage therapy focuses on relieving muscle tension and lengthening muscles, geriatric tissues need to be approached differently. Many older clients will have muscular atrophy from a sedentary lifestyle, or the simple loss of muscle tone that comes with aging.

Instead of focusing on muscles, geriatric massage must “[address] the interrelationship of all the layers of body tissues, including the structure and function of the superficial fascia. Composed of adipose tissue and loose connective tissue, the superficial fascia is located beneath the skin. Varying in thickness, it covers the entire body, providing insulation and protection for the deep fascia, muscles, and organs beneath it. It stores fat and water and provides passageways for nerves and blood and lymph vessels.”^{xiv}





Plantar fascia is one example of superficial fascia^{xv}

Geriatric massage's emphasis on gentle, broad strokes with pressure moving into the center of the area being worked "warms and nurtures" the superficial fascia, transferring heat from your hands into the client's connective tissue, affecting circulation of blood and lymph and "engender[ing] a comforting feeling of warmth, ease, and fluidity in the body."^{xvi}

This method will effect muscle relaxation without requiring deep work of the muscles, as the nerve receptors in the skin and connective tissue "convey impulses to the brain, which interprets the physical contact as desirable. This engages the parasympathetic nervous system, eliciting a generalized relaxation response in the body."^{xvii}^{xviii}



For many geriatric massage therapy clients, massage will not be used to “heal” their ailments, like you could possibly correct the causes of discomfort in other clients. Geriatric patients may be terminally ill, or permanently housed in a hospital or nursing home. In these situations, your focus will be less on correcting issues in the tissue and more on providing comfort. Massage is a “valuable complementary therapy for those being treated by conventional medicine.”^{xix}

Issues With the Tissues Associated with Aging

The tissues change as we age. Aging itself is defined as “a process involving growth, maturation, and change from childhood, puberty, young adulthood, through middle and late age. It involves biological changes in the body, psychological and mental development, and adaptation to life circumstances.”^{xx}

Aging involves senescence, which is the “process by which the capacity for cell division, growth, and function is lost over time, ultimately leading to death,” even when there is no actual disease present. Aging clients may also suffer from specific chronic or acute ailments.

There are four basic types of tissues in the body: connective, epithelial, muscle, and nerve tissues.



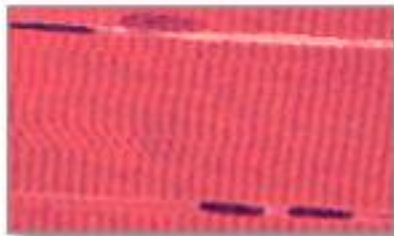
Four types of tissue



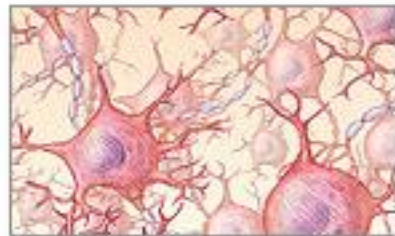
Connective tissue



Epithelial tissue



Muscle tissue



Nervous tissue

 ADAM.^{xxi}

All four of these tissue cell types will begin to change with age. The individual cells will lose mass, and lose the ability to divide. Fatty substances and pigments will begin to buildup in the cells. Waste products build up in the tissues. Over time, function will slow and then stop.^{xxii}

The following tissue-related issues can arise as we age:

- “Skin and Connective Tissue. Loss of elasticity; decrease in lubricating



secretions; skin may be dry and itchy; small capillaries increase in fragility, leading to greater vulnerability to bruising; full hydration of skin may become more difficult.

- Muscular/Skeletal System. Changes in bone density (osteoporosis); stiffness or pain in joints (arthritis); reduced elasticity and flexibility of tendons and ligaments; weakness or spasm in muscles; decreased range of motion.
- Cardiovascular system. Weakness or changes in the heart muscle; decreased elasticity of blood vessels, changes in thickness of blood vessels (arteriosclerosis); changes in blood pressure; impaired circulation of blood and lymph, particularly to the extremities.
- Respiratory system. Decline in lung capacity and effectiveness of breathing.
- Immune system. Decline in resistance to infection.
- Gastrointestinal System. Decrease in motility and rate or effectiveness of digestion and elimination; decrease in production of digestive juices, increase in insulin resistance; changes in appetite.



- Genitourinary System. Decrease in muscle tone of bladder and muscles controlling urination; enlargement of prostate gland in males; changes in genital tissue and function.
- Endocrine system. Changes in secretions of endocrine glands affecting many systems in the body (e.g., thyroid hormone, insulin, sex hormones).
- Neurologic system. Changes in mental function, memory, or cognition; loss of fine motor control; changes in pattern of sleep.
- Vision. Changes in elasticity of the eye, affecting vision; increased sensitivity to light; other changes affecting vision (egg, cataracts, glaucoma, macular degeneration)
- Hearing. Gradual loss of hearing or sensitivity to pitch and background noises; slower processing of auditory information.
- Taste and smell. Decline in number of taste buds and deterioration of the sense of smell, loss of appetite.
- Touch. Increased or decreased sensitivity to touch.^{xxiii}



Psychological Issues Associate with Aging

Along with the physical issues that come with geriatric clients, you will also need to be prepared for any psychological issues an older client might have. These include:

- “Loss of mobility- the individual may find it more difficult to participate in familiar activities. They may lose the ability to drive and automobile and the freedom that comes with it.
- Changing identity and roles- changes in health status are often accompanied by changes in relationships with family, friends, and community. The person may grapple with loss of self-esteem as their self-image and identity undergo change. For example, the person who has enjoyed and taken pride in her or his job or role within a family, finds that she or he can no longer perform the job or play the familiar role.
- Feelings of failure and disappointment- Individuals may feel disappointed in themselves for failure to “be cured.” Likewise, they may feel guilt over disappointing others, if they can’t seem to recover function. Their sense of self-worth that is attached to achievements



and/or goals can suffer..."

- Changes of residence- changes in physical function can necessitate a change in residence. The challenges brought about by aging and illness force the individual to move into a new living situation, which can involve moving into a new home or a new community. It may require adjusting to living with relatives or new caregivers, or becoming part of an assisted living community.
- Financial concerns- worry and anxiety about paying the bills can greatly affect a person's quality of life
- Spiritual issues- aging/onset of illness can challenge long-held spiritual beliefs, which may lead to guilt, or placing blame
- Loneliness and isolation- people may feel abandoned, or may chose isolation over fear of rejection by younger friends or relatives
- Uncertainty, unpredictability, loss of control- fear of the unknown and the unpredictable nature of aging, as well as the course of some illnesses, can be depressing^{xxiv}



Chapter Four

Working With Staff in a Medical Facility

When performing massage for geriatric clients, you may have to travel to a hospital, nursing home, or other medical facility, since the client might not be able to travel to you. There are certain standards you should adhere to in a medical facility, which include but are not limited to the rules and regulations of the facility itself.

Hospitals and medical facilities in general are more “regulated, standardized, hierarchical, complicated, unpredictable, and team-oriented,” which can be very different than a regular massage studio.^{xxv}

Dress and Grooming Standards

Here are a few guidelines for working in medical centers:

- Wear a name tag
- Your shoes should be closed toed, with socks
- No shorts, miniskirts, or tank tops
- Wear a shirt/blouse with a collar, and a lab coat if required. Some hospitals may require visiting massage therapists to wear certain



colored scrubs.

- Keep your clothes clean and ironed
- Don't wear any scented lotion or perfume- they can trigger nausea in older patients who are ill
- Keep your nails short and well-trimmed
- Don't wear dangly earrings or long necklaces, and keep long hair pinned back
- Remove any visible body piercings and cover up visible tattoos- geriatric clients lean toward the traditional side and might be more at ease with a more conventional looking therapist
- Don't chew gum^{xxvi}

Outpatient medical facilities might have less stringent standards, so be sure to check with their human resources department before you come in.

Other Things to Consider

When you're working in a medical facility, there are several issues you need to keep in mind. First of all, a hospital's rhythms will be starkly different than those of your own studio. Nurses, doctors, staff, and family may be in and out of the room throughout the session. The patient might need to leave for testing in the middle of the massage. Other healthcare workers in the facility (like the nurses) may be so overworked that they don't have time or energy to make you feel at home, so don't take their everyday behavior as a snub.^{xxvii}



You will also have to take the initiative in figuring out where things are (like linens or trash bags) and how the hospital works day to day. It is likely that the employees don't have the time to train you, especially if you are a private contractor brought in by the patient.

Working With the Nurses and Housekeeping

When working with geriatric clients in a medical facility, you will have to work in tandem with the nursing staff. There are a few different types of nurses:

RNs and LPNs “provide direct patient care, coordinate other health care practitioners such as physical therapists and nutritionists, and document the patient's condition. Registered nurses, because of lengthy and in-depth training, also take on administrative responsibilities, oversee other nursing personnel such as LPNs and CNAs, and tend to patient's high-tech care.”

CNAs “assist the patient with less technical tasks, such as activities of daily living, positioning, lifting, transfers, vital signs, and basic charting. The CAN may also assist the massage therapist in the following areas:”

- Providing extra bedding
- Assisting the patient in the bathroom



- Changing sheets due to vomiting or accidents

You will also need to develop relationships with the housekeeping staff. They will be able to help you find things, identify other staff members, and taking care of spills.

An excellent way to build a quick rapport with the staff in a medical facility is to offer free massage during everyone's breaks or other spare moments. You might not have a time slot long enough for another client, but you do have an extra few minutes- it's a good idea to use those to serve the medical staff. It will help the staff learn to trust and recognize you.^{xxviii}



Chapter Five

Working With Patients in Medical Facilities

Along with working with staff in a medical facility, you will obviously have to change the way you interact with the patients, as well.

Confidentiality

Client confidentiality is important to all body workers, and there are strict guidelines you must follow upon certification. These guidelines can be even more stringent in the medical community, especially since the adoption of the Health Insurance Portability and Accountability Act of 1996 (HIPPA), laws that standardize privacy and security of their personal information of patients in medical facilities.^{xxix}

Here are a few things to keep in mind in reference to HIPPA and massage therapy:

1. "Patients are entitled to see a copy of their records.
2. Patients are entitled to receive a copy of their records.
3. Patients are entitled to make an amendment in the file to their patient health information.
4. The massage therapist has a right to deny inclusion of amendments in



the patient's file.

5. The patient has a right to disagree with the therapist's refusal of inclusion.
6. The therapist has a right to rebut the patient's disagreement, but any time a file is sent out, a copy of that rebuttal must be included.
7. The patient has a right to a privacy practice notice from the therapist providing the care. (The patient can object to certain information given to him in the privacy of his office, and the therapist can comply with this or refuse to treat the patient. The fine for violation of the privacy standards is \$25,000 per incident.)"^{xxx}

You will also need to be able to identify protected health information (PHI), which is anything that identifies or could be used to find the identity of a patient or a patient's records. This includes: name, address, parts of an address, names of relatives, employer listings, email address, IP address, phone or fax numbers, date of birth and social security information, fingerprints, voice recordings, photographs, medical record numbers, and vehicle identification records. The medical records that are affected by PHI include electronic and paper records, case histories, clinical reports, diagnostic reports and tests, test results, and charts and progress notes, and the oral transmission of information (for example, in a conversation with a nurse in the hallway).



Discussing irrelevant issues in reference to a patient can also constitute a breach of confidentiality. This includes talking about the patient's race, political or religious beliefs, or sexual history with the staff when it is not relevant to the issue at hand.

Breaking patient confidentiality is only ethical when done in order to prevent harm to the patient. For example, if a patient with a history of low platelet counts has a nosebleed before the massage and tells you that he will report it when you're done, you are within your ethical boundaries to leave and report the nosebleed to a nurse, even though the client didn't ask you to.

As an independent contractor, you will probably not have access to the client's medical records if he or she is in a hospital or other facility, unless the doctor ordered massage and the client has signed a consent form. Follow these guidelines in order to cover all your bases:

- “View or listen to confidential information only if necessary to fulfill responsibilities. Wanting to know isn't a good enough reason for listening in on privileged conversations.
- Share confidential information only with those who need to know to fulfill patient care responsibilities.



- Have private conversations in private places.
- Keep confidential information such as medical records safe and secure so that others cannot see them or take them.
- Be sure that inappropriate people cannot view confidential information on the computer. Log out of the computer before leaving it unattended.
- Do not display confidential information, such as a patient's name, on appointment schedules or public sign-in sheets."^{xxxi}

Liability

When you're working in a medical facility, you don't have the same latitude to make decisions about the client's care as you would in your own studio. The doctor or nurse practitioner will be supervising the client's care, and any massage therapists will probably be supervised by the client's nursing staff, as body work is often considered an extension of nursing.

The best practice in regards to liability in hospital settings is to become familiar with and obey all doctor's and nurse's orders. Check with the staff before you do any sort of care that is outside the previously-agreed upon scope of treatment. You will also want your own liability insurance, even if



you are an employee of the hospital and therefore covered under their policy.

Another way to avoid liability conflicts is to stay strictly within your scope of practice when working with geriatric patients in another medical facility. Refrain from offering treatment or advice outside of your job description because it may conflict with the plan of care of the doctor or nursing staff.^{xxxii}

Etiquette

Working in an environment that isn't your home studio can be uncomfortable. There are often unspoken rules of politeness that aren't commonly known. Here are a few to keep in mind when working in a hospital:

- Knock before entering a patient's room, even if the door is open
- Only address the patients formally until directed to do otherwise (using Mr., Ms., Mrs., etc.)
- Don't sit on the patient's bed
- Wait outside if the curtain is drawn around the bed. That's usually a sign that the patient is sleeping or that the nurse is doing something private in the course of care.
- If the doctor comes in, ask if you should step out. Sometimes the doctor will only need a second to check in and won't require your absence,



but sometimes the doctor will need several minutes of privacy.

- Do the same when the nursing staff comes in to do routine things like change IVs- some nurses will be comfortable with you continuing through these tasks, and some will not.
- Always welcome the client's friends and family if they arrive, unless the client says otherwise
- Don't eat or drink in the client's room- keep those items in the break room.
- Keep your personal items in designated areas, out of the client's rooms
- Don't use the client's bathroom^{xxxiii}



Chapter Six

Preventing Infections in Medical Facilities

The spread of infection in hospitals and medical facilities is so common that it requires its own chapter to consider. Roughly 2 million people in America get an infection during a hospital stay every year. ^{xxxiv} Geriatric patients can be especially susceptible to infection due to their weakened immune system. You must take all necessary steps to prevent the spread of infection to clients you might be visiting in medical facilities.

Standard Precautions

While most massage therapists are familiar with Universal Precautions (those precautions that prevent the spread of blood borne pathogens), Standard Precautions encompass blood borne pathogens and those spread through other bodily fluids. Universal Precautions must be followed with all hospital patients, regardless of their diagnosis or whether they currently have an infection or not. All the following fluids are treated as potentially infectious:

- “amniotic fluid
- blood
- breast milk
- cerebrospinal fluid



- feces
- nasal secretions
- pericardial fluid
- peritoneal fluid
- saliva
- semen
- sputum
- synovial fluid
- urine
- vaginal secretions
- vomitus
- wound drainage”
- tears and sweat if they include blood^{xxxv}

There are four main methods of following Standard Precautions: gloving, gowning, masking, and washing your hands. All body workers in a hospital setting must wash their hands, even if you are doing massage over clothing or something that requires little touching, like Reiki. Some pathogens can survive on clothing. Along with washing your hands before and after touching a client, you must also wash your hands after touching surfaces in the patient's room, or after handling the patient's personal items.

Washing Your Hands

The hand washing technique for healthcare workers in hospitals is specific:



1. “Remove watch and rings and push up sleeves, if necessary.
2. Stand so that clothing does not touch the sink or get splashed.
3. Wet hands and forearms with warm water. Water that is too hot or cold can cause skin to crack or chap, increasing risk of infection. Keep the hands lower than the elbows with the fingers pointing down.
4. Soap hands and forearms, working soap into a lather.
5. Wash the entire surface of the hands and forearms for 30 seconds, including the fingertips and fingernails. Between patients, it is necessary to wash only the hands.
6. Do not touch the sides of the sink. If your hands accidentally touch the skin, repeat the hand washing.
7. Rinse well with the fingers pointing downward. Do not shake water off the hands, as splashing spreads germs.
8. Dry thoroughly with a paper towel, then use the towel to turn off the faucet. This protects your hands from dirty faucets.”^{xxxvi}

Many hospitals also have alcohol-based hand sanitizers. There are also guidelines to using these:

- “Apply to the palm of one hand and rub hands together, covering all surfaces of the hands and fingers until they are dry. The amount of hand rub needed to reduce the number of bacteria on the hands varies by product.



- Use hand rub immediately after leaving a patient's room in you have touched any surface in the room.
- Hand wash with soap and water if the hands are visibly soiled
- Handrubs do not eliminate the need for using gloves
- Handrubs also do not eliminate the need for hand washing with soap and water. After eating, using the toilet, or having direct contact with the patient, practitioners should wash their hands with soap and water."^{xxxvii}





Wearing Gloves

You will need to wear gloves whenever you come into contact with body fluids or broken skin. When giving a massage, wear gloves that are snug so they don't drag on the client's skin. You must also wear gloves if your own skin is broken. If the client's skin may or may not be broken, such as in the situation with scabbing, wear gloves.

Always wear gloves when moving items that could contain bodily fluids, such as bedpans. If the client is on Cytoxan or thiotepa (cancer treatment drugs), wear gloves because these drugs eliminate through the skin in some cases. Wear gloves if the client has been treated with steroidal cream. Don't reuse gloves.

Follow proper procedure for putting on gloves: Take off your rings and bracelets, wash your hands and dry them thoroughly, and then put on the gloves. There is a more complex procedure for removing gloves to ensure that you don't contaminate your clean hands:

- "Remove the first glove by grasping it with the gloved hand in the palm and pulling it off. Wad this glove into the palm of the gloved hand.
- Remove the second glove by sliding bare fingers inside the glove and pulling up. Touch only the inside of the glove. Do not touch the outside



of the glove with the ungloved hand. Fold the second glove over the first dirty glove as it is removed.

- Place used gloves in the appropriate receptacle. Sometimes this will be inside the patient's room, for example, if the person is on contact precautions. At other times it will be outside the patient's room. Dispose of gloves after each use. When placing items into a waste container, never reach in blindly.
- Wash and dry hands thoroughly."^{xxxix}

Masks and Gowns

You will need to wear a mask before going into a client's room who is immunosuppressed or is contagious himself. Only wear masks for a single use.

Contact with immunosuppressed clients also requires gowning. It protects the client from germs that could be on your clothing. Wash your hands, roll up your sleeves to the elbow, and put on the gown arms-first.





Full dress for standard precautions- gloves, masks, gown^{x1}

Transmission-Based Precautions

You will need to take transmission-based precautions with clients who are actively infected. These precautions are divided into three groups: Airborne, Droplet, and Contact Precautions.

Contact Precautions

“Apply to patients with any of the following conditions and/or disease:

Presence of stool incontinence (may include patients with norovirus, rotavirus, or *Clostridium difficile*), draining wounds, uncontrolled secretions,



pressure ulcers, or presence of ostomy tubes and/or bags draining body fluids, presence of generalized rash or exanthems.

Perform hand hygiene before touching patient and prior to wearing gloves.

PPE use:

- Wear gloves when touching the patient and the patient's immediate environment or belongings
- Wear a gown if substantial contact with the patient or their environment is anticipated
- Perform hand hygiene after removal of PPE; note: use soap and water when hands are visibly soiled (e.g., blood, body fluids), or after caring for patients with known or suspected infectious diarrhea (e.g., *Clostridium difficile*, norovirus)
- Clean/disinfect the exam room accordingly
- Instruct patients with known or suspected infectious diarrhea to use a separate bathroom, if available; clean/disinfect the bathroom before it can be used again ^{“xli}

Droplet Precautions

“Apply to patients known or suspected to be infected with a pathogen that can be transmitted by droplet route; these include, but are not limited to:



Respiratory viruses (e.g., influenza, parainfluenza virus, adenovirus, respiratory syncytial virus, human metapneumovirus)

Bordetella pertussis for first 24 hours of therapy: *Neisseria meningitidis*, group A streptococcus.

Place the patient in an exam room with a closed door as soon as possible (prioritize patients who have excessive cough and sputum production); if an exam room is not available, the patient is provided a facemask and placed in a separate area as far from other patients as possible while awaiting care.

PPE use:

- Wear a facemask, such as a procedure or surgical mask, for close contact with the patient; the facemask should be donned upon entering the exam room
- If substantial spraying of respiratory fluids is anticipated, gloves and gown as well as goggles (or face shield in place of goggles) should be worn
- Perform hand hygiene before and after touching the patient and after contact with respiratory secretions and contaminated objects/materials; note: use soap and water when hands are visibly soiled (e.g., blood, body fluids)
- Instruct patient to wear a facemask when exiting the exam room, avoid coming into close contact with other patients, and practice respiratory hygiene and cough etiquette



- Clean and disinfect the exam room accordingly^{xlii}

Airborne Precautions

“Apply to patients known or suspected to be infected with a pathogen that can be transmitted by airborne route; these include, but are not limited to:

- Tuberculosis
- Measles
- Chickenpox (until lesions are crusted over)
- Localized (in immunocompromised patient) or disseminated herpes zoster (until lesions are crusted over)
-

PPE use:

- Wear a fit-tested N-95 or higher level disposable respirator, if available, when caring for the patient; the respirator should be donned prior to room entry and removed after exiting room
- If substantial spraying of respiratory fluids is anticipated, gloves and gown as well as goggles or face shield should be worn
- Perform hand hygiene before and after touching the patient and after contact with respiratory secretions and/or body fluids and contaminated objects/materials; note: use soap and water when hands are visibly soiled (e.g., blood, body fluids)
- Instruct patient to wear a facemask when exiting the exam room, avoid coming into close contact with other patients , and practice



respiratory hygiene and cough etiquette

- Once the patient leaves, the exam room should remain vacant for generally one hour before anyone enters; however, adequate wait time may vary depending on the ventilation rate of the room and should be determined accordingly*
- If staff must enter the room during the wait time, they are required to use respiratory protection^{xiii}

Handling The Patient's Linen

If you're going to be draping the client at all while in the hospital bed, you will need to handle the linens. The Standard Precautions for handling linen are as follows:

- Wash your hands or use hand sanitizer before touching the linens
- Remove only the linens necessary for the one client when you're at the linen closet. Don't remove linens for clients in multiple rooms.
- Don't let the clean linen touch your clothes
- If you drop any linens, put them in the hamper and don't use them
- Don't shake them out when you're unfolding them, which can stir up germs in the air
- Never replace unused linens in the closet- once you pull them out, use



them or put them in the hamper

- Don't let soiled linen touch your clothes
- Don't plunge your hands into the linen hamper to compress the linens- you never know what you'll touch
- Wash your hands after handling the linen
- Wear gloves if you can't change the client's linens and they are soiled^{xliv}



Chapter Seven

Meeting the Client

Meeting a geriatric client for the first session might be very different from normally meet with other clients. Of course, the client might be in the hospital or another medical facility. They might be ill or in pain. There may be medical issues you need to go over before you can ever begin the massage.

Client Intake Information

If you are working with a private client who has come to your studio, you will of course use the forms you normally use for getting their contact information and medical history. However, if you are visiting with the client in a medical facility under the direction of the doctor, you will refer to the client's charts for relevant information.

If you are visiting the client in a medical setting but are called in by the friends or relatives (i.e., not by the doctor), you will not have access to the chart and will probably need to get the relevant information yourself. If this is the case, you can have the client fill out the form while you wait, you can fill it out while you ask the client the questions interview-style, or the client's



caregiver can fill out the form. You will need contact information, medical history, and needs for massage therapy.

Introductions

Elderly or ill clients require special sensitivity to their needs. Remember that they might not be able to see or hear you clearly. Always introduce yourself and tell the client why you are there before you begin the session. Wait for the client to acknowledge you (if they are able). There are a few tips for communicating clearly with geriatric patients:

- Speak slowly and clearly, looking at the person directly
- Speak loudly enough so you can be heard if the person has a hearing problem, but don't shout, and don't assume an older person can't hear you just because of his or her age.
- Use the client's name when addressing them
- Don't make any assumptions about whether or not they understand your medical terminology.
- Introduce yourself even if the client appears to be sleeping or incoherent.
- Give the client a chance to respond to you.
- Don't use slang or unnecessary jargon.^{xlv}

Setting Up For the Session



If you are visiting the client in a medical facility, you will need to work around the set-up that already exists:

- Medical equipment- don't trip on wires or oxygen hoses
- Bed or chair- in a hospital, the client will usually remain in his or her own bed. In a nursing home, massage can be done with the client in a bed, a comfortable chair, or a recliner.
- Massage tables- generally, you won't use a massage table when you travel to a medical facility for a client. They don't fit in many rooms, the client might be too stiff or weak to climb up onto it, and clients with arthritis might find it uncomfortable. Of course, if the client is coming to you, use your own equipment.
- Other furniture- if you have to move small bedside tables or chairs to access the client, do so with his or her permission.
- Bring a small footstool that you can sit on while you move around the client's bed or chair.^{xlvi}
- Consider hanging a "Massage in Session" on the door of the client's room so there are no unnecessary interruptions.
- Move calmly and slowly as you enter the room. Your energy level will dictate that of the session.
- Identify with the client any IV sites, dressings, areas of pain, or lesions
- Arrange the room before the session starts, so you don't have to stop mid-stream to adjust.
- If the client is sharing a room, close the curtain around the bed.



When you walk into the client's hospital room or nursing home room, ask if you can make a few adjustments to make the atmosphere more appropriate for massage. Make sure the temperature is warm enough- if not, bring the client blankets. Open or close windows as needed. Turn off harsh overhead lighting and open curtains to let in natural light, if possible. Bring soft music to play. Always use unscented oils or lotions to prevent aggravating nausea. Don't use candles in a hospital or nursing home. They're a safety hazard with medical equipment around.^{xlvii}



Chapter Eight

The Massage

When the client arrives (or you arrive), know that he or she might not be comfortable disrobing. That's fine, just make sure they are in comfortable, loose clothes like a t-shirt and some sweats.^{xlviii}

If the massage is taking place at your own studio, follow the same general guidelines about atmosphere as you would at a medical setting: avoid strong scents if the client has issues with nausea, keep the lighting soft, play soft music. If the client is active enough to get onto the massage table comfortably, have them sit on it with their legs hanging over the side. Then have them swing their legs onto the table and lie back while you support their head and upper back with your hands. You can then place a knee bolster.^{xlix} Don't ever leave an elderly client on the table alone.

If the client is in a medical facility in a hospital bed, he will most likely have to remain supine. Hospital beds are adjustable, usually, so you can raise or lower the head or legs as necessary. You can also lower the side rails or the footboard. Clients in a standard bed can also be lowered or raised at the head or feet using pillows or bolsters. Both bed types can also be used with the side-lying position.^l



During the massage, if the person is ill or frail, remember that less is better. Your strokes should be less effortful, there should be less fussing with draping, and you should focus on being gentle, soothing, comforting, calming and slow. The rhythm of the strokes should be slow, repetitious, and predictable. The strokes should be directed toward the center of the body.ⁱⁱ Make full contact with the hands instead of digging or doing feathery strokes, which ill or elderly clients can find annoying. Clients might fall asleep during the session- if you are in their hospital or nursing home room, arrange the progression of the session so that you end with the client in a comfortable sleeping position.

For bed-bound clients, massage lotion is better than oil as a lubricant. It absorbs more fully, and oil can clog the pores, blocking elimination through the skin. Oil can also cause gloves to stretch, which will be irritating for other healthcare workers who need to touch the client. Lotion spills less, it's easier to control. Again, stick to unscented products.ⁱⁱⁱ

Stroke Types

If you evaluate the client and determine that his or her age requires you to use a lighter touch, you can use any of these techniques without modification:

- “Bowen technique



- Compassionate Touch
- Cranialsacral therapies
- Healing Touch
- Jin Shin Jyutsu
- Polarity Therapy
- Reiki
- Rosen Method
- SHEN
- Therapeutic Touch”

However, there are several stroke types and techniques that you will need to modify by lightening the pressure on most geriatric clients. These include:

- “Acupressure
- Amma
- Bindegewebsmassage
- Esalen Massage
- Jin Shin Do
- Kripalu Bodywork
- Lomilomi (gentle aspects only)
- Myofascial release
- Neuromuscluar therapy
- Reflexology
- Russian massage
- Shiatsu
- Swedish massage



- Trager Psychosocial Integration
- Trigger-Point therapy
- Zero Balancing^{liii}

If the client is in a hospital, the session length may have to be shorter than usual. Doing the session during the evening shift can help avoid many of the interruptions that come with the day shift (and the massage can also prepare the client for sleep).^{liv}

Where to Start

Begin a massage session with an elderly client by starting with the area easiest to access- usually the hands, feet, or arms. Approach from whatever side is easier to reach. Face the direction of the work, keeping your own body mechanics in mind so you don't strain yourself. Press through your own feet as you press into the client's body, distributing the compressive forces through your core instead of keeping the force in your wrists. Keep your wrists neutral, and give your body permission to sway naturally as you perform the strokes.^{lv}

If you start at the arms, use about a quarter-sized amount of lotion. Make the strokes toward the heart, deepening the pressure as you move toward the shoulder and lightening the pressure as you move down toward the wrists.



Pay attention to the client's face and breathing- if your pressure is too much, they will likely wince or breathe in sharply.

As you move down the arm towards the hand, spend some time working the carpals, keeping your thumbs on the top of the wrists and using the fingers to gently massage the carpals. Elderly clients who write a great deal or use the computer a lot will appreciate this.

Once you reach the hand, use your two hands to gently open the palm. Lace your fingers through the client's fingers, giving a very gently stretch. If you feel joint resistance due to arthritis, don't force it. Turn the hand so the palm faces up, gently bend the fingers back to open the palm, and work the tissues between the bones of the hand on the palm.^{lvi}

Continue in this fashion with the other limbs, back, etc., using gentle, pressure-adjusted strokes that increase when moving toward the heart, making adjustments for any health issues the client might have.^{lvii}

When the Client is Clothed

Clients who are uncomfortable disrobing, or who are in a nursing home and cannot disrobe, etc., should be allowed to keep their clothes on. When massaging through clothing, your ability to make effleurage-type strokes will



naturally be limited, so stick to petrissage (gently), with pressure increasing as you move up toward the heart.^{lviii}



Chapter Nine

Comfort Touch Techniques

Comfort Touch is a massage technique designed for the very elderly, frail, or ill, and is very useful when working with clients who are in the hospital, cannot respond to you, cannot be moved out of their bed or chair, or have other severe difficulties. These technique is a good choice for clients who are contraindicated for traditional Swedish massage techniques.

The acronym SCRIBE can be used to describe the general ideas behind Comfort Touch:

- “SLOW. The rhythm is slow, which creates a restful atmosphere...working at a slow pace allows you the opportunity to carefully assess in the moment what is safe and appropriate for the client, as well as to take care of your own body. It establishes an atmosphere of trust, and allows you to carefully assess the needs of the client.
- COMFORTING. The intention is to offer comfort. Make the person comfortable and offer a soothing, comforting touch. Do not try to cure or fix the person...



- **RESPECTFUL.** Always maintain a respectful attitude toward your client, appreciating the vulnerability one may feel when being touched. A respectful attitude is compassionate and non-judgmental, and contributes to a safe and healing atmosphere. Be sensitive in every moment to the verbal and nonverbal feedback of the client.
- **INTO CENTER.** The direction of pressure in Comfort Touch is in to the center of the particular part of the body you are touching. Pressure is applied perpendicularly to the surface of the skin and layers of body tissues, thereby preventing tearing of the skin or bruising of the tissues. The focus of intention is into the core or central axis of the part of the body being touched. This specific direction of pressure and focusing inward of intention allows for a penetrating touch, even with light to moderate pressure...
- **BROAD.** In general, all strokes are applied with a broad, even pressure. This contributes to a feeling of soothing comfort and connection. While the pressure may be firm, the broadness of contact prevents the likelihood of injury or discomfort...
- **ENCOMPASSING.** Let your touch surround the part of the person's body you are contacting. Be aware of the relationship between your two hands and the energetic field that exists between them..." Your hands should conform to the shape of the client's body, or conform to the



flatter planes, like those of the back.^{lix}

The pace is slow and consistent, which helps impart a trance-like state of relaxation. Being non-judgmental also includes withholding comments that can be interpreted as you saying the client has a problem. For example, instead of saying “you’re tight in this spot,” which could give the client the impression (even subconsciously) that you need to “fix” him or her, say “what do you notice about this spot?” and see if they respond.

Techniques

Your pressure should be around 2 pounds for broad, general strokes, and 4 to 5 pounds for deeper pressure. You can adjust between this range depending on the area of the client's body and the state of the client's health. If you're unsure of how much pressure you're exerting, you can use a small kitchen scale to measure it before you meet with the client.

- The “encompassing” technique is best for the limbs, since you’ll be wrapping your hand around the body so the thumbs are parallel. The palms should contact the body to prevent the fingers from poking the client. You put pressure into the center, hold for about two seconds, then move down the limb, repeating with the toes/fingers.
- The “broad contact pressure” is appropriate for parallel and lateral



strokes of the back. Pressure is about 3 to 6 pounds, applied with the whole hand, base of the thumb, or heel of the hand. This is a good technique for when the client is seated in a chair/wheelchair, or seated on the side of the bed. Stand behind the client and put the heel of your hand at the top of the erector spinae muscles near the right shoulder. Press in at a 90 degree angle to the skin surface, holding for about 2 seconds. Release the pressure and move down the erector muscles, repeating the press and release through the mid-back. Support the client with the left hand as you do so. As you move toward the low back, allow the client to lean forward slightly. When you reach the sacrum, you can apply light pressure with your fingers directly to the area, which can be a very calming technique. Repeat the sequence on the other side of the back.

- The “specific contact pressure” technique is used to “contact a smaller or more specific area than with broad contact pressure. Usually you would use broad contact pressure to warm the area before applying more specific pressure.” Avoid this technique if the person is ticklish in the area. An example of this is using the flat surfaces of the fingers to apply pressure to the heel of the hand, or the palm, or using the pads of the thumb to press into the foot.
- The “broad contact circling” technique is used in combination with “broad contact pressure” techniques. This method is for getting deeper into the tissues, such as the fascia. Contact pressure is applied, and



while you maintain the pressure you rotate one-and-a-quarter turn, spiraling into the tissue. The diameter of the spiral remains between $\frac{1}{4}$ and $\frac{1}{2}$ inch. Rotate clockwise with the right hand, counter-clockwise with the left hand. Don't use broad contact circling just on the skin, it will cause uncomfortable friction. Don't push, and don't do this technique if you think the client would find it uncomfortable. It's a good technique for dense areas of tissue, like the large muscles of the arms and legs.

- "Specific contact circling" is similar, but is used in combination with specific contact pressure. Keep these spirals at $\frac{1}{4}$ inch. Use this for areas of greatest muscle tension, like in the trapezius.
- The "encompassing lift and squeeze" technique is used to "take hold of a specific muscle and squeeze into the mass of the muscle itself." Use it in areas with a lot of tension, and only in clients with high muscle tone. It's especially helpful on the shoulders, or in areas where larger muscles can be isolated (like with the brachioradialis muscle). To do the technique, lift the belly of the muscle with the broad hand surfaces (not the fingers), squeeze, and release. You can hold for 2-7seconds. When doing this to the trapezius, the client can be directed to move his or her head on his own, to help further release tension.





Encompassing lift and squeeze^{lx}

- “Joint or limb movement”- here, the intention is to introduce gentle movement to the target area. It is used in conjunction with encompassing or contact pressure. As you touch the area, lift it and gently move it in space in a circle or wave motion. You’re not testing the range of motion, stretching, or pulling on the joint. You can use it when encompassing the shoulders, arms, hands, and feet.
- “Broad contact brushing”- this is the finishing stroke that you can use when you’re done with certain areas of the body. Use the full palmar surface of one or both hands, tracing the hand down the length of the area. Be firm enough so you’re not tickling the area, but no so firm as to cause discomfort.



- “Holding”- used to begin or end a sequence. When you are holding an area, use firm contact and encompassing. The contact should last at least 5 seconds.
- “Water stroke” – a variation of contact circling, used primarily on the lower leg to increase lymph circulation or decrease edema. Place the fingertips on the area, exerting very slight pressure (about 6 ounces), and make very small circles in one spot. Move ½ inch away and repeat. ^{ix}

Other Modalities

You can incorporate other modalities of bodywork into Comfort Touch where appropriate.

Acupressure

There are a few acupressure points that you can work with specific contact pressure, if your client has high muscle tone and vitality:

- Gallbladder 21- in the trapezius muscle, straight down from the ear
- Large intestine 4- located between the thumb and index finger
- Large intestine 10- located in the brachioradialis muscle
- Stomach 36- located in the tibialis anterior muscle in the lower leg
- Bladder 10 and Gallbladder 20- along the occipital ridge
- Conception vessel 6- 2 inches below the navel, in the center of the



abdomen

- Governing vessel 20- at the top of the head, along the midline of the skull

Energy Therapies

Body energy therapies are based on an understanding of the energies that are in and around the body. Names for this energy include: prana, chi, ki, aura, chakras, etc. Energy work includes: Chi Kung, Reiki, Polarity Therapy, and attunement. These techniques involve light to no touching. Energy work might not be appropriate when used alone with geriatric clients because they might not understand and may think you are hesitant to touch them. However, if the client is conscious you can explain and/or incorporate the therapy into Comfort Touch and use it while you are giving the regular massage.^{lxii}



Chapter Ten

Comfort Touch Sequence

The Comfort Touch techniques can be used when the client is in any position, but the most common three are seated, supine, and side-lying. Session time can range from 10 to 50 minutes, but don't go past that- if the client is frail enough to need Comfort Touch instead of traditional massage, a longer session might be too much stimulation or have unwanted side effects.

Seated Sequence

For clients in a chair or wheelchair- useful because it encourages full breathing.

1. Top of shoulders using contact pressure
2. Trapezius motor point using specific contact pressure, one side at a time. Use contact circling in the belly of the muscle, also doing one side at a time.
3. Upper back- apply contact pressure to the erector spinae on the right side, pressing into the muscle
4. Mid/lower back-move down the back with contact pressure
5. Contact pressure to the sacrum



6. Repeat on the left side of the back
7. Shoulder joint- encompass the shoulder joint with both hands and let the warmth penetrate the joint. Use encompassing joint movement if desired.
8. Upper arm- encompass the upper arm and move down, making even pressure and using firm contact. Don't dig with the fingers or thumbs. Hold each placement for about 1 ½ seconds.
9. Lower arm- encompass the elbow, then encompass the lower arm with one hand on top and one hand on the bottom. Maintain even pressure, holding for about 1 ½ seconds, then move down.
10. Hand- encompass the hand, using contact pressure on all surfaces of the hand. Encompass the top and bottom of each digit. Use broad contact strokes to smooth the arm from shoulder to fingertips.
11. Repeat the shoulder-hand sequence on the other side.
12. Hip and Upper Leg- use broad contact pressure on the hip and upper leg, pressing into the leg's central axis (remove the arms of the wheelchair if possible). Use encompassing broad contact pressure on each side of the thigh, moving down and diagonally across the top of the thigh, until you reach the inside of the knee.
13. Knee- encompass the knee, letting the warmth penetrate the joint.
14. Lower leg- use broad contact pressure or encompassing down the leg to the ankle.
15. Feet- use broad contact pressure and encompassing on all surfaces of the foot.





Encompassing of the foot^{lxiii}

16. Repeat on the other hip, leg, and foot.
17. Head-encompass the head, placing one hand at the back of the neck while the other is on the forehead. Let the weight of the head rest in your hands.
18. Occipital ridge- use specific contact pressure and circling along the occipital ridge. Don't use pressure into the neck.
19. Scalp- place your hands on either side of the head, holding gently while you take a deep breath. Use gentle contact circling on the scalp.





20. Closing- Use broad contact brushing to smooth the hair. Put your hands on either shoulder and hold as you breath. Bring the hands an inch from the body and hold for a few breaths. Release your hands to your sides to end.^{lxv}

Supine Position

The client can be supine on the massage table, his own bed, or hospital bed. Do whatever is most comfortable for them.

1. C-7 hold- Start on the right side, placing your hand under the base of the neck. Support the area around C-7, encompassing the joint. Don't put pressure on the vertebra. Place the right hand on top of the shoulder to encompass it. Hold for 10 seconds.



2. Trapezius motor point- encompass the shoulder with the right hand, use the left to palpate the belly of the muscle. Lift and squeeze the muscle and use contact pressure into the motor point, switching to specific contact circling.
3. Shoulder- Put the left hand under the shoulder and the right hand on top, encompassing the shoulder. Use encompassing joint movement if desired.
4. Arm- use encompassing contact pressure down the arm to the wrist. For the upper arm, keep the thumbs parallel. Encompass the elbow and lower arm.
5. Hand- use encompassing contact pressure with the client's hand between yours. Hold the client's hand dorsal side up and use the flat of your fingertips to perform encompassing pressure on the thumb and each finger. Use general and specific contact pressure on the palm.



Encompassing the hand, dorsal side up^{lxvi}



6. Tonic acupuncture points- Hold the client's wrist in your left hand and the hand in your right hand. Press with the pad of the right thumb into the web of the client's thumb and hold. Continue holding the hand and encompass the lower arm below the elbow with the left hand, sinking the pad of the thumb into the brachioradialis muscle. Hold for a few seconds, and release.
7. Brush arm- use broad contact brushing to smooth the arm from the shoulder to fingers.
8. Repeat on the other side of the body.
9. Hip and upper leg- use broad encompassing contact pressure over the hip and upper leg, pressing into the central axis. With one hand, use broad contact pressure on the outside of the leg, with the other hand on top of the thigh moving down and across toward the inside of the knee.
10. Knee- encompass the knee joint
11. Lower leg- use broad contact pressure and encompassing down the leg
12. Foot- use encompassing contact pressure on the foot, and specific contact pressure and contact circling on the bottom of the foot. Don't use the tips of the fingers.
13. Repeat on the other hip and leg.
14. Abdomen/low back- Stand on the client's right side, placing the left hand under the small of the back and the right hand lightly on the abdomen. Let the weight of the back sink into your left hand and encompass the abdomen.



15. Upper torso- place the left hand under the back of the neck and the fingers of the right hand on the upper chest (mid-sternum). Encompass and hold the chest.
16. Head- Keep the left hand under the neck and put the right one on the forehead, using light pressure. Use the flats of the fingertips for contact circling between the eyebrows and along the brow line, then on both temples at the same time.
17. Closing- Put your left hand on the forehead and the right hand on the abdomen, hold for a few breaths, and move away one inch. Repeat the hold and release.^{lxvii}

Side-Lying Position

Side-lying is best for working the back, or for clients who want to remain in a comfortable position in case they fall asleep. It is appropriate for clients with limited mobility. If your client is side-lying place a pillow between the knees and legs, and one under the head.

1. Shoulders- encompass the shoulder on top, using contact pressure and the lift and squeeze technique on the trapezius.
2. Back- use contact pressure on the back, lateral to the spine, working one side of the back and then the other.
3. Sacrum- use contact pressure on the sacrum, holding for a few seconds
4. Hips, legs, and feet- use contact pressure/encompassing on the upper



legs and feet, if desired.

Chapter Eleven

Documentation and Other Considerations

Geriatric clients who are frail or otherwise ill don't need to be reminded of the severity of their conditions, or reminded of their age. They may make self-deprecating remarks as they climb onto the massage table about how they aren't as fast as they used to be- don't take the bait and agree with them that they are slow. Encourage them to take their time.

Documentation Guidelines

If you are charting the massage session for the client's medical chart, there are a few guidelines.

- Sign and date all documentation
- Complete the documentation as soon after the session as you can
- Write legibly
- Keep in mind who will read the chart
- Use precise and correct medical terminology
- Limit the use of abbreviations or symbols



- It's OK to use sentence fragments.
- Be aware of the legal ramifications
- The records are confidential- remember that
- Keep in mind your scope of practice
- Avoid judgment^{lxviii}
- Use black, permanent ink
- Don't leave a space between entries- if you do, another caregiver may inadvertently put their treatment in between, messing up the time flow of the chart
- Write the word "continued" at the bottom of the page if you must move on to another page
- Make sure you add the patient's name to any new papers added to the chart- some hospitals use a specific adhesive strip for this
- If you make a mistake, cross it out with a single line, write "error," and initial
- Use the accepted charting style of the institution. Some use narrative, some use SOAP notes, etc.
- Always enter the documentation before end of shift

Documentation Styles

When working with geriatric clients in a medical facility, you will need to follow their style of documentation.



If they use a narrative style, include the following information in the chart or in your records: who approved your treatment, date and time of session, patient requests/ complaints, action taken, including body parts massaged and amount of pressure, whose lotion you used, length of session, unusual observations or findings, patient response, and your signature.

If they use SOAP format, your notes will follow that. SOAP stands for Subjective- data provided by the patient, Objective- practitioner findings, Assessment- functional outcomes and diagnoses, and Plan- treatment recommendations.

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- i Day Break Geriatric Massage Institute, <http://www.daybreak-massage.com/>
 - ii Emily Brandon, U.S. News and World Report, "65-and-Older Population Soars," ["http://money.usnews.com/money/retirement/articles/2012/01/09/65-and-older-population-soars](http://money.usnews.com/money/retirement/articles/2012/01/09/65-and-older-population-soars)
 - iii Department of Health and Human Services, "A Profile of Older Americans: 2011," https://docs.google.com/viewer?a=v&q=cache:qseNtvIL2swj:www.aoa.gov/aoaroot/aging_statistics/Profile/2011/docs/2011profile.pdf+&hl=en&gl=us&pid=bl&srcid=ADGEEsGBoUE_gJauqcPU1YDqKcDwScI2w80VURj4pX4DDddBJO6j-zoKrra97MR5XmESQIYVSM_eMkTWLuL27kt9g0_26YnF5_i564m3hqW01nufBbZNzDUhb874PgR-yssKJJw3c3VQ&sig=AHIEtbSgkW1I63ZzaVSiuy2hA-utDo8Xsg
 - iv Charlotte Michael Versagi, L.M.T., Expert Advice, <http://www.massagemag.com/Magazine/2002/issue97/advice97.php>
 - v Ibid
 - vi Mary Kathleen Rose, *Comfort Touch: Massage for the Elderly and the Ill*, Wolters Kluwer, 2010
 - vii Massage Envy, "Benefits of Geriatric Massage," <http://www.massageenvy.com/types-of->



massage/geriatric.aspx

viii Rose

ix Massage Envy, "Benefits of geriatric Massage"

x Sharon Puszko, MassageMag.com, "Massage Improves Alzheimer's Patients' Quality of Life,"

<http://www.massagemag.com/News/massage-news.php?id=8713&catid=266&title=massage-improves-alzheimers-patients-quality-of-life>, 3/1/2010

xi MassageMag.com, "Massage Therapy Reduces Agitation in Nursing-Home Residents,"

10/1/09, [http://www.massagemag.com/News/massage-](http://www.massagemag.com/News/massage-news.php?id=7889&catid=244&title=massage-therapy-reduces-agitation-in-nursing-home-residents)

[news.php?id=7889&catid=244&title=massage-therapy-reduces-agitation-in-nursing-home-residents](http://www.massagemag.com/News/massage-news.php?id=7889&catid=244&title=massage-therapy-reduces-agitation-in-nursing-home-residents)

xii MassageMag.com, "Hand Massage Enhances Nursing Home Residents' Comfort and Satisfaction with Care," 3/24/09 <http://www.massagemag.com/News/massage-news.php?id=6033>

xiii MassageMag.com, "New Research: Massage Improves Elders' Balance, Agility," 5/13/09

<http://www.massagemag.com/News/massage-news.php?id=6593&catid=1&title=new-research-massage-improves-elders-balance-agility>

xiv Rose

xv MedLine Plus, "Plantar Fascia,"

<http://www.nlm.nih.gov/medlineplus/ency/imagepages/19567.htm>

xvi Rose

xvii Ibid

xviii Ibid

xix Ibid

xx Ibid

xxi National Institute of Health, "Tissue Types,"

<http://www.nlm.nih.gov/medlineplus/ency/imagepages/8682.htm>

xxii Ibid

xxiii Rose

xxiv Ibid

xxv Gayle MacDonald, *Massage for the Hospital Patient and Medically Frail Client*, Lippincott, Williams & Wilkins, 2005

xxvi Ibid

xxvii Ibid

xxviii Ibid

xxix Ibid

xxx MassageToday, "Everything You Ever Wanted to Know About HIPPA," January 2003,

<http://www.massagetoday.com/archives/2003/01/05.html>

xxxi MacDonald

xxxii Ibid

xxxiii Ibid

xxxiv Emily Mullin, Professional Patient Advocate Institute, "2 Million Infected in Hospitals Annually, Though Prevention Strategies Exist,"

<http://www.patientadvocatetraining.com/news/109804/2-Million-Infected-in-Hospitals-Annually-Though-Prevention-Strategies-Exist.htm>

xxxv MacDonald

xxxvi Ibid

xxxvii Ibid

xxxviii CDC, "Hand Hygiene Basics," <http://www.cdc.gov/handhygiene/Basics.html>



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- xxxix MacDonald
- xl Wisconsin Department of Health, "Infection Control and Prevention," <http://www.dhs.wisconsin.gov/communicable/InfectionControl/PPE.htm>
- xli Centers for Disease Control and Prevention, "Basic Infection Control and Prevention Plan for Outpatient Oncology Settings," <http://www.cdc.gov/HAI/settings/outpatient/basic-infection-control-prevention-plan-2011/transmission-based-precautions.html>
- xliv Ibid
- xliv Ibid
- xliv MacDonald
- xliv Rose
- xlvi Ibid
- xlvi Ibid
- xlvi YouTube, Expert Village, "How to Give a Massage to Elderly and Ill: Preparing a Senior Massage," <http://www.youtube.com/watch?v=ItJNug4vJC0&feature=relmfu>
- xlvi YouTube, Expert Village, "How to Give a Massage to Elderly and Ill: How to Give a Senior Table Massage," <http://www.youtube.com/watch?v=cw5evdziBB4&feature=relmfu>
- l Rose
- li MacDonald
- li Ibid
- liii Ibid
- liv Ibid
- lv Ibid
- lvi YouTube, Expert Village, "How to Give a Massage to Elderly and Ill: How to Massage a Senior's Hands," <http://www.youtube.com/watch?v=Z6vbWO09fX0&feature=relmfu>
- lvii Ibid
- lviii Ibid
- lix Rose
- lx Wikimedia Commons, "Massage on Shoulder," http://commons.wikimedia.org/wiki/File:Massage_on_shoulder.jpg
- lxi Rose
- lxii Ibid
- lxiii Wikimedia Commons, "Massage- Foot," <http://commons.wikimedia.org/wiki/File:Massage-foot.jpg>
- lxiv Flickr, "Hammer Smith and Fulham," <http://www.flickr.com/photos/hammersmithandfulham/5099287282/sizes/l/>
- lxv Rose
- lxvi Wikimedia Commons, "Massage-Hand-1" <http://commons.wikimedia.org/wiki/File:Massage-hand-1.jpg>
- lxvii Rose
- lxviii Ibid
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