

Oncology Massage

What to look out for when treating a cancer patient



Source: www.acaringtouchforcancer.com

Oncology massage, also known as Cancer massage, is still believed to be taboo. Cancer, for me as a massage therapist, has always been a big no-no as I feared that massage therapy would cause the cancer to metastasise throughout the body. But I think my major fear was simply the disease itself.

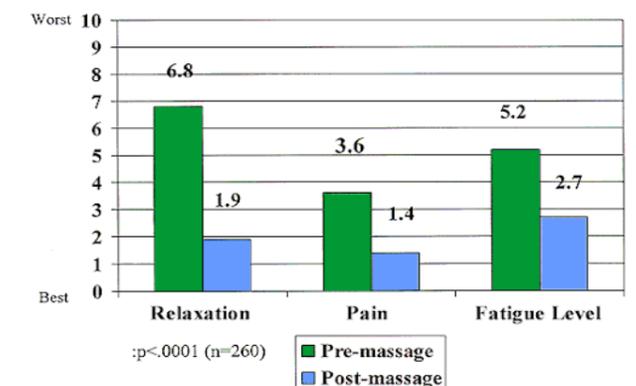
In the last year or so I have encountered a few patients with cancer, as I am sure many of you have. So, the questions that arise are: do we treat patients with cancer or don't we? Is it more contra-indicated than indicated? What are the implications of massage therapy on a cancer patient and do they benefit from the massage treatment?

Over the past few years there have been a number of studies conducted on the effects of massage on cancer patients. These studies have focused primarily on the 'Big Five' cancer symptoms: pain, nausea, fatigue, anxiety and depression. .

One of these studies is the work of Janice Post-White, RN, PhD, associate professor, School of Nursing and Center for Spirituality and Healing, University of Minnesota and the United Hospital in Saint Paul. 230 Consenting

patients, all of whom were receiving some form of cancer treatment, (mainly chemotherapy) took part in the study of which only 164 completed the study. The first trial was four weeks long and subjects received four 45 minute treatments weekly. The study was divided into three categories: Massage Therapy (MT), Healing Touch (HT) using touch and non-touch techniques, and Presence (P). In presence the same environment was recreated as in HT and MT where a therapist was present in the treatment room with one of the participant, but did not intervene physically or provide a therapy. In order to fairly compare the effects of these therapies, each treatment was carried out in the same environment.

At the conclusion of this study it was discovered that MT and HT reduced the respiratory rate, heart rate, systolic and diastolic blood pressure in subjects. However, there was no difference in pre- post nausea. It was also noted that there was a significant decrease in anxiety and total mood disturbances with MT; while HT reduced fatigue and total mood disturbance. MT and HT were able to reduce pain in 45 minute sessions and the short term relief was consistent. However, it was only the MT group that was able to reduce the dose of medication and the intensity of pain was noticeably lower in



Source: www.harthosp.org

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this group compared to the others.

Another randomized trial was conducted on site; the purpose of the REST (reducing End-of-life Symptoms with Touch) study was to compare the efficiency of massage on cancer patients. It included 15 U.S. hospices that are members of the Population-based Palliative Care Research Network (PoPCRN) and the University of Colorado; Cancer Center, Aurora, Colorado. 380 patients were enrolled of which 90% were in hospice. They received six 30 minute massage therapy treatments (MT) or simple touch treatments (ST) over a two week period. In this study the outcome of MT was statistically superior to ST immediately after the treatment. Both groups had instant improvements in mood. They demonstrated improvements in physical and emotional symptoms as well as an improved perception of the quality of life. Heart rates and respiratory rates decreased in both groups. Once again, an interesting finding was that the analgesic medication was not increased with MT candidates even though participants had advanced disease statuses. It was also clear that MT reduced anxiety significantly.

The study also concluded that cancer patients may be touch deprived due to the severity of their condition and the fear of causing harm. It was further concluded that both MT and ST have a therapeutic effect on the patient with sustained improvements in pain and pain management.

The main worry has been the effect of massage therapy and the promotion of cancer metastasis. Most lethal cancers involve blood circulation metastasis.

So how does massage affect the metastatic process?

Research on the subject has yet to be conducted; however, clinical based consultations and examinations of known data have drawn reasonable conclusions.

In an article 'Could Massage Therapy Promote Cancer Metastasis' by Debra Curties discusses the three principal stages of metastasis and the possible effects massage therapy could have on these stages.



Source: www.acaringtouchforcancer.com

Stage 1 - Cell Shedding from the Primary Tumor. Here she mentions that various cancers have their own characteristics and metastatic rate with only a percentage of cancers being capable of cell shedding.

Question: Does massage contribute to cell shedding?

It seems that the highest risk would occur with direct pressure or strong stimuli and manipulation on or near the tumor, especially if the tumor is close to the surface of the skin.

Stage 2 - Circulation in the Blood or Lymph Channels.

Question: Does the increase of circulation as a result of massage therapy treatment contribute to nourishing a tumor and the promotion of metastasis?

Risks of increasing circulation of blood and lymph are not yet certain, but if circulation were a concern, activities such as hot showers, exercise and sexual activities would also be considered risk factors.

Stage 3 - Implantation at a Secondary site. In this stage massage therapy is known to contribute to cells lodging in the capillary network and a spread of cells through the capillary network. In the article Debra Curties states "The cancer type and progression; the client's degree

of immune system function; medical treatments in progress; remission period or cancer-free time frame; possible massage treatment related risks; and the client's attitude and beliefs about the purpose of massage therapy in the treatment program should all be taken into consideration"

There are important factors the TMT needs to discuss with the Oncologist. These factors include protocols for treatment that will outline the massage therapy plan and encourage consent from the oncologist for the massage treatment. Such Protocols would be pre and post-surgical protocols; chemotherapy and radiation protocols; lymphoedema protocols and scar tissue protocols.

Contra-indications for Massage therapy when treating a cancer patients (each type of cancer is specific)

- Don't massage on the site of the tumor. It could disturb the active tumor site especially if the tumor is superficial.
- Vital organ involvement and how the cancer affects the function of the organ. Treatment may need to be adjusted as the patients body is already working hard and trying to cope, and you don't want to overburden the body.
- Bone involvement. Metastasis to bone may weaken the area and cause osteoporosis. Is the bone primary or metastatic site? Low pressure to the area may fracture the area.
- Deep Vein Thrombosis (DVT) that may arise, often seen in advanced cancers and patients undergoing treatment. Be aware for signs and symptoms.
Radiation sites and open wounds (susceptible to infection due to low immunity)

Therapists should pay attention to the following:

- ⇒ Coagulation disorders and bruising
- ⇒ Medication
- ⇒ Low Platelet count
- ⇒ Due to radiation sites and wounds, patient may need to be treated side lying
- ⇒ Patients are at risk of lymphoedema

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We, as therapists, know the importance of touch. Whether, it's simple touch or therapeutic massage.

The therapist should be cautious and aware of what is happening with the patient as the patient often is going through a series of serious treatments that have severe side effects on the body. The therapist should have some knowledge in oncology massage therapy or at least conduct thorough research on oncology and the specific cancer they are dealing with.

The therapist, in consultation with the Oncologist, needs to take charge of the treatment program and tailor the massage treatment to suit the patient whilst taking into consideration all the associated variables.

Unfortunately, courses in oncology massage are not currently available in South Africa, but the awareness is growing world wide and research is never-ending.

The most importance thing is for us, as therapists, to get over the fear of treating cancer patients and realize that massage therapy can provide palliative care to the patient whilst they are dealing with the stress of the illness.

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