

THERAPEUTIC MASSAGE IN FACILITY CARE: Benefits, Effects & Implementation



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Dedicated

to

nursing assistants like

Mila, Kashi, and Jerry

who exemplify true and compassionate caregiving

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. . . touching as a therapeutic event is not as simple as a mechanical procedure or a drug, because it is, above all, an act of communication. . .

Ashley Montagu in
Touching: The Human Significance of the Skin

Preface

Whether it is labeled “alternative,” “integrative,” or “complimentary” medicine, massage is definitely on the rise with the American public. Chair massage, introduced in the corporate world nearly two decades ago is now available in a growing number of airports, hotels and even grocery stores. As physical and mental health become increasingly more important among the aging population in America, more and more people are taking advantage of the therapeutic benefits of massage therapy. The aging of the “Baby Boomer” generation into retirement and beyond may well have an impact on the massage therapy profession.

Massage was a standard part of care in hospitals in the United States in the 1940’s when nurses gave nightly back rubs to their patients to help them sleep. The growth of medical technology and pharmacology, coupled with increased patient loads for nurses and requirements for extensive documentation eventually relegated nurses to spending the majority of their time on “pills and paperwork” and to the loss of comfort measures such as massage in routine care of the ill.

In the current effort to provide more compassionate and holistic care, massage as a healing art is being re-discovered in modern healthcare settings; and as the medical profession becomes more fragmented and specialized, there is an increased need for massage professionals on caregiving teams. This trend is also providing massage practitioners with new opportunities in previously limited arenas and increasing the need for specialized training for those who want to work in such venues.

An increasing number of doctors are prescribing massage as an adjunct therapy to help their patients manage pain and stress. Hospitals and other care facilities are incorporating therapeutic massage in steadily increasing numbers. A recent survey (www.webmd.com) showed that more than one in four U.S. hospitals now offer alternative and complementary therapies, such as acupuncture, homeopathy and massage therapy.

Past studies have shown that touch deprived infants fail to achieve normal growth and that institutionalized infants deprived of caring touch soon stopped eating and fail to thrive. More recently, widely reported studies conducted by Dr. Tiffany Field and Dr. Saul Schanberg at the Touch Research Institutes have proven, once again, that babies who are touched gain weight more quickly and are “more active, more alert and more responsive.”

While working with and observing hundreds of residents in nursing homes, assisted living and dementia care facilities over nearly two decades, I have come to believe that those in later life stages who are similarly deprived of nurturing physical contact experience a diminishing quality of life and a lessening of their desire to relate to others, which can lead to depression and, eventually, to a “failure to thrive” syndrome. Unconditional, caring touch is a powerful acknowledgment to the individual that, regardless of his or her physical or mental circumstance, that person’s life is still has significance, value and meaning. This particular kind of human contact is as essential for the elderly and the ill as it is for infants.

As new care facilities come into being, the availability of massage and other therapeutic modalities such as music, art or animal-assisted therapy are being mentioned in marketing and promotional materials. It seems only a matter of time before massage therapy will be more widely and routinely available in these settings.

In the endeavor to create more person centered care in nursing facilities, the “baby boomers” may lead the way in initiating a culture change from what is all too often institutionalized convenience to care environments that honor and respect the individual. Aging brings many changes, yet it should not mean an end to quality of life. Age-appropriate massage is a proven cost effective, non-pharmacological resource that can improve and enrich life for care facility residents, and enhance the relationship between caregivers and those whom they serve.

Dawn Nelson,
Walnut Creek, California
January 2008

Introduction

This book is for health care professionals who work in any capacity with aging and aged individuals—the less mobile elderly, the chronically ill and the physically and/or the mentally frail. It is also for massage professionals who feel drawn to relating to this segment of our population, and in particular to the men and women living in residential or extended care facilities. It is the author's intention to provide a bridge between these two groups of people, to help them interface and to support them in finding a way to work together more effectively in an overall effort to help improve quality of life for the confined elderly and ill.

Section I of the book elucidates both the physical and the psycho-social benefits and effects of massage for care facility residents--as a scheduled activity, a contracted service, or a bedside program. This section details the ways that age-appropriate massage and skilled touch can serve the residents, staff members and the facilities themselves. Quotes from facility personnel and anecdotal examples from the author and others throughout Section I illustrate the successful utilization of massage programming in assisted living and nursing home environments.

Because dementia care has become a specialized profession within the field of health care, this section includes a chapter on the efficacy of gentle massage and attentive touch in caring for those living with Alzheimer's disease and other types of dementia. This chapter includes models for touch therapy programming on a residential care unit and in an adult day care program setting.

Section II of this book offers practical guidelines and creative ideas for implementing massage therapy programming in facility settings. This section suggests procedures for initiating massage programs or services and offers guidelines for maintaining them over time. Billing and promotion strategies, as well as suggestions for documentation, supervision and evaluation are included.

Section III contains a list of frequently used terminology in care facility settings, which may be useful for massage professionals working within such environment.. The Glossary of massage modalities will be informative for administrators or department heads seeking an appropriate massage therapist for their residents. Several Case Studies of residents who received massage sessions for several years can be found in this section, which also includes a list of professional organizations, a resource list for training or consultation and media sources. A number of sample referral, authorization and documentation forms are also provided to assist in “brainstorming” between massage and health care professionals.

Care Facility Options Defined

Assisted Living

Assisted living facilities offer assistance with daily activities in an atmosphere of private or shared living units or rooms and larger “common” areas for dining, activities, entertainment, reading and so on. Assisted Living homes vary in size from smaller residential type buildings to large, hotel-like facilities. All meals, housekeeping and laundry services, activities and entertainment are provided. Some facilities provide transportation for medical and other appointments and group outings. In addition, assistance is available for dressing, bathing, taking medications and so on, as needed.

Board and Care

Residential Board and Care Homes are usually small residential family homes where 24-hour assistance and support services including meals, activities, laundry and housekeeping is provided for four to six residents by a live-in staff. Most are licensed to accept non-ambulatory residents.

Assisted Living and Board and Care homes are both licensed by the Department of Social Services in each state. They are considered non-medical facilities and are not required to have nurses, certified nursing assistants or doctors on staff, although some do. Some apply to become “Hospice Certified” meaning they can accept residents who are being serviced by hospice programs.

Special Care Units (SCU's)

As nearly 60% of nursing home residents are living with Alzheimer’s disease or other kinds of dementia, special care units for those with memory loss represent one of the fastest growing parts of the nursing home business. Many assisted living facilities and nursing homes now include dementia care areas, units or wings designated for dementia residents, often with their own entrance, dining rooms and courtyards and specially trained staff. These designated units may be marketed as Reminiscence Neighborhoods or Memory Loss Units. Multi-level care facilities or campuses may have separate buildings for dementia care and, within those buildings, designated areas for residents that are “higher functioning” or “lower functioning.”

Skilled Nursing Facility (SNF's)

Also known as a nursing, convalescent or extended care home, a Skilled Nursing Facility employs Registered Nurses and Certified Nursing Assistants who provide 24-hour care to people who can no longer care for themselves due to physical, emotional, or mental conditions. A licensed physician visits regularly and supervises each resident's care. Most nursing homes have two basic types of services: skilled or extended medical care and what is known as "custodial care." A facility needs to have a hospice-waiver to take hospice patients. Some will take Medicaid patients. Nursing homes are subject to both state and federal regulations.

Sub-Acute Care Facilities:

Specialized units, sometimes in designated sections of skilled nursing facilities, which provide intensive rehabilitation, complex wound care and post-surgical recovery for persons of all ages who no longer need the level of care found in a hospital.

Continuing Care Retirement Community (CCRC):

Also called Life-Care Facilities or Communities, a CCRC offers a choice of services and living situations. Seniors can move between Independent Living, Assisted Living and Nursing Home Care based on changing needs, allowing them to "age in place". Residents entering CCRCs sign a long-term (usually life-term) contract that provides for housing, services and nursing care, sometimes in different floors of one building or in a different building in a campus like setting.

Rehabilitation Centers

Some nursing homes are known for their rehabilitation services and have active physical therapy departments with full time therapists within the facility. A number of residents benefit from the therapy offered and are able to resume living independently. Others may become permanent residents of the nursing home receiving what is known as "custodial care." Some large hospitals such as Kaiser Permanente have their own Rehabilitation Centers where patients are admitted for therapy lasting from a few days to a few weeks after discharge from hospital care following surgery.

Terminology

Although legal definitions vary slightly from state to state, for the purposes of this book, **therapeutic massage** is defined as "a manual soft tissue manipulation that includes holding, causing movement, and/or applying pressure to the body" as stated by The American Massage Therapy Association.

Massage Therapy is defined by the AMTA as "a profession in which the practitioner applies manual techniques, and may apply adjunctive therapies, with the intention of positively affecting the health and well-being of the client."

The term **Skilled Touch** is used by the author in a broader sense to mean focused, physical contact administered by someone who is proficient, skillful or adept at applying that physical contact in a conscious and purposeful way.

Touch Therapy is used in the text as a general term encompassing age- appropriate massage, physical contact and focused touch techniques that are administered in a way intended to be therapeutic and healing, in service to another.

Focused Touch simply means physical contact that is the opposite of random or casual touch. In other words, the term focused touch refers to physical contact that is intentional and focused.

Attentive Touch refers to physical contact given with mindful attention and focus and in a compassionate, caring and sensitive manner.

Lotioning refers to the action of applying lotion to dry skin for the purpose of moisturizing rather than massing although massage strokes are sometimes used in applying the lotion.

Section I

BENEFITS AND EFFECTS

Chapter One

Benefits of Massage for Care Facility Residents

We're always looking at ways to individualize our care, ways to treat each person as a whole and to look at more than just the medical problems and the massage sessions are a great way to do that.

Nursing Home Administrator

Physical Benefits

Geriatric physicians and other elder care specialists are realizing that age-appropriate massage therapy sessions can serve and support the men and women in residential care environments in a variety of ways. Sometimes, the most obvious improvements are physical in nature.

Pain Relief. Most seriously or chronically ill people experience some degree of physical discomfort and pain in during the course of their disease and treatment. The discomfort caused from aging joints, arthritic conditions and decreased mobility affect many elderly men and women. Pain can be severe, chronic, sudden or erratic and prolonged pain is nearly always debilitating. Fear and depression can intensify the perception of pain. Increased pain leads to increased anxiety and help may be needed in breaking this cycle.

According to the Centers for Medicare & Medicaid Services, about 30% of nursing-home residents are on antipsychotic drugs, in spite of warnings from the Food and Drug Administration that these drugs pose high risks for elderly dementia sufferers. Many nursing home residents are now taking what are called atypical antipsychotics (Wall Street Journal/www.OurAlzheimer's.com) Drug therapy is the major medical modality used in managing pain, yet drug therapy alone is seldom completely effective and, as every drug has side effects, medications often create additional problems. Even the most benign medications have side effects and, in some cases, additional drugs are needed to counteract the side effects of the

original drug!

In addition to lowering blood pressure and heart rate, massage can stimulate the release of endorphins, the body's natural painkillers, thereby reducing the need for pain-relieving drugs. Muscles automatically contract around any painful site as the body's energy galvanizes to support and protect that area. If the pain subsides quickly, the muscles relax. If pain persists, muscles can become habitually contracted, and must be "re-trained" so to speak.

Massage is particularly effective in relieving muscle tightness and cramping by stretching and softening contracted muscles. Science Daily (Sept. 2004) reported that, "Nursing home residents across the country have benefited from improvement in pain management as a result of a two-year project sponsored by the Centers for Medicare & Medicaid Services (CMS). Data indicates that the participating homes have improved their management of residents' pain by about 45%, according to CMS officials leading the project.

A news release on Dec. 12, 2006 from Medscape.com quotes Dr. Adam Perlman as saying that "Massage therapy is effective in reducing pain in patients with knee osteoarthritis and that it is an attractive treatment option for osteoarthritis. . ." He speculates that massage therapy may diminish symptoms and improve the course of OA by increasing local circulation to the affected joint, improving the tone of supportive musculature, enhancing joint flexibility and relieving pain.

The American Medical Association now considers massage an appropriate and effective adjunctive measure for pain relief in the treatment of many medical conditions, including those diagnosed as "terminal." An increasing number of hospice programs across the country are recommending massage as adjunct therapy in patient care. Nurses and other caregivers have observed reduced need for pain medication after massage sessions. Educated physicians are beginning to prescribe therapeutic massage and other kinds of relaxation techniques for pain management and for reducing anxiety and stress, rather than relying solely on potent and expensive drug therapies.

The reduction in pain after a skilled touch or massage therapy session can occur for various reasons. It may be because the stimulation has improved circulation in a particular area, allowing energy to flow more freely. It may be because massage has triggered the release of the body's natural tranquilizer, the neuro-transmitters referred to as endorphins, into the blood stream. Since massage often has a sedating effect on the nervous system, there may be a shift in the recipient's perception of discomfort. In addition, the care and nurturing the patient experiences through hands-on contact with another may allow him or her to relax and "soften" to the point of becoming more accepting of the discomfort. In general, as a person relaxes the body/mind, pain and discomfort become less stressful and more tolerable.



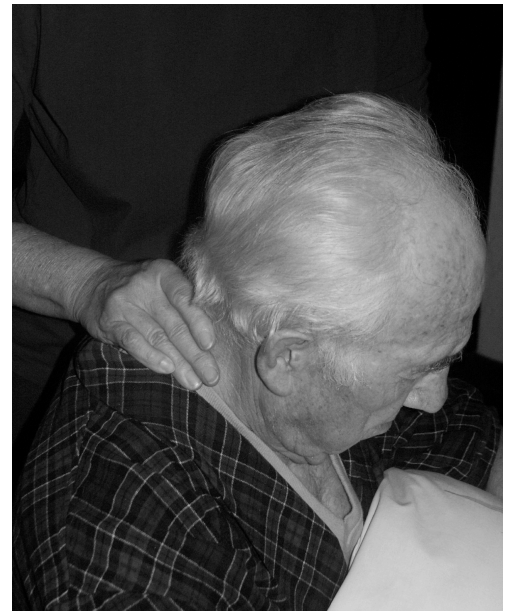
Increased Circulation. One of the best-known physical effects of therapeutic massage is that it stimulates circulation in the body. Those who are less mobile and more sedentary, whether due to aging, injury or a disease process, often experience poor circulation, particularly in extremities such as the feet and legs. A number of massage techniques help increase the flow of oxygen-laden blood in the body, re-hydrating and softening connective tissue. Certain types of massage also stimulate the circulation of lymph, thereby increasing the efficiency of the body's natural immune system. Improving circulation has numerous positive effects on the body and is beneficial for many conditions that are prevalent in the aging and the ill such as

- skin breakdown
- joint and muscle stiffness
- generalized aches and pains from immobility
- chronic pain
- post operative recovery

- poor appetite, digestion, elimination
- restless sleep or insomnia
- arthritic pain
- restricted joint movement
- stress induced muscular tightness
- overall body trauma

Greater Ease in Movement. Another subtle, though observable, benefit of massage, especially when the therapy is administered in conjunction with, or as a complement to, physical therapy, is increased flexibility or greater ease in movement. An increase in circulation and the reduction in tension produced through the practice of various massage techniques may also contribute to an increase in mobility.

Improvements in flexibility and range of motion can be accomplished through gentle massage to extremities, massaging around joints and stimulation of certain Acupressure points. Massage administered on a regular basis can help improve joint mobility by decreasing stiffness in surrounding muscles and loosening the tension and tightness that restricts movement. Minor improvements in smaller movements such as hand grasp strength may enable an elderly nursing home resident to reach out and pick up a cup of water or other object, thus supporting a subtle yet significant gain in independence and a small amount of control over his or her environment. Recovery of any mobility for stroke survivors and others with functional disabilities boosts self-esteem and can make a significant difference in that person's outlook on life.



Preventing pressure sores. A persistent problem of confinement and decreased mobility among the elderly or the chronically ill is susceptibility to skin breakdown, which can manifest in the form of skin ulcers (also called pressure sores or bedsores). These kinds of ulcerations occur

when an area of skin loses its blood supply for an extended period of time. Sitting in a chair or wheelchair or lying in the same position in a bed for long periods of time puts constant pressure on the skin. When a prominent part of the body, such as the spine, rests up against a surface such as a mattress, nutrients and oxygen are prevented from reaching the skin cells of that particular area. A person who is confined to bed or who spends most of his or her waking hours sitting in a wheelchair becomes particularly susceptible to pressure sores on certain areas of the body such as the

- tail bone
- buttocks
- backs of the shoulders
- elbows
- heels

The skin in these areas of the body can thin and become red and painful. This is the primary reason that nurses and other caregivers are instructed to turn those they are caring for, or to encourage those who are able to move on their own to shift their body positions, every few hours. Nursing manuals have always included the use of cutaneous stimulation as a technique in the relief and control of pain and in preventing pressure sores.

Light stroking and gentle pressure massage have minimal risk and few if any side effects. Gently massaging special creams into red areas as soon as they appear promotes faster healing in the early stages of skin breakdown. Unfortunately, many care facilities are woefully understaffed and the caregivers or certified nursing assistants simply do not have the time for frequent monitoring, turning and shifting or time to spend on prevention massage to at-risk areas of the skin.

Aid in treating Other Skin Problems. Massage can also assist in the prevention and treatment of other skin problems likely to occur for the less active elderly and/or ill. Loss of skin elasticity and dryness due to inadequate oil and water in the skin layers are natural effects of the aging and dryness can also be exacerbated by

- poor circulation

- dehydration
- immobility
- too much heat or cold
- certain medications
- radiation
- chemotherapy
- generally rundown condition or weakened immune system

Dry skin can become rough, red, flaky and even painful. Moisturizing the skin frequently becomes more and more important as the aging process continues, as does the need for tactile stimulation. Age-appropriate massage provides both and, as already mentioned, also stimulates better circulation of blood and lymphatic fluids in the body. Improved circulation supports better nourishment of the skin, which, in turn, can lead to improvements in tone and elasticity.

Itching is another condition that can occur among the elderly and the ill for a variety of reasons such as

- dehydration leading to severe skin dryness
- allergic reactions
- a side effect of medication
- insect bites
- skin breakdown

Moisturizing and gently massaging the skin can alleviate this annoying symptom and usually has the added benefit of feeling pleasurable to the recipient. An unsightly, inflammatory rash such as Psoriasis, can cause severe itching, discomfort, and embarrassment. Gentle, moisturizing massage can be extremely soothing and nourishing for an individual afflicted with such a disease. Although Psoriasis can look quite alarming in its acute state, it is not contagious so care providers and massage practitioners need not be concerned about direct contact.

Faster Healing. In recent years, a number of doctors, research specialists in pain control and other medical professionals have begun to recognize that therapeutic massage can hasten a

patient's overall recovery period from acute illness or after surgical procedures, and that it promotes faster healing after bodily trauma or injury. Since injured tissues must have oxygen to rebuild themselves, massage aids in the rehabilitation and upkeep of the tissues. Massage reduces inflammation by increasing circulation and lessens the pain caused by muscular tension related to stress and anxiety, conditions which are known to be heightened among the elderly and the ill. Massage techniques that promote better circulation in the body, and increase the efficiency of the body's own natural immune system also contribute to a faster healing process.

Aid in Improving Bodily Functions

Appetite, or more accurately stated, the lack of appetite is known as a potentially serious problem for the confined elderly and ill. There are many reasons for loss of appetite among the less mobile and sedentary aged, those who have dementia and those living with chronic or serious illness, including

- drug and chemotherapy treatments
- constipation
- nausea and vomiting
- pain
- weakness and fatigue
- liver or pancreatic disorders
- depression
- changes in energy metabolism rates
- poor fitting dentures
- dental cavities and tooth loss
- problems with swallowing (dysphagia)
- diminishing sense of smell that affects taste

Nourishment, nutrition and weight loss in care facility settings are complicated and much discussed issues, which are outside the focus of this book.

In larger nursing facilities, the food is, of necessity, mass-produced with few alternative choices, to a group of individuals with different taste preferences, different size appetites and a variety of physical and mental challenges. Some menus repeat week after week, i.e. fish sticks served every Friday for lunch or roast beef every Sunday evening. Depending on the expertise and creativity of the cooks and the policies on food waste, food may be frozen to be re-thawed and served for another meal or leftovers used in a slightly different way in a future meal.

In most care facilities, portions served are the same for everyone, regardless of that person's weight and size, alertness or personal preferences. Some residents who need help to reach certain food items or need prompting may not get the reminders at the time the assistance is needed, due to under staffing or lack of close observance in larger dining rooms during meal times.

Lastly, people who are listless, lonely and lethargic tend to have poor appetites. The one-on-one attention afforded through regular massage sessions, along with improved circulation in the body can not only promote better digestion but can also increase one's natural desire for food and drink.

Constipation. According to the Merrick Manual of Geriatrics, constipation is more common among the elderly, up to 50% of those in residential care facilities self-report constipation and up to 74% take laxatives daily. The prevalence of constipation increases with advancing age and is a common and frequent complain among the less mobile elderly. Causes of constipation in extended care populations include:

- inactivity
- lower fluid intake
- low dietary fiber
- reduced caloric intake
- anti-depressant medications
- impaired rectal sensation
- depression

Constipation in nursing home residents is usually treated with a change to a “soft diet” or laxatives, which, in some nursing homes, are given routinely after three days of no charted bowel movement. Gentle abdominal massage administered by a knowledgeable and skilled therapist is a more benign method of stimulating bowel activity, and well used as a precursor to laxatives, usually administered in the form of suppositories, or enemas. Reducing a person's general stress level through relaxation massage techniques, and increasing circulation in the body may also help ease constipation and improve elimination.

Insomnia. Sleep difficulties among nursing home residents is another common problem among care facility residents and can increase the risk for falls. Insomnia, which includes having trouble falling asleep, problems staying asleep, frequent night-time waking and early waking, occurs for a variety of reasons from physical and emotional distress to too much caffeinated coffee, tea or sodas to environmental conditions such as noise, light and temperature. Some studies have linked common diseases of older adults with sleep problems, including heart and lung problems, arthritis and acid reflux. Incontinence, memory loss and confusion are also known to affect sleep patterns.

A person's inability to sleep well can become an additional source of anxiety for both the person who has trouble sleeping and for his or her caregivers. Wakefulness, unrest and restlessness among nursing home residents, known to affect daytime alertness, clumsiness and cognitive ability, can also affect moods and exacerbate other conditions. Insomnia in the elderly is treated most often with sleep inducing medications.

Older nurses can remember learning basic massage skills in their training and giving back rubs to hospital patients to help them go to sleep at night. Unfortunately this simple and effective treatment for better sleep got lost somewhere between the pills and the paperwork a couple of decades ago!

The release of tension and the nurturing physical contact afforded by basic massage techniques as well as the repetitive, rhythmical strokes of gentle moisturizing massage can lead

to better sleep for someone of any age. The elderly and the ill living within the walls of extended care facilities are especially in need of this simple “cure” for a better night’s rest yet all too often they cannot ask; and all too frequently there is nobody to hear. Too few caregivers for too many people make it difficult for any one caregiver to spend the extra few minutes of time that such an action would take.

Stress reduction and Relaxation

Stress is defined as a physiological response to anxiety, worry, apprehension or fear that interferes with normal physiological equilibrium of an organism. A number of physiological changes occur in the body during a stress response:

- more adrenaline is produced
- the heart beats faster
- more blood flows into larger muscles
- breathing becomes shallow
- perspiration increases
- functioning of the immune and digestive systems is inhibited
- flow of blood to extremities and internal organs is decreased

Frequent and/or repetitive stress can damage the body, ultimately leading to chronic discomfort or pain. Stress is known to be a factor in many disease processes and is known to exacerbate almost any chronic health condition. Some of the excess hormones released by the adrenal glands during responses to repeated stress can weaken the immune system making one more susceptible to bacterial infections and viruses such as flu.

Adverse or negative effects of stress on the body can result in symptomatic reactions such as

- high blood pressure
- changes in blood levels
- ulcers

- headaches
- hypertension
- colitis
- coronary heart disease

Common causes of stress among the elderly and the aging include

- change in financial status
- change in residence or life-style
- deterioration of physical abilities
- death of relatives or close friends
- functional losses
- chronic or life threatening illness
- decreasing mobility and increased dependence on other
- fear of the future
- fear of death and dying

Stress among elderly residents in extended care environments can be the cause of

- loss of appetite
- heart palpitations
- frequent urination
- insomnia or sleep restlessness
- muscle aches and pains
- fatigue
- inertia

- depression

Feelings of frustration, anger, failure, inadequacy, loneliness, isolation and abandonment also contribute to stress and anxiety as can the aging process itself. Long-term stress can lead feelings of hopelessness, vulnerability and, eventually, depression. Chronic stress can also produce exaggerated fears or explosive outbursts because stress affects mental as well as physical states.

A person who becomes irritable and irrational from continued high-level stress can easily pass this irritability on to others. This ripple effect is one of the many ways in which stress affects relationships including the relationship between patient and caregiver. Nursing aids and other caregivers have a natural inclination to spend less time with those who are grouchy, irritable or constantly complaining which then contributes further to the loneliness and feelings of isolation that the resident may be experiencing.

One does not have to be an athlete or a construction worker to develop sore muscles. Muscles contract under stress! When a muscle remains tense over a period of time, soreness in the muscle can result due to a buildup of lactic acid in the tissue. Muscles can become tight and knotted from anxiety, fear, held-in sadness or anger and even from thinking negative thoughts. A pattern emerges in which stress produces tension and discomfort, and that discomfort produces more stress.

Massage therapy calms and reduces stress! Extensive studies over the past decade have revealed that massage, in particular, can significantly reduce anxiety levels and lower the body's production of stress hormones. When the body relaxes, its endocrine and nervous systems activate changes to slow the heart rate, improve circulation and digestion and relax muscles. Massage therapy has been proven as a safe and effective way to achieve relaxation.

Dr. Herbert Benson, teacher and researcher, defines the physiological characteristics of relaxation in his book, The Relaxation Response (HarperTouche, 2000) as

- less oxygen consumption
- lower respiratory rate
- lower heart rate
- less muscle tension
- normal blood pressure
- increased alpha waves

As contracted muscles relax, the pain associated with chronic tension is relieved. As tight muscles soften, tensions ease, and the body begins to relax, the person experiences respite from aches and pains and is relieved of the burden of “holding” his or her tension. In the relaxation process, the person being touched may also begin to get rid of negative thoughts and emotions either by expressing them, or just letting them go. Feelings of frustration and anger are often replaced by an experience of peace and a feeling of well-being. An article by Jim Concotelli (www.alsuccess.com/articles/361health.html) mentions a man by the name of Elmer Manning who, at 81 years of age has been receiving massage regularly from massage therapist Anita Booth for about two years. Manning reported that

. . .massage therapy works wonders for him. He has hip trouble and says massage ‘helps tremendously.’ He says the treatments also alleviate back pain, noting that he also suffers from a pinched sciatic nerve, headaches and tight shoulder muscles. ‘It sure helps me sleep. It helps me move’ . . . It helps about everything.’

Psycho-social Benefits

For those in the later stages of life, the social, emotional and psychological benefits of age-appropriate massage and touch therapies may be more significant and are sometimes more immediately noticeable than the physical benefits. Care facility residents may be given three balanced



meals a day, yet all too often those same people remain starved for companionship, unconditional human touch, and meaningful social interaction.

A caring presence, reinforced by focused touch, offers respite from loneliness and feelings of isolation, abandonment and deprivation, giving reassurance, comfort and support. Human contact that includes conscious physical touch offers those who spend long hours deprived of meaningful contact an opportunity to expand their focus by shifting their attention to something outside of their own minds. The physical and verbal interaction that takes place in the touch session can engage stimulating new mental activity and relieve boredom.

In an article by Patricia Moor in the Washington Post (June 2, 2003) the author describes her experience giving foot rubs to hospice patients in a residential care facility. Asked by the director how her day had gone, she recounted how she'd been graciously thanked by those who didn't drift off into sleep, and mentioned the sighs of pleasure coming from the recipients of her touch. The Director observed that she had been giving *"Pleasure, absolutely, but what you were really giving each person was intimacy, much more important here."*

A retired multi-level care facility administrator, Brianna Claire, remembers how important one bed-bound resident's massage sessions became for her:

We observed a range of changes with the residents who received touch sessions on a regular basis. They varied from person to person. We had one permanent resident with advanced MS who, due to her limited mobility, seldom got out of bed. The massage sessions became a significant part of her life. She marked her calendar and looked forward to her leg massages and to visiting with the therapist. It was always a special event for her. She sometimes got a bubble bath on the same day and then would often have the best night's sleep she had experienced since her last massage session.

Aid in alleviating depression. One of the most important benefits of skilled touch is its potential for preventing and alleviating despair and despondency. Melancholy is pervasive among residents in some nursing homes. Depression among the confined elderly occurs for a variety of reasons. We live in an age and death denying culture. American society has, up to this

point, largely marginalized the elderly and nearly ignored the aged and the ill, in its rush to glorify and promote all things youthful. This detail alone can be disheartening and discouraging as an aging process continues, especially to those men and women who feel “shut away” or sometimes abandoned to life in continuing care facilities.

Boredom, loneliness, isolation, feelings of becoming less and less “attractive” or more and more “useless,” also contribute to despondency among the confined elderly and ill. In addition, depression is common during some disease processes such as the early stages of Parkinson’s or Alzheimer’s disease and it is often a side effect of a Cerebral Vascular Accident (commonly referred to as a CVA or stroke).

As an aging process continues, or as a serious illness progresses, a person may be experiencing more physical discomfort, along with less mobility, sensory impairment and decreased functionality. Losses come closer together with less time to adjust to each event. Changes tend to be more permanent than the changes that occur routinely in younger adulthood.

Unalleviated stress, fear and mental anxiety are well-known contributors to chronic depression. Aging residents of assisted or extended care facilities may be experiencing fear or anxiety about

- increased dependency on others
- rising health care costs
- the possibility of further discomfort or limitation
- anticipated medical procedures or treatments
- future physical and mental impairment
- separation from loved ones and friends
- quality of care
- the dying process
- how their death will effect friends or loved ones left behind

Therapeutic massage addresses another largely ignored yet significant cause of depression among the elderly and the ill in our society—touch deprivation. Researchers have recently expressed concern that suicide among the elderly may reach epidemic proportions in the next decade, primarily due to feelings of isolation and abandonment leading to depression. Attentive, nurturing touch can be a significant therapeutic factor in treating this deficit.

Ashley Montague (Op. Cit., p. 395) states that tactile stimulation in the form of touch is one of the most important and most neglected needs of the aged in our society. He felt that society's failure to understand this need was due to our unwillingness to face the fact of aging, and that this massive denial and evasion of the reality is what causes us to "fail the aging quite miserably."

Working with stroke survivors is a prime example of how attentive touch and massage can help in restoring positive feelings in regard to self-image and self-worth. No two strokes are alike and stroke survivors face many challenges in coping with the after effects of a cerebrovascular event. Some people experience strokes without suffering any paralysis at all. Others can speak but may have difficulty understanding what people are saying. Some can only speak with great difficulty, others may be unable to speak at all and so on. About one fifth of stroke survivors have some type of visual disturbance.

In addition to the physical benefits that therapeutic massage offers during the stressful rehabilitation process for a stroke survivor, such sessions provide an ideal way to communicate compassionate attention and regard, without the use of words. As a form of contact and communication, massage is a tangible act of support, which reassures the recipient that he or she is not alone and that someone cares.

In the course of a long illness, which may include a variety of medical treatments and invasive procedures, human beings can begin to feel more like scrutinized objects than individuals. Woman and men who are experiencing temporary or permanent disfigurement or physical "abnormalities"

may feel unattractive and sense that others are uncomfortable or embarrassed in their presence or that some people are repelled by the sight of their bodies. In such cases, self-esteem often begins to deteriorate along with the physical body. Sensitive, respectful touch communicates to such a person that, in essence, he or she is not ugly or untouchable. As a result, those men and women are likely to become more “at ease” or calm in regard to their physical problems and more accepting of their current situation.

Geriatric nurse Evelyn Youngberg, talks about this aspect of massage for facility residents under her care:

I think one of the major benefits that our residents get from the massage program in our facility is a validation of themselves. It's very easy to be isolated and lonely in this kind of situation. . . other people tend to not touch residents unless they're giving a bath or something like that. There is just something about that skin-to-skin touch and caring human contact that just makes you feel good about yourself on the inside.

Renewed Vitality. Residents of convalescent and extended care facilities—especially those who receive few visitors—can sometimes fall into a state of inertia due to extended inactivity and boredom. Therapeutic massage stimulates the circulation of oxygen, lymphatic movement and the flow of blood throughout the body. The verbal and social interaction that often occurs during a massage session with a bed or wheelchair bound but verbal elder, for instance, can stimulate brain activity and wake up the groggy mind, giving the recipient a sense of renewed strength or energy and independence. This experience can manifest itself in various and subtle ways. The person may

- be able to turn over in bed by him or herself
- feel like walking to dinner instead of being pushed in his or her wheelchair
- be motivated to get out of bed and move around
- feel more like visiting with a room-mate or a family member
- decide to try a new activity
- demand less attention from caregivers

Residents who have been categorized as unresponsive sometimes “come alive” and begin moving, talking or even singing after receiving the kind of contact and encouragement available to them through individualized massage or touch therapy sessions. Those labeled as “troublemakers” or “whiners” may smile from ear to ear and become sweet and docile when they are related to in a respectful, caring and unconditional way through the medium of touch.

Opportunity for Social Interaction. High functioning residents who are alert and who need physical care due to a chronic illness or surgical procedure, often crave more companionship, socialization and interactive conversation than is available to them in the care facility environment. Visits from friends or family members may be infrequent or even non-existent for some.



I remember an intelligent, sharp-witted female resident of an extended care facility I used to visit twice a month. This woman had climbed Mt. Whitney at the age of 85 and lived by herself until the age of 90. She came to the facility for recovery after colon obstruction surgery and a sacral pressure sore. Still vitally interested in world events, politics, poetry and improving her poker game, this utterly charming elder found little companionship among her fellow residents and once told me that I was the only person she felt she could have a “real” conversation with.

Professional caregivers today seldom have the time to sit down and listen to or converse with the men and women they are serving, to simply hold a person’s hand or give a gentle back rub to help someone get to sleep, even though many older nurses were originally trained to do all those things. A lack of meaningful social interaction and mental stimulation leads to boredom, ennui and feelings of isolation for many facility residents. These feelings may become especially acute for residents who are

- more mentally alert and/or coherent than fellow residents
- less alert or mentally coherent than fellow residents
- used to a very active social life
- receiving few visitors
- no longer able to read or watch television due to impaired vision
- socially shy
- not inclined to participate in group activities

Another notable benefit of therapeutic massage sessions offered in residential care environments is the opportunity it affords for one on one conversation and mental stimulation. as well as respectful listening. A Respite Care Director for the memory impaired in northern California observed:

Sometimes one of our participants just isn't in the mood for a massage on a particular day when the therapist is there, and so she will just sit with that resident, maybe hold his or her hand, and just listen or maybe engage the resident in a conversation. It isn't always the physical, functional part of the massage that we see as beneficial. The residents also benefit from having their wishes respected and from having another person just sit and listen to them or talk with them.

Emotional Release. According to Barbara Levine, a researcher and author of Your Body Believes Every Word You Say, there is scientific evidence of a physical mechanism uniting the brain, the mind, the emotions and the immune system. Messenger molecules called neuro-peptides, which are transmitted through body fluids such as blood and lymph, seem to link the immune, endocrine, and central nervous systems. Thoughts can trigger the movement of these biochemical messengers.

Whole books have been written on the healing power of communication. The caring presence of another human being allows us to release thoughts and emotions so that they do not get “stuck” in the body, eventually creating various physical and mental problems. If there is no one to listen or to receive our thoughts, sadness, anger, frustration and resentment can escalate.

Keeping in mind that the “older generation” (persons born between) as a group are normally rather stoical and do not tend to talk easily about their inner feelings or emotions, conscious caring touch can be a powerful therapeutic catalyst in allowing people to release denied or buried feelings and to express them. Focused physical contact, combined with the simplest acknowledgment of the reality of a situation, can unleash a flood of emotion in an elderly care facility resident who

- has few people to communicate with
- has given up on talking because there is no one to listen
- is hesitant to communicate certain feelings to family members for fear it might be a “burden” to them
- doesn’t want to “bother” a busy caregiver
- has kept feelings “bottled up” as a survival strategy
- is unconscious or unaware of certain feelings

Unconditional listening and support from the massage practitioner; along with the relaxation of the body / mind one can experience through massage therapy sessions can evoke long denied or buried feelings in the one who is being touched. Within the context of a massage or skilled touch session, an opportunity exists for the recipient of the touch to express his or her feelings and thoughts without being interrupted, evaluated or judged. The massage therapist can give the gift of his or her *presence*, and can simply listen and receive whatever the resident needs or wants to communicate, without commenting or to trying to change the person’s condition or situation in any way. This particular form of acknowledgment and unconditional acceptance can be a powerful catalyst.



One-on-one Attention. Everyone likes attention, especially when its given freely, without expectations or conditions. In our society, the elderly and the ill often receive

much less attention that they deserve. This is especially true for those living out their lives in health care facilities. The attention such people receive is most often related to a health issue—physical or mental. The focus of the attention is on a disease process, disability or acuity. Nurses and nursing assistants or other trained specialists, unfortunately, seldom have the time to sit and talk with or simply listen to those whom they are caring for. It is common for a Certified Nursing Assistants to be responsible for eight or nine people or even more if there is a “shortage” or someone calls in sick at the last minute. Such ratios force caregivers to be most concerned about “time management” and completing the tasks of daily care for each person as quickly as possible. Not only do caregivers fail to cultivate meaningful, one-on-one relationships with those whom they serve, they often purposely avoid them!

A fair number of long-term residents of nursing facilities receive very few visits from the “outside” world. Relatives may be overwhelmed with their own jobs and the myriad responsibilities of raising a family, or they may live outside the area. The resident may have outlived most of his or her close friends and older family members. Age-appropriate massage or touch therapy sessions offer an opportunity for the residents to interact in both verbal and non-verbal ways with another human being in a way that asks nothing in return. This kind of attention can be especially therapeutic for residents who

- are bed-ridden
- are reluctant to leave their rooms
- spend a great deal of time alone
- find it difficult to connect with other residents
- are unable to or do not want to participate in group activities

It is common for hospital patients and residents of nursing homes to report feeling “treated” but not particularly “cared for.” In a booklet left in the lobby of a 120-bed nursing home entitled, “The Importance of Touching” author, Greg Risberg, quotes an enlightened nurse who made the following statement:

I can look back in my life and think of the times people made me feel warm or cared for by a simple touch. Touching means acceptance to me and I'm in a position to give acceptance. I can show caring to people who are the most vulnerable. Touch is essential to my way of giving care.

Communication Aid. As already mentioned, touch is a universal language. As such, it is an excellent, though often under utilized, way of relating to those who are unable to speak or to communicate with their caregivers and others verbally. The inability to communicate through words may be temporary or permanent. It may or may not be accompanied by mental incompetence. I have experienced examples of all the following. A person may be unable to speak comprehensibly because he or she

- is experiencing aphasia following a stroke
- is experiencing some form of dementia
- has a mental disorder
- cannot speak clearly due to a neuromuscular condition
- is nearing death and is simply too weak to speak
- is in a coma or semi-comatose state
- is withdrawn due to clinical depression, or
- speaks a language not understood by caregivers

All the men and women in the examples above responded to touch and appropriate massage techniques-- some in dramatic ways and others in very subtle ways. Sometimes, there is no visible movement or obvious response, yet to the discerning eye, there are often positive signs to indicate that the person is responding to the touch that he or she is receiving.

- jaw relaxes and mouth opens
- eyes open or follow movement
- head turns toward practitioner

- a closed fist opens
- person sighs, yawns, or makes a sound
- person makes eye contact
- person begins to laugh or cry
- breathing pattern changes
- person uncrosses his/her arms or feet

A person may be too weak to speak or to effort to be understood verbally. A person may stop talking because there is nobody to listen. Sometimes a resident feels that there is no use in trying to communicate because it doesn't make any difference to anyone anyway. In any case, such a person may eventually be labeled as being "non-verbal." From then on, caregivers may assume that since the person cannot speak, he or she cannot hear or even think. Such people tend to be treated differently than those who are more verbal or more easily understood. Caregivers frequently spend less time with such people.

A former health care administrator points out that since the massage practitioner is someone from the outside world and is not an employee in the facility, his or her relationship with the resident sometimes takes on a special quality.

Initially, a touch session may involve more listening and communicating than actual massage. As the trust builds and the relationship develops, the resident feels that he or she has a new friend. The resident may confide in the therapist or tell the practitioner something he or she hasn't been voiced to caregivers. A family member may have stopped visiting, a roommate's snoring is keeping the resident awake at night or the resident has other fears or concerns. This has been very helpful to our staff because it helps us get to know our residents more as people and inspires us to work together with the massage therapist in providing care for the whole person.

Contraindications and Precautions for Massage

Marian Williams, a nurse massage therapist and former Massage Therapy Program Coordinator for the California Pacific Medical Center, gives the following guidelines for administering therapeutic massage in health care settings.

She advises practitioners to be particularly cautious if a person

- has poor skin integrity
- has Osteoporosis
- has postural limitation in hypertension
- has undiagnosed disease or pain
- has bone metastasis or unstable spine
- is Hyperesthesia (excessive sensitivity of the skin)
- is experiencing Neutropenia (low neutrophil count, below 500)
- is at risk for bacterial infection
- is receiving Heparin (anticoagulant) therapy
- has just undergone eye or brain surgery (Avoid Trendelenburg position and make sure feet remain below heart level.)



A massage practitioner should avoid directly touching

- areas of inflammation (e.g. abscess, skin lesions, active arthritis)
- site of an injury, surgery or procedure
- deep vein thrombosis
- fractured ribs
- skin ulcers
- burns

- abrasions or wounds
- narcotic patches
- staples or stitches

or doing any deep massage on the legs of someone who has been bedridden for more than three days (due to the possibility of dislodging a clot). Other contraindications for massage include

- hemorrhage
- low platelet count (below 10,000)



There are certain modalities, included in a broad definition of massage therapy, such as Therapeutic Touch, Reiki or COMPASSIONATE TOUCH® for which there really are no contraindications. Those trained in such approaches can accomplish their work with very gentle or minimal physical contact with the body. A skilled massage professional should be able to adapt his or her techniques, in whatever ways are necessary and appropriate, to each situation that he or she encounters in healthcare settings.

Other Considerations

Whether the resident receiving massage is in a bed or a wheelchair, the practitioner will, of course, need to make sure the recipient is as comfortable as possible both before and during the session. The inability to relax certain parts of the body may be due to inadequate support or positioning. The massage practitioner should make sure that neck roll or other pillows are properly positioned under the head for maximum comfort, and that the knees are supported in some way so that the legs are not hyper-extended. Small pillows, foam wedges or rolled up towels may be used in a variety of ways to facilitate comfortable positioning and access.

The ability to raise and lower beds electronically is a great aid in accessing a person's body from a comfortable position. The massage therapist should

- ask permission, if possible, before lowering or raising any part of the bed
- return to its original place anything that is moved unless the resident requests otherwise
- never attempt to move a person in or out of a bed or a wheelchair or to assist a person in doing so unless absolutely certain that the resident is independently mobile

If a massage practitioner is using scented lotion of any kind, it is wise to check for skin sensitivity or possible allergic reactions before proceeding. If a facility resident is under a doctor's care it is best, when possible, to obtain physician authorization before beginning massage therapy (see Sample Forms in Section III). If only very gentle touch therapy or off the body techniques are being utilized, then the direct request of the resident or family member is sufficient. Optimally, the massage therapist will work in collaboration with doctors, nurses, physical therapists and other members of caregiving teams.

Recommended Reading

Articles

"Does Massage Therapy Belong in the Nursing Home" by Millie R. Hynes. in Nursing Homes, June, 1996

"The Power of Touch in Facility Care," by Dawn Nelson in Massage and Bodywork Quarterly, Feb/March 2001.

The Use of Human Touch to Improve the Well-Being of Older Adults by Elizabeth Bush, R.N., in Journal of Holistic Nursing Vol. 19, No. 3, 2001.

Books

Baker, Beth, *Old Age in a New Age: The Promise of Transformative Nursing Homes* (Vanderbilt University Press, 2007)

MacDonald, Gayle, Medicine Hands: Massage Therapy for People with Cancer (Findhorn Press, Inc., 1

MacDonald, Gayle, Massage for the Hospital patient and Medically Frail Client (Lippincott Williams & Wilkins, 2005)

Nelson, Dawn From the Heart Through the Hands: The Power of Touch in Caregiving (Findhorn Press, Inc., 2001; revised 2006)

Rose, Mary Kathleen. The gift of Touch—Comfort Touch: Touch Massage for the Elderly and the chronically and Terminally Ill. (Hospice of Boulder County, Boulder, CO, 1996).

Chapter Two

Massage Program Benefits to Staff and Facility

Massage sessions for staff can increase productivity, efficiency and morale!

Administrative Director, Multi-Level Care Facility

Eases Demands on Staff

Spending time in an extended care facility on a daily basis as a family member taught me much that I could not have learned from a decade of seeing clients and giving training workshops in the same kinds of facilities. I discovered that, at best, the ratio between caregivers and residents is too high! As already mentioned, nursing assistants are frequently under paid and over burdened with too many people to care for and too much “paperwork.” One nursing assistant may be responsible for seven or eight residents; and the number can go up to ten or more if a co-worker calls in sick at the last minute. Even those truly compassionate people who are personally concerned about the residents they are responsible for and would like to give them more one-on-one attention seldom have the time available in their schedule to do so.

Nurses and other caregivers are usually quite happy to have a massage therapist as part of the team effort in health care. The individual attention that residents receive from massage session not only benefits and enhance quality of life for those residents, but such programming actually makes the caregiver’s job easier by decreasing the need for nursing intervention associated with discomfort and loneliness. Caregivers and researchers have observed that nursing home residents who receive regular massage sessions or interactions with staff or family members instructed in caring touch techniques ring their call bells less frequently and are generally more relaxed, calmer and more cooperative. A geriatric nurse in Pennsylvania comments:

As a nurse, I welcome the kind of support that massage therapy programs can provide in overall health care. It is the kind of hands-on attention I wish I had the time to give to each one of my patients. I recommend such program to all facilities and health care providers who are interested in the well being of their patients.

Complies with OBRA Regulations

Therapeutic massage is an appropriate response to federal requirements for providing quality programming, including bedside activities, for residents of Skilled Nursing Facilities as set forth in the 1987 Omnibus Budget Reconciliation Act. In-room massage and touch therapy sessions are excellent additions to programming that is designed to provide tactile and sensory stimulation and to alleviate feelings of isolation, boredom and loneliness for nursing home residents confined to their beds or who choose to stay in their rooms.

To receive credit for offering such a program in compliance with OBRA regulations, it is important for the facility coordinator to make sure that

- in room massage therapy is listed on the calendar of bedside activities
- a record of massage or touch therapy sessions is kept in the resident's medical chart in the facility

Service providers should document each massage therapy session administered in one or more of the following ways:

- comment section of Invoice Form with copy given to facility
- notation on progress record forms provided by facility and kept in resident's chart
- documentation on special form provided by therapist with copy given to facility

This documentation should be kept in the Progress Notes, Activity Notes or Social Service section of the individual resident's chart. These visitation records can then be used to demonstrate to state surveyors one of the methods used by the facility to meet bedside programming requirements and quality of life enhancement mandates or facility residents.

On-site massage therapy, also known as Seated Chair Massage, has been spreading quickly in the corporate world where some employers are becoming increasingly concerned about the health and well being of their employees as it relates to productivity. On-site massage is a growing trend in the work place as more employers become interested in helping company members reduce stress and in giving them every incentive possible to increase performance on the job. Apple Computer, Pacific Bell and Hewlett Packard are among the larger, well known companies who offer the possibility of on-site massage to their employees. Businesses such as Whole Foods Market and the Elephant Pharmacy offer chair massages to customers in many of their stores.

Stress levels are notoriously high among the men and woman who work in residential and extended health care facilities. Administrators are on call twenty-four hours a day and bear the ultimate responsibility for every resident and every other employee within the facility. They do not have the luxury of focusing on one task. They have to wear many hats as the saying goes as they are constantly interacting with residents, staff, family members, vendors, state agencies, and corporate offices, encountering numerous challenges on a daily basis. Nurses have the responsibility of passing out medications, a task that can in and of itself can seem like a full time job. Department Heads have the responsibility of balancing budgets which never seem to be high enough, coping with high turnover rate among their employees and sometimes filling in when someone calls in sick at the last minute and an appropriate substitute cannot be found. Nursing aids bear the brunt of patient care and spend the most time with residents. They are responsible for the resident's daily well being and for their personal care. Their jobs are physically as well as emotionally demanding. Many of the women are single mothers or primary caregivers at home as well. Many are working two jobs or have a part-time job in addition to their full time job at one facility.

Employees in residential care facilities can benefit from massage therapy programming, through the opportunity to receive massage sessions themselves. As recipients of massage, staff members not only benefit directly from massage sessions but they are better able to understand the benefits that massage therapy sessions hold for the residents. They are then more likely to

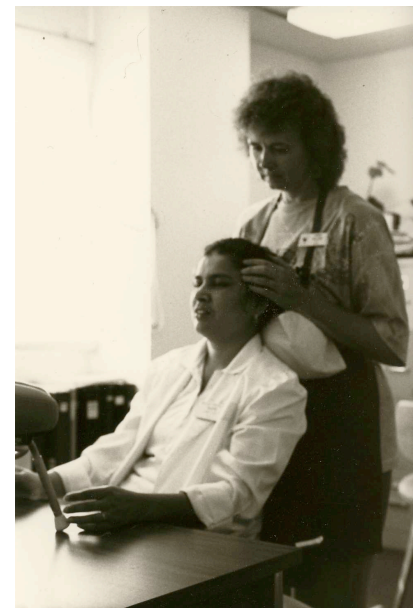
recommend sessions for residents that may be particularly lonely or exhibiting challenging behaviors to that resident's family members, responsible parties, nursing staff or social service directors.

Research conducted through the Touch Institute at Miami University demonstrated that a 20-minute seated massage twice a week during workers' lunch hours increased productivity and job satisfaction. Those receiving the massage sessions reported feeling less fatigued and able to think more clearly.



In a nursing home in California where employees were regularly treated to 15-minute chair massage sessions on a rotating basis twice a month, an Activity Director reported that the massage "helped relax my tension points and made me feel calmer." Another said she had not felt that relaxed in months! When a staff member is feeling overworked, unappreciated, tired or stressed out and takes even fifteen minutes for a "relaxation break" in the form of a back or upper body massage that person is usually much more ready to go back out and to tackle the problems of the work world.

Just as negative feelings tend to have a ripple effect, any time a person feels less stressed or calmer and more relaxed, there is a positive ripple effect; and anyone relating to that person usually benefits. If staff members are receiving the benefits of massage and attentive touch themselves, they are more likely to treat those around them well. In addition, employees who have received nurturing through skilled touch and experienced the benefits may more inclined to incorporate focused touch in their caregiving duties.



After relaxing tight muscles and breathing more deeply for just a few minutes, a Dementia Unit Director may feel renewed and rejuvenated enough to tackle a problem that seemed unsolvable a few hours earlier. A nurse or nursing assistant who has received a soothing foot

and leg massage may be less “rattled” by the demands of a cranky old man who is angry at losing control over his life or may feel moved to stop for a moment and hold the hand of a lonely and immobile 90-year old.

(See Section II for guidelines on including staff members and healthcare teams in massage therapy programs.)

Marketing Advantage

Programs such as therapeutic massage, aromatherapy and music or animal assisted therapy set a facility apart as one that provides innovative and cutting edge programming. Providing these types of activities or services demonstrates an awareness of consumer need and a commitment to addressing and enhancing quality of life for those entrusted to their care, enhancing the image of the facility in an increasingly saturated and competitive market.

John Porter, Special Unit Manager for a large nursing home remembers:

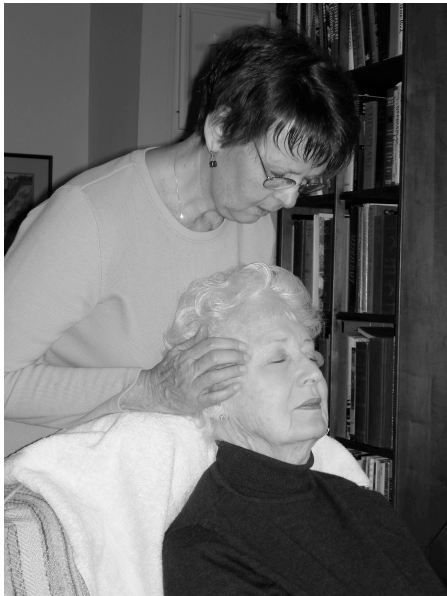
When the new administrator asked me what I envisioned for my unit in terms of development, we talked about a variety of possible amenities and the dollar value each one represented for our particular population and we decided to search for a massage therapist who would work with us.

Once you have a massage therapy program in place, the direct service provider or overseer of your program can work with your Staff Development Director in providing on-going education for facility personnel. He or she can help your Activity Director train volunteers on how to use touch more consciously and effectively in relating to residents. The therapist can also conduct special topic seminars for alert residents or for family support groups. Your facility may want to host a talk, presentation or seminar on the benefits of massage for the elderly and less mobile or for particular segments of the care facility population. This event could be open to the public or to other facility personnel, boosting your visibility and reputation in both the residential care community and in the larger surrounding community.

Another idea for educating residents, caregivers and family members in regard to massage as it relates to geriatric wellness is to invite a massage therapist trained in working with

the elderly population to participate in Senior Health Fairs or Health and Fitness Days. Many residential facilities offer such events regularly and frequently invite local organizations and other vendors to participate.

I was once invited to take part in a Senior Health and Fitness Fair at a multi-level care facility in my neighborhood. It was a well-planned and nicely presented affair with lots of healthy snacks provided by the facility and many vendors offering information and free samples. I offered five-minute back and shoulder massages to residents from all levels of care, family



members and anyone else who wanted one. I utilized just a regular chair and my hands. During the three hours I was there, people were lined up and waiting the entire time. If, as a massage professional, you are able to take part in such an event, be sure to take plenty of brochures or business cards. For facilities already offering massage therapy, an event of this kind can be seen as an opportunity to promote greater participation in the already existing program. If massage is not already available to residents, it is a chance to educate and advocate for

the inclusion of appropriate massage or skilled touch among the services or activities offered to residents and staff in that particular facility.

Chapter Three

Massage in Alzheimer's and Dementia Care

There is far too much emphasis on the label, the name, and the symptoms, generally associated with the disease, and too little emphasis on the individuals who actually have the disease.

Richard Taylor in Alzheimer's from the Inside Out

A special chapter is devoted to the benefits of massage and touch therapies in relating to this particular group of individuals because caring for those living with a disease such as Alzheimer's tends to bring its own special challenges. The characteristics and needs of the resident population in Dementia and Memory Care facilities or units are unique. As RN Diana Lynn Woods states, "Given the deleterious effects of pharmacological interventions in this vulnerable population, it is essential to explore noninvasive treatments. . ."

The Alzheimer's Association reported in March of 2007 that there were more than 5 million people in the United States living with Alzheimer's disease. This number included 4.9 million people over the age of 65 and between 200,000 and 500,000 people under age 65 with early onset Alzheimer's disease and other types of dementia. There are currently an estimated 24 million people worldwide living with dementia.

The United States will face an increasing crush of early-stage patients as the "baby boomer generation ages and starts to develop the first signs of the disease. By 2050, the Alzheimer's Association estimates, up to 16 million could have Alzheimer's disease—a number that would put a huge strain on the health care system and on the Medicare system.

John Morris, at the Washington University School of Medicine in St. Louis is one among many neurologists who have observed that "We're faced with an epidemic" and to observe the growing concern about a dreaded disease that afflicts nearly half of all people older than 85..

The Alzheimer's Association estimates that up to 60% of nursing home residents suffer from Alzheimer's or from some other form of dementia, the most common dementia after

Alzheimer's being stroke related. A good many residents of assisted living facilities and even those residing in independent living communities are in the early stages of some type of dementia. There is much that is not known about Alzheimer's disease--what causes it, why some people afflicted with the disease seem to deteriorate very rapidly and others take years, or how to prevent it. In spite of intensified research in the past decade and a few experimental drugs that seem to delay the progress of the disease for some people, there is still no treatment to completely stop or reverse the mental deterioration of Alzheimer's. Care for those living with the disease is primarily palliative and most of the medications prescribed for people with dementia are for managing symptoms such as anxiety or depression. The medications may relieve some symptoms but they do nothing to stop the underlying erosion of the brain. With the current emphasis on reducing the use of expensive medications to manage challenging behaviors in those who suffer from dementia related diseases, alternative modalities such as massage, music and aromatherapies are being explored as viable and valuable resources in caregiving. Anecdotal information and early research is demonstrating the success of these kinds of therapies in Alzheimer's care, both in addressing quality of life issues and in reducing anxiety, agitation, "wandering" and other challenging or disruptive behaviors.

Alzheimer's Disease Characteristics

In the beginning or early stage of Alzheimer's disease, sometimes referred to as "Onset," symptoms or characteristic behaviors may include

- anxiety
- confusion
- forgetfulness
- changing or unpredictable moods
- difficulty expressing thoughts
- difficulty sleeping
- impaired judgment

- difficulty adapting to new situations
- difficulty performing familiar tasks

Anger and frustration may arise as a person is forced to adjust to an altered lifestyle and to a diminishing ability to function in familiar ways. Depression is a common characteristic, especially for those in the early stages of who may have watched older relatives or close friends progress through the disease process. The person may feel saddened by what is happening to him or her and awareness of the inevitable outcome of the disease. The person may become emotionally upset and cry easily. Inducing a relaxation response through massage and nurturing touch may well serve to ease the anxiety that forgetfulness and confusion can cause.

As Alzheimer's disease progresses to an intermediate stage, other symptoms and behaviors may appear such as

- short term memory loss
- shortened attention span
- inappropriate responses
- spatial disorientation
- overwhelming confusion
- restlessness or "wandering" behavior
- repetitive language

The individual who is affected by the disease may begin to have trouble:

- separating fact from fiction
- listening and understanding
- recognizing friends or family members

A person living with Alzheimer's disease becomes progressively more frail and vulnerable in both body and mind. In addition to the ravages of a primary disease such as Alzheimer's, he or she is often coping with other age related changes such as impaired eyesight or hearing, and may have one or more secondary conditions as well. It is not at all uncommon, for instance, to find someone with a lung or heart or kidney disease also diagnosed with stroke related dementia or with a dementia "likely to be Alzheimer's."

Characteristic symptoms and behaviors seen in the person who has progressed to an advanced stage of Alzheimer's can include

- regression to childlike behaviors
- long term memory loss
- little capacity for self care
- inability to communicate
- inability to recognize self in mirror
- hallucinations
- muscle cramping
- incontinence
- limb rigidity
- seizures
- personality changes
- combative or abusive behavior
- weight loss

Women and men in the advanced stages of memory impairment often, quite literally, seem to be looking for themselves, not know who they are, where they are, or what others want or expect of them. They are unable to demand the dignity and respect they deserve as individuals in our society at the time when they may need it the most.

Efficacy of Massage in Alzheimer's Care

The general benefits of therapeutic massage already mentioned may also be applicable to those living with Alzheimer's disease and other forms of dementia.:

- improving circulation
- reducing muscular tension
- relieving minor aches and pains
- inducing a relaxation response

The psychosocial benefits of age-appropriate massage for the frail elderly in facility care may also be applicable:

- one-on-one attention
- companionship
- mental stimulation
- an opportunity for social interaction
- skin-on skin contact
- sensory and tactile stimulation
- a means of communicating with the non-verbal
- nurturing
- pleasure

Massage may have additional benefits in relating to and caring for those living with Alzheimer's disease or other types of dementia as a means of

- offering reassurance to the confused
- increasing body awareness
- "grounding" the disoriented in present time and space
- providing a "touchstone" with physical reality
- alleviating muscle cramping and rigidity in the body
- reducing agitation
- reducing and manage problem behaviors
- redirecting energy or shifting attention
- alleviating feelings of isolation, loneliness or abandonment
- reducing the need for medication and physical restraints

As already mentioned, touch can be a significant resource in making contact with those who are no longer able to communicate verbally. Focused touch and gentle massage techniques are often effective as a means of reassuring and calming a person who is confused or afraid. The skillful practitioner can utilize touch as a means of re-directing the energy of a person who tries to communicate by striking out or hitting.

This type of behavior usually stems from frustration or fear and, indeed, some people in the later stages of Alzheimer's seem to be frightened much of the time. Others are easily startled

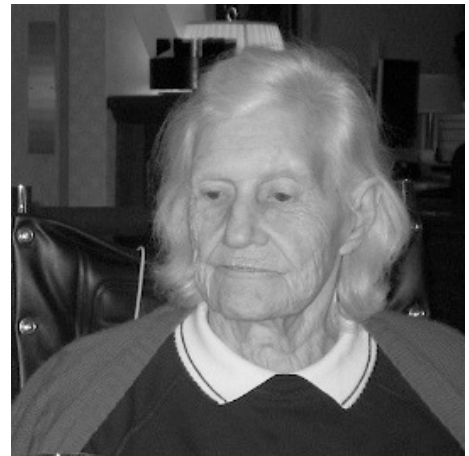
by loud or unusual noises, and some become upset or agitated by any kind of change in routine, by new faces or for seemingly inexplicable reasons.

A massage program can bring new hope to those living with advanced dementia. As a special care unit Supervisor states:

“The practitioners bring loving and gentle physical contact, where often there is none. The touch sessions bring attention and comfort to those whose routine often has little meaning . . . ”

Massage and focused touch can help “ground” those who are spatially disoriented and confused by reminding them of their connection with physical reality and with other human beings. The actuality of the physical contact provides a “touchstone” so to speak, a re-connection with something familiar. This type of connection and reassurance needs to be offered frequently since it is not usually retained for long.

As a disease such as Alzheimer’s progresses, it greatly limits the activities that the confused person is able to engage in. At some point, the person may become unable to remember even the most recent events or to anticipate future ones. His or her mind may be unable to follow the action or correctly interpret the images on a television screen or to understand the words of an audio story tape. The person may be unable to organize his or her thoughts enough to carry out even the simplest of activities such as dressing or eating.



Eventually, the person may do little else than sit with endless, vacant time and empty thoughts. Gentle, non-intrusive massage techniques can engage the attention of such a person and draw him or her back into present time and space temporarily.

Anyone who works with people who are living under the veil of dementia must understand that the person may not remember, recognize or be able to carry on a conversation with him or her. At some stage of the disease, the person may not want to sit down or sit still, for more than a few moments. The person will not be persuaded through logic or reasoning.

Attention spans are short, and moods may change from moment to moment. In the middle of a massage session or any other kind of interaction, the person affected by dementia may suddenly start giggling uncontrollably, begin swearing loudly, break into song, or simply get up and walk away. Interacting with a person in this state requires a great deal of patience, compassion and creativity.

When relating, in any capacity, to someone with late-stage Alzheimer's disease, one must be prepared for the unexpected, and develop the ability to remain calm and centered no matter what may occur. Specific massage skills may need to be set aside in favor of simply being with the individual, offering whatever form of touch seems most appropriate in the moment.

What to Look for in a Touch Practitioner

In order to administer massage or touch therapy successfully to someone living with Alzheimer's or other dementia related diseases, the practitioner must be relating to those whose brains are impaired in this unique way, and feel at ease in dementia care settings. He or she must be open to the unexpected and able to adjust quickly to whatever situation presents itself.

The practitioner must be able to offer touch unconditionally and unobtrusively, never forcing any physical contact that the person is not open to receiving. It is not the particular massage or bodywork technique used that is significant, it is the practitioner's ability to be present with the person, and to relate to the *individual* rather than to the disease, mental state or behavior the person may be exhibiting, building trust and rapport slowly. Other qualities or abilities that will be valuable for the massage professional or touch therapist interested in working with those with dementia include

- patience
- persistence
- adaptability
- flexibility
- creativity
- a sense of humor

Massage practitioners working with this population should have at least a basic understanding of the characteristics of Alzheimer's disease, as well as the ability and the patience to respond in a compassionate and supportive way. In relating successfully to individuals experiencing any form of dementia, good communication skills are essential. One must be very clear and concise in communicating with those who are forgetful, confused or disoriented, without being condescending. Assistance must be offered in such a way that the person suffering from dementia is not made to feel incompetent.

Communication Guidelines

The guidelines below will be useful in forging a successful relationship with a person living with Alzheimer's disease or other types of dementia. The points below assume that the person you are communicating with can still use words in a logical sequence at least part of the time.

- Get the person's attention before speaking.
 - face the person, making eye contact if possible.
 - call the person by name and touch his or her hand.
- Communicate one idea or one instruction at a time.
- Speak slowly, calmly and in a normal tone of voice.
- Use concrete, exact and positive phrasing.
- Allow the person plenty of time to respond if a response is necessary.
- Call all people and objects by their proper names.
- Avoid using slang, non-specific or abstract words.
- Minimize arguing or reasoning.
- Avoid changing the subject abruptly.
- Give frequent acknowledgment, encouragement and support.
- Make verbal and non-verbal messages the same.

- Use gestures and facial expressions along with words.
- Reinforce instructions with gentle physical guidance.
- Make use of key words (see explanation below)

Some people living with dementia who can no longer communicate well verbally and who seem to “drift off” into some world of their own will still, occasionally, respond to certain specific or “key” words. Observant caregivers can learn what the particular words that individual responds to are and use them to facilitate interaction with that person. Often, simply using one of these key words will jog the person’s memory enough to bring him or her a bit more into the present. Sometimes, the use of a key word can shift the attention of the person when necessary for re-direction.

Additional Relating Skills

The following principles apply whether or not the person with dementia is still able to communicate verbally. If the person has lost the ability to communicate in a logical way, he or she may still be able to understand words. However, it is best to use fewer words and develop non-verbal ways of communicating as well.

- Assume an equal or lower position when with the person.
- If the person seems to become more agitated with physical contact, take your hands away and “hold” the person with your focused attention and presence.
- Apply the “Golden Rule” (Treat the person the way you would want to be treated if you were in a similar circumstance.)
- Make sure that any physical contact you make is conscious, caring and focused.

As any family or professional caregiver of someone with advanced dementia knows, moods and behavior may change frequently or unexpectedly. When a person seems unresponsive or uncooperative, sometimes just waiting a few minutes and trying again can work. I used to visit a resident in a Dementia Care facility twice a week. She usually smiled or hugged me as

soon as she saw me. One day, several months into our relationship, when I knocked on her open door and started to enter her room, she rushed over and slammed the door in my face! I decided to wait outside in the hallway for a few minutes. Sure enough, when I knocked on the closed door this time, she opened the door immediately, and welcomed me with open arms.

In summary, a dementia such as Alzheimer's disease can erode the mind of the person affected by it to the point where she or he seems to have no memory at all, no sense of self, and little connection with any physical reality. This deterioration can be devastating to family members, friends and health care givers who must watch the person slowly “disappear.” Massage and gentle, skillful touch can work wonders with those struggling with the frustrations and anxieties of memory loss. When other techniques fail, the simple gift of focused, caring touch, offered respectfully and unconditionally, may be one of the few ways to nurture, comfort and reassure those who are living with an irreversible disease such as Alzheimer’s or with other forms of dementia.

To learn more about Alzheimer’s disease, or to be directed to other resources contact:

National Alzheimer’s Association
1-800-272-3900.
www.alz.org
info@alz.org

Alzheimer’s Foundation of America
1-866-232-8484
www.alzfdn.org

Recommended Reading

Articles

“The Power of Human Touch in Alzheimers & Dementia Care, by Dawn Nelson Massage Therapy Journal, Fall 2004

“Efficacy of Hand Massage in Decreasing Agitation Behaviors Associated with Care Activities in Persons with Dementia” by Mariah Snyder, Ellen C. Egan and Kenneth R. Burns in GERIATRIC NURSING, March/ April 1995.

"It's Never Too Late to Touch: Massage emerges as a Lifeline to Dementia Patients:" by Shirley Vanderbilt Massage and Bodywork Quarterly, June/July 2000.

Books

Dunn, Rosemary, Discovering Adventure in Special Care (G.F. Murray, 1998).

Mace, Nancy L. and Peter Rabins, The 36-Hour Day: A Family Guide to caring for Persons with Alzheimer's Disease, Other Dementias and Memory Loss in Later Life (John Hopkins University Press, Baltimore, 1994)

Ronch, Judah, Alzheimer's Disease: A Practical Guide for Families and Other Caregivers, (Continuum, New York, 1991.)

Snyder, Lisa, LCSW, Speaking Our Minds: Personal Reflections from Individuals with Alzheimer's (W.H. Freeman and Company, New York, 1999)

Taylor, Richard, Alzheimer's from the Inside Out (Health Professions Press, Baltimore, 2007)

Video/DVD

Compassionate Touch: Benefits and Effects in Alzheimer's Care. 23 minutes. (produced by Dawn Nelson and Brianna Claire) distributed by Information for People, Terra Nova Films, and Massage Review Publications.

Residential Care Unit Massage Programming Model

Characteristics of residents in sample unit:

- beginning to forget people's names
- unable to identify objects
- some difficulty with language/ communication such as:
 - formulating sentences
 - finding the right word or phrase
- a few beginning to lose ability to communicate at all
- trouble dressing themselves
 - unable to put clothing on in logical sequence
 - putting clothing on inside out
- need some assistance with meals
- need assistance with bathing

Examples of caregiver challenges:

- person doesn't want to bathe
- person confused about why s/he is getting dressed
- person doesn't remember why bathing is necessary
- agitation
- wandering behaviors
- boredom and depression

Sample activities offered on unit:

- physical exercise:
 - sit and fit type exercises
 - walking
 - balloon volleyball
- music and art activities
- remembered tasks such as cooking, folding laundry, sweeping, gardening
- games such as bingo and dominoes
- skilled touch and massage
- special day parties

How massage/touch therapy is utilized on sample unit:

1. to enhance quality of life in moment
 - one-on-one attention
 - relief of minor aches and pains
 - stress reduction/relaxation
 - soothing/nurturing
 - sensory and tactile stimulation
 - comfort/pleasure
 - social interaction
2. to prevent or manage challenging behaviors such as
 - agitation
 - pacing/wandering
 - sleeplessness
 - disorientation
 - verbal and physical aggression
3. by helping to:
 - calm
 - focus attention
 - distract when necessary
 - redirect energy
4. to help address issues such as
 - touch deprivation
 - feelings of loneliness, isolation and abandonment
 - depression
5. as a communication aid
 - to reinforce verbal communication
 - as a way of communicating non verbally

Respite Care Massage Programming Model

Characteristics of participants in sample program:

- some trouble communicating
 - repetition
 - unable to find part of speech needed
- sometimes unable to voice needs
- short term memory loss
- anxiety / confusion
- disorientation at times
- occasional combative or aggressive behavior

Sample activities offered in respite program:

- socialization / snacks
- intergenerational activities with adjacent pre-school
 - singing and rhythm activities
 - balloon toss
 - special day parties
- sing-a-longs / dancing / musical games
- creative art therapy
- gentle touch massage therapy
- “chair aerobics” exercise
- garden stroll / nature walks in enclosed area
- brain teasers / memory games
 - special occasion festivities and parties
 - guest musicians

Staff / volunteer challenges:

- not knowing what to expect from day to day
- learning how to communicate with the less verbal
- dealing with emotional mood swings and challenging / unexpected behaviors

- depression/anxiety/agitation
- non-cooperation/disruption
- occasional combativeness or aggression

Massage and attentive touch utilized in the program to:

1. Give personal attention
2. Elicit verbal interaction
3. Provide nurturing/comfort
4. Provide tactile and sensory stimulation
5. Enhance body awareness
6. Calm/relax
7. Focus attention
8. Distract or re-direct energy if necessary

Observed benefits of massage and touch therapy in program:

1. Increased self esteem
2. Increase in feelings of emotional well-being
3. Increase in communication/expression
4. Relaxation/Calming
5. Shift/lighten mood
6. Change in repetitive communication/behavior
7. Changes "frowns to smiles"
8. Emotional release/expression

Staff/volunteers benefits from massage programming:

1. Receiving touch themselves
2. Learning through example how to use touch:
 - more consciously
 - to elicit cooperation
 - to build rapport/trust
 - to re-direct energy/movement
3. Increased awareness of:
 - individual's personal space
 - receiving permission to touch

4. Special topic seminars and training workshops

Section II
IMPLEMENTATION

Chapter One

Creating the Program

Newly formed or newly managed companies, determined to entice residents to their particular complexes or facilities, are paying more attention to client needs and desires—especially as the “baby boomers” begin populating assisted living and rehabilitation facilities or needing prolonged nursing home care.

The goal of all companies, naturally, is to generate additional revenue and to attract more residents. One strategy to accomplish such a goal is by providing consumer driven and “cutting edge” amenities. This situation can be mutually beneficial to professional massage practitioners trained in working with older citizens or with the physically and mentally frail in search of clients and to the residents themselves as well as to the facility owners and staff members.

Setting up a successful massage or skilled touch program in residential care settings is not difficult and there are various models on which to base such a program. The chances of achieving a successful program, with optimum benefits to residents, staff and the facility itself, will be helped by some careful planning and forethought with regard to

- ✓ Who will receive the service
- ✓ Where the service will be provided
- ✓ Who will provide the service
- ✓ How the service will be paid for
- ✓ Who will coordinate the service
- ✓ How the service will be advertised and promoted

Ideally, the service providers and facility administrators or staff coordinators will spend time meeting together in order to define goals, intentions and objectives for the massage program. Planning should include discussions regarding policies and procedures that will best support the maintenance of the program, ways to assess the program and ideas for future expansion.

A Program might begin with massage services offered to residents and expand to include staff;; or massage might be offered to both residents and staff from the beginning. In some models, massage could also be made available to family members and other visitors.

Some of the newer assisted living structures are now being designed and built to include dedicated spaces for massage therapy or “spa” rooms. Some even provide state of the art massage tables and other accessories for such rooms. Ideally, the massage practitioner who is going to be hired, or a knowledgeable consultant in the field could have input on design factors such as

- ✓ the size of the room
- ✓ placement of the room within the facility in terms of
- ✓ quietness
- ✓ accessibility of all residents
- ✓ entrance door large enough for wheelchair access if necessary
- ✓ placement of storage space for linens, towels, lotions, etc.
- ✓ lighting
- ✓ window placement
- ✓ dimming capability
- ✓ type of flooring to be used

Other considerations in designing a massage room within residential care facilities would include whether there will be a built in sound system, if the room will include a separate area for undressing, if there will be room enough for a chair should the resident need to rest before getting on or off the table. Will there be enough space in the room for the resident to receive massage in his or her wheelchair or another suitable chair if that resident is unable to get on or off a table?

Older facilities who do not have such spaces or nursing homes whose residents would have difficulty receiving massage on tables, may chose to hire a geriatric massage specialist as an

outside contractor who can provide in-room services to residents who are confined to their beds or wheelchairs.

Payment Strategies

Even though Medicare and Medicaid do not yet pay directly for massage therapy, there are a number of different ways to cover the costs of a massage for residents of health care facilities. The old adage “where there’s a will, there’s a way” can be applied. It may take some creative thinking, some collaboration and/or experimentation to find the plan that works for a specific facility or a particular situation.

Funds may be allocated through the facility itself for massage services to qualified or referred residents. In other cases, residents may pay directly but facility hires someone to arrange appointments and otherwise coordinate the services. Massage or skilled touch services are sometimes offered on the same basis as salon services often are within senior living or residential care complexes. Family members or the residents themselves make their own appointments and pay the service provider directly. The service provider pays monthly rent to the facility for use of the space to provide the service.

In some facilities, payment for massage services is added to the resident’s monthly bill sent out by the company or individual facility to whomever is responsible for payment. In this type of set-up, the facility does the bookkeeping and pays the service provider, usually keeping a percentage for the company or facility owner.

In some situations, massage services are implemented at no additional cost to the facility. Although a professional practitioner with specialized training in working with elderly, the ill and with less mobile clients is preferable, payment for massage therapy services may not be an issue if

- √ The facility has a nurse massage therapist on staff whose abilities can be utilized as part of her or his regular work load

- √ An internship program is set up with a nearby massage school or training institute
- √ A massage therapist is willing to volunteer his or her time temporarily as part of a training course or to gain more experience before beginning to charge for services

I know of one nurse massage therapist, employed in a skilled nursing facility, who arranged with her administrator to give massages to residents one day each week as part of her assigned duties. In an ideal situation, residents would receive massage sessions on an assessed need, referral or by request as often as desired or as often as possible.

Since only a handful of massage schools currently offer specialized training in this area, some massage practitioners are willing to volunteer their time in a facility setting in order to gain experience in working with older and less mobile clients. If the massage practitioner has natural or learned abilities and is comfortable relating to individuals in such settings, desire on the part of residents for massage or skilled touch sessions may quickly exceed the amount of time a person volunteering his or her services has to give.

The Boulder School of Massage in Colorado offers a hospital-based Massage Therapy training program, and the School has set up an Internship Programs with care facilities, including nursing homes in that area. Other massage schools such as Oregon School of Massage in Portland, Oregon, the Phillips School of Massage in Nevada City, California and The Care through Touch Institute in Oakland, California have established relationships with hospitals and skilled nursing facilities. Students volunteer as part of their training in order to gain experience in working with cancer patients or with the frail elderly or the ill. Through Internship and volunteer programs such as these, a care facility may be able to keep a massage program going by rotating new students in on a regular basis or by eventually establishing a connection that will lead to a professional relationship.

If massage therapy programs are being made available to care facility residents through a contract arrangement with an outside agency, organization or individual, the person who is offering the massage sessions can bill

- ✓ the resident
- ✓ a designated family member or friend
- ✓ the Conservator or Guardian
- ✓ the facility who then withdraws the payment amount from residents accounts and pays the service provider in a lump sum

Options for covering the costs of massage or skilled touch programs for nursing home residents, other than direct payment by the resident or a family member, might include

- ✓ private insurance
- ✓ donated funds/benefactor
- ✓ grant generated funding
- ✓ discretionary funds

Donated monies. I know of a private-pay care facility in San Francisco that found a benefactor to pay for massage therapy sessions twice a month for selected residents. In another case, an enterprising massage therapist made a proposal to her local Lions Club and received funding to provide massage to patients in several community hospices. Another massage therapist received an unsolicited offer from a regular client to donate money on a monthly basis to be used for massaging anyone in a nursing home setting whom she thought might benefit from massage sessions and who had no way of paying for such a service.

Occasionally, when a resident dies, a family member will donate money to the care facility in that person's memory. The person donating the money might specify that it be used, for example, to provide massage or healing touch in a particular unit or to a particular group of residents.

Grant generated funding is another possibility in the search for ways to make skilled touch available to residents in extended health care settings. The facility may be able to team up with an agency or with a non-profit organization and apply for a grant for a pilot program on the benefits of massage in caring for a specific group of residents—those with Parkinson's disease or

Alzheimer's disease, for example. In this type of proposal, payment for the services of the provider would be built in to the budget.

Grant writing is a specialized skill and utilizing the services of a professional grant writer usually increases the chances of a successful outcome in this realm. It is prudent to include any findings from successful research projects on the effects of any type of massage or touch therapies within care facility settings. At present, there are few, if any, long range studies or results yet there is some data from small studies conducted in the past ten years, and an increasing number of research studies being conducted which suggest that massage can have positive effects on depression, anxiety, mood, activity levels, pain and so on. Places to search for results of such studies include

- ✓ Geriatric Nursing Journals
- ✓ Grant funding organizations such as the American Massage Therapy Foundation (www.massagetherapyfoundation.org)
- ✓ The Touch Research Institutes (www.miami.edu/touch-research)
- ✓ Internet Searches under headings such as
 - Massage in Nursing Homes
 - Massage and the Elderly
 - Effectiveness of Touch in Care Facilities
 - Physical Touch in Nursing Studies Literature Reviews

Occasionally administrators or department heads have access to **discretionary funds** which they can use in whatever ways they see fit to benefit their residents or staff.

Insurance reimbursement for massage therapy services is sometimes possible if the massage therapist is working in tandem with a licensed health care provider such as a medical doctor or chiropractor who diagnoses a condition and prescribes massage therapy as a necessary part of the medical treatment or rehabilitation plan. While most insurance companies will not

cover “relaxation massage” in a healthy person, some will pay for “neuromuscular re-education” or “soft-tissue mobilization” in a patient with a diagnosed disease or a traumatic injury.

Due to the growing demand from consumers for “alternative” or “complimentary” therapies in health care, more doctors are looking for professionals to refer their patients to for massage therapy services. This raises the hope that more insurance companies will recognize the value of various forms of massage and bodywork in patient care and make changes in their policies to cover the costs.

Research Project Examples

In the mid nineties, The Methodist Home in Chicago, in conjunction with Northwestern University Center on Aging, applied for and obtained a grant for “Using Massage Therapy as an Intervention for Behaviors in Alzheimer's Patients.” In the six-month pilot program correlations were found between certain types of massage and behavior modification. Where massage was applied on the physical body seemed to be significant as well. For example, back rubs worked well for those confined to wheelchairs, those in chronic pain and those exhibiting irritability or even anger; foot massage seemed to work well for those exhibiting hyperactive behavior or

restlessness and “wandering” behavior. Massaging the hands or face stroking proved helpful for those exhibiting anxiety, worry, sadness and fearfulness. Massaging the temples, scalp and forehead was useful in alleviating headaches and tension; and shoulder and neck massage was useful for tiredness, irritability or mild upset.

(Cynthia Belle, 4th National Alzheimer’s Disease Education Conference presentation, Chicago, Illinois, July, 1995.) The program was so successful that the massage therapist was asked to remain after the grant funding ran

out, and funds to support the massage program were then allocated in the regular budget.



A one-year demonstration project conducted at the Schervier Nursing Care Center in the Bronx, New York on providing tender touch massage to elderly nursing home residents looked at the effects of gentle massage on two different groups of residents: those suffering from chronic pain and those with dementia who were exhibiting anxiety or agitated behaviors. As in a few other projects, the certified nursing assistants in this facility were trained by a massage professional to administer the touch sessions. As reported in Geriatric Nursing (Nov.-Dec., 2000) fifty-nine of 71 residents completed the 12-week program. Pain scores declined at the end of each phase, and anxiety scores declined in two of the three phases. Eighty-four percent of the nursing assistants reported that the residents enjoyed receiving the touch, and 71% thought this type of massage improved their ability to communicate with the residents.

"Take my Hand: Massage for Seniors with Dementia" was an AMTA funded research project conducted at the Cobble Hill Health Center in Brooklyn, New York in 1998. A licensed massage therapist, Barbara Goldschmidt and her co-therapist, Megan Haungs, taught hand massage techniques to both family members and staff caregivers and supervised the application to a range of residents living with Alzheimer's disease in the facility. A statistically significant number of the residents were more relaxed, and almost all the practitioners of the massage techniques felt they had learned something meaningful. This project led to a related effort called which utilized massage therapy as an aid for those who have trouble sleeping. Cobble Hill Health Center administrators subsequently set up an "externship" program that allows students of the Swedish Institute of Massage and Acupuncture to learn about hand massage from Cobble Hill residents and staff.

Other recent and current research projects on the efficacy of therapeutic massage for the elderly or as part of activity programming in residential care facilities can be searched for on the internet under topics such as: massage in nursing homes; alternative therapies for the elderly; geriatric massage; massage in nursing and so on.

Implementation Models

An ideal model for the provision of massage therapy services to care facility residents is one in which the facility provides the service as an amenity. A large skilled nursing facility in northern California conducted a search for a massage therapist to set up such a program in one of their higher priced units. The contract included payment for administrative costs up to two hours per week. Residents on the unit received a 15-20 minute massage once a month. In this model, family members and responsible parties were informed of the potential for more frequent or longer treatments in which payments could be made directly to the practitioner. The massage services were also available to residents and families in two standard units on request.

Another model for massage programming and billing is a set up similar to what many facilities offer a beautician for salon services. The massage practitioner is given the opportunity to rent a room or space on the premises in which to offer his or her services for a flat monthly fee. The practitioner may be asked do all of his or her own advertising and promoting, or the facility may help promote the services in any or all of the following ways

- Including information or an article in the monthly newsletter
- Putting times the practitioner is available on the daily or weekly calendar
- Including a brochure about the service and the practitioner in new resident packets
- Handing out or making available brochures, flyers or business cards provided by the practitioner offering the service

In yet another model, the facility might provide a massage room and table and ask the massage practitioner to give a percentage of his or her earnings each month to the facility. Or, the facility itself might do the billing, keep a percentage and pay the therapist once a month.

If you are a facility administrator and have decided on the implementation model you wish to use to provide massage services to your residents, you will want to get started as soon as possible so that they and your facility can begin to reap the benefits. The next step in creating a program may be appointing an individual or a committee to locate potential service providers.

In choosing a service provider, you have a number of options. You could

- ✓ find someone on your staff who is already qualified
- ✓ pay for someone on your staff to get the necessary training
- ✓ hire a qualified outside service provider or several service providers with one designated as the coordinator or overseer of the program
- ✓ hire an organization or company who trains and provides practitioners to perform the service
- ✓ contract with a massage school who will provide Interns on a rotating basis to provide service

You may find the perfect person for the job is already working in your facility. Some nurses or physical therapists are also trained as massage therapists or might be happy to acquire the training necessary to perform such a duty. Some facilities have paid for massage training for an interested staff member who is already known to the administration and residents and then written into that person's job description the provision of massage therapy sessions to residents a certain number of hours per day or week. You may locate a qualified and interested massage professional in your community who can assist you in setting up and develop a massage therapy program or service in your facility.

Service Provider Credentials and Characteristics

If your facility is hiring a massage professional to provide services to your residents and staff, or to coordinate a massage therapy program and train others, that person should have the following credentials:

1. Graduation from a State Approved, Accredited Massage School
2. Professional Association Membership such as:
 - ✓ Associated Massage and Bodywork Professionals
 - ✓ American Massage Therapy Association or
 - ✓ National Association of Nurse Massage Therapists
3. Specialized Training and/or Experience in relating to or working with the frail elderly and the ill

4. Liability Insurance

Whether the person administering massage is on the nursing staff, is a volunteer or is a professional massage therapist, you will obviously want that person to possess the qualities of loving kindness and compassion that you would hope to find in all caregivers. In addition, there are other characteristics to look for in such an individual.

The person you hire should enjoy being with older people and feel comfortable in their presence. Some people are depressed rather than inspired by contact with the frail elderly and the ill or feel anxious or fearful about communicating with people who cannot speak well or logically. The person you chose to offer massage sessions to your residents must feel at ease with people who are experiencing a variety of health challenges and who are often physically and/or mentally frail.

If you are bringing in an outside practitioner, look for someone who can function comfortably in a facility setting. Some people find it difficult to spend time in the nursing home environment. It is important that the individual you choose is able to interact successfully with both the residents and staff in your facility. It would also be useful for the person to have some understanding of the health care system and of how different types of care facilities are organized and run.

It is important for the person administering massage or touch therapy to your residents to understand the characteristics of aging and of age-related changes. The practitioner may gain this knowledge directly through caregiving on the job or through personal experience, by taking specialized training, workshops or seminars in the field of aging and/or by reading and observing.

The service provider needs to be familiar with some of the conditions and diseases found among the residents who make up the population in your particular facility. If the practitioner will be relating to individuals who have Alzheimer's disease, for example, that person should understand its symptoms and stages, as well as some of the challenging behaviors that may occur in the course of the disease. Typically, a certain percentage of assisted living or nursing home

residents are stroke survivors and the massage practitioner should understand the characteristic changes and functional problems that may occur after a stroke.

The person providing touch therapy services must understand the special needs of those confined to care facilities and the unique intimacy involved in relating to others in this specialized environment. The provider needs to be aware of how significant the relationship that he or she develops with the resident may become to that person.

Look for someone who is feels at ease with those who can no longer communicate coherently or who are unable to speak at all. Some people are “thrown for a loop” when words are no longer viable as the primary method of communicating, or are uncomfortable with long periods of silence.

Look for someone who can work independently. It is important that the massage practitioner you employ be confident within his or her field of expertise and that he or she be able to proceed without supervision in providing service. Look for a person who can be creative in solving small problems that may arise, and for a person who can adapt easily to different personalities as well as different ways of working with individuals.



The massage practitioner you engage to interact with your residents must have the ability to adapt to a variety of situations and to constantly changing conditions. The person should be able to respond compassionately rather than react critically.

To summarize, the ideal person or persons whom you chose to administer massage to residents and staff members in your facility should be

- √ compassionate
- √ caring
- √ sensitive
- √ flexible
- √ adaptable
- √ creative

- ✓ comfortable in a care facility environment
- ✓ able to relate well to both residents and staff
- ✓ familiar with the characteristics of aging and age related diseases
- ✓ comfortable being with those who are non-verbal
- ✓ able to work independently

Designated Coordinator

On strategy would be to appoint or designate a Department Head or some other staff person in the facility as the coordinator of the massage therapy program. That person might be the

- ✓ Activity Director or Assistant Activity Director
- ✓ Social Services Director
- ✓ Special unit Manager
- ✓ Director of Residents Services
- ✓ On-site Physical Therapist
- ✓ Assistant Administer

If the massage services are offered by an outside service organization or by an individual massage therapist, the staff person within the care facility who takes responsibility for coordinating the program will act as a liaison between the service provider, residents and other staff members. This coordinator should be someone who is familiar with the facility, staff and residents. This person should also understand the benefits of therapeutic massage and touch therapies and be supportive of the program.

Tasks of the facility coordinator may vary. Ideally, the designated coordinator will offer support in the following areas:

- ✓ Development
- ✓ Promotion
- ✓ Implementation
- ✓ Assessment
- ✓ Scheduling

√ Evaluation

The tasks of the designated coordinator may also vary depending upon the size and type of facility, the kinds of services offered and the extent of resident and staff participation in the program. The facility coordinator might assign, or take personal responsibility for some or all of the following tasks:

- √ creating contractual agreements with service provider
- √ disseminating information about the program
- √ promoting the program or activity within the facility
- √ identifying potential clients/recipients
- √ obtaining physician and family member authorizations
- √ acting as a liaison between service providers residents and staff:
- √ acting as a liaison between the service provider and family members or responsible parties in order to answer questions and relay information
- √ introducing massage practitioner/s to staff members
- √ introducing practitioner to residents
- √ providing necessary information to practitioner/s such as:
 - room and bed number of resident
 - diagnosis/condition
 - precautions
- √ sharing progress notes at patient care conferences
- √ making sure documentation is accurate
- √ assessing benefits to residents and staff
- √ reporting benefits and effects of program to administrative staff

Possibility of creating a new staff position. If your facility is a large, multi-level complex, it would be advantageous, if at all possible, to hire a qualified individual, on a full or part-time basis, to oversee or coordinate the massage therapy, or a larger Adjunct Therapies Program. That person, who could also be one of the service providers, would work with the administration or a

department head to create and implement a program appropriate to the care complex. Locating a massage professional, or several if needed, to provide the massage services would be the first step. Once contracts were arranged with practitioners, the new Program Coordinator would provide any specialized training and education needed, and would then be in charge of implementing and administrating the program. That person's responsibilities would include those listed above for an in-house coordinator and perhaps some additional tasks such as

- √ writing a job description
- √ interviewing potential service providers
- √ preparing contracts
- √ creating written guidelines for practitioners
- √ creating flyers and informational materials
- √ assessing resident needs
- √ matching residents to practitioners
- √ making practitioner assignments
- √ supervision of practitioners
- √ billing to appropriate responsible party
- √ attending team meetings and/or family council meetings
- √ providing continuing education (for practitioners and/or staff)
- √ program assessment and evaluation

In addition to training massage professionals in adapting their skills to working with the less mobile elderly within the care facility environment, a Massage Therapy Program Coordinator could provide in-service training for staff members. One goal of such training would be to help staff members increase their ability to use touch more consciously. Another goal might be to suggest ways in which staff members could utilize focused and attentive touch more effectively in routine caregiving. The Program Coordinator could also train volunteers interested in learning more about how to use conscious touch and hands-on relaxation techniques in relating to the residents.

An individual might be hired to create and coordinate a larger Adjunct or Alternative Therapies Program within the facility that would include massage therapy along with additional optional therapies or services which are growing in popularity and which are being used effectively in residential care facilities. These might include

- ✓ Animal Assisted Therapy (sometimes referred to as Pet Therapy)



Facility Orientation

The designated supervisor or program coordinator should conduct an orientation process for any service providers. This will help both the coordinator and the therapists feel more comfortable in implementing a new program. A Facility Orientation Checklist might include

- ✓ a general overview of the facility
- ✓ a review of facility population
- ✓ a tour of the facility site

- √ emergency procedures
- √ fire preparedness
- √ earthquake or tornado Disaster Plan
- √ location of generator outlets
- √ emergency exits
- √ location and type of fire extinguishers
- √ infection control information
- √ review of resident rights
- √ location of any equipment or supplies being provided
- √ an introduction to other staff members

A facility packet with written instructions for emergency procedures and other pertinent information can be given to the massage therapist at the time of the orientation meeting to reinforce verbal communications and for review purposes when needed. A thorough orientation to the facility environment and outlining specific procedures used within the facility will help the massage therapist feel more comfortable in implementing the massage therapy program and more a part of the “team.”

Getting Started

Once you have contracted with a service provider or hired a Program Coordinator, there are several things you can do to initiate the activity or provision of service:

1. Invite the service provider or your Massage Therapy Program Coordinator to give a presentation or special topic seminar on stress reduction and relaxation techniques to a group of alert residents, and/or at a family support group meeting. He or she can then introduce the concept of therapeutic massage sessions for the facility residents, discuss the benefits and effects of the service and answer questions about payment, scheduling, and so on.
2. If your community or facility has an active resident council, set aside some time to discuss the massage therapy program. Invite the massage therapist or program director to talk about the service and do a demonstration on one or more residents. You can then elicit the help

of your best advertisers—the residents and staff, to spread the word about the availability of massage therapy in the facility.

3. Initiate some of the promotional ideas already outlined.
4. If sign-ups or referrals are slow in the beginning, ask your service provider to consider
 - √ offering a free introductory mini session or first session discount
 - √ attending an already established program such as an exercise group and offering complimentary hand or neck massage to anyone in the class who would like one
 - √ offering your facility beautician a free massage to engage her support in helping to promote the program
5. If manicures are offered at the beauty parlor, the massage therapist could make him or herself available for hand and arm massages before a manicure (or foot massage before a pedicure).
6. Many people are not comfortable being the first to try something new. To get the ball rolling, put yourself or another staff member on the sign-up list, or sign up your facility Resident Council President for the first massage therapy appointment.

Chapter Two

Promoting the Program

Receptivity of Residents to Massage

Some older adults have never experienced therapeutic massage and may be reluctant to receive it for a variety of reasons. They may have preconceived ideas about what massage is. It may conjure up negative images or have sexual connotations of some kind.

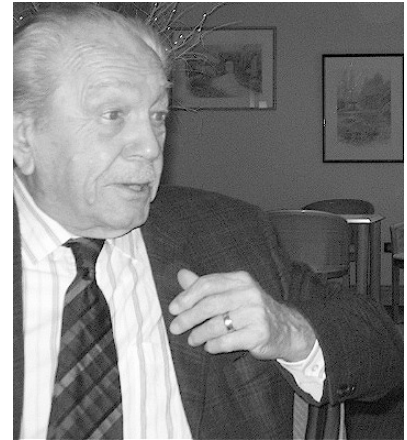
There is another reason why older residents of care facilities may be hesitant to spend money on a care service such as massage therapy. Men and women born in the first quarter of this century grew up under the cloud of the Great Depression. They learned to save and hoard their possessions, to re-use everything and waste nothing. People of this era are known for their volunteer and charitable work, sharing their resources and denying themselves luxuries. They also come from a generation of people who highly value their physical and emotional privacy. Older adults may feel that massage is something they don't "need" or cannot afford, that it is something frivolous or that is some kind of new luxury only for the decadent or the very wealthy.

Older adults who are hesitant to accept or pay for massage therapy services may be more open to it if the health benefits are stressed, or if a physician or nurse whose opinion they trust can recommend it to them. Family members presenting the massage sessions as gifts might present the massage as something that could be helpful in relieving a specific discomfort or complaint. Once the sessions are in progress, the massage recipient nearly always experiences additional benefits, beyond pain relief.

Sometimes, leaving the word "massage" out of the promotional literature can help increase receptivity of older residents to a program. Other words such as caring touch, gentle touch, touch therapy or elder touch might be substituted. Or, using the words "back rub" or

“foot rub” instead of massage, especially with elderly male residents, may be more acceptable and better understood in the beginning.

There may be times when the first session may consist of a handshake and a few minutes of attentive listening on the part of the practitioner, or a short conversation between the resident and practitioner. Once rapport between the therapist and the resident is established, the resident understands that the touch offered is not going to hurt in any way and realizes that clothing need not be removed, he or she may be more open to trying an introductory



session or booking subsequent sessions. If the therapist is skilled in working with and communicating with the elderly and the ill, then the service will soon expand through word of mouth and “satisfied customers” with relaxed smiles and happy faces!



As the “baby boomers” age, and begin to need assisted living or nursing care, therapeutic massage will not only be more acceptable but may well be in demand! Many people who are now moving through their sixties toward their seventies are used to receiving massage and bodywork sessions on a regular basis. Many of them already know and value the benefits of

massage as both an aid in healing and a tool for relaxation.

Policies and Procedures

Other steps that might be taken in promoting and maintaining a massage therapy program in your facility could include:

1. Developing a Policies and Procedures document in regard to the massage therapy service or activity. This may be done in conjunction with the activity or social service department policy manual, or in conjunction with independent contracts with service providers. The Policies and Procedures could include any or all the following information:

- √ who will perform the service

- ✓ who will act as the facility or community coordinator/liaison
- ✓ how appointments will be made
- ✓ where massage sessions will be given
- ✓ Infection Control and safety precautions
- ✓ physician approval and/or other authorization procedures
- ✓ location of supplies, if any, which facility has agreed to provide such as:
 - towels
 - pillows
 - extra blankets
 - lotion
 - sterile gloves

2. Designing a sign-up sheet or book for tracking appointments. Since some residents, especially in a skilled nursing facility, may not be able to easily access a booklet or sign up independently for their appointments, a referral form can be maintained at a designated nursing station or in the office of whomever is coordinating the program within the facility. This form should include space for

1. Pertinent medical or other information. For example:
 - Extensive psoriasis (not contagious)
 - Diabetes – right leg amputee
 - Stroke related dementia
2. Recent changes in the resident's situation that might be pertinent or useful information. For example:
 2. Wife died last month
 - Moved into Dementia unit from Assisted Living last week
 3. Scheduled for eye surgery next week
3. Precautions to be taken. For example:
 - “skin prone to tearing”
 - “resident may be verbally abusive”

- “resident does not like to have feet touched”

If the service provider is invoicing a conservator or family member directly for the services provided, this informational form should also include space to indicate the billing name and address.

Marketing and Promotion Strategies

A specialized program such as massage or touch therapy is unique and can be an excellent marketing tool for promoting a specific facility within a community. There are a wide variety of “PR” tools for marketing such a program. Promotion methods can be divided into two categories: internal and external

Internal promotional “tools” include

- ✓ Employee Newsletters
- ✓ Bulletin Boards
- ✓ Orientation Meetings
- ✓ Activity Calendar
- ✓ Grapevine
- ✓ Resident Council Meetings
- ✓ Family Support Groups
- ✓ Employee Recognition Programs
- ✓ Flyers

Examples of external marketing tools could include

- ✓ Agency Newsletters
- ✓ Community Magazines
- ✓ News Release/Media Kits
- ✓ Special Events
- ✓ Slide Shows or Videos
- ✓ Brochures
- ✓ Letters
- ✓ Open Houses/Tours

- ✓ Conferences/Conventions
- ✓ Exhibits

Responsibilities of Facility Coordinator

The designated coordinator within the facility, in cooperation with the service provider, will need to take certain steps to elicit interest in and promote the massage therapy service or program. Listed below are some general promotional and advertising suggestions. The following guidelines can be adapted to meet the needs of specific assisted living or extended health care facilities.

1. Write a short article to be included in your facility or company newsletter introducing therapeutic massage as a new

- ✓ activity
- ✓ program or
- ✓ service

2. Ask the agency, organization or individual massage therapist to supply to you with copies of brochures describing the massage therapy service or program. The brochure should include pertinent information such as

- ✓ who will be providing the massage therapy service
- ✓ name of company or agency
- ✓ name of individual massage therapist
- ✓ Qualifications of the service provider/s
- ✓ professional credentials
 - specialized training
 - experience
 - liability insurance
- ✓ where the service will be provided
 - resident's room
 - designated area or room in facility

- ✓ Benefits of the program or service (why should someone participate in this program or request this service?)
- ✓ Length of sessions available

Other information that might be provided on a brochure, or which should at least be available to those who may express interest would include options available for receiving massage therapy such as

- ✓ table massage in designated area
- ✓ chair massage in designated area
- ✓ massage table set up in resident's room
- ✓ administered to resident in his/her bed
- ✓ administered while resident is in wheelchair

3. Design, or ask the service provider to supply you with, an additional flyer or brochure insert that contains specific information such as

- ✓ fee schedule for massage sessions
- ✓ days and dates when the massage therapist will be available
- ✓ times when sessions may be scheduled
- ✓ who to see within the facility or a phone number to call for
- ✓ more information

4. Make these brochures and flyers available to

- ✓ facility residents
- ✓ family members
- ✓ conservators or other specified agents
- ✓ nursing staff
- ✓ administrative staff
- ✓ Activity Department
- ✓ Physical Therapy and Rehabilitation Departments

5. Distribute or post the informational brochure and/or flyers in visibly prominent places such as
 - √ reception desk
 - √ nursing stations
 - √ near the monthly activity calendar
 - √ in or near the beauty salon
 - √ in rehabilitation/physical therapy rooms
 - √ in activity rooms
 - √ in employee lounges
5. Include a brochure or flyer in
 - √ new resident packets
 - √ billing envelopes
6. Talk to residents personally about the benefits of massage and let them know how they can participate in the Program or receive the service.
7. A news release is one of the most common public relations tools. A few simple steps will increase your chance of getting your story in a local newspaper. Keep your release short and simple, one to two pages at the most. Try to create a local angle or tie the story to a specific individual or an event.

Tips:

- Always double space your release
- Print the release on facility stationary
- Put the name and phone number of contact person in the upper right hand corner
- Include a day and evening telephone number
- Include the date

Involving Employees in the Program

The numerous benefits of massage for staff members are discussed in detail in Section I. Some health care workers and other facility employees have never received therapeutic massage

in any form themselves. A massage program for your administrative and nursing staff and other personnel can be implemented in several ways. Massage therapy can be offered

- ✓ to all employees on a direct pay basis
- ✓ paid for by the company
- ✓ paid for by an Administer or Department Supervisor

A therapeutic massage session can be given to employees

- ✓ as part of an employee incentive or wellness program
- ✓ as a special bonus for work in excess of regular duties
- ✓ as a holiday or end of the year bonus
- ✓ as a birthday, wedding or baby shower gift
- ✓ to mark an employment anniversary
- ✓ as a going away or retirement gift
- ✓ to reward a job well done
- ✓ to encourage and support an overwhelmed or stressed employee

Another way that massage has been utilized in our facility is that we have a program for the hospital personnel, not just the nursing staff but for everyone. The administration pays for a several chair massages once a month as a way of acknowledging someone who has done a really good job, to let them know that they are valued, and to say thank you to them, and it is really appreciated!

—E. Youngberg, D.O.N.

Most care facilities have some kind of Employee Recognition Program such as “Employee of the Month” as a key part of establishing and maintaining good employee relations. National Professional Recognition periods such as those listed below represent another excellent opportunity for massage gift certificates to be given out to staff members.

- | | |
|-------------------------------|---------|
| ✓ Activity Professionals Week | January |
| ✓ Social Workers Month | March |
| ✓ National Nurses Day | May |
| ✓ Nursing Assistants Week | June |

- √ Healthcare Housekeeping Week September
- √ Healthcare Food Service
 Professionals Week September

Creating a Space for Staff Massage

There are several ways in which an available space can be utilized for the purpose of offering therapeutic massage sessions to those who are working within the care facility environment.

Table Massage. Massage given on a table designed for this purpose offers the recipient more variety and maximum opportunity for relaxation (assuming the person receiving the massage is comfortable lying down). Table massage is also easier on the massage practitioner in terms of physical comfort and accessibility. If adequate space is available, a portable massage table can be set up one day each week or once or twice each month. Some facility buildings are now being designed to include a specific room to be used for therapeutic massage and some companies or administrators even provide budgets or manage to find money for a state of the art massage table and other accoutrements in such a space. Until this becomes the norm, however, there are many spaces that might be used, at least on a temporary basis, for short periods of time, such as a

- √ private dining room
- √ conference room
- √ physical therapy room
- √ empty Resident room
- √ office not in use at specific time
- √ Activity room not in use
- √ Physical examination room
- √ Chapel

Ideally, the room used for the staff massage therapy sessions would

- √ not be too large
- √ have carpeting on the floor

- ✓ have lights with a dimmer switch
- ✓ have shades or curtains which can be closed
- ✓ have an electrical outlet
- ✓ have a method for warming or cooling
- ✓ have some ventilation
- ✓ have some natural light source

However, many facilities may not have such an ideal space and so, once again, creativity and adaptability are called for. The designated space for massage therapy might be a room normally used for something else such as an exercise class, or recreational activities. If a physical therapy or examining room is available in the facility, there may also be a sturdy table that can be adapted for the purpose of giving a massage. Any stable, six foot long table, a cafeteria table for example, can be converted for use as a massage table by putting foam padding or several blankets on top to make it comfortable enough for someone to lie on for a short period of time.

A physical therapy bed or table, usually much lower and somewhat wider than a massage table, might be utilized. The massage practitioner could adjust his or her height, as needed, by using a kneepad (such as gardener's use) beside and at the end of such a table or possibly by getting on the table.

Chair Massage. If there is even a small space available, a special massage chair may be set up for the sessions. A small private dining room or almost any other room might be utilized for this purpose, especially if the practitioner is going to work on several individuals sequentially. If there is a designated space one that is available for a whole day, for instance, the massage practitioner may be able to dim



or



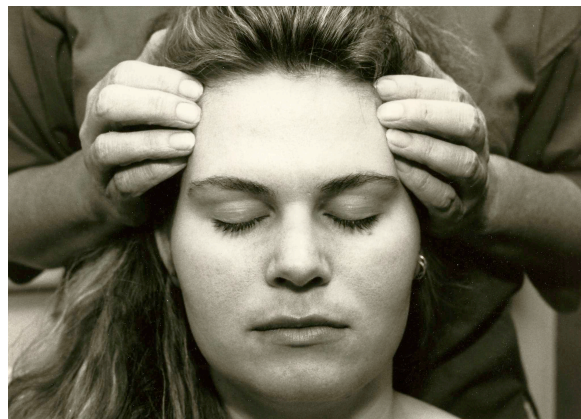
the lights, and add music or an aroma therapy scent to the environment to make it even more relaxing and appealing for the massage recipient.

If there is no other space available, a massage session can take place with or without a “desk topper” device, in almost any stationary chair in almost any space, even right at an employee’s desk. A chair without arms offers better and easier access than an armed chair. If possible, the telephone should be unplugged, and the door shut to alleviate distractions!

I’ve enjoyed the massage sessions seated right at my desk in my office. It’s wonderfully convenient. The 15-minute neck and shoulder massage is so relaxing! I’m always amazed at how much better I feel, and I’m much easier to get along with for the rest of the day!

-M.Huffy, Asst. Administrator

Staff massage sessions are often given during a fifteen minute break period so whether the massage is given in a chair near the employees desk or in a different room, or on a table of some kind, it is probably best to give the massage with the person fully clothed. Occasionally someone on staff may want to schedule a longer massage during a lunch break or at the end of his or her shift. In such a case, if a private room and massage table are available, and the person feels comfortable removing some clothing, it will allow access to more of the body and the practitioner can use a greater variety of strokes.



Section III
SUPPLEMENTARY MATERIALS

Terminology in Care Facility Settings

Activities of Daily Living (ADLs): Physical functions that a fully mobile, independent person can do for him or herself such as bathing, dressing, eating, toileting, walking and transferring into and out of bed.

Administrator: In most cases, the licensed professional who is responsible for managing day-to-day operations of a senior housing facility such as a skilled nursing assisted living facility. In some cases, an Administrator will be overseeing several facilities in which case an Assistant Administrator or Director of Nursing may be the person in charge on a daily basis.

Caregiver: The person taking primary responsibility for assisting an elderly resident with Activities of daily living, as needed.

Certified Nursing Assistant (CNA): The men and women who provide all personal care such as bathing, dressing, toileting, transferring, changing linens and so on to, to residents or patients. . CNAs are trained, tested, certified and work under the supervision of an RN or LPN.

Charge Nurse: An RN or an LPN who is responsible for the supervision of a unit within a nursing facility, doses out medications and provides acute care when needed.

Cognitive Impairment: Refers to a diminished mental capacity.

Custodial Care: Refers to caring for a person unable to care for him or herself but whose care does not include rehabilitation or a skilled nursing component.

Dementia: A broad term used to describe mental changes in brain function and abilities. Some conditions that cause dementia can be reversed and others cannot. The two most common forms of irreversible dementia in older people are Alzheimer's disease and multi-infarct dementia (sometimes called vascular dementia or stroke related dementia).

DON (Director of Nursing) The nurse who oversees all nursing staff in a nursing home and is responsible for formulating nursing policies and monitoring the quality of care delivered, as well as the facility's compliance with federal and state regulations pertaining to nursing care.

Medicaid (Medi-Cal in California): A federally supported, state operated public assistance program that pays for health care services to people with a low income, including elderly or

disabled persons who qualify. Medicaid pays for long term nursing facility care, some limited home health services, and may pay for some assisted living services, depending on the state.

Medicare: The federal program providing medical care insurance for people aged 65 and older.

Private Pay: Refers to residents whose care is paid for through private funds--their own, their families or from another third part such as an insurance companies to distinguish those individuals from those whose care is paid for by Medicare, Medicaid (Medical) or Veteran's Administration funds.

RN (Registered Nurse): A trained nurse who has passed a state board examination and is licensed by a state agency to practice nursing. A minimum of two years of college is required in addition to passage of the state exams. The RN usually assesses a resident's needs, and helps develop and monitor care plans in conjunction with physicians, and provides technical, skilled nursing treatments as necessary

Rehab (Rehabilitation): Specialized therapy for residents usually involving physical, speech and/or occupational therapy to help restore a resident's level of functioning to a former capacity.

RA (Resident Assistant): Generally work in assisted living residences and provide direct personal care services to residents but are not certified nursing assistants. (CNA's) In some states, RA's also work in nursing facilities.

Resident Care Plan: A written plan of care for nursing facility residents, developed by an interdisciplinary team that specifies measurable objectives and timetables for services to be provided to meet each resident's needs. Massage therapy, for instance, could be a recommended service for a particular resident to address specific issues.

Respite Care: A scheduled period of time to provide care for someone usually is normally cared for at home by a family member in order to provide relief (respite) for the caregiver.

Sundowning: A behavior (also known as Sundowner's Syndrome) which has been noted to occur with some people living with dementia in which confusion seems to increase in the late afternoon or around sundown.

Massage and Bodywork Glossary

There are literally dozens of different forms of massage and bodywork currently being practiced by massage professionals worldwide. The ones listed and briefly described below, are included here either because they were developed specifically for, or are easily adapted to working with the aging, elderly and/or ill residents that make up the population of care facility environments. These modalities can also be used or adapted for use in hospital, home and hospice environments; and, most of them, in adult day care situations. Many of these particular types of massage techniques and modalities do not require disrobing and verbal interaction is usually not essential. Website addresses are listed after each description so that the reader can access more information regarding

- history of the modality
- detailed descriptions of the techniques
- how to find practitioners
- books, articles and books available
- research results
- workshops and training available
- links to other pertinent sites

Acupressure is a form of touch therapy that utilizes the principles of acupuncture and Chinese medicine. In Acupressure, the same points on the body are used as in acupuncture, but are stimulated with finger pressure instead of with the insertion of needles. Acupressure is used to relieve a variety of symptoms and pain. Acupressure massage performed by a therapist can be effective in treating many health conditions including headaches, general aches and pains, colds and flu, arthritis, allergies, asthma, nervous tension. Acupressure points can also be stimulated to increase energy and feelings of well being, reduce stress and stimulate the immune system.

www.acupressureinstitute.com

Comfort Touch[®] Massage for the Elderly & the Ill developed by Mary Kathleen Rose. *Comfort Touch[®]* is a nurturing style of acupressure that gives special consideration to the physical and emotional needs of the elderly and the ill. Its primary intention is to provide comfort through techniques that promote deep relaxation and relief from pain. *Comfort Touch[®]* is practiced in a wide variety of settings and circumstances, including hospitals, hospices, wellness centers, home-care and long-term care facilities.

www.comforttouch.com

info@comforttouch.com

COMPASSIONATE TOUCH[®] for Those in Later Life Stages was created in 1991 by massage therapist and teacher, Dawn Nelson as a therapeutic modality specifically for relating to and enhancing quality of life for the elderly/ill in home, hospice and care facility settings.

COMPASSIONATE TOUCH[®] combines gentle massage, relaxation techniques and appropriate communication skills with one-on-one, focused attention and *presence*. Clients remain in wheelchairs or beds in clothing or gowns. Sessions can last from 15 to 55 minutes.

www.compassionatetouchinfo.net (in progress) (Dawn Nelson, Founder)

www.compassionate-touch.org (Ann Catlin, current Director)

www.info4people.com (books and media)

CranioSacral Therapy is a gentle, non-intrusive, hands-on method of evaluating and enhancing the function of the CranioSacral system. The aim of CST, developed by osteopath-physician Dr. John Upledger, is to enhance the body's natural healing processes, improve the operation of the central nervous system, dissipate the negative effects of stress, enhance health and strengthen resistance to disease. CST has been shown to be effective in helping to alleviate migraine headaches, chronic neck and back pain and motor-coordination impairments and other conditions and has proven useful in freeing accumulated stress.

www.craniosacraltherapy.com

Esalen Massage was originally developed and practiced at the Esalen Institute in Big Sur, California, best known for the use of aromatic oils combined with long, gliding soothing strokes on the body. This focus is on generating a deep state of relaxation allowing both physical and emotional healing and a sense of being nurtured and balanced. Pressure can range from gentle to deep. Normally administered on a massage table with the client disrobed, this type of massage can be adapted and administered to some extent to those in beds or wheelchairs.

www.esalenmassage.org

Geriatric Massage takes into account health conditions and impairments associated with those in the later years of life. The practitioner must acquire theoretical knowledge and technical skills that go beyond what is usually taught in massage schools. The DAY-BREAK Geriatric Massage Project, now under the direction of Sharon Puszko, was founded in 1990 by Dietrich Miesler who originally studied massage in his native Germany. Miesler culled pertinent facts from the fields of medicine, psychology, sociology, gerontology and various bodywork disciplines, to develop Geriatric Massage as a specialty.

www.daybreak-massage.com

Jin Shin Jyutsu is a Japanese physio-philosophy that focuses on harmonizing the body's life energy and restoring a person's physical, mental, emotional and spiritual balance through gentle touch. There is no physical manipulation of the body in this technique that uses light fingertip of palm pressure along energy pathways. It can be administered with clients fully clothed and is ideally suited for use with the frail elderly and ill.

www.jinshinjyutsu.com

Oncology Massage Comfort-oriented massage or touch, which can be administered to people with cancer regardless of the severity of their condition. Developed and taught by Gayle MacDonald, author of Medicine Hands: Massage Therapy for People with Cancer and Massage for the Hospital Patient and Medically Frail Client appropriate in any health care setting for those living with cancer or other serious illnesses.

www.medicinehands.com

Polarity Therapy, developed by Dr. Randolph Stone in the early 50's, combines Eastern and Western principles of healing, aiming to balance negative and positive poles of energy in the body. Results noted include profound relaxation, new insight into energetic patterns and their implications, and relief from numerous specific problematic situations. Generally gentle, non-invasive and calming, Polarity is practiced with clients clothed. Length of sessions can vary as can pressure used and verbal communication is not essential, making it adaptable and appropriate for administering to the elderly and the ill.

www.polaritytherapy.org

Reflexology is the application of finger pressure to specific reflex points in the feet (and sometimes the hands). By stimulating specific points on the foot, positive effects can be realized

in the reciprocal part of the body. Treating the whole foot can have a relaxing and healing effect on the whole body. Pressure can be adapted from gentle to strong.

Reflexology is often used to help improve circulation and elimination; and to help restore and maintain the body's natural equilibrium and balance, and encourage healing.

www.reflexology.org

www.aor.org.uk

The Rosen Method is distinguished by its gentle touch and non-invasive approach. Using hands that “listen” rather than manipulate, practitioner is trained to observe subtle changes in muscle tension and breathing patterns of the recipient. The originator of this technique, Marion Rosen believed that emotional and muscular release are interdependent. Although normally administered on a massage table, the work can also be adapted for use with those in beds. Verbal communication between the practitioner and the client is useful but not essential.

www.rosenmethod.org

Reiki (pronounced “ray-key”) is a system that involves a transfer of healing energy from the trained practitioner’s hands to the client, and can be performed with or without the practitioner actually touching the client’s physical body. The sensitive client may feel some warmth, tingling, pulsing or other sensations as the energy is transferred. Reiki may be practiced informally or formally in any health care environment. Reiki is known to relax, soothe, comfort and ease symptoms of colds or flu. It is also used to reduce pain, alleviate stress, accelerate healing and restore balance. It has been used successfully in hospital settings to reduce anxiety before surgical procedures and to decrease the amount of time needed for healing and recovery!

www.traditionalreiki.com

Therapeutic Touch was developed and named in 1972 by Dolores Krieger, a nursing professor at New York University. TT is practiced primarily within the nursing profession but is available to anyone who chooses to learn the process and develop the skill. The technique, often practiced without actual physical contact with the body, is useful for reducing pain and anxiety, promoting relaxation, and stimulating the body's natural healing process. has been proven effective in helping patients heal more quickly from surgical procedures.

www.therapeutic-touch.org

Trager Integration, also known as Tragerwork, seeks to release tension and promote a sense of relaxation, inner peace and spaciousness. The creation of Milton Trager, M.D. its trademark technique is a gentle, steady, rhythmical rocking. Practitioners of this method report success in improving the health of people with chronic neuromuscular pain, high blood pressure and strokes, migraine, and asthma and say that it can benefit patients with polio, multiple sclerosis, and muscular dystrophy as well. Clients need not disrobe. Trager Integration is usually practiced on a massage table but can be adapted for use with patients in beds and can be used, to some extent, on the upper extremities of a person in a wheelchair.

www.trager-us.org

Case Studies

Case Study #1

A long term resident in a 95-bed skilled nursing facility in her late seventies, J. had never married and had no family in the area though she did enjoy a fairly active social life within the facility, including attention from several gentleman residents. She loved having her hair done regularly in the facility salon. This resident was able to ambulate well with the aid of a walker and enjoyed being one of the models in the annual fashion show put on by the facility.

Then a stroke left J. with one-sided weakness, a dropped face and a slight speech impediment. She withdrew after suffering the stroke and no longer wanted to socialize with other residents. She showed no interest in dressing, was embarrassed by her appearance and did not want to see herself in a mirror and began wearing sunglasses at all times. She became depressed and reclusive, refusing visits from her friends within the facility.

This resident met attempts at therapeutic interventions with obstinacy. She refused physical therapy or did not want to even get out of bed. She began complaining about itchy, dry skin and was at risk for developing skin ulcerations. With some reluctance, J. agreed to a visit from a massage therapist who came to the facility twice a month while commenting to the social services director that she didn't think anyone would want to touch her ugly body.



The massage therapist related to J. as an individual, noting that she was “still the same person inside” that she had always been, and touching both sides of her body in the same gentle, caring way. As a result, J's self image and self-esteem gradually improved and she became less withdrawn. She even consented to model again--for the wheelchair fashion show. At the urging of the massage therapist, Josephine resumed her physical therapy sessions and achieved some slight gain in mobility. Massage became an integral part of her therapy program and she always looked forward to her sessions.

Case Study #2

A 52-year old woman with severe multiple sclerosis, C. resided in a room with two other residents in an extended healthcare facility established on the fourth floor of a large office building. C. was mentally alert. However, she was unable to sit in an upright position comfortably, and the only time she left the comfort of her twin size hospital bed and state-of-the-art gel mattress was for a weekly bubble bath. Despite her limited mobility and tiny living space, C. lived largely. She enjoyed watching movies on a VCR brought into her room on a rolling cart in the evenings, chatting with staff members and weekly visits from her 80-year old mother.

Catherine preferred to be positioned on her back as much as possible. She simply could not stand the feeling of helplessness that overcame her when she was turned onto her side or her stomach. She had control of one arm but only from the elbow. She could lift her head, and little else. Massage was encouraged for C. in order to help prevent pressure sores, for relaxation and for the social interaction the visits from the massage therapist provided. C. had never received any kind of massage before and she was apprehensive at first but open to the experience. After her first massage session, C. happily exclaimed that she had never had a better night's sleep and could not wait to schedule another appointment! She spent the next two and a half years before her death reaping a variety of benefits from her regular massage sessions.

Better circulation was achieved in C's legs, her neck became more relaxed and her skin smoother. The combination of the way this resident felt after her massage sessions with the personal contact and the ensuing friendship that developed between her and the massage practitioner significantly increased the quality of C's last few years of life.



Case Study #3

A stroke survivor in her mid 80's, R. lived for a year in an Assisted Living Facility, where she particularly enjoyed sitting outdoors in the sunshine watching the birds play in the courtyard fountain and enticing the Blue Jays with bits of cracker. R. was mobile using a walker but needed help dressing and bathing as well as prompting to get to meals and other activities. She was not particularly motivated to do the physical therapy exercises that might have improved her mobility but she very much enjoyed her massage sessions. R. received lotion massage to her extremities and back lying on her back or on her side on her bed. She sometimes received upper back and shoulder massage while seated in an armchair and occasionally enjoyed foot and leg massages while relaxing in her recliner chair.



After falling and undergoing surgery for a broken hip, R. moved into a nursing home. She was never able to rehabilitate to the point of walking again with any regularity. She continued to receive massage and gentle touch sessions, often after lunch and before her afternoon nap, while clothed and lying on her bed. Access to R's body was easier in the nursing home due to the electronic bed, which could be easily raised and lowered. Since R. was now spending most of her hours in a wheelchair or in bed, massage was also important in helping to prevent pressure sores

During a COMPASSIONATE TOUCH® training workshop in the nursing home where she



lived, R. volunteered to help "teach" the class by letting a student work with her. During the practice session, R. mentioned how important touch is to people in her situation, and told the person working with her that it is "very important to tell people they are loved." She said that "the

touch and the love together is what is healing."

Eventually R. had a series of small strokes and lost her eyesight. A few months later, her physical and mental condition declined and she became a hospice patient within the nursing home. R. continued to receive gentle massage, “lotioning” and attentive, nurturing touch on a regular basis through the day of her death.



Case Study #4



In her mid eighties, A. lived in a care facility specifically for people living with Alzheimer's disease or other types of dementia. Her family had hired an agency to oversee A's care and her case manager contacted a massage therapist who specialized in working with the elderly and hired her to visit A.

A's case manager told the practitioner that A. was sometimes "combative." The practitioner, however, never saw any evidence of such behavior in her twice-weekly visits to this woman whom she found to be pleasant, cooperative and utterly charming. A.

was able to walk with a cane and transfer from her wheelchair to her bed with minimal assistance, although she spent most of her time sitting in her wheelchair. She liked to have her legs gently massaged and she enjoyed back rubs and lotion massages on her hands. However, she seemed to benefit most from the one-on-one attention she received during her massage sessions, and from her conversations with the practitioner whom she often mistook for a family member or old friend. The practitioner let this animated, talkative resident lead the conversations and simply followed wherever path A. decided to go down on any given day or in any given moment, gradually gleaned more and more about A's life before she began sharing it with Alzheimer's disease. In time, as their rapport increased, A. would occasionally share some of her deeper feelings with the practitioner and seemed to benefit from the attentive listening and acknowledgement.



Sample Documents

The forms and documents on the following pages are samples, included here as a starting place to generate ideas which service providers and facility coordinators can build on as they work together to establish and develop a therapeutic massage or skilled touch program. The sample authorization forms, which may not necessarily be always required, cover a variety of situations. The samples provided should be read carefully and appropriate adaptations or changes made to fit specific environments and intended populations.

The author utilized the sample contracts, and the Policies and Procedures Agreements, during her years of working within a variety of health care facility settings. Most were generated by the facilities. As the reader will observe, these contractual agreements run the gamut from extremely thorough and “legal” to extremely simple. One reason for this wide range is that any given facility may be one of hundreds owned by a large corporation with a single governing board, or it may be one facility owned by a single family or individual.

If an independent contractor is brought in by the facility, he or she may provide brochures, flyers and forms reflecting an already established outreach program or the particular skills that he or she has to offer. The service provider will, hopefully, already be trained in the use of specific techniques, or bodywork methods that were created specifically for working with an older population or which are easily adapted to caring for the frail elderly and the ill. If the provider has not received specialized training in relating to residential care populations, the interested facility may wish to pay for such training or require the provider to receive it before hiring that person.

Documentation can occur in various ways, from a simple notation in the resident’s chart to a special form such as the sample provided. Some facilities will require documentation and others may not. The service provider should always document his or her sessions in some way and keep records that can be referred to should questions of any kind arise in the future.

If Physician Authorization is required, the doctor should be given information regarding the massage therapist’s credentials and specialized training in the form of a brochure, flyer, or short Resume. Another way to assure the physician of the benefits of the therapy and the

appropriateness of the request would be to have a Director or Director of Nursing in the facility who is “on board” with benefits of the therapy or programs speak to the doctor or hand him or her a published article on the subject. If the therapist has written a pertinent article or book that can establish his or her experience and knowledge regarding touch and the elderly, this will also be helpful.

The therapist will do well to bear in mind that staff in care facilities--from the Administrator to the nursing assistants are often on a tight time schedule and have more to accomplish in any given day than is easily manageable. Daily life within any health care facility is unpredictable and often stressful, for those responsible for the residents and for the residents themselves. Communications should be clear and concise and follow-up is important.

SAMPLE INFORMATIONAL LETTER

From Facility

(on facility letterhead)

Dear (Family Member or Responsible Party) :

This letter is to let you know that age-appropriate massage and touch therapy sessions are now offered, through (name of service provider) to residents of (name of facility or unit) once a month as a Manor Care amenity. These sessions are individualized, with consideration given to the unique situation, needs and desires of each person we see, each time that we meet him or her. This unique, new bedside service is provided by (name of company or service provider /s)

(name of service provider) practitioners are trained in adapting their massage and bodywork skills to working with those in beds or wheel-chairs. They are also (or he or she is) experienced in communicating with the non-verbal as well as with those who may be experiencing some form of dementia.

We receive physician authorization for age-appropriate massage and touch therapy for each resident before sessions are offered. Enclosed is a brochure about the service from (company or individual service provider) and a form for you to authorize any visits you may desire for your family member, in addition to the monthly complimentary session. A SASE is included for your convenience in returning this form. If you have any questions, please do not hesitate to call (name of service provider) or to speak with (facility coordinator) at (name of unit or facility). We welcome your comments or questions at any time.

Sincerely,

SAMPLE REFERRAL FORM
Low Functioning Residents

THERAPEUTIC MASSAGE/TOUCH THERAPY SERVICES REFERRAL

Facility _____ Room _____

Resident's Name _____ Date of Referral _____

Referral from _____

_____ Title _____

Resident's Age _____ Condition/Diagnosis _____

Is resident: alert verbal ambulatory bedridden immobile

Reason for Referral _____

_____ pain management

_____ stress reduction/anxiety relief

_____ help in preventing pressure sores

_____ improving self-acceptance/self-esteem

_____ improvement in circulation

_____ emotional support

_____ general relaxation

_____ greater ease in movement

_____ companionship/attention

_____ social interaction

_____ nurturing/comfort

_____ other _____

Precautions _____

Invoice to: _____ Address _____

Permission received from: physician _____ family member _____ responsible party _____

SAMPLE REQUEST FORM
High Functioning Residents

REQUEST FOR THERAPEUTIC MASSAGE SESSION

Name _____ Date _____

Residence _____ Room or Apt. # _____

Reason for Request

Age-appropriate therapeutic massage can be beneficial in a number of ways. Please check all that match your request for a massage session:

- _____ pain relief (where? _____)
- _____ anxiety or stress reduction
- _____ improvement in circulation
- _____ greater ease in movement
- _____ general relaxation
- _____ sore muscles
- _____ nurturing/comfort
- _____ body awareness
- _____ medical referral
- _____ just curious
- _____ other _____

List any medications you are currently taking and reason for taking them:

1. _____
2. _____
- 3.. _____
4. _____

Who should we bill for your massage sessions? _____

Address (if other than your own) _____

Thank You !

SAMPLE AUTHORIZATION FORM
Alert and High Functioning Residents

THERAPEUTIC MASSAGE AUTHORIZATION FORM

I hereby give my permission for _____ to provide me with therapeutic massage services and perform age-appropriate massage therapy techniques upon my body.

I understand that the intended benefits of massage therapy are to improve circulation in the body, soften tight muscles and induce a relaxation response which may help in pain relief and stress reduction as well as providing me with an increased sense of well being and feeling of being nurtured and cared for.

I understand that the massage therapist named above is fully trained, and certified to provide hands-on, comfort care in the form of massage therapy, and that s/he is not a medically trained or licensed physician or nurse. I further understand that this individual provides therapeutic massage services to residents in this facility as an independent contractor and that s/he carries his or her own liability insurance.

I accept full responsibility for requesting this service and I hereby release from any liability or claim resulting from the provision of therapeutic massage services as requested.

Signed: _____

Dated: _____

SAMPLE AUTHORIZATION FORM
Family Member

THERAPEUTIC MASSAGE/SKILLED TOUCH AUTHORIZATION FORM

I hereby give my permission for _____ L.M.T. to provide _____
_____ with therapeutic massage services and to administer age-appropriate,
and non-invasive touch techniques for the purpose of general relaxation, improved circulation
and palliative care.

I understand that the massage therapist named above is fully trained, and certified to
provide hands-on, comfort care in the form of massage therapy, and that s/he is not a medically
trained or licensed physician or nurse. I further understand that this individual provides
therapeutic massage services to residents in health care facilities as an independent contractor
and that the massage therapist carries liability insurance.

I accept full responsibility for requesting age-appropriate massage therapy services for

_____ in Room Number _____

Signed by: _____

Relation to Resident: _____

Dated: _____

SAMPLE AUTHORIZATION FORM
Family Authorization Sample #2

THERAPEUTIC MASSAGE/SKILLED TOUCH AUTHORIZATION FORM

Name of Facility _____

Residents Name _____ Room Number _____

I hereby give my permission for _____ (service provider) _____ to provide the above named resident with _____ (name of massage program i.e. Caring Touch) _____ sessions, including gentle massage therapy techniques.

I understand that all (name of service provider) _____ practitioners are fully trained and certified through an accredited school to administer massage and that they have additional training in working with the elderly and the ill in care facility settings.

.I authorize (service provider) _____ to provide service as follows:

Weekly _____

Twice a Week _____

Every Other Week _____

Other _____

Fee Schedule for Sessions is:

Short Session (15-20 minutes) _____ (\$ amount)

Regular Session (25-30 minutes) _____ (\$ amount)

Authorized Signature: _____ Date _____

Billing Address: _____

Telephone: _____ Fax _____ Email _____

SAMPLE AUTHORIZATION FORM
Responsible Party

THERAPEUTIC MASSAGE/SKILLED TOUCH AUTHORIZATION FORM

As the responsible party for _____ (resident's name) _____ I hereby give my permission for _____ (massage therapist) _____, a full licensed (or certified) Massage Therapist to provide the above named person with therapeutic massage sessions.

I understand that the intended benefits of massage therapy are to improve circulation in the body, soften tight muscles and induce a relaxation response which may help in pain relief and stress reduction as well as providing an increased sense of well being and feeling of being nurtured and cared for.

I understand that the massage therapist named above is fully trained, and licensed to provide hands-on, comfort care in the form of massage therapy, and that s/he is not a medically trained or licensed physician or nurse. I further understand that this individual provides massage therapy services to residents in this facility as an independent contractor and carries his or her own liability insurance.

I accept full responsibility for requesting this service for _____ I agree to payment of all bills received for this service, according to currently quoted fees.

Signed: _____ Date: _____

(responsible party / family member)

SAMPLE DOCUMENTATION/EVALUATION FORM
Massage Therapy Services

Name of Resident _____ Date _____

Room & Bed # _____ Time _____

Comments on Session/Techniques Used:

Observable Responses:

Other Observations:

Recommendations:

Signature _____

(Massage Therapist)

SAMPLE PROGRESS NOTES FORM
Massage Therapy Services

Resident's Name _____ Room # _____ (OR) Medical Record # _____

Date Seen	Approx. Time	Comments

SAMPLE PHYSICIAN AUTHORIZATION

(on facility letterhead)

Permission is requested for _____ (name of resident) _____
to receive age-appropriate therapeutic massage sessions from
_____ (name of massage therapist and credentials) _____

(OR) (name of agency, organization, company providing service) _____

This service is provided by _____ (name of facility) _____ as an amenity at no extra cost to the resident or family.

(OR)

The licensed massage professional named above has been hired, and authorized by resident's family to perform this service.

(OR)

The massage therapist (or company) named above provides service under an independent contract agreement for residents and staff in our facility (daily, weekly, _____ bi-monthly, etc.) _____)

Permission Granted: yes _____ no _____

Comments: _____

Precautions _____

Signed: _____ Date: _____

SAMPLE CONTRACT
Outside Service Provider

INDEPENDENT CONTRACT AGREEMENT

This contract agreement is made between _____ facility _____ (Client) and service provider _____ (Contractor) as set forth below according to the following terms and conditions:

I

Client (for purposes of this transaction) is doing business at the following address:

The person responsible for the implementation of the terms of this contract is: _____

whose title in relation to the above name facility is _____

II

Contractor is doing business as a sole proprietorship whose address is: _____

business phone _____ Contractor's Social Security Number is _____

Contractor's business license number is _____.

III

The Contractor, who fully trained and certified and/or licensed as a massage therapist, agrees to provide therapeutic massage services on a regular basis to designated residents and staff members.

IV

Contractor will make fee schedules available to Client and individuals as requested. Contractor will notify Client 30 days in advance of any rate changes.

V

Contractor agrees to provide services at the above named facility a minimum of per month at (dates to be determined by Client and Contractor).

VI

Client will complete a form (provided by Contractor) prior to each visit by Contractor, including information regarding physical condition, special precautions and recent changes for each resident to be seen on that day.

VII

Contractor shall supply all products, equipment and materials necessary to accomplish the agreed upon services.

VIII

Contractor agrees to provide a duplicate Invoice to Client or other responsible party for each session given, detailing services performed. Payment for services will occur in the following manner (circle one):

1. Client agrees to pay Contractor by cash or by check, for all sessions given at the above named facility within one month of receiving Invoices for those sessions, in accordance with current rates set by Contractor for services performed.

2. Contractor will be responsible for billing and collection. Contractor will provide a detailed evaluation form on any resident receiving massage therapy sessions regularly if requested to do so by Client, family member, physician or other interested parties.

IX

Because Contractor is engaged in an independent business, Contractor is not eligible for, and shall not participate in, any employer benefits or plans of Client.

X

No federal, state or local income tax or payroll tax of any kind shall be withheld or paid by Client of behalf of Contractor. Contractor will be responsible for paying self-employment (social security) tax and all other taxes that Contractor is liable for.

XI

Contractor will carry liability insurance. No worker's compensation insurance will be obtained by Client concerning Contractor.

XII

Client or Contractor may terminate this Agreement, with or without cause, after giving 30 days notice of intention to do so.

XIII

Contractor declares that it has complied with all federal, state and local laws regarding certification, business permits and licenses that may be required to carry out the work to be performed under this Agreement.

Signature of Independent Contractor _____

Title _____ Company _____

Date _____

Signature of Client _____

Title _____ Company _____

Date _____

SAMPLE CONSULTANT CONTRACT

CONSULTANT CONTRACT

This AGREEMENT is entered into this _____ day of (month) _____ between _____ (name of facility) _____ doing business as _____ (name of company) _____ (hereafter referred to as "facility") located at _____ (address) _____ in _____ (city, state, zip code) _____ and _____ doing business as _____ (business name) _____ (hereafter referred to as "consultant") located at _____ (address) _____ in _____ (city, state _____ zip code) _____

The terms of this AGREEMENT are as follows:

1. This AGREEMENT shall commence on _____ (date) _____ and shall terminate upon the giving of thirty (30) days written notice of intent to terminate by either party or unless otherwise terminated pursuant to this AGREEMENT.

2. Duties and Obligations.

A. Consultant shall perform the following duties and have the following obligations pursuant to this AGREEMENT: Consultant shall provide massage therapy sessions to the residents of (_____ facility or unit _____); Consultant shall verify that the resident has received physician authorization as well as responsible party (if other than self) authorization to receive massage therapy; Consultant will market and provide necessary administration for the massage therapy program.

B. Facility shall have the following obligations pursuant to this Agreement:

Payment to Consultant as follows: _____ (\$ amount) per _____ (visit) _____ per month for authorized massage sessions

Consultant will bill directly for additional therapy time as requested); Payment to Consultant up to (hours) per month at the rate of (\$ amount) per hour for administrative time.

3. Consultant status:

Consultant is an independent contractor and not an employee, servant, agent or joint venture of or with Facility. All persons that perform any of the duties or obligations of Consultant pursuant to this Agreement are employees, servants or agents of Consultant and not of Facility.

4. Insurance. Consultant shall be required to maintain at all times, and provide Facility with evidence of, professional liability insurance and general liability insurance. Facility shall have the right to automatically terminate this AGREEMENT if Consultant is subject to any license, certification or accreditation revocation or disciplinary proceedings or if Consultant's license, certification or accreditation is revoked or suspended.

5. Billing. Consultant shall be responsible for any and all billing for services provided to Facility residents. Facility shall not be responsible or liable for any costs, expenses or charges for services performed by Consultant other than those agreed upon in paragraph two above.

6. Miscellaneous.

A. Consultant specifically agrees to be responsible for its own acts and omissions of any person who performs any duties or obligations of Consultant.

B. This AGREEMENT states the entire agreement and obligations of the parties and may not be amended except by a writing duly executed by both parties.

C. This AGREEMENT shall be interpreted and governed in accordance with the law of the State of (state named _____)

D. The Parties agree that they shall not discriminate on account of race, sex, color, religion, national origin or handicap or other characteristic protected by law.

E. Consultant agrees to keep confidential all medical and nursing records of each resident he or she is seeing.

F. While Facility retains professional responsibility for the services performed herein solely to comply with the requirements for Medicare and Medicaid programs, Consultant agrees to be responsible for its own acts and omissions of any person who performs any duties or obligations of the Consultant.

H. This AGREEMENT may not be assigned by Consultant without the written consent of the Facility. There are no third party beneficiaries of or to this AGREEMENT.

Signed: _____

Title: _____

Company: _____

Date: _____

Signed: _____

Title: _____

SS# or Fed. ID # _____

Date: _____

SAMPLE - SIMPLE AGREEMENT
Massage Therapy Services

Massage Therapy Services Agreement

1. This facility agrees to contract with the licensed massage therapist named below to visit the facility twice per month for the purpose of administering massage therapy sessions to designated residents and staff members.

2. The facility shall provide adequate information concerning resident's condition and diagnosis.

3. A contact person shall be available to assist the massage therapist on the day of his or her visit.

4. A resident assessment form, provided by the therapist, shall be completed by the facility contact person prior to the massage therapist's visit. Form will include list of residents to be seen, location of each resident, diagnosis/condition, limitations and precautions.

5. The massage therapist shall submit to facility contact person Invoices for each session given, including resident's name, date and time of visit and charge for services, in accordance with current rates.

6. Facility shall pay massage therapist by check approximately once per month for all massage therapy sessions given.

Signed: _____ (facility representative) Title: _____
Company: _____ Date: _____
Signed: _____ (service provider) Title: _____
Company: _____ Date: _____

Resources and Contacts

Professional Associations and Organizations

AMTA, American Massage Therapy Association
820 Davis Street, Suite 100; Evanston, Illinois 60201
Phone: 847-864-0123 Fax: 847-864-1178
Website: www.amtamassage.org
email: info@inet.amtamassage.org

American Medical Massage Association
801 W. Norton, Ste. 420; Muskegon, MI 49441
Phone 1-888-375-7245
Website: www.americanmedicalmassage.com
email: info@americanmedicalmassage.com

ABMP, Associated Bodywork & Massage Professionals
28677 Buffalo Park Road; Evergreen, CO 80439
Phone: 1-800-458-2267 or 303-674-8478 Fax: 303-674-0859
Website: www.abmp.com
email: expectmore@abmp.com

HBMN, Hospital-Based Massage Network
c/o Information for People
P.O. Box 1038; Olympia, WA 98507-1038
Phone: 800-754-9790 or 360-754-9799 Fax: 360-705-3864
Web-site: www.info4people.com/HBMN
e-mail: info@info4people.com

NANMT, National Association of Nurse Massage Therapists
P.O. BOX 24004; Huber Heights, Ohio 45424
Phone 1-800 262-4017
Web-site: www.nanmt.org
email: nanmtadmin@nanmt.org

The Planetree Alliance
130 Division Street; Derby, CT 064 Phone: 203-732-1365
Web-site: www.planetree.org
email: planetree@planetree.org

Touch Educators/Trainers/Consultants

Jeannie Battagin, CMT, MPH, Coordinator
Massage Therapy Program,
Alta Bates Summit Medical Center
Berkeley, California
Phone: 510-655-4000 x 5887

Ann Catlin, Current Director
COMPASSIONATE TOUCH® for Those in Later Life Stages
Phone: 417-844-8514
Website: www.compassionate-touch.org
email: contact@compassionate-touch.org

Tedi Dunn, MSW, MPH, CMT Co-author,
Massage Therapy Guidelines for Hospital and Home Care
P.O. Box 531; San Geronimo, CA 94963
Phone: 415-488-0531

Gayle MacDonald, M.S., L.M.T., author
Medicine Hands: Massage Therapy for People with Cancer
website: www.medicinehands.com
email: medhands@hotmail.com

Dawn Nelson, M.F.A., C.M.T, Founder
COMPASSIONATE TOUCH® for Those in Later Life Stages
From the Heart Through the Hands: The Power of Touch in Caregiving
Office Message Phone / Fax: 925-935-3906
website: (in progress TBA)
email: cttrain@jps.net

Sharon Puszko PhD, CMT, Executive Director/ Dean of
Continuing Education, Day-Break Geriatric Massage Project
Phone: 317-722-9896 Fax: 317-722-0511
website: www.daybreak-massage.com
email: spuszko@juno.com

Irene Smith, C.M.T., Founder/Director
Everflowing Touch for the Dying
Phone: 415-564-1750
Website: www.everflowing.org
email: everflowing@earthlink.net

Insurance Reimbursement for Massage Therapy Services

The Alternative Health Group
Post Office Box 5167; West Hills, CA 91308
Phone: 818-226-9829 FAX:818 -226-9820
www.alternativeinsurance.com

The Insurance Reimbursement Manual : for America's Bodyworkers, Bodytherapists, and
Massage Professionals by Christine Rosche. Available through www.sohnen-moe.com

Research

Massage Therapy Foundation
500 Davis Street, Suite 900Evanston, IL 60201Phone: (847)869-5019 Fax: (847)
864-1178
info@massagetherapyfoundation.org
Website: www.massagetherapyfoundation.org

Touch Research Institutes Research Institutes
University of Miami School of Medicine
P.O. Box 016820; Miami FL, 33101
Phone: 305-243-6781 Fax: 305-243-6488
Website: www.miami.edu/touch-research/

Media Sources:

Information for People

P.O. Box 1038 ; Olympia, WA 98507-1038

Phone: 1-800-754-9790 Fax: 360-705-3864

Email: info@info4people.com

Website: www.info4people.com

Terra Nova Films

9848 S. Winchester Avenue; Chicago, IL 60643

Phone: 1-800-779-8491; 773-881-8491 Fax: 773-881-3368

Email: tnf@terranova.org:

Website: www.terranova.org

Massage Review Publications

4460 N.W. 99th Avenue; Sunrise FL 33351

Phone: 954-578-5055; Fax: 954-578-5043

E-mail: contactus@massagereview.com

Website: www.massagereview.com

Bibliographical Sources and Additional Selected Reading

Pamphlets

Alzheimer's Disease and Related Disorders Association, Inc. National Newsletters and Pamphlets such as: *'Is It Alzheimer's?'* *"When the Diagnosis is Alzheimer's"* and *"You Can Make a Difference."*

Books

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Dunn, Tedi and Marian Williams, Massage Therapy Guidelines for Hospital and Home Care. (Information for People, Olympia Washington, 2000)

Finch, Mary Ann, Care Through Touch: Massage as the Art of Anointing (Continuum Publishing, New York, 1999)

Krieger, Dolores. The Therapeutic Touch: how to Use Your Hands to Help or to Heal. (Fireside Publishing, 1992).

Articles

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"Massage in Hospice," by Dawn Nelson Massage Therapy Journal, Spring 2002.

"The Power of Human Touch in Alzheimers and Dementia Care, by Dawn Nelson, Massage Therapy Journal, Fall 2004

Seniors and Massage: The Rewards for Clients and Therapists" by Susan Pomfret in Massage Magazine, March/ April 1999.

"The Use of therapeutic massage as a nursing intervention to modify anxiety and the perception of cancer pain" by Andrea T. Ferrell-Torry, M.A., R.N., and Orpha J. Glick, Ph.D., R.N. in Cancer Nursing 16(2): 93-101. 1993.

"Welcome to Eden - nursing home care; Eden Alternative" by Laura Bruick, Nursing Homes, Jan. 1997.

Acknowledgements

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Nearly two decades ago, my oldest daughter Brianna was instrumental in helping me find a way to offer age-appropriate massage to residents in extended care settings. She contributed directly to the original edition of this book through her expertise and insights gained from years of working within the health care system in a variety of roles up to and including administrator of a multi-level health care facility. Although she has since changed careers, her compassion, her sensitivity and her skill in relating to people of all ages continue to inspire me.

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This handbook is practical, useable and inspiring. Its undoubted wisdom related to the sensitivities and needs of those in long-term care is indispensable.

John Porter, Unit Manager
Residential Care Facility

A thorough and comprehensive resource for any massage therapist wishing to work within care facility environments and for those in charge of the care facilities, Dawn Nelson's book offers all the necessary ingredients for a successful bridge between the two.

Willow Denker, M.A., L.M.T.
Activities Coordinator, Long Term Care Facility
Hospice Massage Therapist

"An idea whose time has come!" This book contains everything needed for a successful integration of specialized massage programs into care facility environments and will surely be a much appreciated resource in the health care industry.

Tom Jones, Unit Director
ManorCare Health Services

After accompanying my father on his journey through dementia and the health care system, I can attest that Ms. Nelson's book will provide a much needed link to help care facilities return their focus to the individual, and to hands on care.

Carole Pollard RN, LMT
Jin Shin Do® Practitioner

Dawn Nelson founded COMPASSIONATE TOUCH for Those in Later Life Stages™ in 1991 in an effort to enhance quality of life for the elderly and ill. She was a pioneer in the endeavor to incorporate age-appropriate massage and skilled touch in care plans for individuals in residential and extended care facilities, hospice programs and dementia care units. Now an internationally recognized speaker, author and touch educator, Dawn is also the co-producer of several award-winning videos. Dawn's book, *From the Heart Through the Hands: The Power of Touch in Caregiving* (Findhorn Press Inc., 2001; 2006; 2009) has been critically acclaimed as containing the tools to "revolutionize geriatric care and utterly transform the experience of aging. . .

