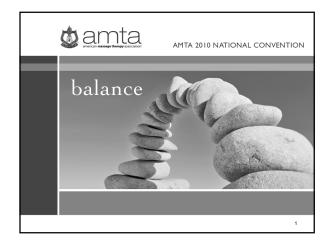
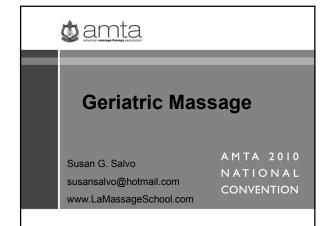
Medical Clearance Form

Client:	DOE	3:
Massage Therapist:		
Address:		
Phone Number:		
Type of Massage Therapy:		
□ Cleared		
☐ Cleared after completing evaluation/re		
□ Not Cleared for:		
Recommendations/Restrictions:		
Name of Physician (print/type):	Dat	e:
Address:		
Phone Number:	Fax:	
Signature of Physician:		
Signature of Client:	Da	te:





Geriatric Massage

- Massage modified for elderly population
- Takes into account:
 - Client's health status and limitations
 - Aging process
 - Social and emotional needs
 - Financial restrictions
- By 2020, 17% of the population will be ≥65

3

Terminology



- **Geriatric**: Medical conditions and treatments
- Gerontology: Study of aging (i.e., psychologic, economic, social)
- Gerontic: Safeguard & increase health to the extent possible and provide comfort care

4

Unique Challenges



- · Physical changes
 - Thinning skin
 - Reduced muscle mass
 - Vision and hearing impairments (52%)
 - Conditions often managed by meds (90%)
- Lifestyle and emotional changes
- Retirement and reduced income
- Loss of loved ones

Aging and Independence



- No typical 70 year olds
- Can be active & independent
- Some require assistance and may be at home or assisted living facilities
- Some are frail and live in skilled care facilities or at home with family or caregivers

How Do Elderly See Themselves?



- "Old age is fifteen years older than I am."
 - —Oliver Wendell Holmes
- People younger than 30 view people <u>63</u> as getting older
- People 65 and older see getting older as <u>75</u>.

How Does This Relate to Massage?



 65 is when we begin taking into account the aging process and how it might affect massage

3

Aging

9

Aging



- Normal changes occur in joints, blood vessels, and brain
- When these cause health problems, they are diseases:
 - Arthritis
 - High blood pressure
 - Alzheimer disease

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Categorizes of Aging

Age (Years) Category
55 to 64 Older
65 to 74 Elderly
75 to 84 Aged
85 and older Extremely aged

Categorizes, cont'd.

Age (Years) Category
60 to 74 Young-old
75 to 84 Middle-old
85 and older Old-old

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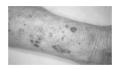
Aging: Skin



- Wrinkles and sags
- · Reduced elasticity
- Becomes more thin and frail
- Tears more easily
- · Heals more slowly

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Aging: Skin, cont'd.



- Decreased subcutaneous fat
- Increased bruising from reduced support of vessels
- Reduced temperature regulation

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Aging: Respiration



- Ribs calcify and chest wall becomes rigid
- Thoracic movement is reduced
- · Lung capacity is decreased

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Aging: Cardiovascular



- · Heart enlarges
- Vascular walls thicken and narrow
- Blood pressure increases
- Circulation decreases
- Person may fatigue more easily and have dizzy spells

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Aging: Cardiovascular, cont'd.

- Increased varicosities and blood clot formation in legs
 - Especially in sedentary clients

Hypertension and Massage



- Silent killer: no early symptoms
- If untreated, can dilate and damage arteries leading to:
 - Heart attack
 - Stroke
 - Aneurysms
 - Retinopathy

Hypertension and Massage

- · Ask if and how it is controlled
- If uncontrolled, medical clearance is needed due to likelihood of unmonitored complications
- If controlled, instruct client to move slowly and carefully due to common med side effect of dizziness

Aging: Gastrointestinal

- Decreased gastric secretions
- · Slowed digestion
- · Increased heartburn
- Decreased tone of sphincter muscles
- · Fecal incontinence

Aging: Musculoskeletal

- · Decreased muscle mass
- · Decreased bone mass
- · Decreased strength
- · Reduced flexibility
- · Altered gait

Aging: Musculoskeletal, cont'd.

- Articular cartilage erodes
- Synovial fluid production decreases

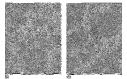
Osteoporosis and Massage

- · Discs dehydrate and narrow
- · Increased instances of:
 - Osteoporosis (women)
 - Osteoarthritis
 - Kyphosis

Osteoporosis and Massage



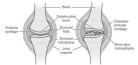
- Loss of normal bone density
- Increased susceptibility to fractures





- Joint mobs and compression avoided or administered carefully and without twisting or torquing movements
- Use lighter than normal pressure, especially over areas of known bone loss
 - Ask about recent bone scan

Osteoarthritis and Massage



- Progressive damage and eventual loss of articular cartilage
- Affects peripheral and central joints
- Pain, joint stiffness, decreased ROM, becoming more severe as disease progresses

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Osteoarthritis and Massage

- Avoid affected inflamed joints
- On uninflamed affected joints, use gentle pressure only
- Cervical joint mobs are best omitted or carried out with extreme caution

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Aging: Neurologic

- · Decreased cerebral blood flow
- · Nerve degeneration
- · Reduced response time
- · Loss or increased sensitivity to pain
- Decreased cold tolerance
- Decreased balance and coordination
- Altered gait

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Alzheimer Disease and Massage



- Progressive degenerative disease of the brain
- Affects:
 - Thinking
 - Memory
 - Communicating

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Stages of Alzheimer Disease

- Stage 1: No impairment
- Stage 2: Some memory loss and subtle personality changes
- Stage 3: Family notice deficiencies. Person denies problem.
- Stage 4: Lacks knowledge of recent events. Diagnosis made
- Stage 5: Major gaps in memory.
- Stage 6: Memory loss worsens. Unaware of surroundings. Major personality changes. The person may wander off.
- Stage 7: Inability to respond to environment. Speech and motor control lost. Care needed around the clock.

Alzheimer Disease and Massage



- Tailor massage to disease stage
- Sometimes, a foot massage is best
- Be willing to adjust massage according to client's wishes, which might change abruptly
- Tolerate behavior, which worsens over time

Parkinson Disease and Massage



- Progressive disorder of abnormal movements:
 - Tremors
 - Rigidity
 - Slowness of voluntary movements

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Parkinson Disease and Massage



- Provide unobstructed passage
- Use a position the client can maneuver easily (seated)
- Gentle, slow massage of shorter than normal duration is indicated

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Aging: Sensory

- · Pupils decrease in size
- · Less light enters eyes
- Walls of auditory canals thin
- Eardrums thicken
- Vision impairments are common
- · Hearing impairments are common

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Impairments and Massage

- · Assist with the intake form
- Preface conversation with client name or light touch
- Use table fabrics that contrast with wall and floor colors

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Aging: Endocrine

- Decreased T3 and T4 production
- · Decreased metabolic rate
- · Decreased estrogen production
- · Reduced bone density

Diabetes, Type 2 and Massage

- Chronic elevated blood glucose levels
- Type 1: Body does not produce enough insulin (10%)
- Type 2: Insulin is produced, but cells are resistant to it (90%)

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Diabetes and Massage

- To prevent hypoglycemia during the massage, ask client to eat within 2 hours of the massage
- Query your client about disease complications (neuropathy, skin ulcers) and modify massage accordingly

37

Aging: Urinary



- Decreased bladder capacity
- Incomplete bladder emptying
- Urinary urgency
- Decreased tone in sphincter muscles
- Urinary incontinence

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Treatment Guidelines

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Conduct a Thorough Intake



- Evaluate health status
 - 90% of elderly have chronic illness
- Inquire about medications
- Ascertain special needs & concerns

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Commonly Used Meds



- Cardiovascular agents:
 - Anticoagulants
 - Vasodilators
 - Antiarrhythmics
 - ACE inhibitors
 - Beta blockers
 - Diuretics
 - Hypolipidemics

Side Effects



- Bruising that occurs easily
- Orthostatic hypotension
- Severe or persistent muscle weakness or joint pain
 - Side effect of hypolipidemics
 - Needs immediate medical attention
- Frequent urination
 - Therapeutic effect of diuretics

42

Robust or Frail? Decide.

• Decide if your client is robust or frail



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Clinical Fragility Scale*

- 1) Very fit
- 2) Well
- 3) Well, with treated comorbid disease
- 4) Apparently vulnerable
- 5) Mildly frail
- 6) Moderately frail
- 7) Severely frail

* Canadian Study of Health & Aging

Fragility Scale, cont'd.

- Very fit: robust, active, energetic, well motivated & fit; these people commonly exercise regularly
- **2. Well:** without active disease, but less fit than people in category 1

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Fragility Scale, cont'd.

- **3.** Well, with treated comorbid disease: disease symptoms are well controlled
- 4. Apparently vulnerable: although not dependent, these people commonly complain of being "slowed up" or have disease symptoms

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Fragility Scale, cont'd.

- **5. Mildly frail:** limited dependence on others for activities of daily living
- 6. Moderately frail: help needed both activities of daily living

Fragility Scale, cont'd.

7. Severely frail: completely dependent for activities of daily living; terminally ill



40

Robust or Frail?



- Robust seniors can receive a more vigorous massage
- Frail seniors need a more gentle, slower, and shorter session

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Reduced Pressure

- Reduce downward pressure & sliding force
- Honor client's request for deeper pressure by making immediate modifications, then return to appropriate, safer pressure

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Limit Stretches & Joint Mobs

- Use gentle stretching & joint movements such as rocking
- · Monitor the client as massage can be tiring
- Avoid extreme spinal mobilizations (including the neck), which may harm a client with osteoporosis

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Shorter Sessions

- Treatment time is about 30 minutes
 - 5 minute unhurried effleurage, deep breathing, gentle rocking
 - 20 minutes of focused work on feet, legs, back, shoulder, or neck (client determined)
 - 5 minutes of closure work



...

Position for Safety

- · Limit or avoid prone position
- · Limit times positions are changed
- · Supine and seated are safest



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Inspect Feet

- If client is wearing socks or slippers, obtain permission before removing
 - Replace them when finished
- Avoid unhealthy or suspicions areas (including nails) and bring them to the attention of the client (or caregiver)

Guard Against Chilling

- · Use a blanket, even when client is clothed
- Consider an portable heating unit or heated table pad during cool weather



55

Be Flexible

- Schedule session during daylight hours
- Massage may take place on client bed/sofa
 - -Floor is NOT an option



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Guard Against Falling



- Most common safety issue for people ≥65
- Medications can alter balance, coordination, and response time
- Orthostatic hypotension is common

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Guard Against Falling, cont'd.

- Provide unobstructed passage
- · Replace any eyewear
- Remind client to:
 - Sit up for a moment before standing
 - Move slowly rather than quickly
- · Assist may be needed

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Safety Checklist

- ☐ Remove throw rugs
- ☐ Secure carpet edges
- Avoid waxy floors
- ☐ Remove low furniture & objects on floor
- ☐ Remove electrical cords on floor
- ☐ Install raised toilet seat
- ☐ Provide adequate lighting

Be Patient and Reverent

- Respect slower pace rather than maximizing massage time
- Allow time for client to undress (sometimes layers and layers of clothes)
- Provide transition time or time to hear a story



Patient and Reverent, cont'd.

• As stories are shared, some clients need to cry, express anger, to complain, and others need to convey fears

"Your manner and presence are as important as the touch you give."

-Mary Kathleen Rose



The Big Picture



- Research indicates that social connection is key to health and happiness in elderly
- Ongoing relationship and focused attention with you can be a significant part of life

Guidelines Review

- Conduct a thorough intake
- Robust or frail senior?
- Reduce pressure, limit stretches, & joint movements
- Shorter sessions
- Position for safety



Guideline Review, cont'd.

- Inspect feet
- · Guard against chilling
- Be flexible with session location and time
- · Guard against falling
- Be patient and reverent

Treatment Planning

The Basics

Massage: Structured Time

- Time spent is limited and structured
- Decisions are made based on:
 - Client intake form
 - Client goals
 - Miscellaneous assessments
 - Therapist's training/experience
 - Scope of practice



What is a Treatment Plan

- · Your massage map
- Seeks to resolve issues and address goals identified by your client



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Client Intake



- Consist of two main parts
 - Health history (intake) form
 - Client interview

8

Is An Interview Really Necessary?

- Greater insight into client's overall health
- Screen for contraindications
- Helps to disclose
 - Primary purpose of the session
 - Personal likes and dislikes



The Interview

- Review the intake form
- Ck to see that it is complete, dated, & signed
- · Highlight health and medical issues
- End with a open-ended question such as "Is there anything else?"

70

Assessment Domains

PPALM

Organizing the Interview



- Prevents errors of omission
- Systematically collect information
- This will be used to help formulate a treatment plan

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PPALM is an Acronym for...

...the first letter of assessment domains:

- Purpose of Session
- <u>P</u>ain
- Allergies & Skin Conditions
- Lifestyle & Vocation
- Medical Information

Purpose of session
Pain
Allergies and skin conditions
Lifestyle and vocation
Medical and health information

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Domain Reporting



- Length and depth of interview is determined by session purpose
- If nothing to report, place a null symbol (Ø) instead of leaving it blank

75

Purpose of Session

- Identifies your client's reason for wanting massage
- Discuss past massage experiences

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Pain



- · Where to focus or avoid
- Or if massage should be postponed
- Note that severe pain is an absolute contraindication

Allergies and Skin Conditions

- Inquire about allergies to nuts or ingredients
- Have an ingredient list available
- Keep hypoallergenic lubricant on hand



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Allergies and Skin Conditions, cont'd.

- Inquire about latex allergies
- Ask about skin conditions as they are often overlooked if not bothersome



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Lifestyle and Vocation

- How does your client uses his or her body each day
- Uncover areas of tension and TPs
- Decide which self help activites to suggest



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Medical History



- Ask how long, how managed, and limitations on activities
- Ask about S/S
- Ask about meds

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Medical Referral & Medical Clearance



- Refer out if medical evaluation is needed or if services outside your SOP
- Obtain medical clearance if needed

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Treatment Plan

Formulation & Subsequent Sessions

Prepare, Discuss, Revise



- After prepared, discuss plan with client and make any revisions
- Then ask client to sign and date it

Elements of the Plan



- Techniques & areas to include or avoid
- Duration, frequency, & length of treatment
- Assessment procedures
- If assistance was needed
- Use of adjunctive therapies
- · Client education & self-help
- Referrals

Subsequent Sessions



- Review client records
- Ask about:
 - Prior massage
 - Changes in health status
 - Today's therapeutic goals
- · Decide if last session was well received and if plan should be repeated or modified

Help Client Achieve their Goals



- Keep desired results and goals clearly in mind
- Remind clients about self care, stretching, and self massage

References

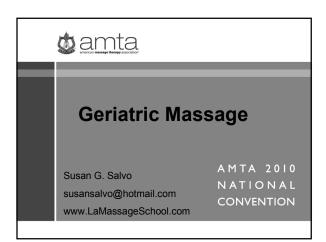
- Ebersole, P. P Hess, A Schmidt Luggen. Toward Healthy Aging, Human Needs & Nursing Response, 6e, Mosby, St Louis, 2004.
- Eliopoulos, C, Manual of Gerontologic Nursing, 2e, Mosby, St Louis, 1999.
- Gould, Barbara E. Pathophysiology for the Health Professionals, 3e.
- Philadelphia, Saunders, 2006. Lohman, Joan S. Massage for Elders: An Ever-Growing Opportunity, Massage Therapy Journal, Vol. 40, No. 3, 2001.
 Miesler DW. The ABC's of Geriatric Massage (DVD), 1999.
- Meiner, SE, Lueckenotte, AG. Gerontologic Nursing, 3e, Mosby, St Louis
- Nelson, Dawn. Compassionate Touch: Hands-On Caregiving for the Elderly, the Ill and the Dying. Barrytown, New York: Station Hill Press, 1994.
 Rockwood, K. Song, X. MacKnight, C. et al. A global clinical measure of fitness and frailty in elderly people. Canadian Medical Association Journal. 2005 August 30; 173(5): 489–495.

References, cont'd.

- Rose, MK Comfort Touch: Nurturing Acupressure Massage for the Elderly and the III, Massage & Bodywork magazine, December/January 2004.
- Rose, Mary Kathleen. Comfort Touch Massage for the Elderly and the III. Wild Rose (DVD) 2004.
- Salvo, SG. Massage Therapy: Principle and Practice, 3e. Saunders/Elsevier, Philadelphia, 2007.
- Salvo, SG. Mosby's Pathology for Massage Therapists. 2e, Mosby/Elsevier, St Louis, 2009.
- Wold, GH, Basic Geriatric Nursing, 4e, Mosby, St Louis, 2007
- Worfolk JB. Keep frail elders warm! Geriatr Nurs. Jan-Feb, 18(1): 7-11, 1997.
- http://www.research.att.com/projects/tts/demo.html (accessed on 2/20/2008).

Resources

- Alliance for Aging Research www.agingresearch.org
- · American Society on Aging www.asaging.org
- · National Council on Aging www.ncoa.org
- · American Association of Retired Persons www.aarp.org



Treatment Plan for _____

P					
P					
┸					
A					
\mathbf{A}					
T,					
\mathbf{M}					
Treatment Plan:					
Client signature:					
Therapist signature:					
Date/s:					
Legend	${f P}={f Purpose}$ ${f P}={f Pain}$ ${f A}={f Allergies/skin\ conditions}$ ${f L}={f Lifestyle}$ ${f M}={f Medical\ history/meds}$				