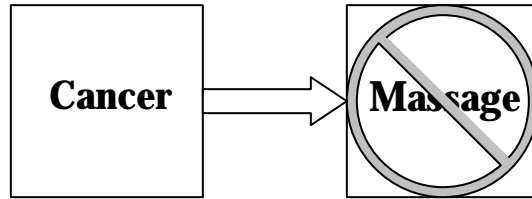


<b>Topic</b>	<b>#</b>
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**The bibliography in appendix III is updated regularly at  
[www.tracywalton.com/id8.html](http://www.tracywalton.com/id8.html)**

## Part One: Introduction—Historical Approaches to Massage and Cancer



- ◆ Massage has been flatly contraindicated for cancer
- ◆ Vague sense that massage could ↑ lymph flow or blood flow and ↑ metastasis
- ◆ Blanket permission from a physician, without clear guidelines

### Result? confusion about what is safe and unsafe

Many massage therapists were trained to turn away clients who have or have had cancer, or to work with them only with a physician's permission. Under this model, massage therapists may lack the information and needed skills to make sound clinical decisions for the clients and provide touch guided by safety, intuition, compassion and care. Within this approach, many good candidates for massage have been denied its benefits.

## Part Two: a Revised Approach— a Wholistic Model of Working with Clients with Cancer

Result? modified message, instead of no message at all!

**Steps involved in this model are as follows:**

1. **Resolve the concern about massage and metastasis**
2. **Manage the information using a decision tree**
3. **Fill in information gaps using literature, client, physician**
4. **Approve the massage plan with the client's physician**

## What do massage therapists need to follow these steps?

Massage Therapists <b>do not have to:</b>	Massage Therapists <b>do need to be able to:</b>
<ul style="list-style-type: none"> <li>◆ Understand, from a medical perspective, the hundreds of kinds of cancer, their courses, symptoms, treatments and complications.</li>   <li>◆ Rely on scientifically established massage contraindications for people with cancer in order to proceed (few contraindications are established scientifically, but are based on experience, theory, or common sense).<sup>1</sup></li>   <li>◆ Work gently with every client with a cancer history.</li> </ul>	<ul style="list-style-type: none"> <li>◆ Ask questions and gather information.</li>   <li>◆ Investigate the side-effects and complications of common cancer treatments before proceeding.</li>   <li>◆ Reason through the possible beneficial and harmful effects of their techniques on their clients' condition.</li>   <li>◆ Use the available literature and stay current.</li>   <li>◆ Begin conservatively and find out additional info before proceeding.</li> </ul>

<sup>1</sup> Please note Mitchell Batavia's 2004 review of sources on contraindications in JBMT. After an extensive review of physical rehabilitation texts, Batavia observed that "sources markedly varied regarding what conditions were considered contraindicated for massage." He also noted that few sources of contraindications were evidence-based, or cited references in support of stated contraindications. His review excluded texts within the massage therapy field.

## A. Step One: Resolve the Concern about Massage and Metastasis

*Debra Curties and Gayle MacDonald have both provided in-depth analyses of the question, "Could massage aggravate metastasis?" These have appeared in The Massage Therapy Journal, Fall 2000 and Winter 2001 issues.*

**The concern over massage and metastasis has rested on the assumption that massage, by increasing blood and lymph circulation, could accelerate cancer spread.**

**In response to this concern, note the following:**

### 1. The speed of circulation is not thought to influence cancer spread.

"Cancer spreads as patients go about the most sedate activities, watching television, cooking or even sleeping. Metastasis is not a by-product of increased circulation, it is the result of genetic mutations, both inherited and acquired, that cause uncontrolled cell proliferation, lack of cell surface adhesiveness, the ability to secrete degradative enzymes and to induce new capillary growth."

Gayle MacDonald, "How Cancer Spreads", *MTJ* Winter 2001, p. 78.

### 2. If speed of circulation *did* influence cancer spread, many other normal and accepted activities would also contribute to metastasis.

"If an increased risk [of metastasis with increased circulation] does exist, massage would not be isolated in creating this type of effect. Were it to be true that stimulation of the circulation encourages metastasis, hot showers, exercise, sexual activity and many other aspects of daily life would confer equivalent risks. Individuals with cancer are almost always encouraged to exercise and remain as active as they can..."

Debra Curties, "Could Massage Therapy Promote Cancer Metastasis?" *MTJ* Fall 2000, p. 85-86.

### 3. Other factors seem to have greater influence on cancer spread than do mechanical forces.

"The more we learn about the complex pathophysiological mechanisms involved in the development of metastases, the less likely it is that mechanically dislodging cells seems important...  
...in summary, it is our belief that GENTLE, conscious massage is not only safe, but has many demonstrated beneficial effects (e.g. enhanced well-being, decreased anxiety, nausea and fatigue). There is no data to suggest that it causes any harm to persons with cancer."

Position statement signed by eight medical staff at Dartmouth Hitchcock Medical Center,  
Norris Cotton Cancer Center, October 1996.

"Site predilection does not depend on the anatomy of the circulation as previously believed. Tumor cells flow through the circulatory system based on venous drainage from the primary tumor. However, the site and survival of the disseminated tumor cells depend on the *qualities and properties unique to the tumor cell itself*. Certain tumor cells possess an affinity for specific organs. The metastatic process is not random."

Karen A. Pfeifer, "Chapter 1: Pathophysiology," *Oncology Nursing*. Mosby, 2001.

#### **4. Massage therapists can work most safely by avoiding known and suspected tumor sites.**

“Try to obtain as much information as possible about the location of known tumors, and avoid deep pressure and other intense local modalities. In the most conservative view, accessible predicted metastasis sites also could be approached with caution.”

Debra Curties, “Could Massage Therapy Promote Cancer Metastasis?” *MTJ* Fall 2000, p. 85-86.

“Massage therapy is not contraindicated in cancer patients, massaging a tumor is, but there is a great deal more to a person than their tumor.”

Bernie Siegel, M.D.

#### **5. Massage Therapists can follow some basic guidelines to avoid aggravating primary sites and sites of metastasis.**

**a. Avoid pressure and movement at known tumor sites.**

**b. In the absence of knowledge about tumor sites, work very gently.**

**c. Investigate possible secondary sites for a client’s cancer.**

*Note: nursing oncology texts (Gates and Fink, and Itano in the Bibliography) and books about cancer for lay people can be useful sources of this information.*

**d. MOST IMPORTANTLY, communicate with client’s physician and client about results of recent tests, bone scans, etc.**

*This must be done with sensitivity and care. Asking the client what kinds of tests they are undergoing and what they are learning about from these diagnostics is one way to address the issue; the physician is an important resource, too.*

**e. If the physician has expressed concern about secondary sites that are superficial or tend to sustain pressure during a massage, avoid using pressure or moving joints in the area.**

*Example: some cancers, such as breast cancer, are likely to metastasize to bone. Gentle pressure over ribs, spine and other likely areas is in order. Do not “sandwich” the client between the table and hands with pressure.*

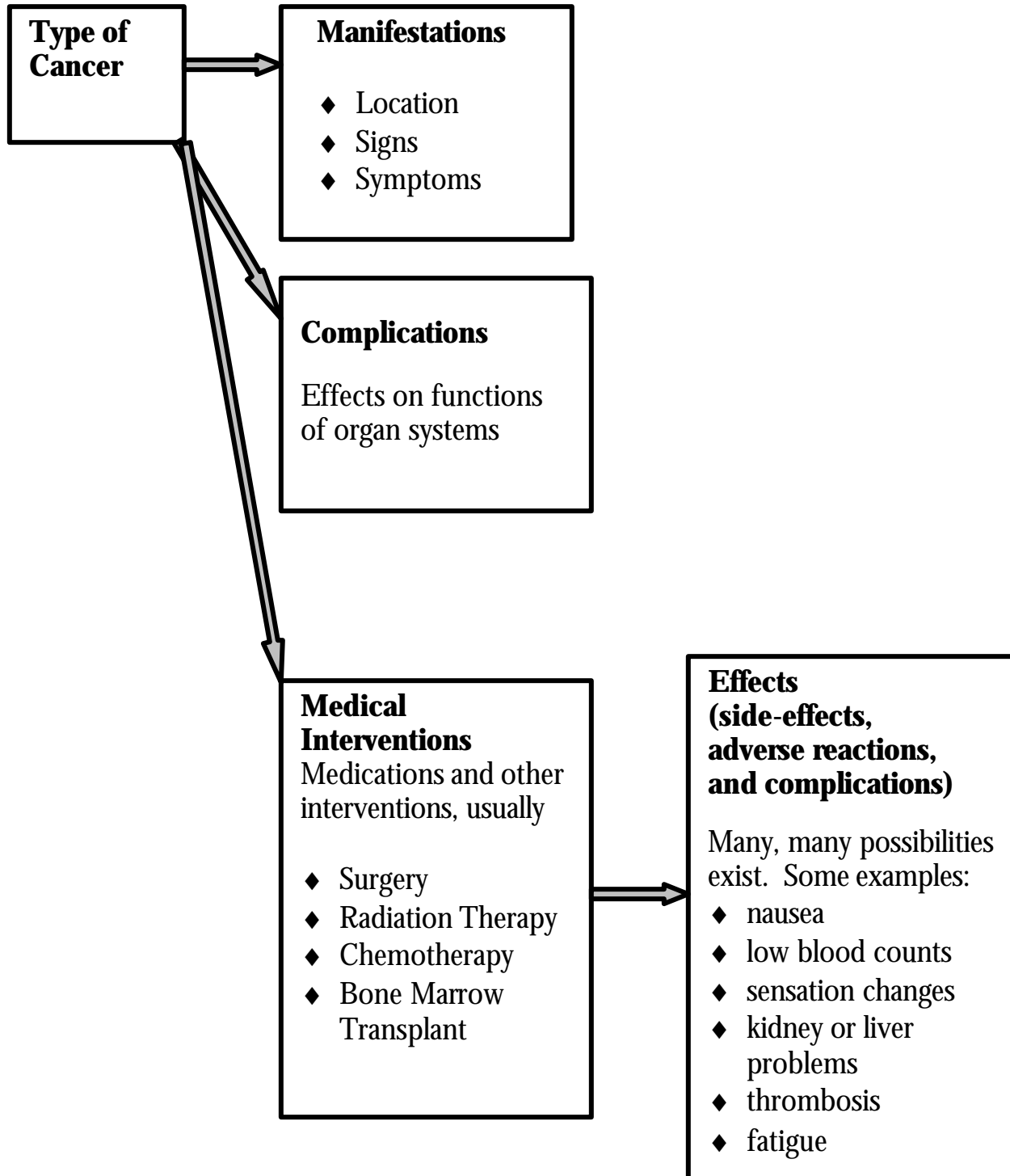
**f. If a client complains of pain in an area, do not be quick to assume it is muscular pain. Avoid massaging with pressure or moving joints in the area. INSTEAD, ask whether they’ve brought it to their doctor’s attention, had images taken of the area, etc. Pain can be a symptom of metastasis.**

**g. Be aware that metastasis can be clinically silent, with no pain, for a long time.**

## B. Step Two: Manage the Information Using a Decision Tree

### 1. Break the Clinical Presentation into its Key Elements (Left side of tree)

Gather information using a logical progression. Fill in the gaps using information from the client, the client's family (where appropriate), the literature, and other resources.



## 2. Break “Massage” Into its Key Elements

Massage adjustments are often necessary during treatment. Sometimes they are necessary in people with cancer histories, as well, even if cancer treatment was years ago.

Modifications to massage usually are in these areas:



<b>Massage Adjustments</b>	
◆ Site	◆ Draping
◆ Pressure	◆ Scheduling
◆ Position	◆ Duration
◆ Joint Movement	◆ Massage effects
◆ Contact	◆ Medical Referral (refer out to MD)
◆ Speed	◆ Medical Consult (get input from MD)
◆ Rhythm	

A Summary of Common Massage Adjustments is in Appendix V (still in the form of lists rather than logical progressions)

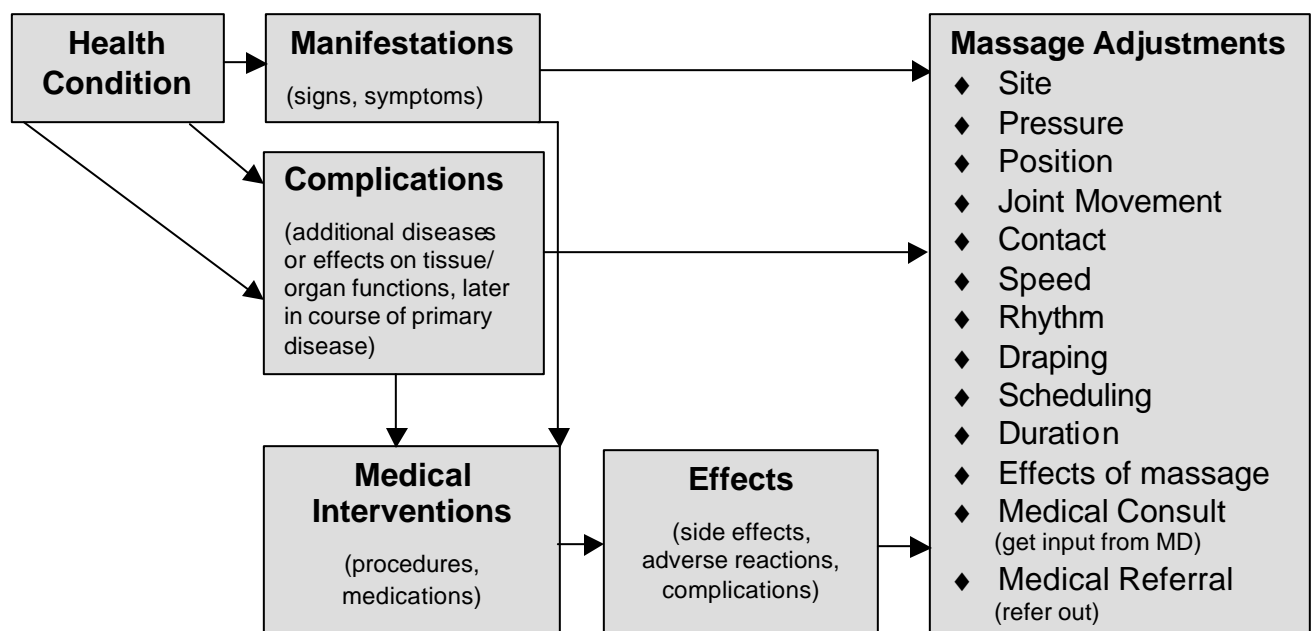
How do we know which adjustments to use, when?

A combination of information from the client, the literature, the medical staff.

## 3. Generate Full Decision Tree

### Massage Safe Practice – Basic Decision Tree

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### C. Step Three: Fill in Information Gaps Using Literature, Client, Physician

#### Cancer

If you want to as much info as possible about the cancer.



- Ask the client about their condition
- What literature has client consulted?
- Read patient education literature
- Contact Canadian/American Cancer Societies

#### Manifestations

If you need information about how a given cancer might manifest (signs and symptoms, tumor sites, etc.).



**Curties, Debra.**  
*Massage Therapy and Cancer.*

Cancer Nursing texts, including  
**Gates, Rose and Regina Fink**  
*Oncology Nursing Secrets: Questions and Answers about Caring for Patients with Cancer*

#### Surgery

Learn about what is removed surgically, complications of surgery, and some massage modifications.



**MacDonald, Gayle.** *Medicine Hands*, pp. 66-71, 85-86

**Chapman, Cheryl.** "Lymphedema 101," *MTJ* Winter 2001: 86-89.

**Curties, Debra.** *Massage Therapy and Cancer*, pp. 14, 25-27.

**Rattray, Fiona and Linda Ludwig.** "Thrombophlebitis," in *Clinical Massage Therapy*. pp. 932-935; 1022

**Zuther, Joachim.** "Is there a role for traditional massage therapy in the treatment and management of lymphedema?" *Lymph Link* (Newsletter of the National Lymphedema Network): 3-4, April/June 2001.

**Alexander, Doug.** "Deep Vein Thrombosis and Massage Therapy," *Massage Therapy Journal*, Spring 1993:56-63.

**Walton, Tracy.** "Clinical Thinking and Cancer," *Massage Therapy Journal* Fall 2001, p. 69-73.  
[http://www.amtamassage.org/journal/fa\\_00\\_journal/cancer\\_and\\_message\\_1.html](http://www.amtamassage.org/journal/fa_00_journal/cancer_and_message_1.html)

## Radiation

**Learn the effects of radiation** on the body and the massage modifications that might be necessary.



**MacDonald, Gayle.** *Medicine Hands*, 91-92.

**MacDonald, Gayle.** "Cancer, Radiation and Massage," *Massage and Bodywork* September, 2001, 16-31.

**Curties, Debra.** "Cancer Therapies," *Massage Therapy Journal* Winter, 2001, pp. 80-85.

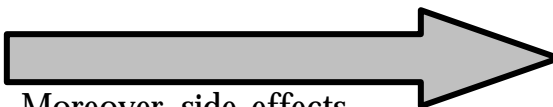
**Walton, Tracy.** "Clinical Thinking and Cancer," *Massage Therapy Journal* Fall 2001, pp. 66-80.  
[http://www.amtamassage.org/journal/fa\\_00\\_journal/cancer\\_and\\_message\\_1.html](http://www.amtamassage.org/journal/fa_00_journal/cancer_and_message_1.html)

**Curties, Debra.** *Massage Therapy and Cancer*, 14-17.

**Williams, Donna.** "Touching Cancer Patients: Guidelines for Massage Therapists," *Massage Magazine*, March/April 2000, 74-79.

## Chemotherapy

The effects of chemotherapy are many and massage adjustments are in order.



Moreover, side-effects and complications of chemo can lead to **additional** medical interventions, with additional side-effects and complications.

**Walton, Tracy.** "Clinical Thinking and Cancer," *Massage Therapy Journal* Fall 2001, pp. 66-80.  
[http://www.amtamassage.org/journal/fa\\_00\\_journal/cancer\\_and\\_message\\_1.html](http://www.amtamassage.org/journal/fa_00_journal/cancer_and_message_1.html). **UPDATED IN THIS HANDOUT.**

**MacDonald, Gayle.** *Medicine Hands*, 87-91.

**Curties, Debra.** *Massage Therapy and Cancer*, 16-17.

**Curties, Debra.** "Cancer Therapies," *Massage Therapy Journal* Winter 2001, pp. 80-85.

**MacDonald, Gayle.** "Easing the Chemotherapy Experience with Massage," *Massage Magazine* March/April 2000, pp. 85-91.

## D. Step Four: Approve the Massage Plan with the Client's Physician

This must be done with thought and care, in accordance with any hospital regulations or jurisdictional considerations. We do **not** recommend simply getting a doctor's note for permission to massage the client. Instead:

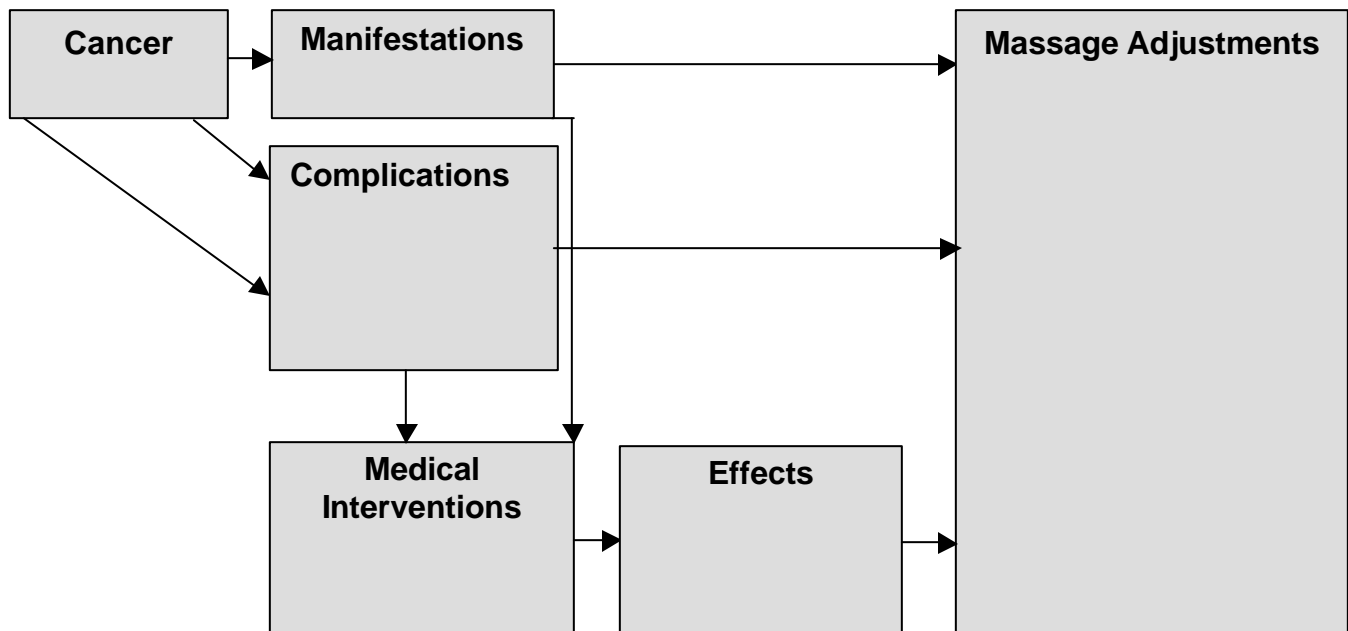
- ◆ Research the issues thoroughly before beginning the process and develop direct, focused questions.
- ◆ Obtain written client approval for communicating with their physician. Keep this record in a locked cabinet with your other records.
- ◆ Communicate in writing first, follow-up with a call. Make it less than one page.
- ◆ Use descriptive language to communicate massage techniques and adjustments (Steer clear of modality names; instead, use terms like “gliding strokes,” “stationary pressure,” “gentle abduction of the upper limb,” “pressure that displaces the skin,” “pressure that displaces the muscles,” “prone position,” etc.).
- ◆ Ask physician for input on specific massage design issues. This communication is usually achieved through the “charge nurse,” or the doctor's nurse, rather than the physician herself.
- ◆ Involve client and client's family, as appropriate, in the dialogue.
- ◆ Keep written records of communication, with names of practitioners, relationship to client, and dates.
- ◆ Have client follow-up with their practitioner if needed.
- ◆ Update communication periodically, with staff directly or through client, as appropriate.
- ◆ Realize that this process is limited in its impact. The suggestions here are for safe and professional **education** of, and **communication** with medical staff. Any form you use is not legally enforceable, it does not protect you from litigation, nor does it transfer your liability for harm to the medical practitioner. It does document that your safe practice decisions were made thoroughly, in good faith, with clear communication with all concerned.

### Part Three: Examples

#### A. Using the Tree

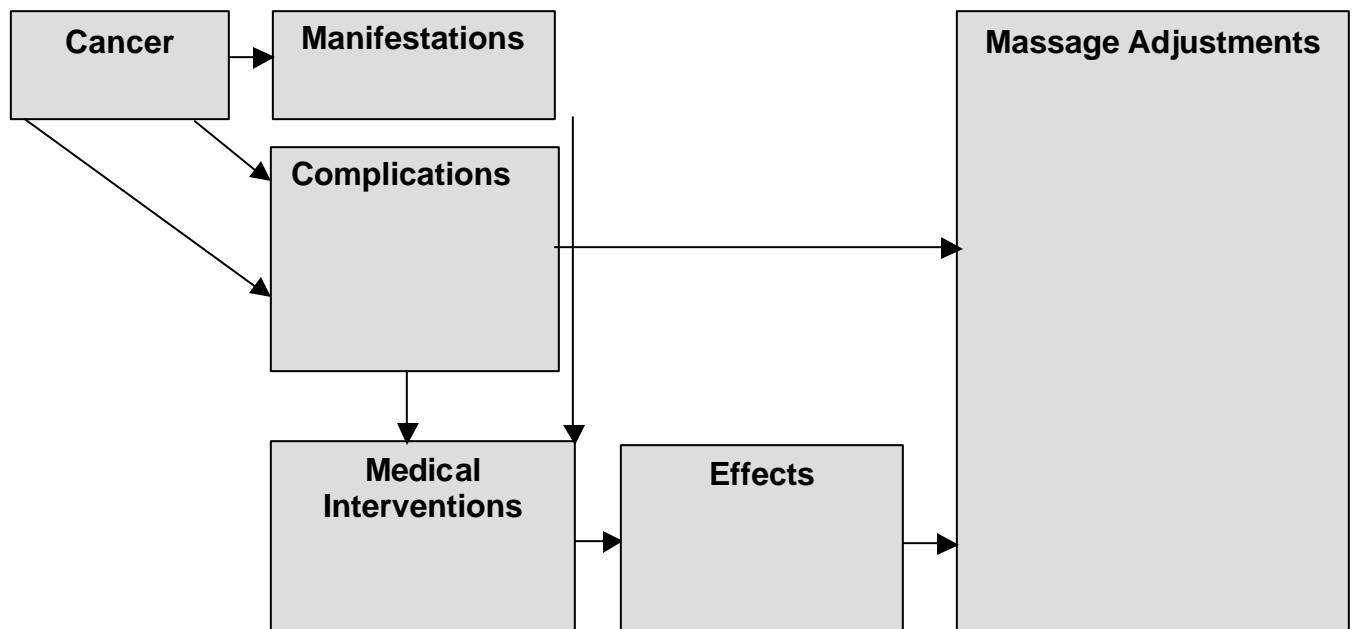
##### Massage Safe Practice – Basic Decision Tree

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##### Massage Safe Practice – Basic Decision Tree

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## B. Some Massage Adjustments for Chemotherapy

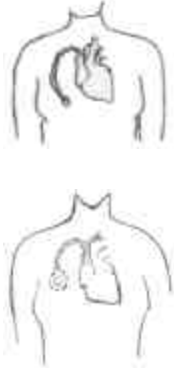
*These are not exhaustive lists—they are general guidelines, not meant to replace the guidance of the client's medical staff.*

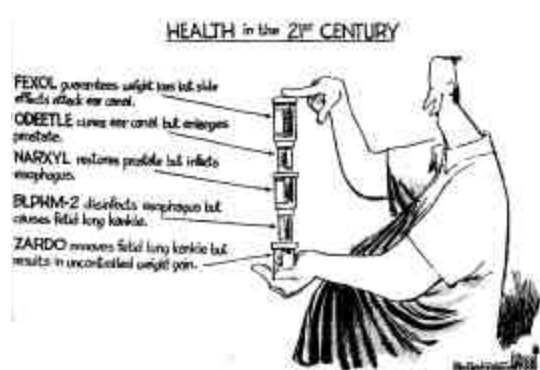
<b>Side Effect or Medical Issue</b>	<b>Massage Adjustments</b>
<p>Low platelets (Ask client and client's medical staff to determine whether platelet level creates a risk of bruising.) Platelets Normal = 200K-300K. (American Red Cross says 150,K-400K)</p>	<p>Poor clotting and easy bruising means medium or deep <b>pressure</b> is contraindicated. In order to avoid bruising, stroke with gentle contact, but little pressure, without displacing the underlying connective tissue or muscles. If a client's platelets are severely low, they may be hospitalized for transfusions. In this case, no pressure at all would be used and the massage may amount to simply applying lotion to the client's skin.</p> <p>At 50K individuals are monitored closely. In the 50-70K range, gentle to moderate massage pressure may be okay. At around 20K, generally individuals are hospitalized and being transfused. At that level, massage therapist should use only the pressure needed to apply lotion.</p> <p>Get help deciding on pressure if needed. If uncertain, err in the lighter direction. You might demonstrate various pressures to medical staff and ask them if it is safe to displace the skin and underlying fascia, adipose, etc. with your strokes. Also check in with client regularly.</p>
<p>Low WBCs—reduced resistance to infection. (Ask client and client's medical staff whether ct. is immuno-suppressed --normal count is 4,300-10,800.</p>	<p><b>General circulatory massage</b> is probably contraindicated during this time due to the potential circulatory effects or just because it's too vigorous. Client could be fighting infection at any point and needs their resources for this fight. Other kinds of <b>contact</b> may be safe but are dependent upon physician and client input. Work closely with them to determine what kinds of touch are appropriate and when.</p> <p>Regardless of techniques used, avoid exposing the client to infection. Practice <b>Standard Precautions</b> against infection in terms of client drape and equipment. Be sure that bolsters, face cradle, etc. are disinfected and covered with clean linens. Always place bottle on clean surface, NEVER the floor.</p> <p>Offer to <b>reschedule</b> a client if you or a family member has an infection or is "coming down" with one (this is the most contagious time!). Try to schedule client so that they will not encounter many others in your waiting room or building. In-home massage may be best.</p>
<p>Low RBC's (Anemia)</p>	<p>Anemia is a common side-effect of chemotherapy that causes fatigue, shortness of breath, and intolerance of cold.<sup>2</sup> Massage therapy should be gentle to accommodate the drop in strength or stamina, extra <b>drapes</b> should be available to keep the client warm. Client might need to rise slowly from their <b>position</b> on the table after the massage. If anemia is severe and prolonged, a heart condition can develop. If so, follow-up with <b>medical consult</b> and <b>investigate</b> references a bout massage adjustments for people with heart conditions.</p>

<sup>2</sup> Werner, Ruth. *A Massage Therapist's Guide to Pathology*. Baltimore: Williams and Wilkins, 1998, p. 180-181

<b>Side Effect or Medical Issue</b>	<b>Massage Adjustments</b>
Fatigue	This can be due to poor nourishment, anemia, or a host of other factors during chemotherapy. Massage therapy should be at gentle <b>pressure</b> , with even <b>rhythms</b> and slow <b>speeds</b> . Session <b>duration</b> may need to be shorter.
Fever	<b>General circulatory massage</b> is contraindicated during fever. The body needs its resources for healing. Gentle <b>contact</b> may be possible, but <b>consult</b> with client's medical staff. Fever can be caused directly by chemotherapy, but it may also be a sign of threatening infection, so <b>medical referral</b> is necessary if it comes up in the session. If you refer client to medical staff, document this in your notes.
Skin Changes	Dryness, rashes and touch sensitivity and "prickliness" all contraindicate local and regional <b>pressure</b> or even <b>contact</b> if it causes discomfort. Often chemotherapy causes skin reactions that look like infections but are merely reactions to the medication. <b>Consult</b> with medical staff and client about the origins of any skin changes.  Fragile or thin skin contraindicates <b>pressure</b> .  Open lesions contraindicate <b>contact</b> —follow standard precautions. Do not introduce any pathogens from your skin or clients, or from any surface into the openings. Wear gloves if working with someone with open, weeping lesions. Even if you are avoiding the region, as you should, fluid from open lesions can be present elsewhere on the body due to transfer from sheets, fingers, etc. It is safest for therapist to work using gloves.
Hair Loss	Massage at the <b>site</b> of hair loss may be contraindicated, may be irritating or client's preference may dictate massage restrictions. If client prefers to keep wig or scarf on, you may need to avoid using <b>lubricant</b> such as oil in NK/FACE area to avoid damaging it. Follow client's lead about how and where to touch their head
Mouth sores	<b>Pressure</b> at the <b>sites</b> of the jaw or cheek may be contraindicated to avoid tugging on sores. Face cradles may exert too much pressure, necessitating <b>position</b> changes. Check in with client, do not aggravate area.
Nausea and Vomiting	Easy access to a bathroom is necessary.  <b>General circulatory massage</b> and <b>pressure</b> are contraindicated during nausea, as are passive <b>joint movements</b> such as ROM, jostling, rocking, etc. <b>Rhythms</b> should be even and <b>speed</b> should be slow. Unless client approves a given scent, avoid scented <b>lubricants</b> around the chemotherapy cycle, and whenever nausea is present. Persistent nausea and vomiting leads to weight loss (see below) and to loss of stamina. It also creates risk of dehydration. Be sure your client is adequately hydrated before using challenging techniques.

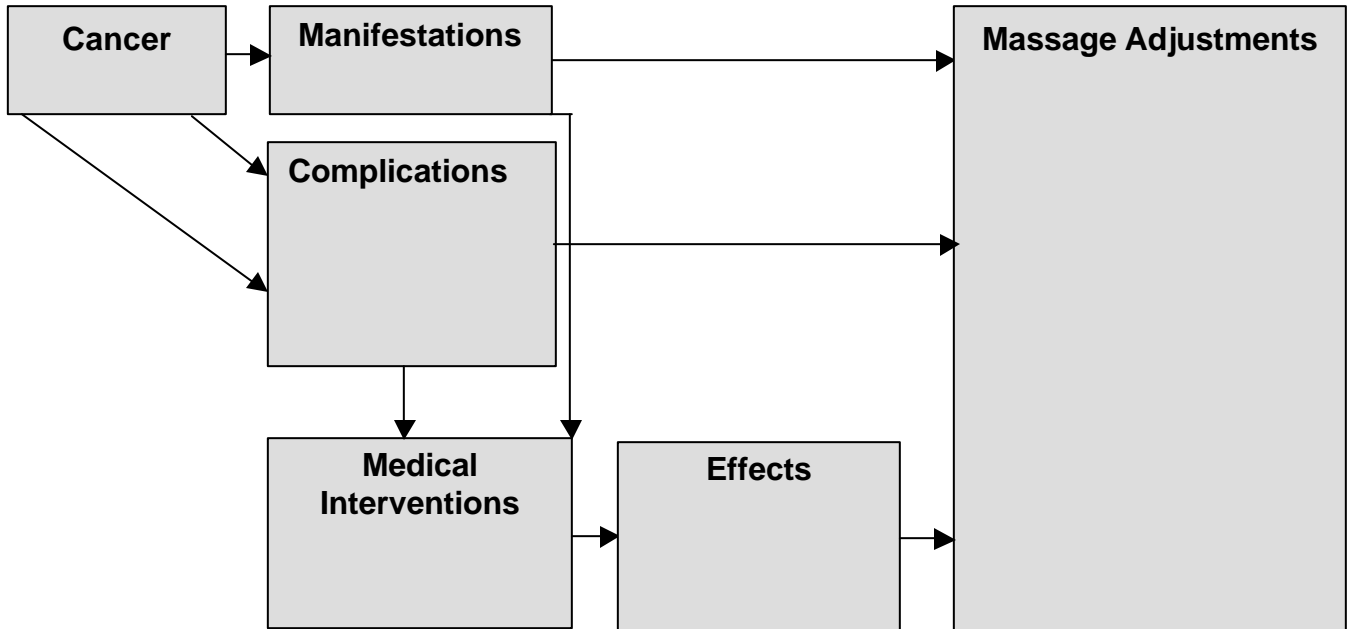
<b>Side Effect or Medical Issue</b>	<b>Massage Adjustments</b>
Diarrhea	<p>Easy access to bathroom is necessary.</p> <p>Persistent diarrhea leads to weight loss (see below) and to loss of stamina. It also creates risk of dehydration. Be certain your client is adequately hydrated before challenging them with stronger techniques.</p>
Constipation	<p>Depending upon condition and location of cancer, gentle massage of the abdomen may be indicated, but rule out other contraindications (such as colon cancer, or secondary sites in the abdominal area, or swelling) and get physician permission first.</p>
Cachexia (weight loss)	<p>Weight loss leads to more vulnerability to pressure sores. Assess health of tissue before massaging with <b>pressure</b> at the <b>site</b> of the sores. Massage is thought to help prevent pressure sores, but will aggravate sores that are already present.</p> <p>Nerve and vascular endangerment sites may be more vulnerable when there is less muscle and adipose to protect them. Be careful of <b>pressure</b> at those <b>sites</b>.</p> <p>Atrophy of muscles may make joints hypermobile. Careful with <b>joint movement</b> such as ROM or stretches—gentle only.</p> <p>With weight loss, stamina may be markedly reduced. General <b>pressure</b> and stimulation should be conservative.</p>
Peripheral neuropathy	<p>Neuropathy, with its sensations of numbness, pain, burning, etc., contraindicates <b>pressure</b> at the <b>site</b>, but lighter pressure or broader contact (not specific or “pointy”) may be tolerable. Note that in the case of numbness, client feedback about pain is absent. It is easier to damage tissue without client’s reports of pain. Lighter pressure is necessary.</p>

Side Effect or Medical Issue	Massage Adjustments
Other nervous system symptoms	<p>People with poor balance may need <b>assistance</b> getting on and off table, dressing, etc.</p> <p>Other nervous system symptoms can range from seizures to confusion, to optic neuritis. Investigate these on a case-by-case basis to determine safe practice directives.</p>
<p>Ports and catheters</p> 	<p>Local and regional <b>pressure</b> are contraindicated at port and catheter sites. Do not massage immediately proximal or distal to these sites or do anything that might mechanically speed movement of medication. In the case of an arm IV as high as the antecubital area, gentle massage of the hand may be okay. Check with medical staff.</p> <p>Client may require certain <b>positions</b> in order to be comfortable.</p> <p><b>Drape, position</b> or massage must not tug or press at port or catheter site.</p> <p>Types of Vascular Access Devices (VAD's)</p> <p>Central Line (top left)                      PICC Line (Peripherally-inserted central line)                      Several types, but can involve arm on same side                      Port-a-Cath (bottom left)                      usually covered with bandage</p>
Elimination of chemotherapy products through the skin	<p>There is controversy about this issue. Some authors encourage massage therapists to avoid direct <b>contact</b> with the skin, and instead to glove when working with clients soon after infusion of thiotepa or cytoxan.</p> <p>Others disagree. To be sure, nurses glove when mixing chemotherapy reagents for infusion; the degree of danger to others when eliminated through the skin is unclear.</p> <p>In any event, the first 48 hours after infusion of those two reagents is cited as the window of concern.</p>



### Massage Safe Practice – Basic Decision Tree

T. Walton 10/00



## Appendix I A Sample Format for Communicating with Client's Physician

*The following is a brief version of a form that may be tailored to an individual client. Not all of the primary safe practice concerns of working with people in cancer treatment are listed below, but some principal issues are described. Not all medical staff will be able or inclined to return such a form, completed and signed. Still, MT's may use this tool as a starting point for dialogue with the client's medical staff. For other suggestions, see also "Contraindications to Massage Part III: Communicating with a Client's Clinician," *Massage Therapy Journal* 38(3): 40-48, Fall 1999, by Tracy Walton.*

Dear (Physician's name):

Your patient, (name), has expressed an interest in receiving massage therapy during the course of her/his cancer treatment. I am writing to you to

1. Outline some common cautions I use when working with people in cancer treatment
2. Seek your input on which cautions should be in force with this client.

**My Techniques:** with most clients, I use kneading and stroking techniques and apply compressions to the tissues with my hands. I might also do gentle passive stretching and ROM.

### Common Adaptations for Clients in Cancer Treatment:

**Sites** affected by surgery, radiation therapy, IV's, drains, skin conditions, pain, edema, or bone involvement

*We will avoid these sites. If there is any nodal involvement with risk of lymphedema, we will use no pressure on the distal extremity and use only gentle pressure ("applying lotion") on the trunk quadrant. If needed, the limb will be elevated during the massage.*

Low platelet levels; easy **bruising**.

*We will use gentle strokes that displace skin and other superficial tissues, not deep muscle layers.*

**Side-effects** of treatments such as chemotherapy and radiation therapy

*the therapist will work gently in order to avoid aggravating fatigue, nausea, etc., and will adapt other elements of the session to any presenting side-effects*

Any risk of **deep vein thrombosis**, secondary to malignancy, inactivity or cancer treatment (*the massage therapist will avoid use of pressure on the lower extremities if there is any risk of thrombosis in those areas*).

(Patient name) has my permission to receive relaxation massage described above.

I've read through the common massage therapy adjustments, above. I have circled any concerns for this patient. If I have any additional concerns for the massage practitioner, I have described them below:

---

Physician's Signature

---

Date

---

Print Physician's Name

## Appendix II Sample Intake Form

**Name, date, address, etc.**

1. Have you had Massage Therapy before? **Yes No** If yes, was there anything that you liked or didn't like?

---

2. When were you first diagnosed with cancer? \_\_\_\_\_ What type of cancer? \_\_\_\_\_

3. Where was/is it located?

---

4. Are you being treated now? **Yes No** If no, what was the date of your last treatment?

---

NOTE: if you are currently in treatment, or if your last treatment session was less than 12 mos. ago, please have your physician complete the accompanying permission form.

5. What treatments have you undergone? *Please supply detail, with dates and types of cancer treatments.*

---

---

6. Current medications, not described above:

---

7. Did your treatment include any removal or therapy?  
irradiation of lymph nodes? *(if yes, please describe)*

---

8. Did your treatment include radiation  
*(if yes, please describe where, below)*

---

9. Do you have any **Site Restrictions** due to:  
\_\_\_\_ incisions, open wounds, drains or dressings  
\_\_\_\_ skin condition, rash or sensitivity  
\_\_\_\_ medical devices such as IV or ostomy  
\_\_\_\_ a tumor site \_\_\_\_\_ a radiation site  
\_\_\_\_ a history or risk of blood clots or phlebitis  
\_\_\_\_ bone or spinal metastases \_\_\_\_\_ neuropathy  
\_\_\_\_ history of fractures \_\_\_\_\_ area of infection  
\_\_\_\_ other *please describe* \_\_\_\_\_

10. Do you have any **Pressure Restrictions** due to:  
\_\_\_\_ history or risk of lymphedema  
\_\_\_\_ anticoagulants \_\_\_\_\_ low platelet count  
\_\_\_\_ bone metastasis \_\_\_\_\_ steroid medication  
\_\_\_\_ fragile/sensitive skin \_\_\_\_\_ fragile veins  
\_\_\_\_ area of pain or burning \_\_\_\_\_ fatigue  
\_\_\_\_ recent surgery \_\_\_\_\_ infection or fever  
\_\_\_\_ other *please describe* \_\_\_\_\_

11. Do you have any **Position Restrictions** due to:

- incision     medication     ostomy     tumor site     difficulty breathing     tender skin  
 swelling or risk of swelling (any area of body require elevating)? *please describe* \_\_\_\_\_  
 medical devices *please describe* \_\_\_\_\_  
 discomfort *please describe* \_\_\_\_\_

12.. **Has cancer or cancer treatment affected any of the following in your body?**

- Lungs     Liver     Nervous System     Heart     Kidney     Blood counts     Energy Level  
 If yes, describe \_\_\_\_\_

**General Signs and Symptoms**

<i>Check "yes" and add further comments if you have or have had any of the following signs and symptoms</i>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
1. Is there any <b>swelling or tendency to swell</b> anywhere in your body?			
2. Are there any sites of <b>pain or tenderness</b> anywhere in your body?			
3. Are there any sites of <b>numbness or diminished</b> sensation in your body?			
4. Are there any areas of <b>infection</b> in your body?			

**Specific Medical Conditions**

<i>Check "yes" and add further comments if you have or have had any of the following conditions:</i>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
<b>1. Skin Conditions</b> (e.g., rashes, infections, allergies, itching)			
<b>2. Known allergies or sensitivities</b> <i>If you use any physician-approved lotion for your skin, please bring some with you to the session</i>			
<b>3. Cardiovascular Conditions</b> e.g., heart condition, angina, high blood pressure, arteriosclerosis, blood clot, etc.			
<b>4. Liver or Kidney conditions</b>			
<b>5. Respiratory or Lung conditions</b>			
<b>6. Diabetes</b>			
<b>7. Arthritis</b>			
<b>8. Injuries</b> e.g. disc problems, tendinitis, knee problems, fractures, etc.			
<b>9. Surgery</b>			
<b>Any conditions NOT MENTIONED ABOVE</b>			

## Appendix III Resources

### A. Trainings on Massage and Cancer

Chapman, Cheryl, "Mastectomy Massage," and "Cancer Massage," both courses offered nationally in the US. Cheryl also teaches Geriatric Massage and Prenatal Massage. Contact her at Quality of Life Therapies, 973 912 9060 or [Touch2RN@aol.com](mailto:Touch2RN@aol.com).

Curties, Debra, teaches cancer workshops and breast massage workshops in Canada and the United States. Her publishing company, Curties-Overzet Publications, is on the web. See Debra's teaching schedule on the "author's workshops" link at <http://www.sutherland-chan.com/copi/works.htm>.

MacDonald, Gayle, "Massage Therapy for People with Cancer," a training offered internationally. Gayle also offers an intensive 7-day course for teachers at the Scherer Institute of Natural Healing, 505 982 8329. Visit her website for a description of author's trainings and training schedule: [www.medicinehands.com](http://www.medicinehands.com).

Memorial Sloan-Kettering Cancer Center, "Medical Massage for the Cancer Patient," a training offered by the Integrative Medicine Service several times a year, on-site in New York City. Call 212 639 8629.

Walton, Tracy. "Caring for Clients with Cancer," a three-day training, 24 continuing education hours. For her national teaching schedule see her website, [www.tracywalton.com](http://www.tracywalton.com), or call 617 661 5800 between 9 AM and 9 PM Eastern Time

### B. Texts on Massage and Cancer

Curties, D. *Massage Therapy and Cancer*. Moncton, NB: [Curties-Overzet Publications, Inc.](http://www.curties-overzet.com), 1999. Toll free 888.649.5411.

MacDonald, G. *Medicine Hands: Massage Therapy for People with Cancer*. Forres, Scotland: Findhorn Press, 1999. 877 390 4425

### C. Texts on Massage and Disease

Burch, S. *Recognizing Health and Illness: Pathology for Massage Therapists and Bodyworkers (2nd ed.)*. Lawrence, KS: Health Positive Publishing, 2001. Available at 888 797 5594 or at [healthpositive.com](http://healthpositive.com)

Newton, D. *Clinical Pathology for the Professional Bodyworker*. Portland, OR: Simran Publications, 1995. Available through them at (800) 325 1286 or at [simran.com](http://simran.com).

Persad, R. *Massage Therapy and Medications*. Moncton, New Brunswick: Curties-Overzet Publications Inc., 2001. Available at 888-649-5411 or at [rover@nbnet.nb.ca](mailto:rover@nbnet.nb.ca)

Premkumar, K. *Pathology A to Z—a Handbook for Massage Therapists (2nd ed.)*. Calgary, Alberta: Meducational Skills, Tools & Technology, Inc.: 2001. Order at 403 547 9030 or [meducational.com](http://meducational.com)

Rattray, F. and L. Ludwig. *Clinical Massage Therapy: Understanding, Assessing and Treating over 70 Conditions*. Toronto, Ontario: Talus, Inc., 2000. Available at 416 422 5459, FAX 416 422 5053.

Rattray, F. *Massage Therapy: an Approach to Treatments*. Toronto, Ontario: Massage Therapy Texts and Maverick Consultants, 1997. Available at (416) 422-5459.

Werner, R., *A Massage Therapist's Guide to Pathology (2nd ed.)*. Washington, DC: Williams & Wilkins, 2002. Available through many massage school bookstores or from the publisher at [LWW.com](http://LWW.com) or 800 638 3030.

### D. Journal Articles on Massage Therapy, Contraindications and Cancer

Ahles, T.A., D.M. Tope, B. Pinkson, S. Walch, D. Hann, M. Whedon, B. Dain, J.E. Weiss, L. Mills, P.M. Silberfarb. "Massage Therapy for Patients Undergoing Autologous Bone Marrow Transplantation," *Journal of Pain and Symptom Management* 18(3):157-63, September 1999.

Alexander, D. "Deep Vein Thrombosis and Massage Therapy," *Massage Therapy Journal*, Spring 1993:56-63.

Alexander-Gregory, J. "Feeding the Skin: Skin Care Therapist Finds Creative Way to Help Friend with Cancer," *Massage and Bodywork* August/September 2001:62-67.

Barnes, J.F. "Pain Relief for the Cancer Patient," *PT & OT Today*, April 29, 1996:18-19.

Batavia, M. Contraindications for therapeutic massage: do sources agree? (2004). *Journal of bodywork and movement therapies* 8:48-57.

Billhult, A. and K. Dahlberg. "A Meaningful Relief from Suffering—Experiences of Massage in Cancer Care," *Cancer Nursing* 24(3):180-184.

Bottoff, J.L. "The Use and Meaning of Touch in Caring for Patients with Cancer," *ONF* 20(10):1531-1538, 1993.

Bredin, M. "Mastectomy, Body Image and Therapeutic Massage: A Qualitative Study of Women's Experience," *Journal of Advanced Nursing* 29(5):113-120, 1999.

Burke, C., et al. "The Development of a Massage Service for Cancer Patients," *Clinical Oncology* 6 (1994):381-385.

Burt, J. and G. White. *Lymphedema: A Breast Cancer Patient's Guide to Prevention and Healing*. Hunter House Publishers, 1999.

Buss, IC, Halfens, RJG, Abu-Saad, HH (1997). The effectiveness of massage in preventing pressure sores: a literature review. *Rehabilitation Nursing* 22(5): 229-242.

Decision-making Steps for Working Safely

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Casciato, D.A., B.B. Lowitz. *Manual of Bedside Oncology* (1<sup>st</sup> ed), Boston: Little, Brown, 1986.

Cawley, Nik. "A Critique of the Methodology of Research Studies Evaluating Massage," *European Journal of Cancer Care* 6:23-31, 1997.

Cawthorne, L. and D.A. Boyle. "Massage as Cancer Nursing Therapeutic: Impact on Symptom Distress During Hospitalization," (Abstract of podium pssession, 2001 Oncology Nursing Society 26<sup>th</sup> Annual Congress, San Diego, CA). *Oncology Nursing Forum* 28(2):324-325, 2001.

Chamness, A. "Massage Therapy and Persons Living with Cancer: Some Basic Information for the Massage Therapist," *Massage Therapy Journal*, Summer 1993:53-64.

Chapman, C. "Lymphedema 101: What Every Therapist Should Know," *Massage Therapy Journal*, 39(4):86-89, Winter 2001.

Chapman, C. "Cancer vs. HIV/AIDS: A Comparative Overview," *Massage Therapy Journal*, Fall 2000:107-110.

Chapman, C. and E. Kennedy, "Mastectomy Massage," *Massage Therapy Journal* Fall 2000:91-99.

Chikly, B. "Post-Mastectomy Care and Lymph Drainage Therapy," *Journal of Bodywork and Movement Therapies* 3(1):11-16, 1999.

Corner, J., N. Cawley and S. Hildebranc. "An Evaluation of the Use of Massage and Essential Oils on the Well-Being of Cancer Patients," *International Journal of Palliative Nursing* 1(2): 67-73, 1995.

Crawford, J. "Myofascial Release Provides Symptomatic Relief from Chest Wall Tenderness Occasionally Seen Following Lumpectomy and Radiaiton in Breast Cancer Patients," *International Journal of Oncology, Biology and Physics* 34(5):1188-1189, 1996.

Cullen, C. et al. "Pediatric oncology Patients Benefit from Massage Therapy," in T. Field, *Touch Therapy*. Edinburgh: Churchill Livingstone, 2000.

Curties, D. "Cancer Therapies," *Massage Therapy Journal*, 39(4):80-85, Winter 2001.

Curties, D. "Could Massage Therapy Promote Cancer Metastasis?" *Journal of Soft Tissue Manipulation* April/May 1994:3-6. Reprinted in *Massage Therapy Journal*, 39(3):83-88, Fall 2000.

Curties, D. *Breast Massage*. Moncton, NB: Curties-Overzet Publications, Inc., 1999. Toll free 888 649 5411.

Curties, D. *Massage Therapy and Cancer*. Moncton, NB: Curties-Overzet Publications, Inc., 1999. Toll free 888 649 5411.

Dalton, J., T. Toomey and M. Workman, "Pain Relief for Cancer Patients," *Cancer Nursing* 11(6):322-328, 1988.

DeLany, J.W. "Breast Cancer Reconstructive Rehabilitation," *Journal of Bodywork and Movement Therapies* 3(1):3-4, 1999.

DeLany, J.W. "Neurosensory Therapy in Post-Mastectomy Care," *Journal of Bodywork and Movement Therapies* 3(1):5-10.

Damsky, DD (2002). Deep vein thrombosis in the patient with cancer. *Clinical journal of oncology nursing* 6(1):43-46.

Dibble, S.L., J. Chapman, K.A. Mack, A.S. Shih. "Acupressure for nausea: results of a pilot study," *Oncology Nursing Forum* 27(1):41-47, Jan-Feb 2000.

Dudley, G., KN McGrath, AM Pheley (2003). Length of stay and medication use in hysterectomy patients treated with a single massage treatment. *Journal of bodywork and movement therapies* 7(4):222-227.

Dunn, T. *Massage Therapy Guidelines for Hospital and Home Care* (3<sup>rd</sup> ed.). Derby, CT: Planetree, 1996. Available by calling 203 732 1365 or writing Planetree at 130 Division Street, Derby, CT 06418.

Durak, E., P. Lilly, S. Seligsen. "A Wellness Program for Cancer Patients: a Mind/Body Approach to Conditioning," *Somatics* 1996-97:42-48.

Eliska, O. and Eliskova, M. "Acupressure on the Lymphatic System: A Study of Lymphatic Drainage by High Pressure Massage?" *Lymphology* 28(1):21-30, 1995

Feldman, J. "Diane's Story: the Benefits of Holistic Massage for One Breast Cancer Patient," *Massage and Bodywork* December/January 2000:24-28.

Ferrell-Torry, A.T., and O.J. Glick. "The Use of Therapeutic Massage as a Nursing Intervention to Modify Anxiety and the Perception of Cancer Pain (review)," *Cancer Nursing* 16(2):93-101, 1993.

Field, T., Cullen, C., Diego, M., Hernandez-Reif, M., Sprinz, P., Beebe, K., Kissel, B., & Bango-Sanchez, V. (2001). Leukemia immune changes following massage therapy. *Journal of Bodywork and Movement Therapies*, 5, 271-274.

Finch, Mary Ann. *Care through Touch: Massage as the Art of Anointing*. New York: Continuum, 1999.

Gach, Michael R. *Acupressure's Potent Potents: A Guide to Self-Care for Common Ailments*. New York: Bantam Books, 1990.

Gates, R. and R. Fink. *Oncology Nursing Secrets: Questions and Answers about Caring for Patients with Cancer*. Philadelphia: Hanley & Belfus, Inc., 1997.

Gecsed, RA (2002). Massage therapy for patients with cancer. *Clinical journal of oncology nursing* 6(1):52-54.

Gerber, L. H. and M. Vargo. "Rehabilitation for Patients with Cancer Diagnoses," in *Rehabilitation Medicine: Principles and Practice* (3<sup>rd</sup> ed.), Joel A. DeLisa dn Bruce M. Gans (eds.), Philadelphia: Lippincott-Raven Publishers, 1998.

Gibson, K. *Developing a Hospital-Based Massage Therapy Program*. Glenwood Springs, CO. Call or write her at P.O. Box 1617, Glenwood Springs, CO 91601. 970 945 3060.

Goodfellow, LM (2003). "The effects of therapeutic back massage on psychophysiologic variables and immune function in spouses of patients with cancer." *Nursing research* 52(5): 318-28.

Grealish, L., A. Lomasney, B. Whiteman. "Foot Massage: A Nursing Intevention to Modify the Distressing Symptoms of Pain and Nausea in Patients Hospitalized with Cancer," *Cancer Nursing*, 23(3):237-243, 2000.

Greaves, M. *Cancer: the Evolutionary Legacy*. Oxford University Press, 2000.

Groopman, J. "Annals of Medicine: a Healing Hell," *New Yorker*, October 19, 1998:34-39.

Hernandez-Reif, M., Ironson, G., Field, T., Weiss, S., Katz, G., Fletcher, M.A. & Burman, I. "Massage Therapy for Breast Cancer." Unpublished manuscript, 2000.

Hernandez-Reif, M., Ironson, G., Field, T., Katz, G., Diego, M., Weiss, S., Fletcher, M., Schanberg, S. & Kuhn, C. (In Review). Breast cancer patients have improved immune functions following massage therapy.

Hodgson, H (2000). Does reflexology impact on cancer patients' quality of life? *Nursing Standard* 14(31):33-38. Howard, L. "Hands of Medicine: Working with Oncology Patients," *Massage and Bodywork*, August/September 2000: 48-58.

Itano, J. and K. Taoka. *Core Curriculum for Oncology Nursing* (3<sup>rd</sup> ed.), Philadelphia: W.B. Saunders, 1998.

Jackson, K (2003) "Reiki: Rising Star I Complementary Cancer Care." *Radiology Today* 4(10): 10-13.

King, C.R. "Nonpharmacologic Management of Chemotherapy-Induced Nausea and Vomiting," *Oncology Nursing Forum*, 1997 Supplement 24(7): 41-48, 1997.

King, P. [Interview with]. "Interview with AMTA Foundation Grantee Pauline King," *Massage Therapy Journal*, 36(1): Winter 1997:117-120.

Kirby, P. "Real-World Examples: Cancer Treatment Programs Offer Massage," *Massage Magazine* 84:80-82, March/April 2000.

## Decision-making Steps for Working Safely

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- Kite, S.M. et al. "Development of an Aromatherapy Service at a Cancer Centre." *Palliative Medicine* 12:171-180, 1998.
- MacDonald, G. "Easing the Chemotherapy Experience with Massage." *Massage Magazine* (84):985-91, March/April 2000.
- Kunz, K. and B. Kunz. *Reflexions: The Journal of Reflexology Research Project*, 2001. at [reflexology-research.com](http://reflexology-research.com).
- Lawvere, S. The effect of massage therapy in ovarian cancer patients. In Rich GJ, ed. *Massage Therapy: The Evidence for Practice*. Edinburgh: Mosby; 2002:57-83.
- Lively BT, Holiday-Goodman M, Black CD, Arondekar, B. "Massage therapy for chemotherapy-induced emesis." In Rich GJ, ed. *Massage Therapy: The Evidence for Practice*. Edinburgh: Mosby; 2002:85-104.
- MacDonald, G. "Massage for Cancer Patients Undergoing Radiation Treatment: the Benefits and Cautions." *Massage and Bodywork*, August/September 2001: 16-32.
- MacDonald, G. *Massage for Cancer Patients: A Review of Nursing Research*, *Massage Therapy Journal*, Summer 1995:53-56.
- MacDonald, G. *Medicine Hands: Massage Therapy for People with Cancer*. Forres, Scotland: Findhorn Press, 1998:730-425.
- MacDonald, G. "How Cancer Spreads," *Massage Therapy Journal*, 39(4):74-78, Winter 2001.
- MacDonald, G. "Massage for Cancer Patients Undergoing Radiation Treatment: the Benefits and Cautions," *Massage and Bodywork*, August/September 2001: 16-32.
- Malloy, J. "Do the Benefits of Massage Outweigh the Risks," *Massage Therapy Journal*, 39(4):60-73, Winter 2001.
- Manzulli, S. "Bodywork and Visualization Therapy for Breast Cancer Clients," *Massage and Bodywork* August/September 2001:36-47.
- McConnellogue, K. "The Courage to Touch: Massage and Cancer," *Massage and Bodywork Quarterly*, Dec./Jan. 2000:13-20.
- McGowan, K. "Use Caution when Treating Radiated People with Cancer," (letter to the editor), *Massage Therapy Journal* 40(1):15-18, Spring 2001.
- Menard, M. "The Effect of Therapeutic Massage on Post-Surgical Outcomes," Doctoral dissertation, University of Virginia, 1995.
- Meziere, Y. "Breast Cancer: How Massage Aids Recovery," *Massage Magazine* September/October 2001:66-77.
- Mowen, K. "Embraced by Water: Water Fitness for Breast Cancer Survivors," *Massage and Bodywork* August/September 2001:52-59.
- Nelson, D. *Making Friends with Cancer*. Forres, Scotland: Findhorn Press, 2000.
- Nixon, M., J. Teschendorff, J. Finney, W. Kamilowicz. "Expanding the Nursing Repertoire: the Effect of Massage on Post-Operative Pain," *Australian Journal of Advanced Nursing* 14(3):21-26, March 1997.
- Post-White, J., ME Kinney, K Wavik, JB, Gau, C Wilcox, I Lerner (2003). "Therapeutic massage and healing touch improve symptoms in cancer." *Integrative cancer therapies* 2(4):332-44.
- Rexilius, S.J., Mundt, C., Erickson Megel, M., & Agrawal, S. (2002). Therapeutic effects of massage therapy and handling touch on caregivers of patients undergoing autologous hematopoietic stem cell transplant. *Oncology Nursing Forum*, 29, E35-44.
- Rhiner, M., B.R. Ferrell, B.A. Ferrell, and M.M. Grant. "A Structured Nondrug Intervention Program for Cancer Pain," *Cancer Practice*1(2): 137-142, July/August 1993.
- Rose, M.K. *The Gift of Touch: Comfort Touch—Massage for the Elderly and the Chronically and Terminally Ill*. Reach the author at 3003 Valmont Road #71, Boulder, 80301-2142. 303 449 3945. [Rosevine@comfortouch.com](mailto:Rosevine@comfortouch.com). Also visit [www.comfortouch.com](http://www.comfortouch.com).
- Schwanz, M. "Massage Makes its Mark at Memorial Sloan-Kettering Hospital," *Massage Therapy Journal* 39(3): 100-106, Fall 2000.
- Scott, D., D. Donahue, R. Mastrovito, T. Hakes. "The Antiemetic Effect of Clinical Relaxation: Report of an Exploratory Pilot Study," *Journal of Psychosocial Oncology*, 1(1):71-83, 1983.
- Sims, S. "Slow Stroke Back Massage for Cancer Patients," *Nursing Times* 82(13):47-50, 1986.
- Smith, MC, Kemp J, Hemphill L, Vojir, CP (2002). Outcomes of therapeutic massage for hospitalized cancer patients. *Journal of Nursing Scholarship* 34(3):257-262.
- Steingraber, S. *Living Downstream: a Scientist's Personal Investigation of Cancer and the Environment*. New York: Vintage Books (Random House), 1998.
- Stephenson, N.L., S.P. Weinrich and A.S. Tavakoli. "The Effects of Foot Reflexology on Anxiety and Pain in Patients with Breast and Lung Cancer," *Oncology Nursing Forum* 27(1):67-72, 2000.
- Swirsky, J. and D.S. Nannery. *Coping with Lymphedema*. Avery Publishing, 1998.
- Tope, D.M., D.M. Hann and B. Pinkson. "Massage Therapy: An Old Intervention Comes of Age," *Quality of Life—A Nursing Challenge* 3:14-18, 1994.
- Toth, M., J. Kahn, T. Walton, A. Hrbek, D.M. Eisenberg, R.S. Phillips (2003). "Therapeutic Massage Intervention for Hospitalized Patients with Cancer—a Pilot Study." *Alternative and Complementary Therapies*, June 2003, 117-124.
- van der Riet, P (1998). The sexual embodiment of the cancer patient. *Nursing Inquiry* 5:248-257.
- van der Riet, P (1999) Massaged embodiment of cancer patients, (review), *Australian Journal of Holistic Nursing* 6(1):4-13.
- Versagi, C. M. "Like a Summer Wind: Manual Lymph Drainage Helps Those with Lymphedema," *Massage Magazine* September/October 2001:78-87.
- Walton, T. "Contraindications to Massage Part IV: Clinical Thinking and Cancer," *Massage Therapy Journal* 39(3): 66-80, Fall 2000.
- Walton, T. "Contraindications to Massage Part III: Communicating with a Client's Clinician," *Massage Therapy Journal* 38(3): 40-48, Fall 1999.
- Walton, T. "Contraindications to Massage Part II: Taking a Health History," *Massage Therapy Journal* 37(4):70-92, Winter 1999.
- Walton, T. "Contraindications to Massage Part I: Roadblocks on the Way to Consensus," *Massage Therapy Journal* 37(2):108-112, Summer 1998.
- Weiger, WA, Smith, M, Boon, H, Richardson, MA, Kaptchuk, TJ, Eisenberg, DM (2002) Advising patients who seek complementary and alternative medical therapies for cancer. *Annals of Internal Medicine* 137:889-903.
- Weinrich, S.P. and M.C. Weinrich. "The Effect of Massage on Pain in Cancer Patients," *Applied Nursing Research* 3(4):140-145, 1990.
- Wilkie, D., J. Kampbell, S. Cutshall, H. Halabisky, H. Harmon, L.P. Johnson, L. Weinacht, M. Rake-Marone. "Effects of Massage on Pain Intensity, Analgesics and Quality of Life in Patients with Cancer Pain: A Pilot Study of a Randomized Clinical Trial Conducted within Hospice Care Delivery," *The Hospice Journal* 15(3): 31-53.
- Wilkinson, S. "Aromatherapy and Massage in Palliative Care," *International Journal of Palliative Nursing* 1(1):21-30, 1995.
- Wilkinson, S. "An Evaluation of Massage and Aromatherapy Massage in Palliative Care," *Palliative Medicine* 13:409-417, 1999.
- Williams, D. "Touching Cancer Patients: Guidelines for Massage Therapists," *Massage Magazine* 84:74-79, March/April 2000.
- Zuther, J. "Is there a role for traditional massage therapy in the treatment and management of lymphedema?" *Lymph Link* (Newsletter of the National Lymphedema Network): 3-4, April/June 2001.