Sample Therapist's Journals
from Walton, Tracy,
Medical Conditions and Massage Therapy: A Decision Tree Approach.
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Sample Therapist's Journal
From Chapter 11, Cardiovascular Conditions

THERAPIST'S JOURNAL 11-1 Leap of Faith: Pain, Redness, Swelling... Referral!

In a practice session during my massage training, several red flags arose with my 36-year-old female client: She wore support hose occasionally for severe, painful varicose veins; was active in a profession that required long periods of standing; showed edema in her ankles; and was still carrying 40 extra pounds gained during her pregnancy a year before.

By themselves, the varicose veins and the weight issue were risk factors for DVT—good reasons to communicate with her doctor before I used any pressure on her legs. But she also mentioned her painful lower left leg, which was red, swollen, warm, and tender.

This client wanted deep pressure in the affected area. I knew she was at risk of DVT, and I didn't know why there was inflammation. I took a breath, sat down with her, and told her that we needed to talk, first. First, whatever was going on in her leg, I wasn't qualified to diagnose it; she needed to see her doctor as soon as possible. Second, I would have to hear back from her physician before I used pressure in the area. Finally, I told her my game plan for the day's session, a Reiki session and some careful bolstering for deep relaxation.

Upon hearing the game plan, she was surprised, a little defensive, and not entirely thrilled with me or the treatment plan. I apologized for the conservative treatment, but told her I felt it was in her best interest. In the end, she agreed to the session and was far happier with it than she'd expected. I sent her home with a Release of Medical Records form so that I could communicate with her doctor before her next session.

When I called a day later to follow up, she let me know that her doctor had diagnosed phlebitis. She had started anticoagulant therapy immediately to prevent thrombosis. She was very grateful to me for "sticking up for her" despite her resistance, and for urging her to see her doctor. Her doctor agreed, saying that the client "could have been in a lot of trouble," and my referral was fortunate and extremely timely. The client and physician both said how critical it was for a massage therapist to be aware both of this condition and its risks.

While the client's phlebitis resolved in several weeks, she remains at risk for recurrence and for DVT, and she's still taking anticoagulants. Although she now wears her stockings more consistently, new varicose veins have appeared, and other factors—her weight, her job, and her ankle swelling—remain unchanged. Since graduating from massage school, I have continued to treat her, so I've needed ongoing help from her doctor. My treatment plan excludes pressure on her thighs, lower legs, and tops of her feet, but includes pressure on the plantar surfaces, since she's on her feet so much. Over time, I've been able to adjust massage pressure on her upper body from light to moderate pressure without the risk of bruising. Her physician provides whole-hearted support of the massage plan for her patient's well-being.

From that first session, I remember strongly how challenging it was, as a student, speaking from a position of urgent persuasion and credibility to my client. I kept hearing my massage instructors in my head, reminding me that an occasional treatment decision might not be popular with my client, but I would need to stand by it to be an ethical, responsible professional. Sometimes a "feel good massage" isn't in the client's best interest, but a trip to the doctor is.

When this happened several years ago, my response to the client was considered appropriately cautious. Experience has convinced me that clear guidelines for suspected DVT support immediate physician referral rather than waiting overnight or providing any massage in the moment. Still, I know that I responded proactively, thoughtfully, and with all of my resources at the time, and that my response may very well have saved the client's life.

Elizabeth Terhune
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Sample Therapist's Journal
From Chapter 7, Skin Conditions

THERAPIST'S JOURNAL 7-1 Scabies, Touch, and Caution

I remember a colleague, Jordan, telling a hair-raising story. One of his practice clients called him a few weeks after a session and told him she found out she had developed scabies.

Jordan had already begun to itch a bit in the area of the waistband of his jeans, but he hadn't thought anything of it. This phone call scared him and he saw his doctor the next day. A quick test revealed the mites. Jordan was in the awkward position of calling all the clients he had seen after his client with scabies. He told them about the incident and urged each one to see a doctor. Jordan treated himself twice with permethrin cream according to his doctor's instructions. He also bagged and cleaned all of his linens, drying them on high heat. He lost a week's worth of income, and returned to massage work a few days after his second treatment.

Another massage therapist, Ana, who was also a nurse, had worked a lot in long-term care and was familiar with the spread of scabies in institutional settings. One evening she was draping her client for a session when she noticed the client furiously scratching his hands. She questioned him and learned that he was quite uncomfortable, especially after hot showers.

Ana took a deep breath and told her client she needed to end the session right then, and strongly urged the client to see his physician. Without diagnosing, she told the client of her concern about scabies. After he left, Ana carefully folded up the linens, put them in a garbage bag, and added her own clothing to the bag that night, just to be sure. She stored them in her basement for a week. She saw her physician the next day. Although it was unpleasant, she used the permethrin, and never developed scabies. She checked with her health department to be sure she'd handled the situation safely and returned to massage a couple of days later.

Tracy Walton
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Sample Therapist's Journal
From Chapter 14, Respiratory Conditions

THERAPIST'S JOURNAL 14-2 Emphysema, Equipment, and Massage Therapy

I've been a hospice volunteer for 12 years. I worked with a 64-year-old client with emphysema. Although she had lung reduction surgery the year before we started, she was quite compromised, and had reached the point where she had no energy to leave her bed. I visited her in her home every week for the last 6 months of her life.

Picture a tiny room, crammed with the furniture and belongings of a full life, a wall with plaques and other accolades for her many years of work with a nonprofit organization. There was a huge hospital bed, and a very small person in the middle of it. The other presence in the room was the oxygen concentrator: a large, noisy machine with tubing connected to a cannula that fed oxygen into her nose. Because her breathing was so labored, the machine was cranked to the maximum setting and gave off a lot of heat. For this reason, the client kept the windows open in winter, so the bedroom was freezing.

The client's skin was gray and her toes bluish from poor oxygenation. She was tired and often dozed off during our sessions. She was not always lucid, I believe because her brain had to work with less oxygen, but for the most part we had good conversations and she gave good feedback during her sessions. I suggested massage might help soften her breathing muscles and perhaps help her get more air.

In terms of massage adjustments, about all she could tolerate was a 20- or 25-minute session. I avoided massage on her thighs and lower legs because she had been in bed for so long and I was concerned about blood clots. All my movements were slow, gentle, rhythmic, and predictable, with pressure at a maximum of 2 or 3. We began her session with her supine, and the head of the bed elevated about 30 degrees. I would work at her sternum and let my fingers "stack" and sink in between her ribs and engage her intercostal muscles. I also worked the lower intercostals, reaching across the bed and using gentle pulling strokes with one finger between each rib, gliding toward her sternum. I used effleurage and petrissage on her feet and hands. Then she would sit up for 10 minutes or so, a position that was good for breathing and for getting at the scalenes, the trapezius muscles, and other muscles of her back. I sat behind her on the bed with a pillow between us to support her for this work, and finished with a bit of tapotement on her upper back. Then she would lie down supine again, and I would finish with work on her scalp, which she loved. To get to her, I had to move some furniture, squeeze behind the bed, fold myself up to get to the head and foot of the bed, and replace everything afterward. I was conscious of my body mechanics, but I also had to respect her belongings and her environment.

Sometimes we would use her oximeter, a device clipped to her finger that measures oxygen saturation. We would check it pre-massage and post-massage, and see improvement over the course of the session. Her readings would often be in the high 80s before the massage, then in the 90s afterward. Perhaps her position changes were partly responsible for the improvement, not the massage. Still, it was interesting to take these measurements and wonder whether massage, by relaxing and deepening breathing, played a role.

This client was rather reserved, and it took a while to establish rapport with her. But she became more comfortable over time. We would chat sometimes, and she reported fingering her own intercostals and scalenes to relax them. We'd sometimes share a chuckle over the goofy positions we found ourselves in as I navigated positioning to give her a massage. I'd like to think the massage therapy was helpful over those last months. Either way, it was an honor to work with her during that time.

Lee Blank
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