



Lindsey Lodge Hospice & Healthcare

# COMPLEMENTARY THERAPY

## “TOUCH THERAPEUTICS” SERVICE

### Risk Assessment Guidance (Linked to safe systems of work)

## **1. Introduction**

It is well recognised that very poorly patients are not well enough to tolerate and cope with complementary therapies with in its normal range of use. Often therapists are limited as to what they can do due to safety issues and avoid making the patient feel more unwell or simply too tired to function.

The TT core programme enables therapies to be applied gently with the main aim being support, relaxation and relief of stress and stress related symptoms. The compassionate and reassuring use of touch is central to these therapies, whilst recognising the importance of the quality of the therapeutic relationship between practitioner and recipient. The following guidelines are in place to support delivery of TT.

## **2. Aim and scope of guidelines**

These guidelines are to be read in conjunction with the complementary therapy TT policy and primarily focus on TT; however other named therapies highlighted at the end of the document form the add-ons and extras to the programme.

All information contained within these guidelines is regarded as standards of practise and should be adhered to by all practitioners at Lindsey Lodge Hospice and in supportive and holistic specialised palliative care.

## **3. Practice guidelines**

The following safe systems of work guidance is to be used in conjunction with any training received. If at any time during a therapy session the patient and/or service user becomes unwell, it is advised to stop the session and seek medical advice.

It is important to consider if the service user and/or patient presents confused, disorientated or has been exposed to any illicit substances, inclusive of alcohol this will impact on their ability to consent to therapy. As a practitioner, if there are any concerns in relation to safeguarding or psychological wellbeing, it may be prudent to deliver therapy as a joint session with a second practitioner.

Key hazards and/or considerations for avoiding therapy include;

- Bruising
- Fainting
- Adverse reactions to oils or cream
- Contra-indications not previously observed
- Blood clots
- Lymphoedema
- Known blood infections
- Tissue viability concerns including pressure ulcers
- Warfarin user

#### 4. Safety guidelines

The following guidance highlights potential contra-indicators to the delivery of TT and/or additional complementary therapy. The guidelines are not exhaustive, and is essential if a practitioner has any concerns prior to completing therapy, that they are discussed with a member of the nursing and/or medical team.

##### Reiki

There are no specific contra-indications to Reiki, however, the following cautions should be considered;

- Epilepsy
- Diabetes
- Pacemaker in situ
- Caution in High/low blood pressure; patients should be brought to a sitting position gradually to avoid dizziness or falling
- Give a Reiki treatment only in response to a request from the patient, patient's family or carer and following consent from the patient, the patient's family or carer
- Be aware that the patient may misunderstand the word "healing" to mean cure rather than 'to make whole' - emphasise healing may be physical, psychological, emotional or spiritual but discuss possible benefits in a way that does not raise false hopes; emphasise that there is no religious association
- Be sensitive to the needs of the patient, relative or carer and give Reiki in a position that is comfortable, rather than the customary positions of sitting in a chair or lying flat on a couch
- Use Reiki treatments with sensitivity where patients, families and carers may have an altered perception of reality, either emotionally or mentally because of their personal history, disease progression or medication
- Ensure that sessions are timely to avoid exacerbating fatigue (the feeling of being 'wiped out') as this may interfere with quality of time/planned activities with loved ones.

##### Slow stroke massage (over the clothes)

- Avoid working over any medical device attached to the body
- Avoid pulling on any tubes exiting the body
- Very frail poorly patients use very gentle touch and treat for a short time.
- Go around any tumour sites
- Go around any severe bruising
- Patients confined to bed treat along arms and legs only.
- More mobile patients check for dizziness or balance issues before mobilising after treatment.

## Hand/Foot Massage

- Skin infections on the hands and wrists
- Raised temperature due to systemic infection
- Acute inflammatory conditions e.g. Rheumatoid arthritis
- Skin diseases e.g. Eczema, Psoriasis
- Broken skin
- Bleeding disorders
- Recent fractures of wrist or finger bones
- Recent surgery to hands or wrists e.g. recent scar tissue

Please note: Any undiagnosed pain or severe pain needs to be treated first by the clinical team before offering therapy.

Please note: Not all patients will want to be touched and feel uncomfortable with any kind of massage, it is important the service user consents prior to sessions.

## Relaxation and Visualisation

Theoretically there are no known contra-indications to the practice of relaxation therapy/skills. However, caution when sitting or standing up from a laid down position can cause temporary dizziness especially in abnormal blood pressure conditions.

## Visualisation/Imagery

Imagery should always be patient generated, it is important to know the patients natural preferences to avoid the following:

- Deep water or complete bodily submergence in to water
- Lofty heights that feel unsafe
- Confined spaces e.g. caves, small rooms, holes etc.
- Panoramic or wide open spaces

Please note: using DOWN imagery or word can be frightening to some people

## Essential oils

The use of essential oils as a part of the TT programme is restricted to the practice of adding a few drops to an aroma stone only. It is important to;

- Be aware that not all patients will like the use of essential oils
- Oils may not be appropriate for patients with severe breathing difficulties

Please note: Allow the patient to choose an oil to avoid using oil the patient may find offensive

## Abdominal Breathing

Patients with chronic and /or severe breathing difficulties should first be assessed and treated by either a Doctor, respiratory Physiotherapist or other qualified clinical practitioner before the guiding of a patient in the use of abdominal breathing.

### **5. Clinical effectiveness**

To ensure that there is accurate information recorded for future evaluation, the following records should be kept as directed by the complementary therapy co-ordinator be that paper and/or on system;

- Personal Details i.e. name, address, contact telephone number, date of birth, gender, occupation, responsible medical practitioner and referrer details
- The presenting problem and history
- The therapeutic approach or method used
- The length and number of interventions
- Medication and other concurrent treatment
- Observations
- Joint evaluation by client and therapist of therapeutic intervention

### **6. Environmental considerations**

- Ensure availability of a warm, well-ventilated room with hand washing facilities
- Use safe and appropriate equipment and adhere to the Lindsey Lodge Hospice moving and handling policy and national Health & Safety at Work Act
- Adverse reactions to treatment should be documented in the patient/service users' notes and reported to the Responsible Medical Officer.
- In the event of a significant incident relating to a patient, service user and/or member of staff (inclusive of volunteers), an incident should be logged on the Lindsey Lodge Hospice database and the Wellbeing centre manager should be informed in a timely manner

### **6. Evidence Base and References**

#### Slow Stroke Massage

Fritz S. (2000) Fundamentals of Therapeutic Massage. Mosby Inc. St. Louis, MO.

Harris, M. et al. (2010) The physiological and psychological effects of slow-stroke back massage and hand massage on relaxation in older people. Journal of Clinical Nursing Vol. 19.

Mackereth P & Carter A (2006). *Massage and Bodywork – adapting therapies for cancer care*.

McGuinness, H. *Holistic Therapies* (2000). Hodder & Stoughton. ISBN 0-340-77296-4

Mok, E. (2004) The effects of slow-stroke back massage on anxiety and shoulder pain in elderly stroke patients. *Complementary Therapies in Nursing and Midwifery* Volume 10, Issue 4, 209–216.

### Reiki

Tavares M. (2003) *National Guidelines for the Use of Complementary Therapies in Supportive and Palliative Care*. The Prince of Wales's Foundation for Integrated Health and The National Association for Hospice and Specialist Palliative Care Services

National Care Standards Commission Minimum Standards (2002): - C11, H3, H5  
Private and Voluntary Health Care (England) Regulations 2001; Chapter 1, Quality of Service Provision 15(1), 15(2), 16, 21

Barnett L. and Chambers M. (1996) *Reiki Energy Medicine*. Healing Arts Press (Vermont)

Rand William Lee. (1998) *Reiki The Healing Touch. 1st&2nd Degree Manual*. Vision Publications

Lubeck W, Petter F.A., Rand W.L. (2001) *The Spirit of Reiki, The complete handbook of the Reiki System*. Lotus Press Shangri-La

Bullock, M. Complementary therapies in hospice care: Reiki: A Complementary therapy for life. *Am J Hospice Palliative Care*.1997;14(1): 31-33.

Health and Safety at Work Act

Nield-Anderson, L. PhD, APRN, Ameling, A. RN, MSN. The Empowering Nature of Reiki as a Complementary Therapy. *Holist Nurs Pract* 2000; 14 (3): 21-29

Quest, P. with Roberts, K. *The Reiki Manual: A Training guide for Reiki Students, Practitioners and Masters*. (2011). Penguin Group. ISBN. 978-1-58542-904-2

Yamaguchi, T. *Light on the origins of Reiki*. (2007). Lotus press, Shangri-La. ISBN: 978-0-9149-5565-8

Zimmerman J, 'The laying-on of hands, healing and therapeutic touch: a testable theory BEMI currents', *Journal of the Bio-Electromagnetics Institute*. Vol 2, 1990.

Seto A. et al., 'Detection of extraordinarily large bio-magnetic field strength from human during external Qi emission', *Acupuncture and Electro-therapeutics Int. Jnl*. Vol 17. 1992.

Becker, Robert O. 'The Body Electric: Electromagnetism and the Foundation of Life', Pub: William Morrow & Co. Inc. 1985

### Relaxation and Visualisation

Epstein, G. MD. (1989). *Healing Visualisations: Creating health through Imagery*. New York. Bantam Books.

Jaffe, D.T. & Bresler, D.E. (1980). The use of guided imagery as an adjunct to medical diagnosis and treatment. *Journal of Humanistic Psychology* 20 (4), 45-59.

Watkins, A, Dr. *Mind-Body Medicine: A Clinician's guide to Psychoneuroimmunology* (1997). Churchill Livingstone ISBN 0-443-05526-2

## Hand and Foot Massage

AHCA. 2013. "LTC Stats: Nursing Facility Patient Characteristics Report: June 2013 Update."

Centers for Medicare & Medicaid Services (2014) Interim report on the CMS National Partnership to Improve Dementia Care in Nursing Homes. Baltimore, MD

Montagu, A. (1986) *Touching the Human Significance of the Skin*. Harper and Row New York, NY.

Field, T (2003) *Touch*. MIT Press Cambridge, MA.

Fogarty, L. (1999) Can 40 Seconds of Compassion Reduce Patient Anxiety? *Journal of Clinical Oncology* Vol. 17 No. 1.

Kuchinskas, S. (2009) *The Chemistry of Connection: How the Oxytocin Response Can Help You Find Trust, Intimacy, and Love*. New Harbinger Publications, 5674 Shattuck Ave, Oakland, CA 94609.

Bush, E. (2001) The Use of Human Touch to Improve the Well-Being of Older Adults. *Journal of Holistic Nursing* Vol. 19 No.3 256-270.

Fritz S. (2000) *Fundamentals of Therapeutic Massage*. Mosby Inc. St. Louis, MO.

Field, T. et al. (2005) Cortisol decreases and serotonin and dopamine increase following massage therapy. *International Journal of Neuroscience*, Vol. 115 (10).

Woods, D. et al. (2009) The effect of therapeutic touch on behavioural symptoms and cortisol in persons with dementia.

Snyder M. et al. (1995) Efficacy of Hand Massage in Decreasing Agitation Behaviours Associated with Care Activities in Persons with Dementia. *Geriatric Nursing* March/ April 60-63

Kilstoff, K. et al. (1998) New Approaches to Health and Well-being for Dementia Day-Care Clients, Family Carers, and Day-care Staff. *International Journal of Nursing Practice* 4 70-83

Vanderbilt S (2000) It's Never Too Late to Touch: Massage Emerges as a Lifeline to Dementia Patients. *Massage and Bodywork* June/July 140-144.

Suzuki, M. et al. (2010) Physical and Psychological Effects of 6-Week Tactile Massage on Elderly Patients with Severe Dementia. *American Journal of Alzheimer's disease and Other Dementias*.

Harris, M. et al. (2010) The physiological and psychological effects of slow-stroke back massage and hand massage on relaxation in older people. *Journal of Clinical Nursing* Vol. 19.

Mok, E. (2004) The effects of slow-stroke back massage on anxiety and shoulder pain in elderly stroke patients. *Complementary Therapies in Nursing and Midwifery* Volume 10, Issue 4, 209–216.

Moyle, W. (2011) Exploring the effect of foot massage on agitated behaviours in older people with dementia: A pilot study. *Australasian Journal on Ageing* Vol. 30 159–161

Won, J. (2002) Effect of Foot Massage on Sleep, Vital Sign and Fatigue in the Elderly who live in their Home. *Journal of Korean Academic Fundamentals of Nursing* Vol. 9 No.3 513-523.

Puthusseril, V. (2006) Special foot massage as a complementary therapy in palliative care. *Indian Journal of Palliative Care* Vol. 12 No. 2, 71-76.

Caitlin, A. (2014) Hospice massage eases patients' pain. [www.massagemag.com/hospice-massage-eases-patients-pain-23812](http://www.massagemag.com/hospice-massage-eases-patients-pain-23812)

Rapaport, MH., Schettler, P. and Bresee, C. (2010) 'A preliminary study of the effects of a single session of Swedish massage on hypothalamic-pituitary-adrenal and immune function in normal individuals'. *Journal of Alternative and Complementary Medicine* 16, 10, 1079-1088.

Osaka, I., Kurihara, V., Tanaka, K., Nishizaki, H., Aoki, S. and Adachi, I. (2009) 'Endocrinological evaluations of brief hand massages in palliative care'. *Journal of Alternative and Complementary Medicine* 15, 9, 981-985.

Kaada, B. and Torsteinbø, O. (1989) 'Increase of plasma  $\beta$ -endorphins in connective tissue massage'. *General Pharmacology: The Vascular System* 20, 4, 487-489.

Goldschmidt, B., Van Meines, N., (2012) 'Comforting Touch in Dementia and End of Life Care, Take My Hand'. Singing Dragon an imprint of Jessica Kingsley publishers. London and Philadelphia ISBN: 978-1-84819-073-3

Zak, P. (2012) *The Moral Molecule: The source of Love and Prosperity*. Penguin Group, New York, NY

### Abdominal Breathing

Cappo, B. (1984). 'Utility of prolonged respiratory exhalation for reducing physiological arousal in non-threatening and threatening situations'. *Journal of Psychosomatic Research*, Vol 28, no4.

Grossman, P. (1985). 'A controlled study of a breathing therapy for treatment of hyperventilation syndrome'. *Journal of Psychosomatic Research*, Vol 29, No1.

Fried, R. & Grimaldi, J. (1990). *The Psychology and Physiology of Breathing: In Behavioural Medicine, Clinical Psychology and Psychiatry*. New York: Plenum Press.

Fried, R. PhD (1990). *The Breath Connection: How to reduce Psychosomatic and stress-related disorders with easy to do breathing exercises*. New York. Plenum Press.

### Essential Oils

Buckle S (2003). Aromatherapy and massage: The evidence. *Paediatric Nursing*, July 2003, Vol. 15, Iss. 6, pp 24-30.

Cooke B & Ernst E (2000). Aromatherapy: A systematic review. *British Journal of General Practice*, June 2000, pp 493-496.

Saeki Y (2000). The effect of footbath with or without the essential oil of lavender on the autonomic nervous system. *Complementary Therapies in Medicine*, No 8, Pp 2-7.

Wilkinson S, Aldridge J, Salmon I, Cain E, Wilson B (1999). An evaluation of massage and aromatherapy in palliative care. *Palliative Medicine*, Vol. 13, pp 409-417.

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