

# Massage and Bodywork Wellness Spa

A Christian owned and operated business.

Your patient 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 passive stretching and range of motion. I can apply a range of pressures, from just moving the skin (like "lotioning") to deeper muscular work.

### 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 gentle pressure 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 muscular layers.*
- **Side-effects** of treatments such as chemotherapy and radiation therapy: *We 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: *We will avoid use of pressure on the lower extremities if there is any risk of thrombosis in those areas.*

\_\_\_\_\_ has my permission to receive relaxation massage therapy as 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:

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\_\_\_\_\_  
Physician's Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Print Physician's Name

\_\_\_\_\_  
Physician's Phone Number