

Position Statement of the Society for Oncology Massage

Oncology Massage Therapy Guidelines—Safe and Beneficial at all Stages of Cancer

by the S4OM Board of Directors; December 2023

It is the position of the Society for Oncology
Massage (S4OM) that current, recognized,
clinical guidelines for oncology massage therapy
are applicable at all stages of the cancer process,
from initial diagnosis, through treatment, during
recovery and rehabilitation, throughout
remission, and at the end of life. Oncology
Massage is the modification of existing massage
therapy guidelines to safely work with individuals
affected by the complications of cancer and its
treatment.

Clinical guidelines are statements that include recommendations intended to optimize patient care that are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options [1]. Current oncology massage clinical guidelines were developed and are modified using research and clinical program reviews for evidence-informed patient-centered care. Oncology massage subject matter experts currently work with healthcare

teams in a variety of medical settings to set realistic expectations, dispel myths, and guide patients to use specific non-pharmacologic treatments to address symptom burdens caused by cancer or conventional cancer treatments. [2-15]

S40M exists to inform, support, and educate massage therapists, consumers, and health professionals about the value of, and the specific modifications, adaptations, and applications required for oncology massage. It is the mission of S40M to support the safe delivery of massage to people who have been affected by a cancer diagnosis and its treatment, promote oncology massage education standards, and collaborate in research.

Massage Immediately Following the Time of Diagnosis, During Treatment, and Recovery

Oncology Massage can be provided to people from the time of diagnosis, through treatment, in recovery, and beyond given the following:

- Massage is provided by a licensed, certified, or registered massage therapist, with advanced training in oncology massage, following current clinical guidelines.
- Treatment plans consider tumor site, previous, current, or planned cancer treatments, sideeffects of the cancer itself and its treatments, comorbidities, and the general health of the individual seeking treatment.
- Pressure is carefully considered and based on guidelines established by recognized subject matter experts in the field of Oncology Massage [16-18].

The time between diagnosis or recurrence and the start of treatment can be a particularly stressful time for patients. Patients and their families are coming to terms with not only a potentially life-changing diagnosis but also the unknown interventions before them. There is no reason to withhold massage therapy during this time. Massage therapy for the purpose of providing physical, spiritual, and psychosocial comfort is a vital part of integrative healthcare.

Oncology massage is a pleasant, peaceful type of care. During this time, the patient has the opportunity to state preferences and be in control, which is empowering to the person who has been through treatments where choice is minimal. A trained oncology massage therapist is prepared in these cases to ask the appropriate questions and design a safe and effective treatment plan. The therapist is trained to avoid the site of the tumor or malignancy, adjust pressure, ensure the patient is positioned comfortably and safely, make adjustments when lymph nodes have been removed or radiated, and consider ongoing updates to the patient's health care in order to make other decisions around providing safe care. [17, 18] To withhold massage therapy during any of these phases of cancer care seems unnecessary and unwise.

Even after cancer treatment has been completed, massage therapy continues to be beneficial as clients recover, both in the near term and years later. Massage therapy can improve variables such as energy, functionality, and body image. After medical treatments are completed or greatly curtailed, therapists will still need to incorporate adjustments into the clients' massage sessions.

Just as in other phases of cancer care, massage therapy at the end-of-life requires expertise in clinical decision-making. S4OM believes that sessions at this time should still center around the principle of First Do No Harm. Adjustments need to be made for such things as skin integrity, fatigue, metastasis, and breathing needs. [19]

The Oncology Massage Profession

The Oncology Massage profession has evolved significantly. Oncology Massage practitioners are currently found in a wide variety of health care environments. Practitioners are providing safe effective care in cancer centers and medical facilities in the U.S. and around the world [3-15].

Massage therapists are recognized by the Joint Commission, the Veterans Administration, the Centers for Medicare and Medicaid for their value in providing a non-pharmaceutical option for pain. Massage therapists working in these medical environments require a different level of education than those working in other settings. They must demonstrate specific competencies and be prepared not only to understand local and general contraindications for care in the medically complex patient but must possess the

inter-professional skills to work as a part of a healthcare team. [17-20]

Conclusion

It is widely acknowledged that massage therapy is no more likely to contribute to metastasis than exercise [17, 18], palpation by other health care professionals, or the application of heat as palliative care. Clinical guidelines followed by oncology trained massage therapists should be applied at all points along the spectrum, after diagnosis, during treatment, and beyond to ensure a safe and positive outcome.

S4OM strongly recommends ongoing research and the development of a multidisciplinary best practices document. This document would provide more comprehensive integrative clinical care guidelines to assist patients and medical providers in understanding the indications, contraindications, and considerations before, during, and after treatment. S4OM will partner with researchers and other stakeholders to create such a piece of literature.

References and Works Cited

- 1. Mancher, Graham R, Wolman, M DM, Greenfield S, Steinberg E. (eds). Institute of Medicine. Clinical Practice Guidelines We Can Trust. In. Washington, DC: The National Academies Press, 2011, 290. [Google Scholar]
- Latte-Naor MD, Shelley, Mao MD, Jun J. Putting Integrative Oncology into Practice: Concepts and Approaches, Memorial Sloan Kettering Cancer Center, New York, NY. DOI: 10.1200/JOP.18.000554. Journal of Oncology Practice, 15, no 1 (January 1, 2019) 7-14.
- 3. Ahles TA, Tope DM, Pinkson B, Walch S, Hann D, Whedon M, Dain B, Weiss JE, Mills L, Silverfarb PM. Massage therapy for patients undergoing autologous bone marrow transplantation. Journal of Pain and Symptom Management Sep 1999;18(3):157-63.
- 4. MacDonald Gayle. The progression of oncology massage: difficult lessons learned. Massage & Dayloune 2011:32-9.
- 5. Mehling WE, Jacobs B, Acree M, et al. Symptom management with massage and acupuncture in postoperative cancer patients: a randomized controlled trial. Journal of Pain and Symptom Management. 2007; 33(3):258-66.
- 6. Currin J, Meister EA. A hospital-based intervention using massage to reduce distress among oncology patients. Cancer Nursing. 2008; 3(3):214-21.
- 7. Gentile D, Boselli D, O'Neill G, et al. Cancer pain relief after healing touch and massage. Journal of Alternative and Complementary Medicine. 2018; 24(9-10):968-73.
- 8. Vergo MT, Pinkson BM, Broglio K, et al. Immediate symptom relief after a first session of massage therapy or Reiki in hospitalized patients: a 5-year clinical experience from a rural academic center. J Altern Complement Med. 2018; 24(8):801-8.
- 9. Kuon C, Wannier R, Harrison J, Tague C. Massage for symptom management in adult inpatients with hematologic malignancies. Glob Adv Health Med. 2019; 8:1-6.
- 10. Robison J, Smith C. Therapeutic massage during chemotherapy and/or biotherapy infusions, patient perceptions of pain, fatigue, nausea, anxiety, and satisfaction. Clin J Oncol Nurs. 2015; 20(2):E1-7.
- 11. Stringer J, Swindell R, Dennis M. Massage in patients under-going intensive chemotherapy reduces serum cortisol and prolactin. Psycho-oncology. 2008; 17(10):1024-31.
- 12. Bilhult A, Bergbom I, Gunnarson R, Stener-Victorin E. The effect of massage on cellular immunity, endocrine and psychological factors in women with breast cancer: a randomized controlled clinical trial. Auton Neurosci. 2008; 140(1-2)88-95.
- 13. Bilhult A, Bergbom, Stener-Victorin E. Massage relieves nausea in women with breast cancer who are undergoing chemotherapy. J Alter Complement Med. 2007; 13(1)53-7.
- 14. Smith MC, Kemp J, Hemphill L, Vojir CP. Outcomes of therapeutic massage for hospitalized cancer patients. J Nurs Scholarship. 2002; 34(3):257-62.
- 15. Cassileth B, Vickers AJ. Massage therapy for symptom control outcomes study at a major cancer center. J Pain Symptom Management. 2004; 28(3):244-9.
- 16. Walton, Tracy. Massage Therapy Pressure Scale from Medical Conditions and Massage Therapy: A Decision Tree Approach. https://www.tracywalton.com/wp-content/uploads/2015/04/Walton-Massage-Therapy-Pressure-Scale-for-WEBSITE.pdf and the Walton Pressure Scale.
- 17. MacDonald, Gayle. Medicine Hands: Massage Therapy for People with Cancer, 3rd Ed. Findhorn Press, 2014.
- 18. Penny, J, Sturgeon, R. *Oncology Massage: An Integrative Approach to Cancer Care*. Handspring Publishing, 2021.
- 19. Spence, Cynthia. Palliative Touch: Massage for people at the end of life. Handspring Publishing, 2023.
- 20. Academic Collaborative for Integrative Health. Competencies for Optimal Practices in Integrated Environments https://integrativehealth.org/competencies-integrated-practices/