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Cancer

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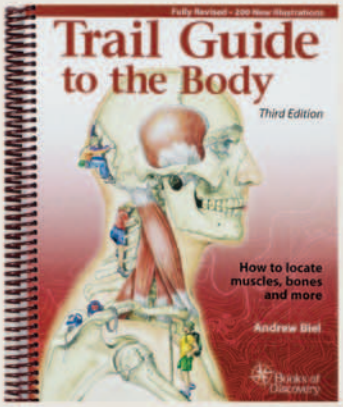

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Massage Therapy and Cancer

Dispelling the myths

by Debra Curties

Debra Curties RMT

Debra Curties is the executive director and one of the owners of Sutherland-Chan School in Toronto. She is also an instructor at S-C with a focus on pathology and clinical theory. Debra is the author of two textbooks, *Massage Therapy & Cancer* and *Breast Massage*, as well as numerous articles in public and professional publications. She is a co-founder of Curties-Overzet Publications, a company that publishes textbooks and educational materials for massage therapists and complementary health professionals. Debra has received the Ontario Massage Therapy Association's Meritorious Service Award and the American Massage Therapy Association Council of Schools' Meritorious Service Award. She is currently working on the second edition of *Massage Therapy & Cancer*, which is scheduled for publication by year end.

I recently attended the Oncology Massage Healing Summit in Toledo, Ohio, a first-of-its-kind conference of 160 American massage therapists who specialize in working with cancer patients, many as employees of hospitals, hospices, and community care services. During her keynote address Gayle MacDonald, MS, LMT, author of Medicine Hands, received an appreciative response when she quipped that we were participating in the first meeting of massage therapists at which, "nobody feels the need to discuss whether massage promotes cancer metastasis–we're finally getting past that, and isn't it a breath of fresh air?" I know it felt like a sweet moment to me personally, being a somewhat weary veteran of such discussions.

Another sweet moment was seeing Gary Deng, MD, PhD, weighing in on the subject in the November '06 issue of Massage Magazine. He is a physician and research scientist at Memorial Sloan-Kettering Cancer Center in New York, a world renowned cancer hospital. MSK has 12 full-time massage therapists on staff and has produced several high quality studies on massage therapy efficacies in cancer care. Like many experts, Dr. Deng has been baffled by why the massage community is so immobilized by the metastasis concern (more about his comments later).

Soon after my return from Toledo I was asked to write this article, and even though I really would have preferred to write about something else, in the end I was persuaded to say yes because of the ongoing painfulness of this situation to all concerned. Science is one thing, and I will refer to the science later, but I have found that massage therapists become strongly attached to the fear that our work may promote cancer metastasis, and fear, like pain, is non-cerebral. I am going to write this article in a more personal, opinionated way than usual in an attempt to appeal to both the thinking and feeling parts of this attachment, which I believe needs to be actively reconsidered by our profession. To begin with, I would like to offer some personal experience vignettes.

Six years ago I was sitting in my office when the phone rang. The caller was a unit manager at Princess Margaret Hospital. I had done a presentation there, and they had recently begun student placements from our school, so we had a minor acquaintance. This is in essence what she called to say: "Debra, I need to get more understanding of what massage therapists are taught about cancer metastasis. As you know, several of us nurses are advocating for more involvement with complementary therapies at PMH and as a result more referrals for massage therapy are being made. The problem is, almost every massage therapist then calls the referring doctor and asks if he or she is sure massage therapy won't spread the patient's cancer. This makes the doctors think that massage therapists don't know what they are talking about and that maybe they shouldn't be making the referrals. Is there any way we can influence this situation?" Similarly, a year or so later, I heard from a manager at a new community-based cancer centre who wondered if I could advise her. She had recently hired four massage therapists, but was already considering discontinuing massage therapy because of the way the therapists "terrified the patients" about the risks of massage. She recognized that the therapists were acting out of a strong sense of moral and professional obligation, but she didn't agree with them and couldn't reconcile what was unfolding with the vision and mission of the centre.

The irony for us is that, since about the year 2000, there has been a groundswell of research data and commentary in the oncology community about the benefits of massage therapy and other complementary and alternative medicine modalities in cancer

patient care. As oncology professionals act on this information, they often encounter massage therapists who are at odds with the momentum.

Another call came into my office, this time from a sobbing woman who had been given my number by the OMTA. Five years earlier, while living in Toronto, she had been diagnosed with cancer and had undergone the "cancer year" (surgery, radiation, and chemotherapy). Massage therapy had been a very important part of her self-care plan–helping her cope on all levels–and she had continued with her massage therapist until she moved out of Toronto about a year before her call to me. At the time of this call she had recently learned that her cancer had returned. As part of gearing up for what lay ahead, she had looked up massage therapists in the Yellow Pages of her new home town and called a clinic number she found there. The therapist she spoke with told her over the phone that she would definitely not be offered an appointment at the clinic because massage therapy was known to spread cancer, and that quite possibly her recurrence was attributable to having received so much massage therapy.

At a weekend continuing education course I was teaching a couple of years ago in New Jersey, I encountered the flip side of this pain coin, a young massage therapist who started to cry in the introduction segment when everyone was asked to briefly introduce themselves and say why they were there. She had been taught that cancer was a contraindication to massage, and naturally had not been taught anything about how to work with cancer patients. Her best friend was diagnosed with leukemia at age 23 and died three years later. She had resisted her friend's repeated entreaties to give her massage treatments, but eventually "gave in." Despite the fact that her friend had enjoyed and felt real benefits from the treatments, several years later the massage therapist was still haunted by the possibility that she may have caused her friend harm, perhaps even caused her to die unnecessarily.

If we sit for a moment with the suffering involved in these situations, knowing there have to be lots of similar stories out there, and add the many who have experienced sad and often traumatic terminations of trusted long-term therapeutic relationships because the client has received a cancer diagnosis, we begin to feel the damage that can be caused by our profession's belief system.

The best I can determine, at some time in the past an influential massage educator must have put the fact that cancer cells usually travel to secondary sites via the blood or lymph together with the fact that massage therapy increases blood and lymph circulation and determined that massage probably promotes cancer metastasis. On the surface, at least, the connection seems simple and straightforward. This may have been independent thinking, or it may have been informed by similar concerns expressed by earlier theorists in other health professions. It was out of sync, however, with the developing scientific understanding of metastatic processes, information that has been gathering since the 1950s and that has been accessible and instructive for our purposes. While there is a great deal yet to be understood about metastasis, it is important for massage therapists to understand that there is much factual information–gold standard science, reliably researcher-reproduced and confirmed–that is easily located by you and me via routine types of literature searches. I provide such references in my book *Massage Therapy & Cancer* (1999) and will include more in the next edition.

The crucial interaction is not between cancer cells and fluid flows, *but between cancer cells and the body's immune response*.

Cancerous tissues, consisting as they do of cells that do not respect normal tissue rules and regulations, are by definition

friable growths. They shed cells naturally and will increase their rate of cell shedding if they are stressed mechanically. Petrissaging a tumour will cause it to lose more cells in the time period then it otherwise would have. It does make sense for massage therapists to avoid direct manipulation of cancer tumours for this reason. Keeping in mind that massage practitioners are often providing treatments when the client's tumours have apparently been eliminated, and also that many tumours are in nonaccessible locations, we still must inform ourselves about any palpable tumour locations and avoid applying pressure to them. This, despite not being the argument that is the basis for our profession's longstanding concern, merits inclusion as a massage therapy guideline.

There is a touch of naïve arrogance in massage therapists assuming so much of a role in cancer metastasis.

Even were a massage therapist to unknowingly pressurize a tumour, however, the incremental increase in risk would be very small, perhaps nonexistent. This is because the blood and lymph streams are incredibly antagonistic environments for the newly mobile cancer cells. The truth is that it is much more likely that these cells will be killed after they leave their tissue of origin.

The crucial interaction is not between cancer cells and fluid flows, but *between cancer cells and the body's immune response*. The "olden day" belief was that cancer cells were produced very rarely and once formed were largely unbeatable; for several decades the understanding has been that our bodies produce precancerous and cancerous aberrants pretty regularly and that these are eliminated by our immune systems. While most of the resources of the immune system are geared toward battling foreign invaders, one T cell subset is specifically charged with identifying self cells "gone bad." This category includes cancer cells and cells taken over by viruses.

Having clinically apparent cancer means that one's immune system has not successfully handled the cancer at its local formation stage. The humeral immunity battle will be fiercer in that the body's immune resources are intensified to face dangers that find their way into the general circulation. In addition to the more forceful attack by circulating humeral immune system defenders, once in the blood and lymph streams the cancer cells are ill equipped for survival in these new environments. They are typically not designed to absorb nutrients while in motion, nor to withstand the physical stresses of being whisked around in the whirlpool of circulatory flow. One of the gold standard studies on this subject (Fidler, 1970) found that, within three days, less than 0.1% of such liberated cancer cells remain viable. When I consider the number of times I have heard the general wisdom that massage therapists should never increase circulation near or through cancer sites, even well after surgical removal, I have to conclude that this sort of thinking has not been run by the evidence.

Another potential source of concern might be whether massage could "push" the remaining viable cells more successfully into secondary site tissue beds. This idea is at odds with our direction of stimulation being via venous return, but even if one assumes that a broad increase in circulatory flow might help deliver metastasizing cells to new tissues, this thinking leads to another disconnect with the scientific findings. Numerous studies have been done related to this question, generally with the following type of methodology: the researchers eliminate the immune systems of a group of laboratory animals and then inject radiolabelled cells of the same cancer type into a different location in each animal (ear, tail, abdomen, shoulder, leg, etc.) and observe where the cells establish tumours. Varani, McCoy, and Ward (1989) prepared an extensive review of such studies. Consistently these investigations have shown that the cancers establish new sites based on tissue affinity patterns as opposed to nearest point of entry. The cells must find tissues that meet their specific needs, and these factors are not influenced by massage therapy. When you think about it, it is general knowledge that cancers metastasize according to their own specific patterns.

Dr. Deng (2006) also makes the point that cancer cells can only successfully establish in new locations if they have undergone the necessary genetic adaptations. "Apparently, some people think that massage may cause cancer to spread and induce harm to patients. I do not know the origin of this conception, but it should not be a concern… The more we understand how cancer cells spread, the more we realize that stimulation of circulation will not make them spread… Cancer cells gain the ability to spread and grow in other parts of the body because they have acquired several mutations in their genes, not because they are physically

Massage Therapy and Cancer: continued on page 27

QUICK STUDY

compiled by Amanda Baskwill RMT

In a recent search of PubMed (www.pubmed.com), a service provided by the National Library of Medicine and the National Institutes of Health that offers an electronic database of research [MeSH] and "cancer" were used. Although not all of these articles will be useful for massage therapists, a number that might be of interest are described below.

LEUKEMIA IMMUNE CHANGES FOLLOWING MASSAGE THERAPY

Field, T., Cullen, C., Diego, M., Hernandez-Reif, M., Sprinz, P., Beebe, K., et al.
Journal of Bodywork and Movement Therapies, 2001, 3(4): 271-4.

This random-assignment wait list controlled study investigated the effect of massage therapy on children with acute lymphoblastic leukemia. The outcomes of this study included parental anxiety and depression, child anxiety and depression, and complete blood count (measurement of white blood count, neutrophil count and haemoglobin levels).

The massage therapy intervention in this study was delivered by the child's parent. The parent was guided through a 15-minute massage. The protocol of the massage is outlined in the study. The results of this study suggest that parent-delivered massage can positively affect the depression and anxiety levels of both the child who receives massage and the parent who delivers the massage. It is also reported that the white blood count and neutrophils count increased in the group of children who received massage. Additional investigation into this result is needed in order to understand how massage might achieve this effect and to what end.

MASSAGE THERAPY FOR SYMPTOM CONTROL: OUTCOME STUDY AT A MAJOR CANCER CENTER

Cassileth, B. R., & Vickers, A. J.
Journal of Pain and Symptom Management, 2004, 28(3): 244-9.

This study investigated the effects of massage therapy on the severity of symptoms for patients at Memorial Sloan-Kettering Cancer Center and expands on work done previously regarding the efficacy of massage therapy for patients with cancer. The large-scale trial took place over three years; 1,290 patients were treated.

The types of massage investigated included Swedish massage, light touch massage and foot massage. Although a protocol has not been described, the authors indicate that the average massage session was 20 minutes for inpatients and 60 minutes for outpatients. Before and after the treatment, patients were asked to rate the severity of their symptoms on a card. Symptoms included pain, fatigue, stress/anxiety, nausea, depression and "other". A 0-10 rating scale was used.

Results from this study suggest that immediate improvement in the severity of symptoms was seen following massage. Therapists should review the article to understand which symptoms were most affected and why the results might underrepresent the effect massage therapy might have on the severity of various symptoms.

UNDERSTANDING BODYWORK FOR THE PATIENT WITH CANCER

Coe, A. B., & Anthony, M. L.
Clinical Journal of Oncology Nursing, 2005, 9(6):733-9.

The article is a review of bodywork for oncology nurses. It has been included in this quick study for two primary reasons. First, it is a well-referenced article that seeks to explain to the reader the difference between various types of bodywork. Massage therapists may find these descriptions interesting and in need of further discussion, or they may find these descriptions helpful when describing the differences to clients. Second, this article has an extensive list of current bodywork studies that massage therapists might be interested in reading.

A RANDOMIZED CONTROLLED TRIAL OF AROMATHERAPY MASSAGE IN A HOSPICE SETTING

Soden, K., Vincent K., Craske, S., & Ashley, S.
Palliative Medicine, 2004, 18: 87-92.

In this randomized controlled trial, 42 subjects were randomly assigned to one of three treatment groups: aromatherapy massage (lavender), massage alone, or no intervention. This study builds on the current body of knowledge by investigating what long-term benefits, if any, result from aromatherapy massage or massage alone.

The results of this study suggest that there is no significant long-term benefit of aromatherapy or massage on pain control, anxiety or quality of life. Improvements were seen however in sleep scores in both groups and depression scores in the massage-only group.

LEARNING THE HARD WAY! SETTING UP AN RCT OF AROMATHERAPY MASSAGE FOR PATIENTS WITH ADVANCED CANCER

Westcombe, A. M., Gambles, M. A., Wilkinson, S. M., Barnes, K., Fellowes, D., Maher, E. J., et al.
Palliative Medicine, 2003, 17:300-307

This paper describes the difficulty one research team had with setting up a randomized controlled trial to investigate the efficacy of aromatherapy massage for patients with advanced cancer. It is not often that flaws in research design are highlighted, and a description of how those flaws were adjusted and overcome is included. Some difficulties encountered included low recruitment, patients who were too ill to approach, and others who declined to participate. This would be a helpful resource for anyone who is thinking of conducting a randomized controlled trial in massage therapy or who would like to report on the modifications made to a study that did not seem to be moving in a successful direction.

MASSAGE RELIEVES NAUSEA IN WOMEN WITH BREAST CANCER WHO ARE UNDERGOING CHEMOTHERAPY

Billhult, A., Bergbom, I., & Stener-Victorin, E.
Journal of Alternative and Complementary Medicine, 2007, 13(1):53-7.

This Swedish study examined 39 women with breast cancer to try to determine what the effect was of massage therapy on nausea, anxiety, and depression. The women were assigned randomly to either the massage group or the control group (20-minute visits). The results of this study suggest that the massage group experienced less nausea when compared to the control group. However, no statistically significant differences were seen between the groups in terms of levels of anxiety or depression.

THE ADDITION OF MANUAL LYMPH DRAINAGE TO COMPRESSION THERAPY FOR BREAST CANCER RELATED LYMPHEDEMA: A RANDOMIZED CONTROLLED TRIAL

McNeely, M. L., Magee, D. J., Lees, A.W., Bagnall, K.M., Haykowsky, M., & Hanson, J.
Breast Cancer Research and Treatment, 2004, 86(2):95-106.

This study, conducted in 2004, investigated the effect of manual lymph drainage and compression bandaging versus compression bandaging alone in the treatment of arm lymphedema. The participants of this study were women who had received a diagnosis of breast cancer and had undergone unilateral breast surgery including axillary node dissection. The manual lymph drainage method used in this study was the Vodder method and the treatments were provided primarily by one therapist.

The most significant finding of this study was that four weeks of compression bandaging, with or without manual lymph drainage, significantly reduces the volume of lymphedema.

Research Hint

MeSH stands for "Medical Subject Heading Terms." MeSH is the controlled vocabulary used by the U.S. National Library of Medicine and therefore is also used by PubMed in their indexing of articles. This system provides a consistent way of searching for terms and information.

The Role of the Massage Therapist

Providing treatment and support for clients with breast cancer

by Lee Kalpin

There has been a great deal of media focus recently on breast cancer, with awareness campaigns involving everything from marathon walks to dragon boat races. As massage therapists, we need a different type of information if we are to effectively support our clients with breast cancer. We need to understand the procedures that clients have experienced so that we can provide appropriate treatment to relieve the symptoms and side effects resulting from those interventions.

Although both men and women can be affected by breast cancer, the incidence is much higher in women; this article will therefore refer to the client as female. In 2007, an estimated 22,300 Canadian women and 170 Canadian men will be diagnosed with breast cancer; 5,300 women and 50 men will die of it (Canadian Cancer Society, 2007a).

Emotional Impact

The first impact of breast cancer is often emotional. The diagnosis of a life-threatening disease can be devastating. In this situation, a person goes through at least some of the steps of a grieving process, grieving their loss of health and loss of their self-image as a healthy, strong person (National Cancer Institute, 2005).

Often the first reaction is *denial* or disbelief. The woman feels "This can't be happening to me!" Next may be *anger* that life, fate or the gods could be so cruel. Sometimes the anger is turned inward as blame, particularly if the client has practised lifestyle choices that are identified as high-risk for cancer.

Fear is also felt throughout the whole process: fear of surgery and fear of losing a breast, fear of being less than a woman and experiencing loss of sexuality. The ultimate fear is around the possibility of dying.

At some point most people experience some degree of *depression* and possibly the feeling that it is useless to go on. Financial considerations can add to the fear and depression since the procedures require weeks or months in which the client will not be able to work.

Many people travel back and forth between these emotions. The hope is that they can reach a place of acceptance and the emotional strength to deal with their challenges.

In the initial stage of diagnosis, the client will not present any differently than she has in the past. The therapist may be treating for stress relief, or for other symptoms such as back or neck pain or previous injuries. These treatments can continue, with additional attention paid to relaxation and relief of stress. Be aware that some of the procedures performed to obtain a cancer diagnosis are invasive and painful, and may add to the client's stress level.

At this stage an important role is to be a listener and allow the client to talk about what she is going through and how she is feeling. Women sometimes feel they cannot totally confide their fears to their families, since family members are going through their own reactions to the situation. While other health professionals often have limited time to talk with their patients, the massage therapist usually has an hour. This extended time, combined with the energy of caring touch, may empower a client to "open up" and talk

The Role of Massage: continued on page 20

Lee Kalpin RMT

Lee Kalpin has been in active practice as a massage therapist for more than 20 years. She is owner of Park Avenue Massage Therapy in Holland Landing, has taught and written curriculum for three private massage colleges, and works for the CMTO as a peer assessor. She volunteers extensively for the OMTA and is a frequent contributor to the Member Services Network.

How to Identify a Melanoma

Dermatologist Dr. Jensen Yeung shares his expertise

by Jensen Yeung

Jensen Yeung BSc, MD

Dr. Yeung is a clinical associate of the Dermatology Department at the University of Toronto. He currently runs general dermatology, melanoma, laser, and cosmetic clinics at Women's College Hospital, Sunnybrook Health Sciences Centre, and a private clinic.

As massage therapists and health care professionals, we play an important role in the detection of abnormal skin lesions because we often pay closer attention to our clients' skin than they would themselves, especially given that there are areas of the body that clients cannot easily see. So what are the basics of identifying a melanoma? Dermatologist Dr. Jensen Yeung took the time to answer some questions.

What is a melanoma?

Melanoma is one of three main types of skin cancer. It is the most serious kind of skin cancer and affects about 1 in 75 North Americans at some point in their lives. The lesion is often, though not always, brown to black in colour and may be raised or flat, but usually does not feel rough like some other benign skin lesions such as aged spots called seborrheic keratoses. Melanoma can occur anywhere on the body but are most commonly found on the back of the legs, the back, and the face. In individuals with dark skin colour, the palms and the soles are also common sites for melanoma.

A simplified and easy way to remember how to identify a melanoma is A, B, C, D, and E:

A (asymmetry)–if you draw a line in the middle of the lesion, one half does not look the same as the other

B (borders)–the border is not round and smooth

C (colour)–the lesion has more than one colour

D (diameter)–the lesion is greater than 5 mm in diameter.

E (evolution)–the lesion has changed in size, shape or colour

Any lesion that has two or more of the above signs should raise suspicion and should be brought to the attention of a physician.

What are the risk factors for developing a melanoma?

- A personal or family history of melanoma
- Blistering sunburns in childhood
- Tendency to burn easily
- Significant exposure to sun
- More than 50 nevi (growths or marks on the skin, such as a mole or birthmark)
- Dysplastic nevus (a funny looking mole with more than two of the ABCDEs)
- A large congenital nevus of more than 20 cm
- Immunosuppression

What is the prognosis and treatment for a melanoma?

The prognosis is dependent on a number of factors, the most important ones being pathological measurement of the depth of the lesion (called the Breslow depth), ulceration of the melanoma on pathology, and any metastasis.

If caught in an early stage, treatment is a wide excision with margins of 0.5cm-2cm. If caught at a more advanced stage, treatment is excision plus chemotherapy.

How can we prevent a melanoma?

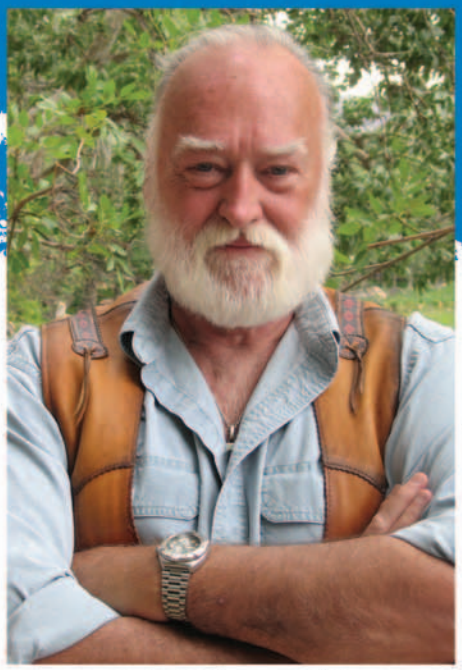
1. Do monthly self skin checks with two mirrors (or have someone check for you).
2. Wear a sunscreen with a minimum SPF of 30 daily in the summertime and on sunny days in other seasons (if you take Vitamin D supplements, you should wear a sunscreen everyday of the year).
3. Avoid being in the sun from 9 a.m. to 4 p.m., as this is the time of day that the UV index is the strongest.
4. Wear sunscreen even if you are sitting in a car because UVA rays penetrate glass.

How do people access a dermatologist?

A referral from a doctor is required to see a dermatologist. For a listing of dermatologists go to the College of Physicians and Surgeons of Ontario website (www.cpso.on.ca) or the Canadian Dermatology Association website (www.dermatology.ca).

Facts About Dermatologists

- To become a dermatologist you must complete medical school, two years of residency training in internal medicine or pediatrics, three years of residency training in dermatology, and pass the Royal College of Physicians and Surgeons of Canada dermatology examination.
- Every year there are only around 10 graduating dermatologists across Canada.
- In Canada there are about 450 dermatologists many of whom are retiring in the next three years.
- Dermatologists work closely with pediatricians, plastic surgeons, rheumatologists, oncologists, general practitioners and infectious disease specialists.
- There are over 600 skin conditions that can occur and this continues to increase.
- Other than skin cancer, there are other life threatening skin conditions such as drug reactions, autoimmune blistering diseases, and severe skin infections.



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Rochester, NY
September 28, 29, 30, 2007
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October 5, 6, 7, 2007
Somerville, MA (Boston Area)
October 12, 13, 14, 2007
Sedona, AZ
October 18-21 (½ days), 2007
NEW DATE! **Skokie, IL** (Chicago Area)
November 2, 3, 4, 2007
Kansas City, MO
November 30 - December 2, 2007
Orlando, FL
January 11, 12, 13, 2008
Cincinnati, OH
March 14, 15, 16, 2008

Myofascial Release I ℠

Cape Cod, MA
September 6-9 (½ days), 2007
St. Louis, MO
November 9, 10, 11, 2007
Daytona Beach, FL
November 30, Dec. 1, 2, 2007
Santa Fe, NM
December 7, 8, 9, 2007
Clearwater, FL
January 3-6 (½ days), 2008
Houston, TX
January 18-20, 2008
Sedona, AZ
Feb. 28 - March 2 (½ days), 2008
Minneapolis, MN
March 28, 29, 30, 2008
Kauai, HI
April 10-13 (½ days), 2008

Myofascial Unwinding ℠

(Prerequisite: MFR I)
Clearwater, FL
January 7, 8, 9, 2008
Houston, TX
January 22, 23, 24, 2008
Sedona, AZ
March 3, 4, 5, 2008
Minneapolis, MN
April 1, 2, 3, 2008

Cervical-Thoracic

(Prerequisite: MFR I)
Cape Cod, MA
September 13-16 (½ days), 2007
Las Vegas, NV
November 2, 3, 4, 2007
Sedona, AZ
February 14-17 (½ days), 2008

Rebounding

(Prerequisite: MFR I)
Cape Cod, MA
September 10, 11, 12, 2007

Myofascial Release II ℠

(Prerequisite: MFR I)
Clearwater, FL
January 10-13 (½ days), 2008
Houston, TX
January 25, 26, 27, 2008
Sedona, AZ
March 6-9 (½ days), 2008
Minneapolis, MN
April 4, 5, 6, 2008

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(Prerequisites: MFR I, Myofascial Unwinding & Fascial-Pelvis)
Suburban Philadelphia, PA
November 26-29, 2007
Sedona, AZ
February 7-10, 2008

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Lending a Hand

Strategies to help caregivers who provide support to someone with cancer

by Lina Jobanputra

Cancer is often called a family disease because it affects more than the person who is diagnosed. Patients and their families have a powerful influence on how each deals with cancer diagnosis and treatment. It is not possible for patients and those important to them to act in isolation from each other, and to try to usually makes the situation even more difficult (Lauria et al., 2001, pp. 337-338).

Caregivers are often forced to take on new and very important responsibilities. Not only are they supporting the person going through cancer treatment, they carry the extra burden of running a home, caring for children and/or other family members such as frail parents, they become the liaison for others seeking information about the cancer patient's well-being, and are often still trying to maintain their own career. Managing all of these responsibilities oftentimes results in what's known as caregiver burnout.

What Are the Symptoms of Caregiver Burnout?

The symptoms of caregiver burnout are similar to the symptoms of stress and depression. They include (WebMD, 2005):

- Withdrawal from friends, family, and other loved ones
- Loss of interest in activities previously enjoyed
- Feeling blue, irritable, hopeless, and helpless
- Changes in appetite, weight, or both
- Changes in sleep patterns
- Getting sick more often
- Feelings of wanting to hurt yourself or the person for whom you are caring
- Emotional and physical exhaustion
- Irritability

What Can You Do as an RMT to Help Your Caregiver Clients?

1. **Help your client gain control:** Encourage your client to learn about cancer and its emotional effects. Navigating the health care system can be overwhelming. Encourage caregivers to maximize their time when they are with health care providers. Offer strategies such as preparing lists of questions to ask at important appointments. Encourage clients to find out more about the type of cancer and possible treatment regimens. Health care providers are often good allies for helping the patient and their loved ones finding this information.

2. **Help your client to be realistic:** Encourage clients to be realistic about their own limitations. Acknowledge that no one can be the perfect caregiver and that they should be realistic about the number of roles that they can feasibly manage. Support clients in setting up goals for themselves with respect to how much they can realistically handle and asking for help from others.

3. **Teach your client to communicate constructively:** Encourage caregivers to learn direct communication skills. Being able to communicate constructively is one of the

Lina Jobanputra MSW, RSW

Lina Jobanputra has been employed as a social worker at Women's College Hospital for the past five years. Her primary roles include providing support and counselling to patients and caregivers in clinical areas such as the Henrietta Banting Breast Centre, Women's Cardiovascular Health Initiative, Urgent Care Centre and 23-hour Medical Day Unit. In addition, Lina is part of the Wellness for Independent Seniors Program (WISE), which is a multidisciplinary team consisting of a physiotherapist, occupational therapist and dietitian who promote health and wellness education for older adults. For more information about any of these programs and services please go to www.womenscollegehospital.ca.

caregiver's most important tools; communication must be clear and instructive. For example, if family members would like to come for a visit at a time when it is not convenient for the caregiver or the cancer patient, the caregiver should be comfortable expressing this.

coaster." Acknowledge that there are going to be good and bad times. Distressing emotions such as anger, guilt, fear, sadness, and anxiety are normal. It is important to acknowledge that these emotions are common for most and may fluctuate from day to day. Encourage your clients to find someone they can confide in such as a family member, friend, or a health care provider.

maintaining these behaviours, whether it is coming in for regular massage appointments or taking time to do activities that give them pleasure. Encourage them to allow time for relaxation and stress reduction activities such as yoga, reading, taking a hot bath or going for a walk.

Often caregivers are so devoted to the needs of their ill loved one that they neglect their own health.

4. **Remind your client to accept help:** Often caregivers will feel that asking others for help will be a burden. Encourage caregivers to take up offers of help or to be more direct with others with respect to how they can help, for instance by allowing others to assist with transportation to appointments, cooking, or even spending time with the cancer patient to allow the caregiver more time for themselves.

   You may also wish to encourage your caregiver clients to speak with health care providers about community supports that can be offered for respite care in the home or in the community.

5. **Remind caregivers to acknowledge their own emotions:** Providing care for someone going through treatment for cancer may be an "emotional roller

6. **Promote the benefits of physical health:** Encourage clients to look after their own physical health. Often caregivers are so devoted to the needs of their ill loved one that they neglect their own health. Discuss the need for clients to take time for themselves. Going for regular physical examinations and paying attention to exercise and diet are important for caregivers to maintain.

7. **Promote relaxation:** Encourage your clients to find rituals that will allow them to take a break from their day-to-day responsibilities. Praise your clients for taking the time to come and see you. Reinforce the importance of

Caregivers often assume many varying roles while they are supporting someone through cancer, seldom leaving time for their own emotional and physical well-being. As a practitioner, you are in position to support your caregiver clients and offer temporary reprieve from their day-to-day commitments. Use your time with clients to not only try to be an empathetic ear but to allow your clients to enjoy their personal time. Making the most of the limited time they have outside of their caregiver roles and responsibilities will make all the difference.

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Cancer and Lymphedema

The need for Registered Massage Therapists in lymphedema care

by Anna Kennedy

Anna Kennedy

Anna Kennedy has over 30 years senior leadership experience working at major Canadian corporations in the areas of training, communication and operations. Anna is currently the president of the Lymphovenous Association of Ontario (LAO), a registered Ontario charity dedicated to improving the lives of people living with lymphedema. She is also a cancer survivor living daily with lymphedema.

Author's Note: *The LAO wishes to thank Robert Harris for his collaboration on this article. Robert Harris, HND, RMT, CLT-LANA, is the director and senior instructor of the Dr. Vodder School–International and is a medical advisory board member of the Lymphovenous Association of Ontario.*

Cancer is a frightening diagnosis. The good news is that more people are surviving the disease. The bad news is that many suffer residual side effects even years after their treatment.

Lymphedema is a chronic condition that many cancer survivors say is a more devastating diagnosis than cancer itself. Cancer has a beginning and an end, whereas lymphedema goes on indefinitely for life. Although there is no cure, Registered Massage Therapists that are properly trained and certified as lymphedema therapists play a key role in the treatment and ongoing maintenance of lymphedema.

What Is Lymphedema?

When the lymphatics are compromised, the transport capacity is decreased and not enough lymph can be transported. As a result, fluids begin to accumulate in the interstitium, leading to an edema and persistent swelling (lymphedema). The swelling can occur in the arms, legs and/or other areas of the body, including the breast, truncal area, head, neck or even the genitals. Patients mention various symptoms such as swelling, puffiness, skin tightness, aching, a feeling of heaviness and overall discomfort in the affected area.

Incidence rates of lymphedema are difficult to find in medical literature because of the lack of proper diagnostics, the variance of measurement standards, and the fact that many people don't know they have it. Additionally, many family physicians are not aware of the condition. The common accepted incidence rate of lymphedema among breast cancer survivors is between 25% and 40%. In Ontario, a conservative estimate of the number of lymphedema patients is 63,000. Lymphedema can occur any time after initial cancer treatment and even up to 5, 10 or even 25 years after. Therefore, prevention and patient education is the key to letting those at risk know the precautions they can take to avoid (or at least delay) the onset of this condition.

What Causes Lymphedema?

Sometimes lymphedema develops without a known cause or people are born with poorly developed or malformed lymphatic vessels. This is called *primary lymphedema.* However the more common *secondary lymphedema* is an acquired condition, and may occur once the lymphatic system has been damaged by the scarring that follows injury, infection, surgery and/or radiation therapy. The removal of lymph nodes can also interrupt lymph flow, causing the tissues to swell.

Cancer treatment is the leading cause of lymphedema in Canada. People of all ages who have had breast, gynecological, prostrate, melanoma or head/neck cancer surgery that includes lymph node removal and/or radiation therapy are at risk for lymphedema.

How Lymphedema Is Treated

Although lymphedema is a chronic condition with no cure, if symptoms are found and treated early, it can be controlled and managed. It can be most effectively treated by a

Cancer and Lymphedema: continued on page 17

You + the OMTA

2007 – 2008

Membership + Insurance

Ontario Therapist Massage Association

PROFESSIONAL HANDS YOU CAN TRUST

AN ASSOCIATION THAT IS BY YOU, FOR YOU, AND ABOUT YOU

It is my pleasure, as President and Chair of the Board of Directors of the Ontario Massage Therapist Association, to extend an invitation to you to renew your membership or, if you are not a member, join the Association.

I am often asked by massage therapists across Ontario why they should join the OMTA. We tend to spend a great deal of time talking about all of the benefits and services of membership, all of the work that the OMTA has and will continue to do in support of the profession and the value in membership. I believe the real issue is relevancy.

The OMTA today is relevant to each and every RMT in Ontario. We are an association that has been created by RMTs, for the benefit of RMTs and in support of RMTs. The OMTA stands as distinct and separate from the College of Massage Therapists of Ontario who hold the responsibility of protecting the public interest and serving and supporting the public.

The OMTA is relevant because it reflects back to the profession that which the profession provides to itself. As a voluntary, membership driven association, the OMTA does as its members collectively determine is necessary to meet their needs. The control is firmly in the hands of the profession and the objective is to clearly work to the betterment and in the service of the profession. Relevancy then, is as RMTs determine collectively.

In this Special Membership Insert of *Massage Therapy Today: Putting Knowledge into Practice*, we present to you information about the benefits and value of membership, as well as all of the wonderful initiatives and work that we undertake for you. I ask you to carefully review this information and to find the relevancy of the organization to you as a member of this profession. If you do not immediately see relevance, then your choices are clear, you can decide not to belong and allow the organization to exist with no relevance to you or, you can join and add your voice to the organization and therefore make it relevant to you. I sincerely hope and genuinely invite you to consider the latter choice.

The value and benefits of belonging to an association are very personal. Given that we are a unique and distinct group, it will not surprise you that not all benefits or services will be of value to you personally; however, I am confident that you will find some that will meet your needs.

As you review this information, if you have questions, comments or suggestions, I invite you to contact our office where you will find a small but dedicated staff anxious to answer your questions and support your work in Ontario's health care system.

With kindest personal regards,

Iain Robertson, RMT
President
Chair, Board of Directors

OMTA	COLLEGE
Ontario Massage Therapist Association	College of Massage Therapists of Ontario
Voluntary membership for RMTs	Mandatory membership for RMT status
Governed by RMTs	Governed by RMTs and public reps
Advocates for profession interest	Advocates for public interest
Association but not a union	Regulatory authority, but not a union
Education provider in support of standards	Sets the standards for education/practice
Provides programs + services to RMTs	Provides programs + services for public and its protection

THREE PROGRAMS TO MEET YOUR PERSONAL INSURANCE NEEDS

NEW!

Automatic Member Accident Protection Plan

As a part of our ongoing commitment to the well-being of the profession, the OMTA is pleased to announce automatic accident insurance coverage through your annual OMTA membership.

Benefit Highlights;

- ✓ 24 hour coverage
- ✓ Principal Sum of $25,000
  - o $5,000 Accident Medical Expense
  - o $500 Accident Dental Expense
  - o $5,000 Critical Disease Benefit
  - o 16 other covered benefits;
    - ✓ Repatriation / Identification Benefits, Rehabilitation, Funeral, Bereavement, Spousal Retraining, Special Education, Day Care, Family Transportation, Home~Vehicle Modification, Seat Belt Benefits
  - o Weekly Accident Indemnity
    - ✓ Benefits payable for a disability due to an injury for which medical treatment is required.
    - ✓ An income benefit of $100 ~ payable up to 52 weeks
- ✓ Eligibility open to all Registered Massage Therapists under the age of 65 who are active members of the Ontario Massage Therapist Association (OMTA).

***great coverage for those NOT covered by WSIB [not intended to be alternate coverage for WSIB]*

Optional Personal Insurance Program

Members of the OMTA can purchase additional personal insurance to cover your health, wellness, disability, dental and life insurance needs. Program coverage is available for:

- ✓ Individuals, with four scaled purchase options to meet your specific circumstances
- ✓ Group coverage for clinics with 3 to 9 individuals (open to include RMTs only under contract with your clinic)
- ✓ Group coverage for clinics with 10 or more individuals (open to include RMTs only under contract with your clinic).

DON'T FORGET TO CHECK OUTOUR GREAT RATES ON
YOUR PROFESSIONAL LIABILITY INSURANCE PROGRAM

Ontario Therapist Massage Association

PROFESSIONAL HANDS YOU CAN TRUST

YOU, YOUR PRACTICE + BUSINESS

The OMTA is relevant to success in your practice. Members are provided with the largest selection of programs and services offered by any professional association in Ontario. These programs and services will help you develop your practice, increase your revenue, save you money and protect you.

Through the OMTA you can:

- increase your client base through the referral service, which generates over 45,000 unique visits each month
- access lower cost business and professional services, such as point-of-sale equipment, wireless products and services, fitness membership, health and dental as well as accident and illness insurance
- access the lowest professional liability insurance rates anywhere in Canada
- protect your self and your personal income through automatic accidental insurance coverage
- access to competitive health + dental plans
- access free legal assistance by telephone when you need it and access to discounted legal services when you need on-going counsel.

Relevancy to you: The New RMT

As a newer RMT, you "want"..

- To develop and be successful in your practice
- To be informed of what is occurring that affects you as an RMT;
- To cut down on overhead costs and increase your revenue;
- Immediate access to the information you need on-line;
- Guidance from those who have "been there";
- Continuing education that is not only relevant but will help you make improvements in how you run your practice.

What ever your "wants", the OMTA has something relevant for you.

Increase Your Revenue with:

- Referral Service
- Job Service
- Promotional materials

Save money through discounts on:

- Cellular services
- Credit/debit processing
- Legal advice
- Loyalty rewards
- Gym membership
- Eyewear
- And discounts on long distance, hotels, car rentals, venue tickets, etc…

Protect your assets through insurance for:

- Malpractice
- Office/Property

Protect yourself through insurance for:

- Health care + dental costs
- Injury from accident
- Disability from illness

Stay healthy with the OMTA

Members of the OMTA will receive a discount on membership with GoodLife Fitness Centres across Ontario. Instead of paying the full yearly fee for membership, which could come to over $1000 at some clubs, with membership with the OMTA, you only pay $450 for the entire year.

Not only another benefit from the OMTA, but one that could pay for your membership.

Loyalty Builds Rewards

The OMTA Member Rewards Program allows members to collect points from participating in OMTA programming and through participating merchants online and in your community. Points can be redeemed for gift certificates or cash – all with your OMTA Membership Card.

Through OMTA's Member Rewards Program, you will earn 1000 points for joining or renewing online before October 1st, 2007.

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YOU, YOUR KNOWLEDGE + SKILLS

The OMTA connects you with the very information and with the practical tools you need to be well-informed and to be the best RMT that you can be. As a member of OMTA, you will:

Receive 6 issues of Massage Therapy Today: Putting Knowledge into Practice, the OMTA's practice magazine

Receive The Friday File— a weekly digest of news and headlines

Receive 6 issues of Nexus—the OMTA e-newsletter, with all of the current events information you need

Have access to an in-depth resource library including information on research, privacy, auto insurance, MT and the law, marketing, and communications

Have access to important educational opportunities to ensure your competence and to expand your practice.

With the OMTA, you receive:

- Massage Therapy Today
- Nexus
- The Friday File

Information

- Web-based information
- Privacy Toolkit/Centre
- Resource Centre/Library
- Reference Library
- Research Centre
- Member discussion groups

Education

- Annual Conference
- Workshops
- Calendar of Events

How do New Clients Find You?

As a member you can choose to add yourself to the referral service.

RMTFind.com receives over 45,000 hits a month from people searching for a massage therapist in their area. We would be very surprised if you did NOT receive at least 4 new clients from this benefit.

OMTA Educational Programming

The OMTA provides the profession with the lowest rates on educational programming designed specifically to meet the needs of the profession by emphasizing the core competencies of massage therapy and using evidence-informed best practices to build on those competencies.

OMTA educational programming supports:

- The standards of practice and the core competencies of the profession
- An unending commitment to quality and the mantra of Total Quality Improvement
- Advances in the practice of massage therapy based on research conducted by the profession and for the profession
- Advances in technology that affects both the practitioner and the client.
- The broader role of the RMT in the health care setting and ensuring they meet their obligations and responsibilities as a health care professional in Ontario.

Relevancy to you: The Established RMT
As a well established RMT, you "want"..

- To reach out to your community and have them reach back
- To be well-informed of the issues that affect you and the profession
- Positive change for the profession
- Access to ways to save money in your practice
- To share your experiences to helps others
- Education and knowledge that is relevant to you and your practice
- To support your profession
- To make a difference.

What ever your "wants", the OMTA has something relevant for you.

YOU, YOUR PROFESSION + FUTURE

The OMTA represents you and works to protect your interests as the voice of massage therapy in Ontario. The OMTA advocates on behalf of all Ontario massage therapists to:

- Improve the quality of life for RMTs
- Increase public awareness of the benefits of massage therapy by a massage therapist
- Improve the quality of massage therapy through education, information and research.

The OMTA has in the past and will continue in the future to work for the interests of the profession with large variety of groups on many, many issues. Here's but a few issues that the OMTA has been actively pursuing:

We've worked with:	In order to address issues such as:
The Governments of Ontario and Canada, and their various Ministries and Agencies.	Auto insurance reform, RMTs as initiating health practitioners, new PAFs, changes to the Regulated Health Professions Act, GST.
The College of Massage Therapists of Ontario and the other health professions.	Conflict of Interest regulations, accreditation of massage therapy programs, advertising, quality assurance, profes sional needs and relationships.
The insurance sector and educational sector.	On-going changes to the world of insurance, per visit caps on RMT services, referral requirements, RMT fees, continuing education, and educational requirements of the profession.

A Few Thoughts on Success:

"The great secret of success is intense faith in oneself"
— The Globe, May 23, 1865

"Achieving high-level success requires the support and cooperation of others"
— Dr. David Schwartz, The Magic of Thinking Big.

"Eighty per cent of success is showing up"
— Woody Allen.

Did You Know…

Since 2003-2004, the OMTA has:

- Reduced membership fees by 20% (29% when you factor in inflationary increases)
- Reduced membership fees for first year graduates by over 50%
- Eliminated student membership fees altogether
- Reduced your insurance costs by nearly 70%

In this same period, the OMTA has:

- Increased communication with members and the profession
- Increased its advocacy efforts on behalf of the profession
- Launched five new business related programs
- Increased its initiatives to protect members' practices
- Dramatically improved the services it provides to its members and the profession

In return, you have given the OMTA your confidence by increasing membership by 54%!

YOU, YOUR COMMUNITY + CONNECTION

The OMTA is your connection to the professional community. Having access to your community allows you to seek out your colleagues for advice, assistance, friendship and support.

Connect with your Professional Community with:

- Member discussion groups
- Local activities
- Find-a-member directory
- Volunteering

Shared Commonality

- Brand identity
- Awards and Recognition

Communication

- Provide direct feedback to the OMTA

As a member of the OMTA, your access to the community of professional massage therapists is dramatically increased through our programming:

- Member Support Network, an on-line member directory and local activities, giving you access to a community of over 2000 registered massage therapists
- News from the OMTA Board and regular consultations on issues facing the profession…your direct opportunity to effect change for the profession
- The opportunity to give back to your profession by volunteering your time and energy.

Connect. Share. Learn. The Member Support Network.

The Member Support Network is an online message board and a phone network for members to connect with other RMTs, share their opinions, ask questions and have questions answered. Accessing the MSN lets you connect with fellow RMTs not just in your community but across the province, all at your finger tips.

MEMBERSHIP WITH THE OMTA

Massage therapists are very distinct individuals, as such you may not find relevancy in everything the OMTA has to offer its members, but we are sure you will find that many of the benefits membership provides are of value to you. If you have any questions about membership with the OMTA, please do not hesitate to contact the OMTA office or visit www.omta.com.

Being a member of the OMTA is simple. Just complete the enclosed form and send it to the OMTA Office. Alternatively, you can log on to www.omta.com and complete the process online. By enrolling online before October 1st, you will also receive 1000 points on your OMTA Membership Card that can be used towards gift certificates, future OMTA purchases or even turned directly into cash. (Online enrolment is not available for those who wish to qualify for the Graduated Fee Program, as the OMTA requires a copy of a letter from the CMTO confirming the date in which you completed your OSCEs to be submitted along with your enrolment form.)

For membership, you have the option to use any one of our payment schedules: full payment, semi-annually, quarterly or monthly.

Automatic Annual Renewal

New for 2007 – 2008, you now have the option to have your membership (and insurance) automatically renew. To opt into this option, please check off and sign the appropriate section on the enclosed enrolment form. If you choose to join or renew your membership online, download and print off the consent form available at www.omta.com.

If you have any questions or would like more information, please contact the OMTA office at 416-979-2010 or toll free 1-800-668-2022 or by e-mail at info@omta.com.

Cancer and Lymphedema: continued from page 16

patient-customized program called combined decongestive therapy (CDT). The elements that are combined in this comprehensive treatment include: manual lymph drainage (MLD), compression therapy, remedial exercises, and excellent skin care. Without treatment, lymphedema can become a serious problem.

Manual lymph drainage treatment was developed in the 1930s by a Danish biologist named Emil Vodder. The technique has been widely used in Europe, and is now accepted throughout the United States and Canada. MLD treatment is a special type of massage that uses light strokes following a certain pattern along the lymphatic vessels and tissues around them. These gentle movements help lymph fluid find new ways to flow around blocked areas into healthier lymph vessels. It reduces swelling and returns lymph to the circulatory system. The goal of MLD is to:

- move the fluid out of the tissues
- reduce and control the swelling
- soften toughened skin (fibrosis)
- improve the general health of the patient

The treatment of lymphedema is comprised of two phases. The intensive first phase is the treatment phase, which includes combined decongestive therapy. CDT involves a combination of:

- manual lymph drainage
- complex bandaging
- instruction in skin care
- exercise
- risk reduction for lymphedema

Treatment is carried out over a three- or four-week period, with the patient receiving MLD once per day to stimulate the lymphatics in the unaffected areas, as well as the affected limb. This phase is important to reduce fluid and protein and bring the affected area under control.

Once the intensive phase of treatment has been completed, with the lymphedema reduced, the patient is fitted with a compression sleeve or stocking. In order for the MLD to continue its effectiveness, the compression garment should be worn on a daily basis. Regular checkups to assess progress are recommended, and garments should be replaced every three to six months as they lose their elasticity over time. Maintenance of a healthy diet and skin care regime are vital to avoiding complications, such as fungal or bacterial infections and fibrosis (hardening of tissue), which can lead to an overall worsening of lymphedema. This second phase is a lifelong commitment of ongoing self-maintenance, necessary to minimize the accumulation of excessive lymph fluid.

Challenges for Lymphedema Patients

Lymphedema remains under the medical radar screen in Ontario. There is no public funding, there are only limited clinics for diagnosis and too few certified therapists in Ontario for patients to be referred to. Combined decongestive therapy and manual lymph drainage are not covered by OHIP, and the prescribed compression garments are only partially subsidized by the Ministry of Health's Assistive Devices Program.

The Lymphovenous Association of Ontario (LAO)

Originally created in 1996 as a support group for patients, this organization has grown to include patient advocacy, public awareness and education, as well as outreach programs. A volunteer-run organization, its mission has stayed the same: to improve the quality of life for those living with lymphedema. Its key goals are to:

- increase awareness of the condition among patients, health care professionals, and the general public;
- emphasize the precautions those at risk can take to prevent or at least delay the onset of lymphedema;
- provide support services to those living with lymphedema;
- work with government and insurance companies to develop improved coverage for treatment and care.

A core element of LAO's outreach is an annual lymphedema conference that is held each fall in Toronto. This educational event brings together leading experts on lymphedema and is geared towards patients, caregivers, therapists, and health care professionals. We invite every Registered Massage Therapist in Ontario to participate in this year's event on November 10, 2007. For more information and registration details, please contact us at (416) 410-2250.

The Needs of Lymphedema Patients

With grant funding from the Canadian Breast Cancer Foundation, the LAO conducted a needs assessment in 2006 to identify the greatest gaps in servicing the needs of lymphedema patients and those at risk for lymphedema in Ontario. Through the findings of comprehensive surveys, focus groups, and interviews, several themes emerged. These include the need for standardized patient education material, the need for lymphedema diagnosis and treatment centres, and the need to address the lack of lymphedema knowledge among medical professionals. But the theme that must be stressed to all Registered Massage Therapists is the urgent need for therapists who are certified in combined decongestive therapy (manual lymph drainage). Of the patients contacted, 84% said that access to therapists was one of the key barriers to seeking effective treatment for lymphedema.

This need is supported by the number of calls the LAO receives to its support line from people looking for certified lymphedema therapists located in their vicinity. Many cancer survivors who have gone through the cancer journey face additional

disappointment and frustration when they are told they will have to manage a lymphedema condition for the rest of their lives, particularly when they are then at a loss to find a certified therapist in their area.

An increasing development is the number of spas that profess to offer manual lymph drainage without certified lymphedema therapists on hand. The Lymphovenous Association of Ontario is consistent in advising patients to do their homework and only choose therapists that have received combined decongestive therapy certification through a recognized school. Although many Registered Massage Therapists in Ontario may have received an introduction to lymph drainage techniques in their undergraduate studies, the treatment of lymphedema patients requires specialized and expert knowledge to be able to assess and treat patients appropriately. A fully trained lymphedema therapist will have undertaken additional training in appropriate, specialized manual lymph drainage techniques, as well as instruction on compression bandaging techniques and compression garment use, appropriate exercises, and skin care. Courses should include instruction from a physician trained in lymphological problems who understands this condition.

In Canada, the Dr. Vodder School (www.vodderschool.com) offers a program that trains massage therapists, physiotherapists, occupational therapists, and nurses in these procedures. The Dr. Vodder School website also lists certified therapists who have attended continuing education courses every two years since their original certification as MLD therapists. The Toronto Lymphocare Centre (www.torontolymphocare.com) also provides postgraduate training and certification to health care professionals in integrated lymph drainage and combined decongestive therapy.

Recognizing the Signs

At a minimum, all massage therapists should learn to recognize the symptoms of lymphedema in clients and know when to refer them to a doctor for proper diagnosis and on to a specialized lymphedema therapist trained to provide treatment. Taking a thorough case history will give massage therapists a good idea what to be aware of if they are trained to observe the clinical signs and symptoms of lymphedema. Just because an arm is not swollen does not mean that lymphedema is absent. Swelling is certainly the most obvious sign but subclinical (or latent-phase) lymphedema can manifest with pain, altered sensation, numbness, tingling, a feeling of bursting and parasthesia, for example.

Treatment Cautions for Clients with Lymphedema

Deep tissue massage can cause a local inflammatory response or erythema, manifested by reddening in the skin. The pressure of massage can increase the local blood pressure resulting in a greater filtration rate from the blood capillaries into an already congested tissue in a person with lymphedema. The direction of massage strokes may be opposite to lymph flow or directly into damaged lymphatic vessels and nodes. Apart from causing local leakage into congested tissues, the danger is of creating fistula in scar tissue in lymphedematous tissue, which is a portal of entry for bacteria. Due to the protein-rich environment and weakened immune response, bacterial infections spread rapidly through lymphedematous tissues. Because lymphedema is located primarily in the skin, increasing the load on an already compromised lymphatic system can readily worsen or trigger an underlying lymphedema. Research by Eliska and Eliskova (1995) has shown that pressures of 70mm/Hg or more on the skin cause damage to the fine structured initial lymph vessels (capillaries). In a patient with lymphedema, this will create further problems.

Conclusion

Therapists are encouraged to learn more about lymphedema and to consider this specialization as an area of interest. Many certified therapists that work with lymphedema patients have told the LAO that their work is immensely satisfying. They enjoy working with patients, seeing real progress in the reduction of fluid and providing the patient with ongoing education regarding this condition. Therapists are an important part of the lymphedema community, not only in their support of lymphedema patients, but also in their ability to contribute to lymphedema education and awareness.

For more information, we invite you to contact us at the Lymphovenous Association of Ontario *(4161 Dundas Street West, Toronto, ON M8X 1Y2; tel: 416-410-2250; e-mail: lymphontario@yahoo.com; www.lymphontario.org)*.

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Living With Cancer

Fellow RMTs share their personal perspectives

by Lee Kalpin

In the past some massage therapists have been reluctant to treat clients who have cancer. To some extent this may be due to a lack of understanding of the scientific evidence for treatment (see The Big Picture article by Debra Curties in this issue). However, for some therapists this attitude may be due to discomfort in supporting clients with a potentially life-threatening disease.

To balance the picture for this topic, here are three interviews with people who are living with cancer. These are clients we can particularly relate to because they are also massage therapists–our colleagues.

According to the Canadian Cancer Society, current incidence rates predict that 39% of Canadian women, and 44% of Canadian men, will develop cancer during their lifetimes. To be effective health care providers, we must become familiar and comfortable treating people with cancer. Hopefully, the three interviews presented here will offer some useful insights into the difficulties, both physical and emotional, that such clients are facing when they come to us for care.

Interview 1:
57-year-old female RMT living with breast cancer

Q. I understand that you are a survivor of breast cancer.

A. I don't know if I can say that at this stage. I had cancer about one year ago. Medically I believe that after five years without a recurrence, a person is considered to be free of cancer. Of course, some people actually do have cancer show up somewhere else, even after five years, so I'm not sure when I can consider that I am a survivor.

Q. When were you diagnosed with breast cancer and how was that diagnosis made?

A. I found out that I had breast cancer about a year ago, after a routine mammogram. The findings were suspicious so I was sent for further testing and the diagnosis was confirmed.

Q. What treatment did you have?

A. I had a lumpectomy and also had one axillary lymph node removed.

Q. Did you have any health history that you think contributed to having cancer?

A. No, there is absolutely no family history of cancer and I do not smoke or drink or do anything else that would make me high risk for cancer.

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Lee Kalpin RMT

Lee Kalpin has been in active practice as a massage therapist for more than 20 years. She is owner of Park Avenue Massage Therapy in Holland Landing, has taught and written curriculum for three private massage colleges, and works for the CMTO as a peer assessor. She volunteers extensively for the OMTA and is a frequent contributor to the Member Services Network.

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about her emotional reactions. It is important to be accepting and nonjudgmental–not to allow our own feelings to intrude into the situation, but allow the client to talk and offer her support.

Surgical Procedures

The first approach to breast cancer is usually surgery to remove the malignant tissue. This may be a mastectomy or lumpectomy (Porth, 2005).

The therapist needs to be very thorough in obtaining information on the procedures that have been done.

The client may have concerns about the procedures she is going to experience or she may not totally understand what these procedures will be. Be informed so that you can support your client by helping her to find that information. The therapist needs to be very thorough in obtaining information on the procedures that have been done to ensure that there are no contraindications, that precautions are observed, and in order to be aware of the side effects of these interventions.

Mastectomy–In this surgical procedure, the entire breast is removed, usually together with some or all of the axillary lymph nodes. Since this is a major procedure, there is a large scar and a significant recovery time. Adhesions of the scar can limit movement of the thorax and of the glenohumeral joint (Curties, 1999b). In addition to the surgery itself, the emotional impact of loss of a breast is traumatic to most women. There are issues of self-image and sexual identity (Bredin, 1998).

Lumpectomy–In this procedure, the tumour and possibly some of the surrounding tissue is removed. Some or all of the axillary lymph nodes may also be removed if the cancer has spread to them. Although this surgery is less invasive than the mastectomy, the scar can cause fibrosing and adhesions in the breast. Removal of breast tissue can result in one breast being significantly smaller than the other with resulting issues around self-image. The breast may be tender on pressure or movement for months or even years after the surgery. (Porth, 2005; Canadian Cancer Society, 2007b)

Removal of axillary lymph nodes–If the cancer has metastasized to the axillary lymph nodes, it is necessary to remove either the sentinel lymph nodes, or possibly all of the lymph nodes (Curties, 1999a; Canadian Cancer Society, 2007b).

Damage to the nerves of the brachial plexus is a common risk in this surgery and can cause symptoms including extreme pain, sensory damage in the area of the axilla and inner arm, and paresthesia down the arm to the hand and fingers (Curties, 1999a; Curties, 1999b). Removal of some or all of the lymph nodes can result in impaired lymphatic drainage with resulting lymphedema in the arm and hand.

Edema may be seen very soon after surgery or may develop months later (Curties, 1999b). Decreased and painful movement of the glenohumeral joint can result from any of these surgeries, particularly removal of the axillary lymph nodes, either due to positioning during surgery or from nerve damage (Curties, 1999b).

Post-Surgical Interventions

After a mastectomy or lumpectomy, other interventions may be recommended, depending on the type and stage of the cancer. These can include one or all of the following.

Radiation–Radiation therapy is prescribed to kill any cancer cells that may have been missed by the surgery (Curties, 1999a; Porth, 2005). The breast area and surrounding lymph nodes may be radiated. The radiation treatment itself is not painful and the only immediate side effect may be a slight burn to the skin, of the same intensity as a sunburn. People with sensitive skin are more likely to experience a slight burn. (Curties, 1999a; Cancer Care Ontario, 2006)Radiation is usually applied to the tumour site each day for approximately five weeks. Clients often complain of extreme fatigue toward the end or after the treatment regime. The routine of attending at the hospital each day for several weeks can be stressful and tiring as well. (Curties, 1999a)

Chemotherapy–Chemotherapy can be delivered either in pill form or intravenously. Strength and frequency is dependent upon the type and stage of the cancer. Side effects vary with each person and with the strength of the medication. Typical side effects include extreme nausea, weakness, and hair loss. Effective anti-nausea medications have been developed to help alleviate this side effect. Wigs or other head coverings can be used to disguise hair loss, but this is still a devastating side effect for many women. (Curties, 1999a; Porth, 2005; Bredin, 1999)

Hormone therapy–Hormone therapy such as tamoxifen or Arimidex may be recommended after removal of certain types of tumours. These medications may cause a variety of side effects including hot flashes, nausea, or muscle and joint pain (Bredin, 1999).

The Role of the Massage Therapist

An important goal after surgery is to maintain movement of the shoulder and the thorax. This can be accomplished in two ways:

1. Mobilize the scar to prevent adhesions to the chest wall. Techniques should be implemented as soon as the scar has healed sufficiently so that there is no danger of infection. Hot hydrotherapy in the form of paraffin wax applications, castor oil packs or a small hydrocollator pack will prepare the tissue for manual treatment. Gentle skin rolling and fascial manipulations will keep the scar mobile, or free up a scar that has become adhered (Curties, 1999b).

2. Mobilize the gleno-humeral joint with passive, rhythmical movement, passive stretching, and by recommending active mobilization and stretching exercises for home care.

If there is any edema present in the arm and hand after removal of axillary lymph nodes, manual lymph drainage should be started immediately. This has been found to be perhaps the most effective method for decreasing lymphedema (Williams, Vadgama, Franks, & Mortimer, 2002).

The caring touch of massage can help the client to get in touch with her own body and to become more comfortable with the changes that have occurred. Nonjudgmental acceptance by the therapist can be a step in the client's ability to reach a place of acceptance and emotional strength (Bredin, 1999).

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Q. Let's talk about self-care. Was any further treatment recommended?

A. Yes, I was supposed to have radiation, chemotherapy, and a prescription for a hormone-suppressing drug. I decided not to have any of these treatments. I do have regular mammogram and medical examinations once per year.

Q. Why did you decide against these medical treatments?

A. After a lot of research I came to the conclusion that these treatments would have a very negative effect on my quality of life for up to a year. I would have been unable to work and that is not financially realistic for me, since I am self-employed. Statistics from the doctors seem to show that there is a better survival rate with these treatments, but it is not a guarantee. Lots of people still have cancer come back even after all these treatments. So I decided to go for a good quality of life for however long my life might be.

Q. Have you made any changes in your life as a result of having cancer?

A. I have always lived a pretty healthy lifestyle. Even though my diet was always good, I have tried to improve it, and get more exercise. I don't really think this will protect me from cancer, but I want be as healthy as possible for as long as possible.

Q. What sort of self-care did you use to recover from the surgery?

A. I did self-massage of the breast to get rid of the scar tissue and adhesions, and had massage from an RMT. I did a lot of mobility exercises for my shoulder because the surgery to remove the lymph node caused nerve damage in the axilla and down the arm.

Q. Why did you ask that your name not be used in our magazine?

A. I find that people react very negatively if I tell them I had cancer. They look at me as if they expect me to drop dead in front of them and they don't know what to say to me. Even some doctors will not look me in the eye when they talk to me and seem very uncomfortable talking about cancer. I am the same person I always was and I don't want people looking at me with pity.

Interview 2:
37-year-old male RMT who had a malignant eye tumour

Q. I understand that you are a survivor of cancer.

A. No, I cannot say I am a survivor because it hasn't been long enough. It has only been two years since my diagnosis and treatment.

Q. What type of cancer did you have?

A. It is suspected that I have primary ocular melanoma, which is a very small malignant tumour in the sclera in the back of my left eye. This type of cancer is often secondary to lung cancer, but in my case it seems to be primary, perhaps as a result of injuries to my eye when I was younger.

Q. How was this diagnosed?

A. I had no visual symptoms. The tumour was discovered by the optometrist when I went to get tested for new glasses. He referred me to an ophthalmologist who referred me to Princess Margaret Hospital where the diagnosis was made by means of CT scan, MRI, fundus photography, and ultrasound examinations. It was not possible to do a biopsy of the tumour as there was a risk that the surgery could do more damage to the eye.

Q. What was the treatment?

A. The tumour was monitored for several months. Finally it was treated by surgically implanting a brachytherapy implant which is a radioactive plaque. Then my eye was covered by a patch and the plaque was left in place for one week. A second procedure was performed to remove the plaque. Subsequent scans show that the tumour has not grown or shrunk since then.

Q. Were there any after-effects from the surgery?

A. Yes, my vision was affected. I have lost some peripheral vision.

Q. Did you have any health history that may have contributed to having cancer?

A. There is a history of cancer in my family, primarily colon cancer. I do smoke, but that would not cause this type of cancer in the eye. I did have multiple injuries to this eye when I was younger and that may have been a predisposing factor.

Q. Let's talk about self-care. What have you done since that time?

A. During the first year after treatment, I went to the hospital for CT and MRI scans and blood-work every three months. In the second year it was every six months. I hope this will now decrease to once a year. I am trying to quit smoking and I am taking a new product called Mangosteen juice. I have researched this product and it is very high in antioxidants, which are believed to be beneficial in preventing cancer.

Q. Do you feel that these changes in your self-care will prevent the cancer from recurring?

A. I can hope for that but my main goal is to be healthier.

Q. Why did you ask that your name not be used in our magazine?

A. I feel that my private health history should be exactly that–private. I also feel that people treat you differently once they learn that you have, or had, cancer.

Interview 3:
45-year-old male RMT who had prostate cancer

Q. I understand that you are a survivor of cancer.

A. Yes, I was diagnosed with prostate cancer in October 2006.

Q. How was this diagnosed?

A. I had very minor symptoms which felt like a minor bladder infection. I experienced frequent urination and had to get up several times at night, but I did not identify this as a major concern. In January 2006 I went for a routine colonoscopy which showed that my colon was fine but my prostate was huge. The family doctor sent me for a PSA test, which showed that my prostate-specific antigen level was at 2.4 ng/ml, which is considered high for my age. Six months later I was tested again and the PSA was higher (2.9). In July, I had a biopsy and was sent to a specialist who finally was able to make a diagnosis in October 2006. Fortunately, prostate cancer tends to progress very slowly.

Q. What was the treatment?

A. The options were surgery, radiation, or wait and see. I did research and decided to have nerve-sparing surgery. This is major abdominal surgery.

Q. Were there any after-effects from the surgery?

A. There are two major side effects from prostate surgery: the possibility of bladder damage or difficulty getting a penile erection. I do find I have slight difficulty with bladder control during cold weather. Erectile function is not as good as it was before the surgery. I have some difficulty getting erections and they don't last as long. There is no ejaculate as it is produced by the prostate gland.

Q. Did you have any health history that may have contributed to having cancer?

A. My father had colon cancer; mother had breast cancer.

Q. Let's talk about self-care. What have you done since that time?

A. Initially my reaction was negative. I felt there was no use caring about my health and I ate and drank too much and did not exercise. Since the surgery I have been working to improve my physical health. I stopped smoking in January. I have improved my diet and have started working out. I have now lost 20 lbs.

Q. Do you feel that these changes in your self-care will prevent the cancer from recurring?

A. Cancer is an immune system disorder, therefore strengthening the immune system helps the body handle things better. I know this won't stop cancer but I feel that being healthy will help my body handle it.

Q. What would you like to tell readers?

A. Although digital rectal examinations (DREs) are unpleasant and invasive, they are important in diagnosing prostate cancer. Men should have a DRE and colonoscopy testing done regularly early in life to obtain an early diagnosis and increase chances of survival.

Q. Why did you ask that your name not be used in our magazine?

A. Because some of the information is very personal.

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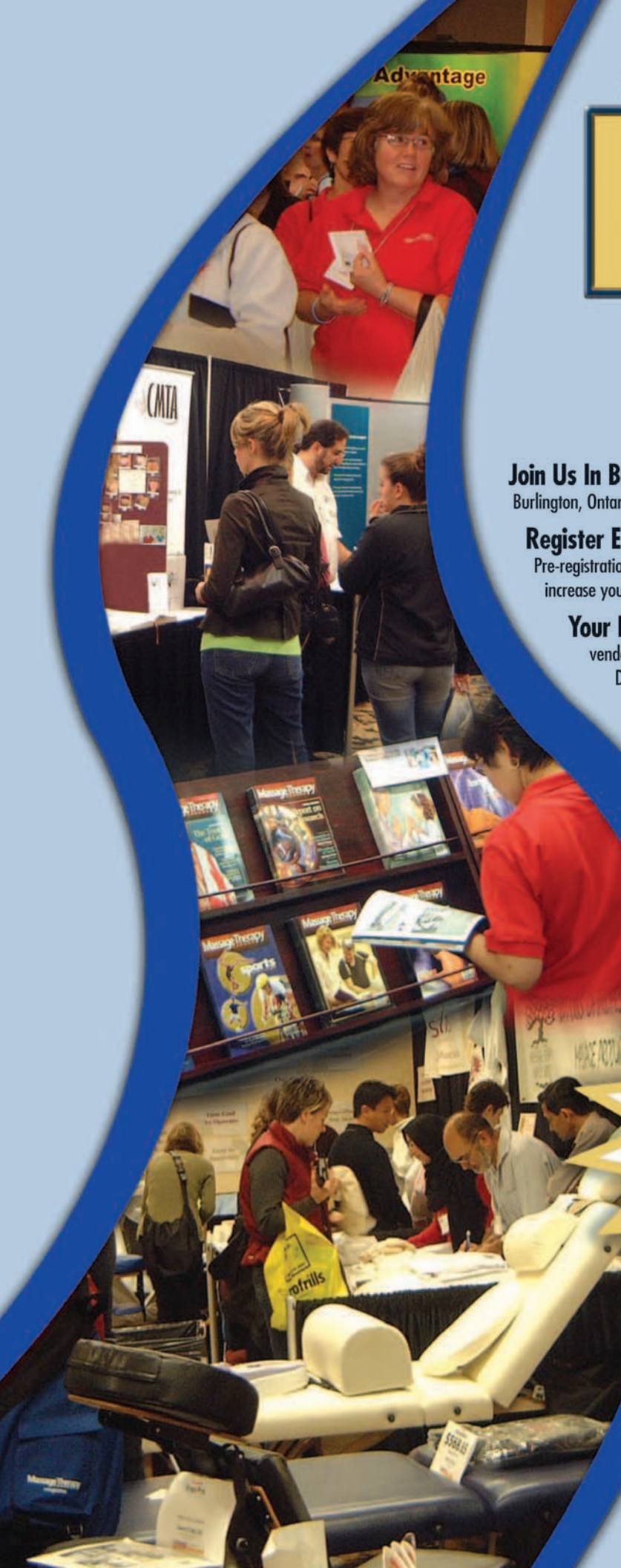

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Massage Therapy and Cancer: continued from page 6

moved to a new location. In experimental settings, when a cancer cell is moved to a new location, it will not survive and multiply unless it has undergone some internal changes already. This is like transplanting a plant to a place with different soil conditions, sunlight, temperature and humidity. It will not survive if it can't adapt to the new environment."

Since cancerous growths naturally shed cells, if simple circulation enhancement promoted metastasis the results would show up in other ways. Although the effects of massage therapy have not been isolated, exercise, bathing/hot showers, and sexual relations have long been cleared of increasing metastasis risk. Have you ever heard of a cancer patient being advised to avoid these activities for fear of promoting metastasis? The opposite is very much the case, as can be verified by a random sampling of websites or print resources for cancer patients and medical professionals (see "further reading" notes at the end of this article). Exercise can generate a larger circulatory boost than massage, so recommendations related to exercise for cancer patients are a good reference point for our purposes.

In truth, activities such as exercise, maintaining a satisfying sex life, and receiving massage are recognized for reducing anxiety and distressing symptom effects and improving cancer patients' energy, healing capacity, sleep, optimism and ability to cope. This can in turn be correlated with better physical resilience and recovery. With respect to massage therapy, numerous current studies–for example, the well-recognized studies by Cassileth and Vickers (2004) and Post-White et al. (2003)–contribute to a growing body of evidence supporting massage therapy efficacy in helping achieve these beneficial outcomes.

Such activities are also believed to have beneficial potential for strengthening immune resilience. A recent study by Pierce et al. (2007) is receiving a great deal of interest because it indicates that longevity in women with breast cancer is increased by regular exercise.

There is a touch of naïve arrogance in massage therapists assuming so much of a role in cancer metastasis. In the complex interface between the cancer, the medical treatments and the person's immune system, we are on the adjunctive therapy side of the equation. But what we have to offer can make a real difference in how the person manages the tremendous duress involved. We may help bring new resilience to the survivorship fight, or we may help sustain a better quality of life during the time the person has; either way it is an important and valuable role.

We have to be able to competently seek out the information we need and to communicate as colleagues with others in the oncology world.

Here is another irony in our traditional professional wisdom: because the crucial dynamic is between the cancer cells and the body's immune response, the time when we are most likely to influence cancer spread is in the terminally ill, whose immune systems have essentially shut down and whose cancers are mobilizing unchecked. In this situation the circulatory effects of massage could possibly reduce the number of days or hours before death. I honestly hesitate to write this for fear of being responsible for a new massage therapy contraindication. Would we really decide to withdraw or withhold massage therapy at this time?

When we contemplate such issues we inhabit the grey areas that other health care professionals do. No one has absolute certainty about the outcomes of their cancer treatment approaches. No one can control the variables and the risks with 100% clarity. No one can make every situation sunny and bright. We

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have to assess each scenario based on the client's needs and decisions and apply our understanding of the benefits and safety guidelines governing our own discipline. We have to exercise common sense and we have to learn to be more comfortable making clinical judgments even when there are areas of uncertainty in our information and assumptions. We also have to do our best not to withhold proven beneficial treatment because of the challenges of handling complex illnesses.

As a profession we need to turn our attention to making sure that we are skilled in managing the "other" risks in treating clients with cancer. There are safety concerns involved in working alongside radiation and chemotherapy protocols, for example. It is important to be able to adapt the treatment plan because of factors such as medications, immunosuppression and cachexia. We have to be able to competently seek out the information we need and to communicate as colleagues with others in the oncology world. Perhaps the saddest aspect of our history with metastasis fear is that massage therapists have not been adequately trained to work with cancer patients, something many inevitably end up doing.

If, in addition to being weary, I seem a bit angry or righteous, please be assured that I include myself in our profession's misguided history in this area. Reading over *Massage Therapy & Cancer* as I prepare the next edition, I can see how, despite having the information I did, I was temporizing and hedging my message in many ways. I have first-hand evidence that several students I have taught believe that massage therapy causes cancer to spread. I am very aware that it is not an easy subject to come to grips with. But let's do it anyway. Let's be more courageous and rigorous and professional than we have been so far.

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Further Reading

Stidwill, H. (2006). *Exercise therapy and the cancer patient: A guide for patients and professionals*. Belgium, WI: Champion Press.

The following websites all currently have good coverage of the beneficial effects of exercise for cancers patients:

- American Cancer Society (www.cancer.org)
- breastcancer.org
- Johns Hopkins Pathology (http://pathology.jhu.edu/department/patientcare.cfm)
- National Foundation for Cancer Research (www.nfcr.org)

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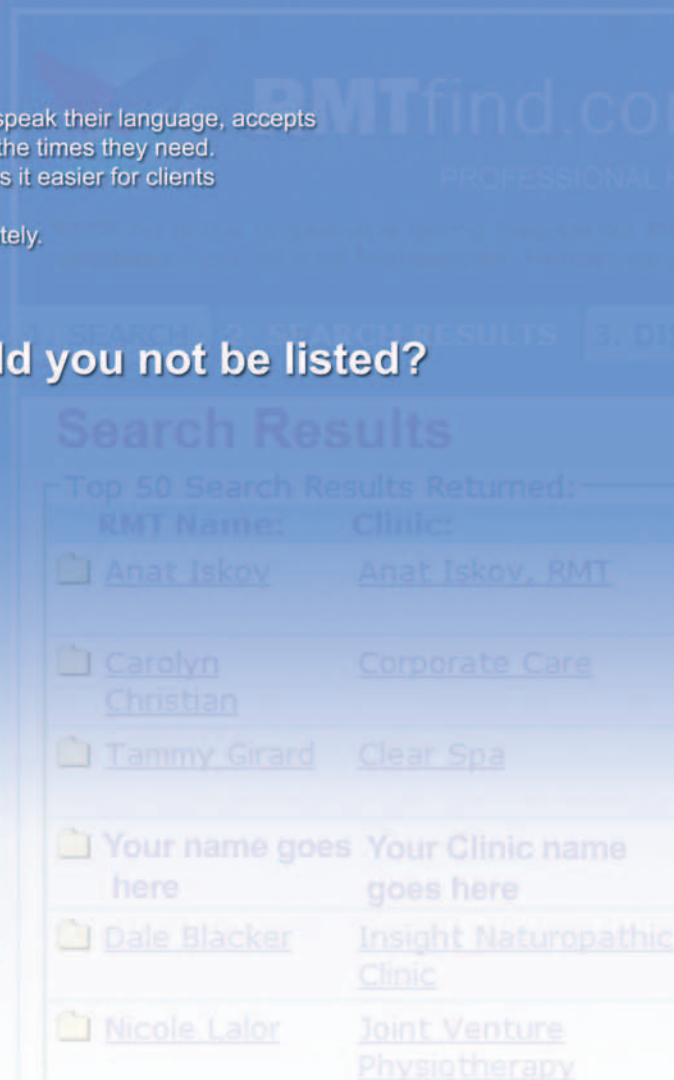

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