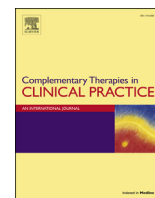




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## A decade of building massage therapy services at an academic medical center as part of a healing enhancement program



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The use of complementary and integrative medicine therapies is steadily becoming an integral part of health care. Massage therapy is increasingly offered to hospitalized patients for various conditions to assist with the management of common symptoms such as pain, anxiety, and tension. This article summarizes a decade of building the massage therapy service at a large tertiary care medical center, from the early pilot studies and research to the current program offerings, and the hopes and dreams for the future.

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Complementary and integrative medicine therapies have become an integral part of health care for a number of Americans. Many complementary and integrative therapies specifically target pain and anxiety, and for this reason they can assist with addressing the needs of hospitalized patients who are not fully helped by conventional approaches. Massage therapy is an integrative therapy that has been shown to effectively improve several outcomes. Mild to moderate pressure massage techniques can decrease pain, anxiety, fatigue, stress perception, nausea, depression, lymphedema, muscle tension, heart rate, and blood pressure, and it can increase sleep quality, plasma  $\beta$ -endorphin levels, skin temperature, and blood flow [1–29]. Studies of massage therapy outcomes and feasibility have examined several patient populations, including hospitalized patients, intensive care unit patients, palliative care patients, and hospice patients [30–37]. Additional research has focused on massage therapy outcomes related to various conditions (drug addiction, labor pain, cancer, acute myocardial infarction, dementia, preterm birth, Parkinson disease, and human immunodeficiency virus infection), and procedures

(abdominal surgery, bone marrow transplant, and cardiac surgery) [3,4,6,8,10,11,14,25,37–42].

The massage therapy literature suggests that massage therapy has been provided safely in the hospital setting and has the potential to substantially improve clinical care. A literature review and a desire to improve clinical care for cardiac patients at a large tertiary care medical center started a decade of building clinical massage therapy services and a hospital program to enhance healing. The process of building this clinical massage therapy service will be discussed in more detail and is outlined in a timeline (Fig. 1).

### 1. Background

The impetus to bring massage to the hospital bedside originated in early 2002 when the Division of Cardiovascular Surgery (CVS) team identified pain-free cardiac surgery as a key goal. This multidisciplinary collaboration included surgeons, anesthesiologists, pain specialists, pharmacists, nurses, and Complementary Integrative Medicine Program (CIMP) leaders. Several changes were incorporated (eg, novel anesthetic techniques and different types of chest tubes to facilitate easier removal), but some of the key concepts to emerge from the original discussions centered on various integrative medicine approaches, resulting largely from the advocacy of a clinical nurse specialist and other nursing leaders. From their extended experience and greater daily contact with post-surgical patients, the nurses made many proposals that centered on

Abbreviations: CIMP, Complementary Integrative Medicine Program; CVS, Division of Cardiovascular Surgery.

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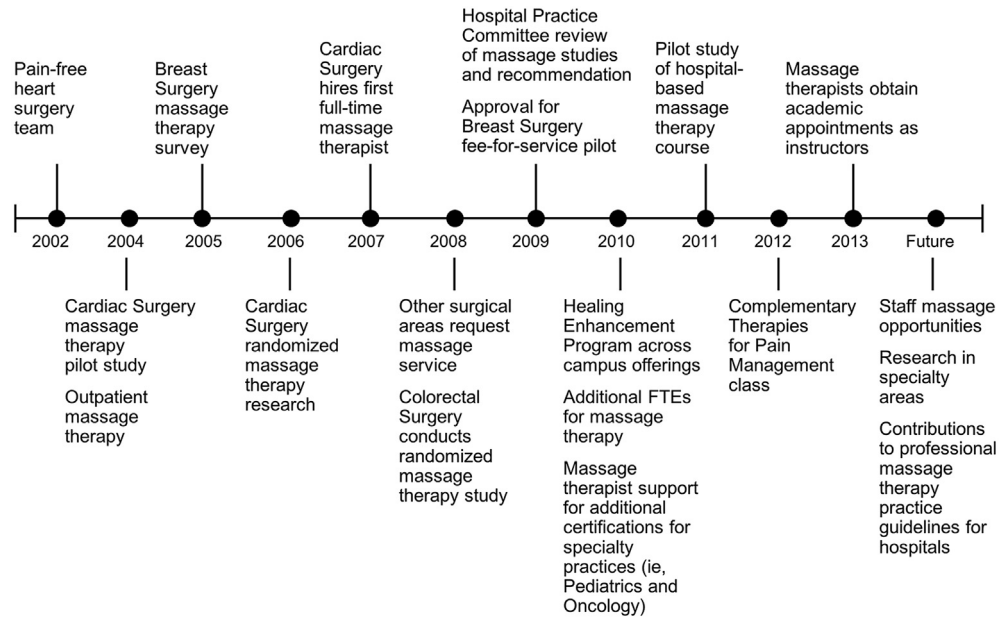


Fig. 1. Timeline for developing the massage therapy program. FTE indicates full-time equivalent.

the potential utility of modalities such as acupuncture, music therapy, animal-assisted therapy, and massage therapy.

A spirit of collaboration was fostered across the various disciplines, leading eventually to the willingness of the CVS leaders to scientifically evaluate the various proposals from nursing and integrative medicine proponents. The first proposal to be tested involved massage therapy.

In 2004, there was still significant concern about the potential risks associated with massage for postoperative patients. Older literature raised concerns about the potential for blood clots or bleeding problems. There were also fears that massage could cause mishaps such as displacing chest tubes or manipulating wounds inappropriately. Thus, a pilot study was proposed to evaluate massage therapy for a small number of patients. The primary outcomes focused on feasibility, effects on patient care flow, risks, and adverse events.

The pilot study included 58 patients, with 30 in the massage group and 28 in the placebo group. Much thought was given to the intervention and how the study would be distinct from other massage studies. The team chose to allow the massage therapists to use all appropriate interventions and skills as applicable to the individual patient according to the massage therapist's assessment. That is, no attempt was made to restrict the regions and techniques of massage or the time spent on each anatomical site for massage. The massage therapists were free to use any of the skills for which they had received specific training. These included Swedish massage, reflexology, neuromuscular techniques, myofascial and connective tissue release techniques, trigger point release, acupressure, manual lymphatic drainage, and gentle stretching. As a result, compared with previous studies, this was a truer evaluation of the actual practice of massage therapy in a hospital setting. Even though variability was introduced, the pilot study was thought to have greater validity since it more closely mimicked the actual practice of massage therapy.

The optimal control group was discussed at length. The final decision was to match the human contact by assigning the same massage therapist to visit the control patients for the same duration of time as was spent providing massage for patients in the massage group. This design was intended to minimize interprovider

variability and to control for the warmth and personality of the massage therapist. Although no active massage was provided, the massage therapists were encouraged to reassure the patients and assist with any simple care needs while they were in the room. The key results showed that massage was safe, and no adverse events were associated with massage [43].

Opinions were solicited from nurses and surgeons as to whether the massage therapy had interfered with the flow of care. The comments were universally favorable. Many nurses noted that massage therapy helped their workload by addressing symptoms that they could not otherwise address adequately. In fact, instead of massage therapy impeding nursing care, most nurses thought that the massage therapy had enhanced patient care overall and helped reduce their workload because the patients were less anxious and more comfortable.

After reviewing these favorable effects, the CVS leaders were intrigued but requested further validation. Therefore, a larger confirmatory trial involving 113 patients was begun. That study also returned significantly positive results for decreasing pain, anxiety, and tension [44,45]. Patients were highly satisfied with the intervention, and no barriers to providing massage therapy were identified. As a result, the CVS leaders hired massage therapists so that massage therapy would be offered routinely for all cardiovascular surgical patients.

Soon other surgical practices (eg, colorectal surgery, thoracic surgery, and breast surgery) became interested in rapid succession. Several of these surgical practices also approached CIMP colleagues for assistance in creating similar research evaluations of massage for their specific patient populations [46,47]. Each of these evaluations in turn yielded positive results and led to further expansion of the implementation of massage. At that time (2008), massage was widely available to most surgical patients at no charge, with the cost borne by the Department of Surgery.

In 2009, our institution's Hospital Practice Committee and Clinical Practice Committee noted the favorable effects on massage therapy in the hospital and charged the CIMP with finding a way to make massage therapy more broadly available to all patients in the hospital. This led to several considerations, but the decision was made that a fee-for-service approach would allow widespread

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