



Joan Rau
Licensed Massage Therapist

1560 Scott Blvd., Suite 101
Decatur, GA 30031
404.784.2225
info@joanrau.com | www.joanrau.com

Date:

Dear _____,

Your patient, _____, has expressed an interest in receiving massage therapy during the course of her cancer treatment. I am writing to you to:

1. Outline some common cautions I use when working with individuals in cancer treatment
2. Seek your input on which cautions should be in force with this client.

My Techniques: with most clients, I use kneading and stroking techniques and apply compressions to the tissues with my hands. I might also do passive stretching and range of motion. I can apply a range of pressures, from just moving the skin (like "lotioning") to deeper muscular work.

Common Adaptations for Clients in Cancer Treatment:

Sites affected by surgery, radiation therapy, IV's, drains, skin conditions, pain, edema, or bone involvement

Will avoid contact and pressure at these sites. If there is any nodal involvement with risk of lymphedema, only minimal pressure on distal extremity and gentle pressure on the trunk quadrant will be used. If needed, the limb will be evaluated during the massage.

Low Platelet levels, easy bruising

Will use gentle strokes that displace skin and other superficial tissues, not deep muscle layers.

Side effects of treatments such as chemotherapy and radiation therapy

Will work gently in order to avoid aggravating fatigue, nausea, etc, and will adapt other elements of the session to any presenting side effects.

Any risk of deep vein thrombosis, secondary to malignancy, inactivity or cancer treatment

Will avoid use of pressure on areas at risk of thrombosis.

_____ has my permission to receive relaxation massage described above.

I have read through the common massage therapy adjustments, above. I have **circled** any concerns for this patient. If I have any additional concerns for the massage practitioner, I have described them below:

(Physician's Signature)

Date

Print Name

