

servicing older adults: *accommodating functional differences*

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There is no single standard for conditions that your older adult clients may experience as they age. To succeed with a practice of massage services for older adults, you must go beyond the table. You need to understand the diverse nature of the functional changes that older adults experience as they age, and make accommodations in your practice.

This course offers insight into how to assess the types of functional changes you might encounter with older clients. It provides specific checklists to help you accommodate your practice to some of the normal and disease-related functional changes they experience.

NOTE: Making diagnoses is outside the scope of practice for massage therapists. The aging process, conditions and diseases described in this course are solely for the purpose of making you aware of functional changes that may occur and how to adapt your practice to them.

COURSE OBJECTIVE:

When you finish this course you will be able to:

- Explain why adults age so diversely, citing four predictors of healthy aging.
- List three characteristics each for well and frail elders.
- List two ways to categorize age-related changes in clients.
- List six ways that anticipating age-related changes will strengthen your practice.
- List two accommodations you can make for clients with age-related functional changes for each of the seven areas covered in this course.
- Describe four properties of a good assessment.
- List five things to do to make your assessments more client-friendly.
- Describe how scheduling, drivers and time boundaries may cause problems for older adults who wish to utilize massage therapy.

CONTACT HOURS: 2.0

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WHAT IS AN OLDER ADULT?

Older adults represent a rapidly growing clientele for massage therapists. They are seeking the services of massage therapists at rates greater than ever before. According to AMTA's 2006 Massage Therapy Consumer Survey, the use of massage among older adults has tripled in the last 10 years.¹

Massage services for this special population go beyond how to safely massage an older body. If you wish to expand your practice to include older adults it is essential that you understand:

- What is the diverse nature of functional changes in older adults?
- What are common conditions related to aging?
- How can you adapt your approach to meet your client's needs?

The quality of service you provide off the table will go a long way toward creating a successful practice—and increasing the well-being of your clients.

DIVERSITY IN A GROWING POPULATION

Statistics are important for understanding trends and their impact on society, but are less helpful for understanding the 75-year-old woman who is sitting in your office. The truth is that there is no “typical” older adult. Every person is an individual no matter what his or her age. As Nancy Newton reminds us, “There is more diversity among people over 65 than any other age group.”³ The answer to the question, “What is an older adult?” is much more complex than simply identifying chronological age.

How we define age is reflected in the language we choose to describe older adults. Senior citizen, retired person, geriatric, elderly, crone and elder are all terms we use and each represents underlying ideas and beliefs about growing older.

age-related changes

VARIABILITY IN AGING

If aging is an individual experience, why is it that some elders age well but others suffer years of debilitating decline? One extensive study known as the *Study of Adult Development* at Harvard University provides a theoretical framework for explaining individual differences in aging. George Vaillant, MD, details the findings in *Aging Well*.⁴

Vaillant states, “Old age can be both miserable and joyous. It all depends on the facets we choose to examine. But one thing we do know is that positive aging must reflect vital reaction to change, to disease and to conflict.” The Harvard study revealed that lifestyle factors established before age 50 account for healthy aging or lack of it. These factors allowed the researchers to predict physical and psychosocial health 30 years into the future.

PRIMARY PREDICTORS OF HEALTHY AGING

Among the findings were these primary predictors of healthy aging:

- Not smoking or stopping young. Not smoking was the most important factor of physical aging.
- Adaptive coping style. Having mature defenses to life events predicted psychosocial health. Social connection and emotional maturity were equally important, as was the ability to “turn lemons into lemonade” when faced with life's challenges.
- Absence of alcohol abuse. Alcohol abuse was defined by “the evidence of multiple alcohol-related problems and/or evidence of alcohol dependence,” and its absence was shown to strongly predict both physical and psychosocial well-being.
- Healthy weight. Obesity had a negative impact on physical health.
- Stable marriage. This factor had a positive impact on both physical and psychosocial health.
- Regular exercise. Physical and psychosocial health were positively impacted by exercise.
- Years of education. Education and physical health in

old age were strongly linked. The more education, the more capacity for self-care.

According to the premise of this study, by the time you meet your 75-year-old client, the groundwork has long been laid for the degree of well-being she now experiences in her daily life.⁴

adapting to different functioning levels DEFINING FUNCTIONAL CHARACTERISTICS

Functional abilities might be defined by two broad categories: elders who enjoy a relatively high level of function, referred to here as the “well elder” group; and those who are severely affected by disease or disability, the “frail elder” group.

“WELL ELDER” FUNCTIONAL CHARACTERISTICS

- Is independent in performing self-care: dressing, bathing, toileting, eating, etc.
- Participates in home activities. May have assistance with household chores, shopping or transportation but is able to reside at home.
- Engages in activities that are personally satisfying such as hobbies, social activities, community outings, church, etc.
- Is independent and mobile. May use a cane or walker, but moves about independently.
- Manages any disease or condition; it does not seriously interfere with lifestyle.

You will most likely see these elders at your office and most will be able to receive a massage on your table, with possible modifications in positioning or technique.

“FRAIL ELDER” FUNCTIONAL CHARACTERISTICS

- May reside at home with daily assistance or in an elder care facility.
- Requires assistance for self-care: dressing, bathing, toileting, eating, etc.
- Has limited ability to participate in home or community activities and requires assistance.
- Is unable to fully participate in activities that are satisfying to body, mind and spirit.
- Requires physical assistance for mobility. May be ambulatory with the help of another person or may require a wheelchair.
- Limits lifestyle choices due to disease or disability.

Providing services to individuals in this group requires that you travel either to a private home or an elder care facility. Massage will likely be provided to the person in a wheelchair, recliner or bed rather than on your massage table.

NORMAL AGING VS. DISEASE-RELATED CHANGES

Regardless of the functional capacity of your client, it is essential that you are informed about age-related changes and the diseases that commonly occur in older adults. When you operate from a strong foundation of knowledge you can be confident that your service is safe, effective and meaningful for your client.

Some age-related changes are generally thought to be “normal,” while others may be signs of disease. Being informed about such changes and their effects on your clients will strengthen your ability to:

- assess your client’s needs;
- adapt your office space to a variety

The older adult is typically thought to be a person 65 years or older. In 2000, this group numbered 35 million in the United States. It is predicted that by 2020, there will be about 55 million older persons. People 85 and over are expected to increase by 44 percent to 6.1 million by 2010, and to 7.3 million in 2020.²

- of functional levels;
- communicate effectively;
- modify massage techniques;
- ensure client safety;
- build and retain an elder clientele.

What follows is a comparison of normal aging changes, possible signs of disease⁵ and related conditions commonly associated with aging, along with practical checklists of things you can do to make sure that your client has a positive experience both on your table and off. It is important to remember that your client's experience begins long before you place your hands on his or her body. There are plenty of things you can do to add value to your client's overall experience.

CHANGES IN VISION

Normal Changes

- Impaired night vision
- Decreased image sharpness and depth perception
- Impaired near vision

Possible Signs of Disease

- Sudden change in vision
- Eye pain, redness or swelling
- Excessive discharge

RELATED VISION DISEASES:^{6,7}

- **Cataract:** A clouding of the lens of the eye, leading to impaired vision and blindness if not treated.
- **Glaucoma:** Fluid builds up in the eye creating abnormal pressure on the optic nerves, sometimes leading to blindness.
- **Macular degeneration:** The leading cause of vision loss in older adults. The retina is affected and the result is loss of the central field of vision while the peripheral vision remains intact.

CHANGES IN HEARING

Normal Changes

- Decreased ability to hear high-pitched sound, making it difficult to understand speech

Possible Signs of Disease

- Severe or abrupt hearing loss
- Ringing in the ears
- Loss of balance

RELATED HEARING DISEASES:⁷

- **Sensori-neural hearing loss:** Damage to the inner ear or

CHECKLIST: WHAT YOU CAN DO FOR CLIENTS WITH VISION CHANGES

- Conduct your assessment verbally rather than asking your client to fill out an intake form. You can easily gather the necessary information by asking key questions in a conversational tone and recording it on your form. Document that it was done verbally and why.
- Be sure your office space is free of clutter or obstacles. Too much furniture in a small area and poorly placed decorative items may present a safety risk. Keep walkways clear.
- Increase lighting in your office and massage area. A massage room with low light may seem conducive to relaxation, but for a person with impaired vision it may actually increase stress levels. Talk to your client about lighting needs and adjust accordingly.
- Be sure your client's glasses are within easy reach of the massage table and let him know where he can find them.

auditory nerve resulting in permanent hearing loss.

- **Conductive hearing loss:** Sound waves fail to reach the inner ear. This may be caused by ear wax or fluid in the ear canal.

CHANGES IN SKIN CONDITION

Normal Changes

- Dry, thin, rough, dark spots
- Itching
- Diminished ability to sweat
- Slow to heal when injured
- Bruises easily
- Vulnerable to chemical irritation

Possible Signs of Disease

- Itching that causes sleep loss
- New skin lesion or ulcer
- Mole that changes: bleeds, oozes, changes color or shape or becomes larger
- Scars from past surgery
- Rash
- Edema
- Red, shiny appearance (inflammation)

RELATED SKIN DISEASES:⁷

Skin cancer: This is the most common type of cancer in the United States. There are four primary types of skin cancer: precancerous lesions; basal cell carcinoma; squamous cell carcinoma; malignant melanoma.⁹

Fungal infection: Commonly found on the foot. Toenails appear yellow or thick.⁹

Decubitus ulcer: Also known as a pressure sore, this results from lack of blood supply to soft tissue that lies over bony prominences such as the spine and coccyx. Bedridden and immobile persons are most at risk for this condition.^{8,9}

Diabetic ulcer: A complication of diabetes, this lesion is typically found on the foot and results from a lack of blood flow and inability of tissue to heal.⁹

CHANGES IN BONES AND JOINTS

Normal Changes

- Decreased mobility or stiffness in weight-bearing joints
- Decreased synovial fluid
- Decreased cartilage integrity

CHECKLIST: WHAT YOU CAN DO FOR CLIENTS WITH HEARING CHANGES

- Eliminate background noise in your office during conversation.
- Face your client when speaking or sit to the side where hearing is intact.
- Let your client decide whether to remove hearing devices during the massage.

CHECKLIST: WHAT YOU CAN DO FOR CLIENTS WITH SKIN CONDITION CHANGES

- Use massage products that are hypoallergenic and tested safe for sensitive skin. Avoid strongly scented products. Be aware that many lotions have a cooling effect and may not be the best choice for older clients, some of whom may feel cold much of the time.
- Add extra warmth to your massage room and table. A table warmer or heat pads warmed in your microwave will increase comfort of your client. Always use caution when using heat with clients with fragile skin or impaired sensation.
- Visually assess the skin and inform client of any changes. This is especially important for clients with diabetes. Check the feet for blisters, ingrown toenails or other lesions. If your client is bedridden or otherwise immobile, check the heels. Redness, blister or a “mushy” feel in the heels may indicate a pressure ulcer.

Possible Signs of Disease

- Pain that decreases mobility and range of motion
- Inflammation
- Scars from past surgery
- History of fracture
- Postural deformity (e.g., kyphosis of the spine)

RELATED BONE & JOINT DISEASES:

- **Osteoarthritis:** This is the most common form of arthritis in older adults. A chronic disorder of the joint cartilage and surrounding tissues, the joint cartilage deteriorates and wears away causing stiff-

ness, pain and loss of function.^{6, 7, 12}

- **Rheumatoid Arthritis:** An autoimmune disease that affects not only the joints, but skin, lungs, eyes and blood vessels. When the disease flares, joints will appear red, swollen and warm to the touch. In advanced stages, joint deformity may occur.^{7, 9}
- **Osteoporosis:** Bones become thin, brittle and porous, increasing the risk of fracture and postural deformity.^{7, 9, 12}

CHANGES IN MOBILITY

Normal Changes

- Decreased ability to move quickly
- Diminished ability to exert oneself over a period of time

POSSIBLE SIGNS OF DISEASE

- Physical pain, stiffness or swelling that inhibit the ability to accomplish daily activities
- Balance disturbance
- Decreased coordination
- Falling

RELATED MOBILITY DISEASES:

- **Parkinson's disease:** A degenerative disease of the central nervous system resulting in tremors, muscle rigidity, difficulty walking, poor balance and slow movements, speech impairment and possible dementia.^{9, 10, 12}
- **Cerebrovascular accident (stroke):** Blood flow to the brain tissue is interrupted due to a blood clot or hemorrhage causing permanent damage to the brain and resulting in impairment of sensory-motor, speech and cognitive function.^{7, 9}
- **Transient ischemic attack (TIA):** Sometimes called a "mini-stroke," this occurs when a tiny blood clot temporarily blocks blood flow causing symptoms of a stroke for a short period of time. TIA is often a precursor to a full-blown stroke.⁹
- **Amyotrophic lateral sclerosis:** This is a progressive disease of the central nervous system leading to atrophy of the voluntary muscles and results in weakness, tremor, fatigue, loss of coordination, paralysis, speech and swallowing disturbance.^{9, 11}

CHANGES IN THE URINARY SYSTEM

Normal Changes

- Bladder holds less urine causing frequent urination

CHECKLIST: WHAT YOU CAN DO FOR CLIENTS WITH BONE AND JOINT CHANGES

- If your table is too high it will be difficult for your client to safely get on and off. Can your client easily sit on the edge without straining? Offer your assistance if needed—don't wait for your client to ask for it. You are responsible for your client's safety.
- Modify positioning on the table for added comfort and support.
- For the client with kyphotic spine, place a small pillow under the chest while prone and adjust headrest as needed. A pillow under the head will be needed when supine.
- Use a large foam wedge covered in a sheet at the head of the table to place client in a semi-reclined position rather than flat on the table.
- Determine if your client can easily turn over. If not, modify your approach. Consider side-lying, semi-reclined or a seated position instead.

- Sleep may be interrupted
- Increased risk of urinary tract infection

Possible Signs of Disease

- Burning on urination
- Feeling of urgency to urinate
- “Leaking” and stress incontinence
- Pain in the side or back
- Incontinence

RELATED URINARY SYSTEM DISEASE:

Urinary tract infection (UTI): An infection of microorganisms involving the kidneys, bladder or urethra. It is more common in older women than men and may produce pain during urination or pain in the low back, urgency, fever and sometimes confusion.^{9, 12}

CHANGES IN COGNITIVE FUNCTION

Normal Changes

- General knowledge and vocabulary remain intact
- Some decrease in short term memory that does not interfere with daily functioning
- Performance decreases under time pressure

SIGNS OF DISEASE

- Confusion or forgetfulness that interferes with daily function
- Abrupt change in personality
- Signs of confusion or disorientation

RELATED COGNITIVE FUNCTION DISEASE:

Alzheimer’s disease: A progressive brain disease causing memory loss, impaired thought processes and behavior changes. It is the seventh leading cause of death in the United States.¹³

EXAMPLE:

You have noticed during your client’s last two visits that she exhibited behavior you had not seen before. She asked the same question several times and she had difficulty filling out her check to pay you. You might say to her, “Mrs. T., I care about your well-being and I’m concerned about something. I’ve noticed that you’re having trouble filling out your check. I just haven’t seen that before. Perhaps next time you see your doctor you might mention it.”

CHECKLIST: WHAT YOU CAN DO FOR CLIENTS WITH MOBILITY CHANGES

- Allow extra time before and after massage to compensate for slow mobility and dressing. Encourage your client to wear clothing that is easily put on and removed.
- Be aware of the distance from parking to your office and give your client directions to the most convenient parking places. Does your office have handicapped spaces available? In some circumstances, you might want to assist your client into the building.
- Be sure your office is accessible. Are there steps your client must navigate or are there alternatives such as a ramp or elevator?
- Eliminate obstacles in your office that may create a risk of falling, including loose throw rugs, crowded furniture or clutter.
- Have a chair near your massage table so your client can sit to dress.
- Assist your client on and off the massage table if needed or consider a seated massage. Depending on the condition of the client, you will need to determine if using the massage table is appropriate.

adapting the assessment process

PURPOSE OF ASSESSMENTS

Assessing the needs of elder clients may require you to modify your approach to fit individual differences in functional abilities. The purpose of any assessment is to determine four things:

What are your client’s goals and expectations for the massage? The focus of your assessment may be different if your client is there because she is seeking relief from back pain as opposed to reducing the effects of stress from caring for her sick spouse.

CHECKLIST: WHAT YOU CAN DO FOR CLIENTS WITH URINARY SYSTEM CHANGES

- Instruct your client to use the bathroom prior to massage.
- If your client describes symptoms of UTI, recommend a medical consult.
- Encourage hydration by offering water after the massage.
- Many older adults wear incontinence briefs or pads, but may not tell you because of modesty or embarrassment. Be sensitive to this and make it clear that undergarments may be left on during massage if it is your client's choice.
- Have a robe handy in your massage room in case your client needs to use the bathroom during the massage.

Does your client have a condition that typically responds well to massage? The information you gather in the assessment helps you to predict the specific benefits and outcome of massage for your client.

Which techniques will be most beneficial to your client? The modality or techniques you select should be based on the client's condition, needs and preferences.

Does your client have any condition that would either contraindicate massage or limit your choice of techniques? A thorough assessment ensures that the massage will be both safe and effective.

CONDUCTING ASSESSMENTS

Develop keen observation skills. Use your eyes, ears and intuition to gather information. By tuning in to both the person and the environment, you can learn about functional abilities, posture, movement and pain.

Example 1: The session is in your client's home and you notice a lot of clutter around the recliner he is sitting in. You see a tray with food left over from lunch, medications, reading material, grooming supplies and a heating pad. There is also a cane propped up against the wall near the chair. All this may indicate that he spends a lot of time in that recliner and gives you a clue about his activity level (sedentary), functional status (difficulty with walking) or strength (perhaps poor due to inactivity) and presence of pain (heating pad and types of medications).

Example 2: Your client has been referred by her doctor and her first massage is at your office. You watch her get out of her car and walk toward you while you wait to greet her at the door. She easily exits her car, walks with a brisk step and has no difficulty managing the three steps into your building (mobile, good general strength and balance, drives). However, you notice that she holds one arm close to her body—is it pain or range of motion? You also note that she has a hearing aid in her left ear and wears glasses.

THE CLIENT'S PURPOSE

The client's reason for having a massage and her goals will determine the extent of the assessment. First find out why she is getting a massage and go from there. The information you need will be different if she is there because her doctor referred her due to shoulder pain versus her daughter giving her a gift certificate to pamper her.

MAKING ASSESSMENTS "USER FRIENDLY"

Make the assessment process user friendly. Simply asking your client to fill out your intake form may not be the best way to get the information you need. Many elders have difficulty writing due to arthritis or tremor. Even reading the small print of your form may be daunting to some.

A few simple changes will save time and frustration for both you and your client:

- Do the assessment verbally. This gives you a chance to establish rapport with your client while assessing needs. If your client begins to fill out the assessment form and is having obvious difficulty, switch to a verbal assessment.

- Print your form with a larger, bolder font.
- Allow enough time for the form to be filled out.
- Consider sending the form to your client in advance so it is completed before the first session.
- Provide adequate lighting in your office area.
- Your client may be more comfortable sitting at a table rather than juggling a clipboard. A wooden TV tray is a handy solution.
- If your client is accompanied by a family member or friend, direct your questions and other communication to your client, not the companion. This empowers and honors the elder and helps to establish a therapeutic relationship.

ADDITIONAL TIPS

Scheduling: Many elders tend to arrive early to appointments. Anticipate this and decide in advance how you will handle it. If your client will have to wait until the scheduled time, you'll need to provide a place for him or her to wait comfortably.

Drivers: Some clients will have a spouse or other companion accompany him to your office. Have a place available for the driver to wait comfortably and offer her something to drink. Make the experience pleasant for her, too.

Time boundaries: Some older adults love to visit! While this can be enjoyable it can also intrude on your time and create frustration. Be clear about how much time

you have to give and then respect your limits.

Enjoy yourself: Serving elders can be some of the most uplifting work you will ever do.

CONCLUSION

To serve elders in a meaningful way it's important to remember that you're touching people, not just bodies. You must be informed and ready to adapt to individual differences in this diverse special population. Those elders you call clients will return to you a deeply rewarding and successful practice.

CASE EXAMPLE 1

Mrs. G., age 70, arrived for her appointment on time after driving herself from her apartment at a senior complex. She was well dressed and walked with a quick, steady gait. She stated that her daughter suggested she get massages to help manage stress. Her husband had been seriously ill for months and she was his primary caregiver. Up until her

CHECKLIST: WHAT YOU CAN DO FOR CLIENTS WITH COGNITIVE FUNCTION CHANGES

- Do not "talk down" to the elder client. Remember that elders are adults. Unless your client has significant cognitive impairment there is no need to change your communication style.
- Allow your client time to process new information. For example, if you're explaining specific benefits of massage to a new client, speak clearly and allow pauses in your conversation. Check to be sure you were understood and invite questions.
- Provide instructions, recommendations or appointment reminders in writing.
- Call the day before to remind your client of his or her appointment.
- If you notice changes in cognition or behavior, let your client know your observations and suggest that he or she consult a physician. It is important to be sensitive about this with your client and to stay within ethical boundaries. Do not apply labels or any interpretation of what you think may be causing the changes.

It's important to remember that you're touching people, not just bodies. You must be informed and ready to adapt to individual differences. Those elders you call clients will bring you a deeply rewarding and successful practice.

husband's illness, she was active in church and community activities, and loved going to the symphony. She completed the client information form quickly, with no difficulty.

The information on the form indicated arthritis in both knees, osteoporosis of the spine, mental tension, high stress level and fatigue, but no complaints of pain and no medication except vitamin supplements. When asked about tension in the body, she reported discomfort and tight muscles in her neck and shoulders. She had received a massage one year ago.

The client indicated her goals for massage were relaxation and to improve sleep. During orientation to the massage room, the therapist asked the client to sit on the edge of the massage table to gauge the height. She easily sat on the table and, when asked, reported no difficulty in dressing independently or turning supine to prone. Based on

the client's reported medical condition and observed functional status, along with her goals for massage, the therapist determined that Swedish massage and reiki would be appropriate modalities and that the client would tolerate 30- to 45-minute sessions. It was agreed that the first session would focus on massage of the back, shoulders and neck and last for 30 minutes.

While the client lay in a prone position, mild kyphosis of the thoracic spine was noted; however, no positioning modifications were needed for comfort. The client tolerated mild to medium pressure for effleurage and petrissage techniques. Session was closed with 10 minutes of reiki. The client exhibited a relaxation response. She requested monthly sessions and in the subsequent sessions, she continued to relax deeply and made comments indicating a positive response to massage and achievement of the desired outcome: "This is the only thing I do for myself." "I could really tell that I missed last month because I've been achier." "This just takes the edge off my stress."

CASE EXAMPLE 2

Mrs. M was a 77-year-old woman seen for a massage session in her apartment. When the therapist arrived, Mrs. M answered the door after several minutes. She walked slowly with a walker. She was cheerful and welcoming. Her apartment was clean and tidy.

The therapist noted that Mrs. M. grimaced when she sat down in her chair. She said that she had heard there was a massage therapist who made house calls and thought that it would help her since she "hurt all over." When the therapist presented the assessment form, Mrs. M. stated that she couldn't see the print and that writing hurt her hands. The therapist noted her hands had enlarged joints in the fingers and thin skin.

The assessment was completed verbally, with the therapist recording the client's responses on the form and the client signing her name for consent. The client reported diabetes, which was controlled with diet; food allergies to wheat, dairy and nuts; and osteoarthritis in her hands, shoulders, hips and knees. Previous surgeries included bilateral hip replacement five years prior, and repair of fractured left humerus nine months prior. She also reported osteoporosis, back pain, generalized muscle pain, joint stiffness and sleep disturbance, saying, "I often sleep in my recliner because I can't get comfortable lying down."

She reported taking pain medication, but couldn't name it other than "my arthritis pill." She said that her daughter helped her with shopping and church, that she had a housekeeper weekly to clean and do her laundry and that a home health aide stopped by weekly to help her bathe. She said that she dressed herself, but that it took time. Mrs. M's stated goal for massage was pain reduction, the promotion of restful sleep and "to just feel better."

Considering her functional and physical condition, the use of a massage table was not appropriate and since she described her bed as uncomfortable, it was decided that the client would best tolerate a seated massage. She sat in a kitchen chair at her table. A pillow from her bed was placed on the table and she rested her arms on it for support. The client was given a choice of receiving her massage through her blouse or having the therapist assist her to remove it for a massage directly on her skin, which she preferred. A massage lotion without nut oils was selected for gentle effleurage and full contact kneading on the arms, shoulders, back and neck. To allow the therapist access to her back, Mrs. M. leaned forward slightly in the chair.

Sessions were a maximum of 30 minutes which were tolerated well. Mrs. M. asked to be seen weekly and, after three sessions, she reported that on the day of the massage, she slept more soundly and noticed that her pain was decreased. After four sessions, time was increased to 45 minutes to include massage to the feet and legs, which was performed with her sitting in her recliner with her feet elevated. Mrs. M. responded positively to the gift of touch in the massage, but also to the one-to-one focused attention of the sessions. She would often have the pillows on the table and would be sitting on her porch waiting for the therapist. At one point during her massage, she said with a big smile, "This is such a blessing to me—I'm so happy to have it!" ■

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